

Depression with Somatic Symptoms in Patients Attending Psychiatry OPD of Nepalgunj Medical College

Belbase M¹, Adhikari J², Khan TA³, Jalan RK⁴

ABSTRACT:

Background: Depression is the most common mental health problem but its presentation may not be the same all the time. Presentation of depression in the form of somatic symptoms makes it difficult to identify by untrained eyes which needs detailed investigations before labeling them as having a psychiatric problems. **Methods:** This is a descriptive study done in patients attending psychiatry OPD of Nepalgunj Medical College, Kohalpur, for six months from the month of May to October 2014. **Results:** Out of the 240 study subjects, the most common age group is 21-30 years, 90(37.5%), followed by 11-20 years, 50(20.83%). Among the physical symptoms, Generalized weakness 145(29.84%), loss of appetite 106(21.81%), vague pain (joint/abdomen) 84(17.28%), headache 80(16.46%), burning and tingling sensation 71(14.61%). **Conclusions:** Depression is a common psychiatric entity but may present in the form of physical symptoms. The commonest being generalized weakness 145(29.84%), followed by loss of appetite 106(21.81%).

Keywords: Depression, ICD, Nepalgunj Medical College, somatic symptoms

INTRODUCTION

Depression is the most common mental health problem. Major depressive disorder has the highest life time prevalence of 17% of any psychiatric disorders and women being twice as likely to be affected as men¹. Though there are various typical signs and symptoms in depression, it may commonly disguised in somatic sign and symptoms and this is the reason of difficulty in diagnosis, wrong diagnosis, unnecessary and costly investigations and poor treatment outcome. These patients experience and describe emotional distress in terms of physical symptoms¹.

A high percentage of patients with depression who seek treatment in a primary care setting report only physical symptoms, which can make depression very difficult to diagnose. Physical pain and depression have a deeper biological connection than simple cause and effect; the neurotransmitters that influence both pain and mood are serotonin and norepinephrine. Dysregulation of these transmitters is linked to both depression and pain. In general, the worse the painful physical symptoms, the more severe the depression². As depression can present with other physical

comorbid illnesses, ruling out of such possibility is important before labeling such symptoms as somatic symptoms of depression^{3,4}. The literatures report that more than fifty percentage (up to two third) of depressive patients present with somatic symptoms including generalized weakness, headache, joint pain, burning and tingling sensations, crawling sensations and vague pain¹. Somatic symptoms including painful physical symptoms are not only associated with diagnostic difficulty and poor treatment outcome but also poor quality of life of the sufferer⁵.

As per the ICD-10 (International Classification of Diseases, 10th edition), typical somatic symptoms (also called biological, mealancholic, vital or endogenomorphic) are anhedonia, lack of emotional reactivity, depression being worse in the morning, waking in the morning two hours prior to the usual time, psychomotor retardation or agitation, marked loss of appetite, significant weight loss, severe loss of libido. Somatic syndrome is considered if four of these symptoms are definitely present⁶. In this article, somatic symptoms are considered for physical symptoms of depression (Not the cognitive or affective) which patient present with and not exclusive of all the biological symptoms. Typically, in depressive episode, individual suffers from depressed mood, loss of interest and enjoyment, and reduced energy leading to increased fatigability and diminished activity. A duration of at least 2 weeks is usually required for diagnosis, but shorter periods may be reasonable if symptoms are unusually severe and of rapid onset⁶.

METHODS

This is a descriptive study done in patients attending psychiatry OPD of Nepalgunj Medical College, Kohalpur for six months from the month of May to October 2014. All the new cases of depression who came to OPD were included in the study after

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1. Dr. Mohan Belbase
 2. Dr. Jyoti Adhikari
 3. Dr. Tanveer Ahmad Khan
 4. Dr. Rekha Jalan

Address for correspondence:

Dr. Mohan Belbase
Department of Psychiatry
Nepalgunj Medical College Teaching Hospital
Kohalpur, Banke, Nepal
E-mail: mohanbelbase@yahoo.com

taking consent for the study and publication of the same. Total 240 participants were included in the study. Patients were diagnosed using ICD-10 (International Classification of Disease, 10th edition) classification of mental and behavioral disorders, clinical description and diagnostic guidelines⁶. Patients who did not want to participate in the study, those having depression with bipolar disorders, depression in schizoaffective disorders, depression with substance dependence and organic depression were excluded from the study group. Patients who needed psychological intervention were sent to the psychologist working in the same hospital.

