ORIGINAL PROF-738

ANXIETY & DEPRESSION;

COMPARATIVE STUDY OF SOMATIC SYMPTOMS BETWEEN TWO POPULATION GROUPS

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ABSTRACT

Objective: To compare the type and frequency of somatic symptoms of anxiety and depression between female population of Punjab and that of Sind. Design: Cross-sectional study. Place and duration of study: From 1st March, 2003 to 30th June, 2003 at the Department of Psychiatry, Combined Military Hospital Pano Aqil Cantt. Subjects & Methods: All female patients reporting in psychiatry outdoor, fulfilling ICD-10 diagnostic criteria of anxiety and/or depression were included in the study. Patients having co-morbidity were excluded. Similarly, patients unable to communicate in Urdu were excluded. Somatic symptoms were recorded in the standard Urdu version of Bradford Somatic Inventory. Finally, two groups of patients were obtained, 50 patients belonging to Punjab, living with their husbands/sons at Pano Aqil Cantt, and 50 belonging to native Sindhi population. Both the groups contained first consecutive cases. Somatic symptoms were then compared between two groups and results obtained. Patients belonging to Punjab were designated group-I and those from Sind as group-II. Result: Somatic symptoms which were significantly frequent but almost equal in both the groups included generalized headache-group-I 70% and group-II 66%, pain neck and upper trunk muscles-group-I 85% and group-II 80%, backache- group-I 52% and group-II 45 and generalized weakness-group-I 48% and group-II 45% , palpitation-group-I 45% and group-II 36%, and easy fatigability -group-I 32% and group-II 35%. Somatic symptoms with significant difference between two groups included frontal headache-group-I 50% and group-II 30%, unilateral headache-group-I 30% and group-II 10% bi-temporal headache-group-I 52% and group-II 30% central chest pain-group-I 25% and group-II 52%, pain both breasts-group-I 2% and group-II 36% dyspepsia-group-I 60% and group-II 85%, and generalized bodyaches and pains-group-I 60% and group-II 30%. Conclusion: Somatization of underlying anxiety and depression is very frequent in both the population groups. There are a few differences which probably can be explained on the basis of socio-cultural setting of the two areas of Pakistan.

Key Words: Somatic symptoms, frequency, nature, comparison, female population, Punjab, Sind.

INTRODUCTION

Somatic symptoms are a very common mode of expression of underlying psychological distress in our society especially the lower socio-economic sphere of it. Predominantly female population is effected and such patients are mostly illiterate and prey to psychological stressors of various kinds. Both anxiety and depression are the underlying psychological illnesses in majority of the cases. Diagnosis, as well as, treatment of such cases poses problems for the clinicians, Initially many of these patients keep going to hakeems and faith healers and then to general practitioners or any other clinician.

Generally they are given symptomatic treatment, without any

attempts at exploring the underlying pathology. They are a few sequella to such treatment: patient is not satisfied as her illness has not been investigated properly, the cost goes too high in investigating a variety of symptoms in such patients besides unnecessary pricking and radiation etc; underlying problem keeps the patient distressed, and attention to somatic symptoms by the clinicians works as a positive reinforcement for the patient which leads to persistence of such symptoms or even addition of more somatic symptoms.

Keeping in view these practical problems, this study was designed in order to bring out the nature and frequency of somatic symptoms as well as a comparison between female population belonging to two provinces of the country.

SUBJECTS & METHODS

Combined Military Hospital Aqil is a 450 bedded hospital with consultants in all the major disciplines of medicine. It has got a fully functioning psychiatry department, having 40 beds and all other facilities required for the management of psychiatric patients. Outpatient department has an average of 25 patients on every outpatient day. Hospital has fairly vast drainage area comprising Pano Aqil Cantonment and the adjoining areas of Sind.

Study project was started on 1st March 2003 and all female patients fulfilling the ICD-10 diagnostic criteria of anxiety and depression were included in the study. Age range was between 21 year upto 60 years, mean being 32 years. Educational status was either illiterate or primary level. Socio-economic group comprised lower class. Patients with co-morbidity were excluded from the study. Similarly patients not willing to participate in the project or unable to understand Urdu were excluded. Somatic symptoms were recorded in standard Urdu version of Bradford Somatic Inventory. for comparison purposes, patient sample was broken into two groups. Group-I comprised 50 patients belonging to Punjab residing with their husbands/sons at Pano Aqil Cantt. Group-II contained 50 patients from Sind. Both the groups comprised first reporting consecutive subjects. The data so obtained were compared between two groups and conclusions drawn.

