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TO STUDY THE PREVALENCE OF SOMATIC SYMPTOMS IN PATIENTS ATTENDING PSYCHIATRIC OPD. A CROSS-SECTIONAL STUDY.

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ABSTRACT

Aims and Objectives: To Study the Prevalence of Somatic Symptoms in Patients attending Psychiatric OPD. **Materials and Methods:** This is a cross-sectional study. The present study was conducted patients for the presence of somatic symptoms. The sample comprised of 100 patients attending psychiatric OPD. The study was done in SKIMS, medical college Bemina, Srinagar. Intake data of each caregivers was recorded on a specially designed proforma. Psychiatric diagnosis was given according to ICD 10. Somatic symptoms was assessed using the Scale for Assessment of Somatic Symptoms. **Results:** In our study majority of our patients were females 62 (62%), belonged to rural 68%, 68% of our participating patients were married, no formal education in 52%. Majority of patients had diagnosis of major depressive disorder 52%, followed by post-traumatic stress disorder 18%, generalized anxiety disorder 12%, phobia 8%, conversion (dissociative) disorder 6%, and bipolar affective disorder 4%. **Conclusion:** Present study emphasized on increased prevalence of somatic symptoms in patients with history of depression and PTSD and the importance of psychotraumatology in these patients especially in conflict zone areas like Kashmir.

KEYWORDS: Somatic symptom disorder, Bodly distress disorder. ICD, Psychotraumatology.

Abbreviations: ICD, BDD, BPAD, PTSD, DSM, SASS.

INTRODUCTION

The word "somatization" stems from the word soma which refers to the body. Soma is used in the terms somatic (of the body), somatoform (body like) and psychosomatic (the union of the mind and the body). When psychological or emotional distress is manifested in the form of physical symptoms which are medically unexplained are known as somatic symptoms. Somatic symptom disorder (previously known as somatization disorder) is the association of medically unexplained somatic symptoms with psychological distress and health-seeking behavior and is present in at least 10% to 15%.[1] Somatic symptoms are generally chronic, waxing and waning bodily symptomsand patients present with these symptoms almost at all levels of health care systems.[2] Classification of somatoform disorders has undergone significant change over a period of time.St Louis group Perley and Guze described the Briquet's syndrome as "chronic multiple somatic symptoms, with no identifiable organic cause.[3] Lipowski introduced the term somatization and defined it as "the tendency to experience, conceptualize, and/or communicate psychological states or contents as bodily sensations, functional changes, or somatic metaphors.".[4] The term somatoform disorder was introduced in the ICD-10.The ICD-10 diagnostic guidelines differed from those in DSM-IV somatoform disorders in many ways. The ICD-10 guidelines for somatoform pain disorder require persistent, severe, and distressing pain continuously for at least 6 months that cannot be explained by a physical condition which is in contrast to DSM-IV where duration has not been mentioned and emphasis has been on the psychological factors for diagnosis.[5]

In the Diagnostic and Statistical Manual of Mental Disorders, 5th ed., (DSM-5), the nomenclature for the diagnostic category previously known as somatoform disorders was changed to somatic symptom and related disorders.[6]

Further changes have been made in the revision of the ICD-11 in the classification of somatoform disorders. For ICD-11, most of ICD-10's Somatoform disorders and Neurasthenia are being replaced by a single new

category, Bodily distress disorder (BDD). "Bodily distress disorders" is the term that has been proposed in place of somatoform disorders. The guidelines for the bodily distress disorders include the presence of persistent bodily symptoms that are distressing to the individual with excessive attention toward the symptoms.[7],[8] The prevalence of somatic symptom disorder in the general population is an estimated 5% to 7%. The prevalence increases to approximately 17% of the primary care patient population.[9] An estimated 20% to 25% of patients who present with acute somatic symptoms go on to develop a chronic somatic illness.[10] Somatic symptoms are found more in female population (female-to-male ratio 10:1), and can occur in childhood, adolescence, or adulthood.[12-14] Somatic symptoms are associated with psychiatric morbidity irrespective of whether they have a medical explanation or not.[15] Depressive and anxiety disorders are commonly associated with somatic symptoms.[16]

AIMS AND OBJECTIVES

To Study the Prevalence of Somatic Symptoms in Patients attending Psychiatric OPD.

MATERIALS AND METHODS

This is a cross-sectional study. The present study was conducted patients for the presence of somatic symptoms. The sample comprised of 100 patients attending psychiatric OPD. The study was done in SKIMS, medical college Bemina, Srinagar. Intake data of each caregivers was recorded on a specially designed proforma. This consisted of details about age, sex, marital status, educational status, occupation, socioeconomic status, religion, residence, type of family. Psychiatric diagnosis was given according to ICD 10. Somatic symptoms was assessed using the Scale for Assessment of Somatic Symptoms.

INCLUSION CRITERIA

- Patients complaint of bodily symptom
- Age: between 18 and 65 years.
- Non psychotic disorders
- Those giving informed consent

EXCLUSION CRITERIA

- H/o Psychotic disorders – Schizophrenia, BPAD, other psychosis.
- Intellectual [mental] retardation.
- Dementia.
- Known medical or physical illness that explains the bodily symptoms.
- Patients not giving consent.

