

PATTERNS OF SOMATIC SYMPTOMS IN PSYCHIATRIC DISORDERS

ME Karim MBBS, FCPS¹; MSI Mullick MBBS, FCPS²

¹Department of Psychiatry, Sir Salimullah Medical College and Mitford Hospital, Dhaka; ²Institute of Mental Health and Research, Dhaka.

Abstract

The study was conducted to assess the pattern of somatic symptoms in the psychiatric disorder and sex wise distribution of the somatic symptoms. Majority of the patients, 62.22% were males. Among the patients, 37.22% were within 21-30 years age group. Overall, female patients complained more somatic symptoms than males. Somatic symptoms associated with gastrointestinal tract, head and neck, genitourinary system, extremities and musculoskeletal system were predominant in depressive disorder. In anxiety disorder and phobic disorder cardiorespiratory, mouth and throat and genitourinary symptoms were predominant. Symptoms of dissociative (conversion) disorder was usually associated with nervous system and resemble those of neurological diseases.

Introduction

Patient presenting complaints that suggest physical disorder, but for which clinical and laboratory assessments provides no clue are well known to medical practitioners. A large proportion of patients who consult physicians and surgeons are suffering from psychiatric rather than a physical illness. One study reported that depression and anxiety syndromes, for example, include a striking repertoire of physical symptoms that mimic physical disorder and often bring the patient to the attention of medical rather than mental specialists. Non specific medical entities such as hyperventilation syndrome, irritable bowel syndrome, atypical chest pain and chronic fatigue has been found often to be affective or anxiety syndrome in disguise¹. The objective of the study was to assess the pattern of somatic symptoms in psychiatric disorder and sex wise distribution of the somatic symptoms.

Materials and methods

The study was carried out in the investigators' general practice. A total of 180 cases were collected for the study from June, 1991 to August, 1992. A multipoint questionnaire which included sociodemographic parameters and presenting complaints were collected by interviewing the patients and their relatives by the authors. The psychiatric diagnosis was made on the basis of ICD-10².

The data was processed and analysed statistically.

Results

Table 1 shows, of the patients, 62.22% were males and 37.78% females. The mean age of the patients was 32 years (SD=14.11). Majority of the patients 62.77%, were married and 34.44% were unmarried. Most of the patients 88.90% were literate from primary to graduate level.

Table 1. Age and sex distribution

Age group in year	Male		Female		Total	
	N = 112	%	N = 68	%	N = 112	%
Upto 20	14	12.50	23	33.82	37	20.00
21 - 30	47	41.96	21	30.88	68	37.22
31 - 40	27	24.10	7	10.29	34	17.77
41 - 50	13	11.60	7	10.29	20	11.11
51 - 60	4	3.57	8	11.76	12	6.66
Above 60	7	6.25	2	2.94	9	5.00

Mean age = 32 years (SD = 14.11)

M/F ratio = 1.65:1

Table 2. Distribution of psychaitric diagnosis

Psychiatric disorder	Number	%
Depressive disorder	42	23.33
Anxiety disorder	40	22.22
Schizophrenia	16	8.89
Dissociative (conversion) disorder	29	16.11
Bipolar affective disorder	15	8.33
Phobic disorder	12	6.67
Obsessive compulsive disorder	4	2.22
Substance abuse	2	1.11
Organic mental disorder	9	5.00
Epilepsy	8	4.44
Mental retardation	3	1.67

Table 3. Common presenting somatic symptoms

System	Symptoms
Cardio-respiratory system	Palpitation, dyspnea, hyperventilation, pain, tightness in the chest.
Mouth and throat	Dryness of mouth and throat, foreign body sensation in the throat.
Gastrointestinal system	Nausea, vomiting, anorexia, acid eructation, constipation, gas formation, flatulence, pain and heaviness in the abdomen.
Genitourinary	Increased frequency of micturation, burning micturation, whitish discharge, menstrual irregularities, decreased libido, pain in the penis.
Musculoskeletal system	Bodhyae, muscle ache, backache, pain in the joints, pain in the neck.
Nervous system	lingling, numbness, difficulty to talk and walk, loss of sensation, disiminished sensation, aphasia, loss of consciousness, convulsion, dizziness, vertigo, loss of memory, weakness or paralysis of muscle, abnormal gait.

