Original Article

Somatic Symptoms in Depression; A Teaching Hospital Based Cross Sectional Study

Somatic Symptoms in Depression

Javeria Ali Asghar, Aqsa Faiz-ul-Hassan, Rana Mozammil Shamsher Khan and Saba Tabbasum

ABSTRACT

Objective: The objective of the current study was to assess somatic symptoms in patients who were suffering from depression.

Study Design: Cross sectional study.

Place & duration of study: This study was conducted at the Department of Psychiatry & Behavioural Sciences, AIMTH affiliated to KMSMC Sialkot during October 2017.

Material and methods: Adult consenting new patients of depression coming through OPD were included. Exclusion criteria were patients suffering from any other physical or psychiatric illness, minors or those refusing consent. In phase 1 clinical assessment was done according to ICD-10 criteria and Urdu version of Beck Depression Inventory- II (BDI- II) was administered. In the 2nd phase presenting complaints were noted. If the main presenting complaint was one or more somatic symptoms, they were recorded along with the demographic details on a sheet. The data was analyzed by SPSS v 21.

Results: Majority of the patients of depression coming to our hospital were young married females from middle and lower income class with no or little education. 151 (63.71%) reported somatic symptoms. Headache was the most common 131 (22.05%) followed by muscle pain 86 (14.48%) and decreased appetite 85 (14.315%) generalized weakness 77 (12.96%) joint pains 71 (11.95%) gastrointestinal disturbances 59 (9.93%) tingling and burning sensations 38 (6.39%) and other symptoms by 47 (7.91%).

Conclusion: Majority of the patients were young married females from middle and lower income class with no or little education. 151 (63.71%) reported somatic symptoms. Headache was the most common 131 (22.05%) followed by muscle pain 86 (14.48%) and decreased appetite 85 (14.315%).

Key Words: somatic symptoms, physical symptoms, teaching hospital, depression

Citation of articles: Asghar JA, Hassan AF, Khan RMS, Tabbasum S. Somatic Symptoms in Depression; A Teaching Hospital Based Cross Sectional Study. Med Forum 2018;29(4):66-69.

INTRODUCTION

Depression is a major illness. Although mortality associated with depression may not be high but morbidity is very high. It is a disease which has high prevalence. According to W.H.O. it was the 4th leading cause of morbidity and also mortality but it was projected that in 2020 depression will become number 2 among all diseases as far as GBD is considered.[1] Prevalence and burden of depression is increasing in the world but there are many obstacles in its recognition. It is missed or under diagnosed in various settings. In primary care, in general health care, by doctors in general practice and also by specialists working in other fields of medicine than psychiatry.

Department of Psychiatry & Behavioural Sciences, Government Khawaja Muhammad Safdar Medical College, Sialkot.

Correspondence: Dr. Rana Mozammil Shamsher Khan, Assistant Professor, Department of Psychiatry & Behavioural Sciences, Government Khawaja Muhammad Safdar Medical College, Sialkot.
Contact No: 0333-8607078
Email: ranamozi@yahoo.com

Received: December, 2017; Accepted: March, 2018

One of the reasons may be that depression does not always present with typical symptoms for example low mood. Many a times it presents with somatic symptoms. Doctors are usually trained to listen to somatic or physical symptoms and think of medical or surgical illnesses. There is deficiency in their training to recognize these symptoms. They go on and order laboratory and other unnecessary investigations. The patient who is already suffering also goes through these unnecessary investigations leading to waste of money, time and human resources. It also burdens the diagnostics departments of any hospital.[2]

The patient on the other hand may go in to more distress. He may ruminate [3] and not satisfied with care in the hospital.[4] Depression is also common after surgery.[5] It may lead to inappropriate referrals [6], inappropriate operations leading to keloids [7] and burden on the patient and family.[8] Distress can lead to battering in women [9] and depression in students of medicine[10] and inappropriate hospital admission getting infections[11] and other complications.