RESULTS

Tables given above give the frequency and nature of the various somatic symptoms; comparison of the two population groups is also shown.

Table-I. Somatic symptoms almost equal in two groups

SOMATIC SYMPTOMS	GROUP-I %	GROUP-II%
Gen. headache	70	66
Occipital headache	35	32
Pain neck & upper trunk muscles	85	80
Gen. abdominal pain	22	21
Joint pains	28	28
Constipation	35	28
Backache	52	45
Gen. weakness	48	43
Suffocation	23	17
Palpitation	45	36
Easy fatigability	32	35
Dizziness	25	21
Giddiness	31	28

Table-II. Somatic symptoms different in two groups.

SOMATIC SYMPTOMS	GROUP-I %	GROUP-II %
Frontal headache	50	30
Unilateral headache	30	10
Bitemporal headache	52	30
Heaviheadedness	67	45
Heaviness over eyes	32	15
Central chest pain	25	52
Pain single breast	02	36
Dyspepsia	60	85
Pain hypogastrium	07	12
Gen. bodyaches & pains	60	30

DISCUSSION

Results of this study confirm the hypothesis that female

patients coming from lower socio-economic groups of our population have got a very significant tendency to express their psychological ailments in terms of somatic symptoms. Comparison of somatic symptoms between the patient population group belonging to two different provinces of the country shows similarity in majority of symptoms. Difference between two populations regarding few somatic symptoms can be explained on the basis of socio-cultural settings of the two areas. For instance, bitemporal headache, generalized bodyaches and pains and frontal headache are much more in patients belonging to Punjab, whereas central chest pain and pain breast are much more common in Sindhi patients. Dyspepsia is very frequent in both the areas, however, its frequency is alarmingly high amongst Sindhi patients. Nevertheless, the markedly high frequency of somatic symptoms in the population under study strengthens the idea that illiterate people are unable to understand the psychological symptoms and ailments, due to their own incapacity to understand and express such symptoms. Another reason is the existence of misconceptions relating to such illnesses in their surroundings i.e, either such illnesses are taken as due to “taweez”, magic or supernatural objects or they are not taken as diseases altogether.

Various studies have been carried out on the aspect of somatization. Abu Arafehi, Russell G in 1996 studied the relation of psychological distress and recurrent abdominal pain in adolescents. They found that various psychological stresses at school, as well as, anxiety and depression were associated with recurrent abdominal pain. Achenbach TM (1981) conducted a study which brought out the prevalence of depression in Chinese population presenting to GP with various somatic symptoms. 47% of the population were depressed. Divid Kressler, Glyn Lewis and Dennis Pereira (1991 & 1992) studied the association of depression and somatic symptoms from data of WHO from five countries. There was overall 69% prevalence of depression amongst such patients. Simon GE and Vonkorff et al in 1991-92 studied the relationship between somatization and anxiety and depression. Prevalence for depression was 49% and for anxiety was 38%.

On going through the above quoted studies, one finds that even in western societies, where the literacy rates are very high, there are surprisingly high prevalence of depression and anxiety amongst patients reporting with somatic symptoms. One, therefore, reaches the conclusion that somatization is much more than merely due to lack of education of awareness and lower socio-economic status. It also involves learning and unconscious defenses of the patients.

CONCLUSION

Somatization is a very important and integral part of clinical presentations in our hospitals and clinics. Besides diagnostic and therapeutic difficulties, such patients pose quite an economic burden on our system of health care. More and elaborate research is needed in order to find out clear cut relationship between various somatic symptoms and psychological ailments. Similarly, it is of vital importance to create awareness of psychological illnesses amongst the masses and medical professionals, so as to create a suitable environment for seeking of timely medical help by the patients and prompt and correct referrals of such patients to psychiatrists.

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Nothing can harm a good man; either in life or after death.

Socrates