Table 4. Predominant somatic symptoms and sex wise distribution

Somatic symptoms	Male		Female		Total		X2 Significance
	N=112	%	N=68	%	N=180	%	
Head and neck	48	42.86	35	51.47	83	46.11	NS
Chest	39	34.82	24	35.29	63	35.00	NS
Mouth and throat	32	28.57	9	13.23	41	22.78	P<0.01
Gastrointestinal	38	33.93	36	52.94	74	41.11	NS
Genitourinary	27	24.11	20	29.41	47	26.11	NS
Extremities	33	29.46	24	35.29	57	31.67	NS
Musculo-skeletal	20	17.86	10	14.70	30	16.67	NS

Table 5. Somatic symptoms and psychiatric diagnosis

System	Number	%	System	Number	%
Cardiorespiratory (N=63)			Head and neck (N=83)		
Anxiety disorder	26	41.27	Depressive disorder	34	40.96
Depressive disorder	14	22.22	Anxiety disorder	22	26.51
Phobic disorder	7	11.11	Phobic disorder	6	7.23
Dissociative disorder	12	19.05	Dissociative disorder	20	14.10
Schizophrenia	2	3.18	Schizophrenia	1	1.20
Substance abuse	2	2.17			
Mouth and throat (N=41)			Genitourinary (N=47)		
Anxiety disorder	19	46.34	Depressive disorder	20	42.35
Depressive disorder	10	24.40	Anxiety disorder	15	31.91
Phobic disorder	7	17.07	Phobic disorder	5	10.64
Dissociative disorder	4	9.76	Dissociative disorder	3	6.38
Schizophrenia	1	2.44	Substance abuse	2	4.25
			Schizophrenia	2	4.25
Gastrointestinal (N=74)			Extremities (N=57)		
Depressive disorder	37	50.00	Depressive disorder	22	38.60
Anxiety disorder	16	21.62	Dissociative disorder	16	28.07
Phobic disorder	6	8.10	Anxiety disorder	10	17.54
Dissociative disorder	10	13.51	Phobic disorder	5	8.78
Schizophrenia	3	4.05	Substance abuse	2	3.59
Substance abuse	2	2.70	Schizophrenia	2	3.59
Musculoskeletal (N=30)					
Depressive disorder	15	50.00			
Anxiety disorder	10	33.33			
Dissociative disorder	2	6.67			
Phobic disorder	1	3.33			
Substance abuse	2	6.67			

Among the patients 63.89% came from the urban background and 36.11% from the rural background. Regarding occupation, 25.55% were students followed by 23.89% and 22.78% were service holder and housewives respectively. The subjects were predominantly middle or high income group with 47.22% and 33.33% respectively.

Table 2 shows distribution of psychiatric diagnosis. Of the patients, 23.33%, 22.22% and 15.11% was depressive disorder, anxiety disorder and dissociative (conversion) disorder respectively. Table 3 shows system-wise predominant somatic symptoms.

Table 4 shows among the patients, 45.11% complained somatic symptoms associated with head and neck. Next common somatic symptoms complained by the patients 41.11%, 35% and 31.67% were associated with gastrointestinal tract, cardiorespiratory system and extremities respectively. Table 5 shows that patients suffering from anxiety disorder complained somatic symptoms 41.27% and 46.34% was associated with cardiorespiratory system and oral cavity respectively. A Patients suffering from depressive disorder complained somatic symptoms 38.6% to 50% was associated with gastrointestinal tract, head and neck, genitourinary tract, extremities and musculoskeletal system respectively.

Discussion

A large proportion of patients who consult physicians and surgeons are suffering from psychiatric rather than a physical illness. The presenting symptoms are physical and distinction of psychiatric from physical morbidity can pose considerable difficulties. Several factors are thought to influence this presentation. One important stigma is that mentally ill patients belief that doctors are more interested in physical than psychological complaints³. Diagnosis of psychiatric disorder is important because the bodily symptoms are commonly used as a reason for coming to the doctor.

