Psychiatric Comorbidity of Somatoform Disorders: A Clinical Study of Psychiatric Outpatients (El-Minia University Hospital)


By: Amr Makrum El-Metwaly, Supervised by Prof. Dr. R. Mahfouz Mohamed, Dr. A. Tawfik, Lecturer of Neurology of Dr. Hanaa Saliman Lecturer of Psychiatry Faculty of Medicine 1997 El-Minia University Hospital.

Somatizing patients are those who present with persistent medically unexplained symptoms that lack either demonstrable organic basis or are judged to be grossly in excess of what one would expect on the grounds of objective medical findings. These patients often pose diagnostic and therapeutic problems for psychiatric and general medical practitioners.

Somatic symptoms may be viewed as a primary disorder as in case of somatoform disorders, or an integral part of other psychiatric disorders mainly depression and anxiety, finally they might be associated with other readily diagnosable psychiatric disorders.

In the present study, 92 patients with clinical diagnosis of one of the somatoform disorders were screened, using Schedules for Clinical Assessment in Neuropsychiatry (SCAN), for detection of the presence of a comorbid psychiatric diagnoses.

The results of the study have shown that 70 (76.6%) patients were diagnosed as having undifferentiated somatoform disorder, 9 with persistent somatoform disorder (9.5%), 8 with somatisation disorder (8.7%) and 5 patients (5.4%) diagnosed as having hypochondriacal disorder.

It was also noticed that 79 patients (86%) included in the study an additional current (comorbid) psychiatric diagnosis.

The most prevalent comorbid psychiatric diagnosis was depressive episodes diagnosed in 54 patients (58.5%), followed by generalized anxiety disorder 20 patients (21.5%), panic disorder which was encountered in 14 patients (15.2%), and lastly mixed anxiety and depression disorder diagnosed in 6 patients (6.5%).

It was also found that somatization disorder was associated mainly with moderate depressive episode 4 patients (50%), while persistent episode 5 patients (55.5%), whereas undifferentiated somatoform disorder was associated with current depressive episodes as a whole.

On the other hand hypochondriacal disorder was associated more with anxiety disorders 2 patient (40).

The somatic symptom profile of somatization disorder did not differ from that of undifferentiated disorder except in the severity, whereas the somatic symptom profile of patient with pain disorder showed that the highest correlations were between pain symptoms.

Patient with a comorbid diagnosis showed the highest amplitude of symptoms while those with no comorbid diagnosis showed the lowest.

Conclusions and Recommendations:

The authors concluded that:

This study shows that the current status of somatoform disorders is confusing and
creates a number problems, for though an
independent category, yet it is usually
associated with other current psychiatric
diagnosis most often depressive disorders.

In order to be able to delineate the
underlying psychopathology, and to get a
more comprehensive view regarding
somatoform disorders as an independent
category, it is recommended to conduct
wider scale studies in a primary health care
setting, together with comparative studies
between patient with pure somatoform
disorder diagnoses and those with other
psychiatric diagnosis mainly anxiety and
depressive patients.

M.H.D

A Descriptive Study of
Somatoform Disorders in
Psychiatric Outpatients

A Thesis Submitted in Partial
Fulfillment of the Requirement of the
Master Degree in Psychological Medicine
and Neurology.

By: Sherif Saad Abd - Elhamed
Superised by prof. Dr.R.Mahfouz
Mohmoud, Dr. A.Tawfik, Lecturer of
Neurology of Dr. Hanna Salinan Lecturer
of Psychiatry Faculty of Medicine 1997
El-Minia University Hospital.

Somatization presents a problem
situated in the borderland between primary
care and psychiatry.

Somatizers are frequent users of health
services. They are generally unrecognized,
untreated, over investigated and
misdiagnosed, with a high rate of help
seeking, they represent an important part
of the burden created by psychological
illness in general practice.

The somatoform disorders are a group
of psychiatric disorders whose essential
features are physical symptoms suggesting
physical disorder for which no
demonstrable organic finding or known
physiological mechanisms and for which
there is positive evidence or a strong
presumption that symptoms are linked to
physiological factors or conflicts.

In the present research, 620 patient
presented to outpatient of neurology and
psychiatry clinic were screened for
somatoform disorders. full psychiatric sheet
and SDSC (Somatoform Disorders
Symptoms Checklist) which is a semi-
structured diagnostic instrument designed
for clinicians were applied for
somatoform disorders cases.

In our study, the estimated prevalence
of somatoform disorders was 14.8% (92
cases). The most frequent disorder was the
undifferentiated somatoform disorder 76%
(70 cases), followed by the persistent
somatoform pain disorder 9.8% (9 cases),
somatization disorder 8.7% (8 cases), and
hypochondriacal disorder 5.4% (5 cases).

We also found that married, illiterate
females with household activities were
more representative than males in the total
number of somatoform disorder cases and
in most of its subgroups except in the
hypochondriacal disorder as males were
more representative but this needs more
wider study as the number of
hypochondriacal cases were small.

Fatigue symptoms, headache and body
pains were the most frequent symptoms
and the most suggestive for
somatoform disorders.

We find no role for gender in the
symptom profile of the patient. Residence
also had not a significance role in
symptoms profile. However, education
Thesis Review

affecting symptoms profile as headache was more frequent in educated patients.

As regard pattern of symptoms in different somatoform disorders, we found no significant differences between somatization disorder and undifferentiated somatoform disorder in symptom profile but they differ mainly in the duration of illness and in the severity of the symptoms. However, hypochondriacal patients were more representative with cardiovascular symptoms and respiratory symptoms which are under the control of the autonomic nervous system. The authors suggested the following:

Recommendations

1. To pay more attention to the undifferentiated somatoform disorder cases as they represent a major category of patient present to outpatients clinic either psychiatric or nonpsychiatric and may be missed leading to chronicity and more difficulties in management.

2. To conduct a wider scale study in a non psychiatric clinics as primary care facilities to cover a wider area with different demographic patterns. Also, more research for hypochondriacal disorder in a nonpsychiatric clinic as those patients usually use non psychiatric clinics.

M.H.D