The two classification systems in Psychiatry DSM and ICD fail to incorporate somatic symptoms in the diagnostic category of depression. There is a debate for a long time that somatic symptoms do not get enough attention by the two major systems of classification

used world over for many years. One criticism is that they address psychological symptoms of depression only. Cognitive symptoms are also included in the diagnostic systems. Since these two major classifications do not adequately address the issue of somatic systems of depression, major books of medical and other curriculum taught at medical schools lacks integration. Medical students who graduate and then become doctors who come in practice and see patients have little or no understanding or knowledge of somatic symptoms. They miss cases or misdiagnose them altogether. They may embark upon the journey of unnecessary investigations and prescribing wrong medicines. DSM-V1TR has added some significance to somatic symptoms in the diagnosis of depression by adding unnecessary worry and concern about physical health in the new version of the classification.[2]

To address this issue of under diagnosis and diagnosing depression when it does not present with typical psychological or cognitive symptoms we planned to conduct a study in our hospital. Up till now, to our knowledge no research has been done on this topic in our hospital. The objective of the current study was to assess somatic symptoms in patients who were suffering from depression.

MATERIALS AND METHODS

The cross sectional study was conducted at AIMTH affiliated to KMSMC Sialkot Pakistan during the calendar month of October 2017. Ethical guidelines in the Declaration of Helsinki were followed. Approval was taken from ethics review committee. All patients coming to OPD during working hours were approached. Inclusion criteria were adult new patients of depression coming to the OPD of Psychiatry and Behavioral Sciences department for the first time. Exclusion criteria were patients suffering from any other physical or psychiatric illness, minors or those refusing consent. Purpose and title of the study was explained to all patients and written informed consent was taken.

The study was conducted in two phases. In phase 1 a Psychiatrist or senior medical officer in Psychiatry conducted the clinical assessment according to inclusion and exclusion criteria to confirm the presence of depression according to ICD-10 criteria. Then data collectors administered Urdu version of Beck Depression Inventory- II (BDI- II) [12] to confirm the presence of depression. The cronbach's alpha for this study was .87. For illiterate patients data collectors read out the questions and responses were recorded according to patient's answers. The cut off score was taken as 14. 243 patients were diagnosed to be depressed after clinical assessment however 6 scored below 14 on BDI- II. These 6 patients were excluded and final sample size was 237 patients. The demographic and other variables of these 6 patients were not very different from the final sample.

In the 2nd phase presenting complaints of the patients were noted. If the main presenting complaint was one or more somatic symptoms, they were recorded along with the demographic details on a sheet which was already prepared for this purpose. Data was analyzed by SPSS v 21.

RESULTS

237 patients were included in the study. 141 (59.49%) patients were females and 96 (40.51%) patients were males. The mean age of female patients was 29.33±14.29 years with range from 18-69 years. The mean age of male patients was 30.77±12.47 years with range from 18-71 years. Majority of patients 108 (45.57%) were in age bracket 18-30 years. While 97 (40.93%) were in age bracket 31-55 years and 32 (13.50%) had age more than 55 years. Majority 131 (55.27%) were married while 72 (30.38%) were single and 34 (14.35%) were either divorced or widowed. Majority of the patient belonged to lower and middle income class. With lower income there were 65 (27.43%) patients and middle income 134 (56.54%) patients. only 38 (16.03%) patients belonged to upper income class. 79 (33.33%) patients were illiterate. The majority 107 (45.15%) had less than 10 years of education while 51 (21.52%) had more than 10 years of education. Table 1

Table No.1. Demographics of the patients N=237

Variable	Frequency	%age
Gender		
Female	**141**	**(59.49%)**
Male	**96**	**(40.51%)**
Age in years		
18-30	**108**	**(45.57%)**
31-55	**97**	**(40.93%)**
> 55	**32**	**(13.50%)**
Marital status		
Single	**72**	**(30.38%)**
Married	**131**	**(55.27%)**
Divorced/widowed	**34**	**(14.35%)**
Monthly income in (Pak Rupees)		
<15000	**65**	**(27.43%)**
16000-60000	**134**	**(56.54%)**
>60000	**38**	**(16.03%)**
Education		
Illiterate	**79**	**(33.33%)**
Less than 10 years	**107**	**(45.15%)**
More than 10 years	**51**	**(21.52%)**