Procedure

Consenting patients fulfilling the above inclusion & exclusion criteria will be recruited into the study. Demographic details will be collected and patients' somatic symptoms will be assessed using the Scale for Assessment of Somatic symptoms. Clinical assessment and mental state examination will be done and diagnosis given as per ICD 10 and ICD 11 beta version.

Instruments / Scales to be used

I. Demographic data collection proforma.
II. ICD 10 criteria.

III. **Scale for Assessment of Somatic Symptoms.**[17]

- Scale for assessment of somatic symptoms (SASS) has been in use since the mid-1980s until date.
- It has been used in assessing somatic symptoms and somatization in different groups of general medical, psychiatric and cancer patients.
- The severity of somatic symptoms is rated from
- 0 to 3-0: Absent, 1: Mild, 2: Moderate and 3: Severe.
- The somatic symptoms are said to be present if the symptoms have occurred during the previous 2 weeks.

RESULTS

Gender	No. of patients	percentage
Males	38	38%
Females	62	62%

Education	No. of patients	Percentage
With no formal education	52	52%
Primary level	5	5%
Matric	16	16%
Secondary	20	20%
Graduation and post graduation	7	7%

Age in years	No. of patients	Percentage
18-30	24	24%
31-45	47	47%
46-60	24	24%
>60	5	5%

		No. of patients	percentage
Residence	Rural	68	68%
	Urban	32	32%
Marital status	Married	68	68%
	Unmarried	21	21%
	Widow	7	7%
	Divorcee	4	4%s

		No. of patients	percent age
Socio economic status	Middle -SES	45	45%
	Lower SES	43	43%
	Upper SES	12	12%

Occupation	No. of patients	%age
House wife	41	41%
Govt. employee	18	18%
Business	13	13%
Labourer	10	10%
Student	10	10%
Farmer	5	5%
Retd employee	2	2%
Unemployed	1	1%

Psychiatric diagnosis	No. of patients	%age
Major depressive disorder	52	52%
Post-Traumatic stress disorder	18	18%
Generalized Anxiety disorder	12	12%
Phobia	8	8%
Conversion (Dissociative) disorder	6	6%
Bipolar affective disorder	4	4%

Severity	No. of patients	%age
No symptoms	28	28%
Mild symptoms	71	71%
Moderate symptoms	01	1%
Severe symptoms	00	0%

In our study majority of our patients were females 62 (62%), males were 38%. Most of the participating patients were in the age group of 31-45 years 47%, followed by 18-30 years and 46-60 years which had similar number of participants 24%, patients aged more than 60 were 5%. Majority of patients in our study belonged to rural 68% and patients belonging to urban were 32%. 68% of our participating patients were married, 21% unmarried, 7% widow and 4% divorcee. In our study majority of the patients had no formal education 52%, followed by secondary 20%, matric 16%, graduation and post-graduation 7%, primary level 5%. Most of the participants were house wives 41%, followed by govt. employees 18%, business 13%, labourer 10%, students 10%, farmer 5%, retired employee 2%, unemployed 1%. Majority of patients had diagnosis of major depressive disorder 52%, followed by post-traumatic stress disorder 18%, generalized anxiety disorder 12%, phobia 8%, conversion (dissociative) disorder 6%, and bipolar affective disorder 4%.

DISCUSSION

Sociodemographic factors such as female gender, higher age, lower education, social and economic status and unemployment has been associated with Somatic symptom burden.[18],[19],[20] In our study majority of the patients were females in consistent with other studies. Reason could be Women may be more willing than men to reveal distress and health problems.[21-28]

In our study majority of patients had diagnosis of major depressive disorder 52% which in consistent with other studies.[29-33] Interestingly second most common diagnosis in our patients were post traumatic stress disorder i.e. traumatic stress disorder 18%. Other studies also found that PTSD was associated with a higher frequency of somatic symptoms.[34-37]

Research has established that higher rates of somatic symptoms in individuals with posttraumatic stress disorder (PTSD). Traumatic exposure has been consistently linked to somatic symptoms though the nature of this relationship is still poorly understood.. The possible mechanisms through which PTSD may be associated with physical health may be the complex interaction between Psychological, behavioral, and biological factors. Traumatic events and their consequences can cause or significantly intensify bodily distress or dysfunction may be a result of sympathetic hyper activation or diminished parasympathetic activation and the altered HPA-axis. Previous studies have shown that war veterans and people in conflict zones developed PTSD have higher risk of developing somatic symptoms/somatization.

In present study somatic symptoms in patients with PTSD needs special attention as Kashmir has been subject to continual political ongoing conflict more than three decades now.[38-53]

Due to the ongoing conflict which lead to loss of human life as well had impact on mental health of majority of the population in Kashmir. PTSD is a highly prevalent disorder among Kashmiris due to it being a conflict zone. PTSD has increased over the last three decades and lifetime prevalence for any traumatic experience in the community in Kashmir is 58.69%.[54,55]

Our results suggested that somatic symptoms are of considerable concern among people suffering from depression and PTSD which can contribute for the better understanding of the somatic symptoms of these patients. It is very important for the clinicians to differentiate somatic symptoms associated with psychiatric disorders with organic disorders as well as other psychiatric disorders. It also highlights the importance of screening somatic symptoms in patients with psychiatric disorders.

CONCLUSION

Present study emphasized on increased prevalence of somatic symptoms in patients with history of depression and PTSD and the importance of psychotraumatology in these patients especially in conflict zone areas like Kashmir.

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