Age	Gender		Depression as per ICD-10	
	Male	Female	No.	%
≤ 10	2	5	7	2.92
11-20	15	35	50	20.83
21-30	20	70	90	37.5
31-40	10	26	36	15
41-50	12	32	44	18.33
51-60	3	5	8	3.3
>60	1	4	5	2.09
Total	63	177	240	100

Table I. Demographic profile of patients having depressive episodes with their age range (n=240)

Gender	No.	%
Male	63	26.25
Female	177	73.75
Total	240	100

Table II. Frequency with respective percentage of patients with depression (n=240)

Age (yrs.)	Somatic Symptoms				
	Generalized Weakness	Headache	Burning and tingling	Loss of appetite	Vague pain joint/abd
≤ 10	-	2	-	1	5
11 - 20	28	15	9	18	10
21 - 30	55	32	19	43	17
31 - 40	22	11	13	20	17
41 - 50	27	16	25	19	22
51 - 60	8	3	2	2	8
> 60	5	1	3	3	5
Total	145	80	71	106	84

Table III. Distribution of somatic symptoms in patients with depression (n-240)

Needful laboratory investigations were done from the hospital laboratory.

The basic socio-demographic profile was recorded and the variables were analyzed using SPSS (Statistical Package for Social Studies) software and tabulated in percentage.

RESULT

Out of the 240 study subjects (n=240), the common age group involved in population was 21-30 years, 90 (37.5%); followed by 11-20 years 50 (20.83%), and 41-50 years 44 (18.33 %). Number of female patient was 177 (73.75 %) and male only 63 (26.25 %). The male to female ratio was 0.35.

The commonest somatic symptom in depression is generalized weakness 145 (29.84%) cases, followed by loss of appetite 106 (21.81%), vague pain (joint/abdomen) 84 (17.28%), headache 80 (16.46 %) and burning or tingling sensation 71 (14.61%) patients.

Important findings are given in the respective tables below.

Somatic symptoms	No	%
Generalized weakness	145	29.84
Headache	80	16.46
Burning and tingling	71	14.61
Loss of appetite	106	21.81
Vague pain (Joint/abdomen)	84	17.28
Total	486	100

Table IV. Frequency of somatic symptoms with respective percentage in patients with depression (n=240)

DISCUSSION

The most common age range for depression found in our study is 21-30 years that represent 37.5 percent of depression cases. In the gender distribution, our findings represent more females 177 (73.75%) than in males 63 (26.25%). Depression is said to be twice more common in females but our excess female depression finding could be due to nature of our catchment area where males go to abroad or nearby country India for their earning but females stay at home looking after their children so that they come to us when they get problems. Also, the somatic symptoms may also have produced more concern for their general health in those females.

The another similar study done showed more females presented with higher number of somatic symptoms where males presented higher number of psychological symptoms⁷. The most common somatic symptom is generalized weakness 145(29.84%) followed by loss of appetite 106 (21.81%). Vague pain (joint/abdomen) 84(17.28%), headache 80(16.46%) and burning and tingling sensations 71(14.61 %). In one hospital based study done in USA in patients with coronary heart disease, fatigability was the most common somatic symptom (69%) which is also similar to our present finding where generalized weakness is the most common somatic symptom⁸. In children aged <10 years headache and vague pain (Joint/abdomen) is more common than other somatic symptoms. This finding is as per the usual text book description of presentation of depressive symptoms in children¹.

In one study done in children and adolescent mental problems, it was found that functional somatic symptoms were consistently associated with anxiety and depressive symptoms and disorders with likelihood of more number of such diagnosis with increased number of functional somatic symptoms⁹. In another study conducted in Japan, it was found that the prevalence of depression was positively associated ($p < 0.001$) with total number of somatic symptoms¹⁰. Though we could not compare in our study, it is said that people from Asian countries more somatize mental problems including depression. In one study regarding expression of distress, Chinese out patients reported more somatic symptoms compared with Euro-Canadians who in turn reported more psychological symptoms¹¹. Somatic presentation is not only associated with diagnosis of depression but with the prognosis also. In one study regarding recurrence of depression, it was observed that a sustained high level of medically unexplained physical symptoms predicted consecutive depression reoccurrence over 3.5 years¹².

Somatic symptoms often disguise depression that may mislead the clinicians to omit or wrongly diagnose the patients. Understanding somatic features in depression helps in better management of patient and overall health. Selection bias due to hospital based study, unable to randomize, unable to follow up are some of the limitations of the study.

CONCLUSIONS

Depression is a common psychiatric entity with various symptom profiles including somatic symptoms. The most common somatic symptom is generalized weakness followed by loss of appetite, vague pain (joint and abdomen), headache and burning or tingling sensations.

ACKNOWLEDGEMENTS

My sincere thanks goes to Lord Buddha Educational Academy, NGMCTH, Kohalpur administration, principal office and neuropsychiatry team for their valuable contribution in the permission of the study, technical guidelines and help in literature review respectively in the study.

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