Out of the total 237 patients 151 (63.71%) reported somatic symptom as chief presenting complaint. Patients had one or more than one somatic symptoms. Patients with each somatic symptom were counted checked and added to the total list of symptoms. Headache was the most common symptom 131

(22.05%). Muscle pain as symptom was reported by 86 (14.48%). Decreased appetite was another important symptom to be reported 85 (14.315%). Generalized weakness was common. 77 (12.96%) times it was reported. Joint pains were reported 71 (11.95%) times. Gastrointestinal disturbances were reported 59 (9.93%). Tingling and burning sensations were also reported by the patients 38 (6.39%). Other symptoms were reported by 47 (7.91%). Table 2.

Table No.2. Somatic symptoms in depression N=237

Symptom	Frequency= n	%age
Headache	**131**	**22.05**
Generalized weakness	**77**	**12.96**
Muscle pain	**86**	**14.48**
GI disturbance	**59**	**9.93**
Joint pains	**71**	**11.95**
Tingling and burning	**38**	**6.39**
Decreased appetite	**85**	**14.31**
Others	**47**	**7.91**
Total	**594**	**100**

DISCUSSION

The results of our study show that majority of the patients of depression coming to our hospital were young married females from middle and lower income class with no or little education. 151 (63.71%) reported somatic symptoms. Headache was the most common 131 (22.05%) followed by muscle pain 86 (14.48%) and decreased appetite 85 (14.315%).

In another study somatic symptoms were also reported to be present in majority of the patients who were suffering from depression. In this study female were 260 and male were 239. 80% of these patients reported somatic symptoms. Our figures are not very far away from this study and corroborate findings from our study. The somatic symptoms as authors argued were mainly concerned with psychopathology. The main themes were hypochondriacal in nature and physical or somatic manifestations of stress were common. Depression and stressful factors are common in the psychopathology of somatic symptoms. They are not only present in patients coming to OPD but also are present in patients who are admitted in the hospital.[13] Another study carried out by W.H.O. included 1146 patients. It was a large study. It was multi center reporting findings from patients who were suffering from depression. This large study reported that 2/3 of patients of depression presented with somatic symptoms. These findings are also similar to findings from our study. More than half of the patients reported symptoms which were somatic but not explained by medical reasons. These might be due to psychological factors.[14]

In another study in U.S. conducted on 573 patients 69% had somatic complaints. The most frequent being general body aches along with pain. There may be an association of pain or symptoms of pain with depression.[15] Depression and pain may have link or pathway that is common. Painful symptoms occur in depression and it is seen that in painful conditions or illnesses which are chronic depression is present in significant percentage of patients. This is more than what statistics and other confounding variables could count. If the impact of other factors is removed even than painful symptom in depression are common and depression is common in chronic painful disorders. It was shown from all tiers of health care that symptoms which were distressing and painful and somatic in nature were present in 2/3 of the patients.[15]

Differences in somatic symptoms in male and female gender have also been reported. From a large sample in which depressed patients were assessed, data was divided in to depressed patients who had somatic symptoms and who had "pure" symptoms of depression. It was found that in female patients there was majority of patients who reported somatic rather than pure type of depression and these female patients had their illness started in young and adolescent age and the main symptoms were body aches along with pains. The findings are very similar to findings from our study. We also had young female patients more than male patients, reporting somatic symptoms in depression.[16,17]

Our study has strengths and limitations. The strengths of the study are easy and cost effective methodology. Data was easily collected from hospital. It was a hospital based study and patients from OPD were included. Patients coming after OPD timings through emergency were missed. In future, studies with more robust methodology and in community setting are needed.