In the present study, it was found that pain was common presenting feature and the most common site was head, neck, chest, abdomen, muscle and joints. Pain was used to describe a variety of sensations : aching, prick, hollow, empty, heavy or burning feelings. Our findings were consistent with other findings where they reported similar nature of the pain.^{3,4,5} Neurological symptoms; tingling, numbness, difficult to talk and walk, abnormal gait, dizziness, vertigo, loss of sensation, headache, convulsion, muscular weakness was found in our patients. These findings were similar with other findings where they reported similar nature of the neurological symptoms.^{3,5} patients complained cardiorespiratory symptoms are chiefly due to autonomic arousal associated with anxiety. Our findings were consistent with other findings where they reported that palpitation, central chest or left mammary pain, breathlessness, hyperventilation, tremor, urinary frequency, findings, upset stomach are common complaints.^{3,5,6} Regarding gastrointestinal symptoms: loss of appetite, constipation, gas formation, flatulence, pain and heaviness, nausea, weight loss were common complaints. These findings were consistent with other findings where they reported similar presentation of gastrointestinal symptoms.^{3,4,5,7} Genitourinary symptoms like frequency and burning micturation, whitish discharge, menstrual irregularities. loss of sexual desire, pain in the penis and impotence were common symptoms. These findings were also consistent with other findings where they mentioned similar presentation of genitourinary symptoms.^{3,4,5,8} In our study, patients with depressive disorder, somatic symptoms are almost constant feature. Gastrointestinal, head and neck, genitourinary, extremities, cardiovascular and musculoskeletal somatic symptoms were predominant. These findings were consistent with others where they reported that anorexia, constipation, weight loss, gas formation, pain, headache, menstrual irregularities, loss of sexual

desire, impotence, sleep disturbance, retardation are the most common somatic presentation in depressive disorder.^{3,4,5,7,9}

In this study, patients with anxiety disorder and phobic disorder, the predominant somatic symptoms were tension headache, chest pain, dyspnoea, hyperventilation, palpitation, dizziness, dryness of mouth and throat, pain in the penis, tingling, urinary frequency, upset stomach. The somatic symptoms of anxiety and phobic disorder caused by muscle tension and autonomic arousal. Our findings were consistent with other reports where they mentioned similar predominant somatic symptoms in anxiety and phobic disorder.^{3,5,6,8} It was found that symptoms of dissociative (conversion) disorder was usually resemble those of neurological disease. The predominant symptoms were convulsion, loss of sensation, diminished or altered sensation, numbness, abnormal gait, aphasia, difficult to talk, lump in the throat, muscular paralysis or weakness. These findings were consistent with other findings where they reported dissociative symptoms usually resemble those of neurological disease.^{3,5}

In the present study, although male patients are more in number but overall female patients complained more somatic symptoms than males.

References

1. Escobar JI, Stipeck MR, Carino G, Karno M. Somatic symptom index. *J Nerv Ment Dis* 1989; **177(3)**: 140–146.
2. WHO, ICD – 10: Classification of mental and behavioral disorders. Geneva, 1992.
3. Hill P, Murry R, Thorley A. Essentials of postgraduate psychiatry. 2nd ed. London, Grune and Stratton Inc. 1986.
4. Stoeckle JD, Davidson GE. Body complaints and other symptoms of depressive reaction. *JAMA* 1962; **180(2)**: 134–139.
5. Gelder M, Gath D, Mayou R, Oxford text book of psychiatry, 2nd ed. Oxford Oxford University Press, 1989.
6. Kaplan HI, Sadock B. Synopsis of psychiatry. 6th ed. Maryland, USA, Williams and Wilkins, 1991.
7. Poe RO, Lowell FM, Fox HM. Depression. *JAMA* 1966; **196(5)**: 345–350.
8. Kite ED, Grimble A. Psychiatric aspects of venereal disease. *Br J Psychiatry* 1963; **39**: 173–179.
9. Moffic HS, Paykel ES. Depression in medical inpatients. *Br J Psychiatry* 1975; **126**: 346–353.