CONCLUSION

It can be concluded that majority of the patients of depression coming to our hospital were young married females from middle and lower income class with no or little education. 151 (63.71%) reported somatic symptoms. Headache was the most common 131 (22.05%) followed by muscle pain 86 (14.48%) and decreased appetite 85 (14.315%).

Author's Contribution:

Concept & Design of Study:	Javeria Ali Asghar
Drafting:	Aqsa Faiz-ul-Hassan
Data Analysis:	Rana Mozammil Shamsher Khan
Revisiting Critically:	Aqsa Faiz-ul-Hassan, Saba Tabbasum
Final Approval of version:	Javeria Ali Asghar

Conflict of Interest: The study has no conflict of interest to declare by any author.

REFERENCES

1. World Health Organization. Mental health new understanding new hope. World health report. Geneva: WHO 2001
2. Kapfhammer HP. Somatic symptoms in depression. Dialogues Clin Neurosci 2006;8(2): 227–239.
3. Khan RMS, Gani N, Khan MY, Latif A K et.al. Frequency of rumination in patients admitted with depression in tertiary care hospital. Rawal Med J 2017;42(1):28-33
4. Khan RMS, Ahmed T, Latif A, Nawaz K. Satisfaction of Outpatients and Inpatients with Psychiatric Services at Allama Iqbal Memorial Hospital, Sialkot. Med Forum 2016;27(10):41-45.
5. Latif A, Shamsher Khan RM, Nawaz K. Depression and anxiety in patients undergoing elective and emergency surgery: Cross sectional study from Allama Iqbal Memorial Hospital Sialkot. J Pak Med Assoc 2017;67(6):884-888.
6. Ali M, Latif A, Khan RMS, Shabbir F, Butt MQ. Outpatients Attendance in a tertiary care hospital; is the referral justified or not? Pak J Med Health Sci 2017;11(1):71-74.
7. Butt MQ, Latif A, Khan RMS, Mazhar AI, Shabbir F. Keloids and Hypertrophic scars; Comparison of intraleisional injection of triamcinolone alone and triamcinolone mixed with 5 flourouracil in treatment of keloids and hypertrophic scars. Profess Med J 2017;24(6):812-817.
8. Khan RMS, Butt MQ, Latif A, Nawaz K. Caregiver burden in relatives of patients with schizophrenia; A cross sectional study at Government Khawaja Muhammad Safdar Medical College Sialkot. Med Forum 2017;28(6):2-5.
9. Khan RMS, Marwa, Tahir SB, Latif A. Domestic violence; a study of of Depression, Battering and associated factors among married women in primary healthcare from Pakistan. Med Forum 2017;28(5):170-173.
10. Ahsan U, Khan RMS, Latif A, Hussain S. Depression and its Associated Factors in Medical Students: A Cross Sectional Study. Pak J Med Health Sci 2016;10(4):1283-1288.
11. Khan KM, Ahmad T, Khan RMS, Latif A. Assessment of Therapeutic Effects of Sofosbuvir Plus Ribavirin In Patients Suffering From Hepatitis C Virus With Genotype 3. Pak J Med Health Sci 2017;11(2):799-802.
12. Beck Depression Inventory. [Internet]. 1996 [accesed 2017 July 2] Available from: http://www.cps.nova.edu/~cpphelp/BDI2.html
13. Hamilton M. Frequency of symptoms in melancholia (depressive illness). Br J Psychiatr 1989;154:201–206.
14. Simon G, Korff von M, Piccïnelli M. et al. An international study of the relation between somatic symptoms and depression. N Engl J Med 1999; 341:1329–1335.
15. Bair MJ, Robinson RL, Katon W, et al. Depression and pain comorbidity: a literature review. Arch Int Med 2003;163:2433–2445.
16. Silverstein B. Gender differences in the prevalence of somatic versus pure depression: a replication. Am J Psychiatr 2002;159:1051–1052.
17. Wenzel A, Steer RA, Beck AT. Are there any gender differences in frequency of self-reported somatic symptoms of depression? J Affect Disord 2005;89:177–181.