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PREVALENCE RATE OF SOMATIZATION AND PSYCHOLOGICAL DISORDER AMONG PATIENTS CONSULTING OUT PATIENT CLINIC IN NASIRIYAH GENERAL HOSPITAL

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ABSTRACT

Objective

To assess prevalence of somatization and psychological morbidity for patients presenting to out patient (O.P)clinic in Al-Hussain hospital and to examine correlation between somatization and psychological disorders

Methods

Out patient (n=100) presenting to out patient clinic of hospital were screened with Bradford somatization inventory which gauge psychosomatic morbidity and self reporting questionnaire which measure psychological distress .

Results

Somatization disorder as defined by Bradford, and psychological morbidity were relatively common in out patient clinic in Nasiriyah O.P hospital settings. There was significant positive correlation between indices of somatization and psychological morbidity..

Conclusion

Nasiriyah patients seeking out patient care equally experience both psychological distress as well as somatic ones. This finding challenges the old notion that people in developing countries generally express distress somatically.

KEY WORDS: somatization, out patient, psychological distresses, AL-hussain hospital .

INTRODUCTION

Doctors often meet patients who insist they are diseased despite repeated assurances to the contrary. Such patients who frequently seek care in Out patient clinic in AL-Hussain hospital settings, and account for a large number of consultations, .doctor shopping., unnecessary tests and multiple surgeries, cause what is sometimes called .fat file syndrome..1 Patients, in their turn, come to believe that they receive neither clear diagnosis nor effective treatment.1,2 Since doctors tend to prescribe medication

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symptomatically, iatrogenic illnesses might ultimately result.3,4 Although it is possible that such patients might be suffering from unidentifiable physical illnesses,5.7 empirical evidence suggests that they might be somatizing.8 As a clinical entity, somatization is a chronic, disabling syndrome that presents a physical facade hiding significant psychopathology. Somatic symptoms are common in affective and anxiety disorders.9,10 It is usually assumed that somatization occurs in response to psychological stresses on a background of predisposing personality factors, but in adopting the sick role, psychological equilibrium is achieved. Clinical and epidemiological surveys over the past two decades suggest that acute forms of somatoform disorders are invariably present in all primary care settings.11.14 Naturalistic observations of somatization disorders have revealed that the condition begins before age 30, and most often during teenage. The disorder is inversely related to social position, occurs most often in communities with little urbanization and literacy, and affects more women than men.15,16 Using screening instruments thought to be sensitive to local idioms of emotional distress, Ohaeri & Odejide17 and Mumford et al18 have found the incidence of psychological morbidity to range from 20% to 80% in various cultures among the developing countries. Complementing surveys from developing countries, Goldberg and Blackwell19 in UK, Giel & Le Nobel20 in the Netherlands, and Katon et al3 in USA found similar patterns. The frequent association of somatization and affective disorders suggests that the latter is a predisposing factor and not simply a reaction to disability.21 In the Arab world, El-Rufaie et al22 and AlSubaie et al23 have reported high incidences of patients complaining of depression and anxiety and a variety of somatic symptoms, confirming previous anecdotal reports.24.26 However, these reports have relied on clinical impression and psychological scales that lack items to elicit somatic symptoms.8 Since various commentators in the field have suggested that non-western patients tend to use . somatopsychic. idiom of distress rather than verbalize their distress in psychological concepts,27.29 it remains to be established whether Al-Hussain out patient hospital , follow this generalization. The world over, psychological morbidity has been found to be very high among patients seeking healthcare.14,30 In Nasiriyah , such research has not been conducted despite the nearly 13 Aim of the study The interrelated aims of this study are to (a) determine the rate of psychological morbidity among Nasiriyah patients attending out patient clinic in Al-Hussain hospital (b) determine the prevalence of somatization in those patients and (c) explore whether there is a relationship between psychological distress and somatization.

METHOD

This research forms part of the studies conducted at the out patient clinic in Al-Hussain hospital , with the aims to examine the rate of psychological disorders in Nasiriyah .

SUBJECTS

This is a prospective, cross-sectional, study drawn from patients attending in a polyclinic for both male and female Outpatient care. Consecutive patients, 52 females and 48 males, who were able to and attending the clinics on a self-initiated visit for a new problem, were invited to participate in the study. Patients known to have sensory or cognitive impairments that would affect proper completion of the study questionnaires and all the patient with organic disorder were excluded

from the sample. . A brief explanation of the study was given to the patients and their oral consent taken. Some degree of privacy for the subjects
was attempted whilst administering the questionnaires.

ASSESSMENT

Experienced psychiatrist , surgeon and physician had produced Arabic language versions of the questionnaires by the method of back-translation.32 In the pilot phase, and rate the patients. responses accordingly. In order to accommodate for illiteracy among some subjects, questions were read to all the patients. As a result, there was substantial inter-rater agreement on the various items of the questionnaires.

SOMATIZATION

Bradford Somatic Inventory (BSI)8 is a 44-item inventory for psychosomatically expressed psychological distress. It has cross-cultural validity as shown by studies carried out in Great Britain, Pakistan, India, Nepal, and Russia.18,33 The BSI asks the subject on a wide range of somatic symptoms during the previous month, and whether or not the subject has experienced a particular symptom, on more or fewer than 15 days during the month (scoring 1 or 2 respectively). For the present purpose, the scoring was based on Mumford,18 where a score >40 is considered to be the .high. range, 26- 40, .middle.
range and 0 - 25, .low. range.

PSYCHOLOGICAL MORBIDITY

Psychological morbidity was assessed using General Health Questionnaire (GHQ-12 Arabic Version) related to mental disorders. The GHQ requires four choices ranging from (0-4) answer to each question. GHQ has been established to be a psychiatric case-finding instrument for detection of psychiatric patients among visitors of health care facilities23
and most of its questions had been selected from existing psychiatric questionnaires such as the Symptom Sign Inventory,34 the General Health Questionnaire35 and the Present State Examination.36 Designed by the World Health Organization, GHQ has been validated in various developing countries23,30,37 to determine the prevalence of .conspicuous psychiatric morbidity. (CPM), without specific diagnoses.38 For the present analysis, the scores were categorised as follows: high range = 10.20; middle range
= 6.9; lower range = 0.5.

RESULTS

SOCIO-DEMOGRAPHIC FEATURES

The interview sample consisted of 100 patients with a mean age of 26.03 ± 9.62, (52 females with mean age 25.65 ± 10.48 and 48 males with mean age 26.44 ± 8.68). There was no statistically significant age difference between males and females ($t = 0.41$, $df = 96.89$, $p > 0.05$). Of the patients, 54% were single; 41% married and the remainder (5%) either divorced or widowed. As regards education, 7% each had university degrees 7% or
17% had secondary school education, 34% primary education and 13% were illiterate,
While 42% were working, 35% were unemployed, and 24% were housewives. The patients complained of the following types of illnesses: musculoskeletal (23%), gastrointestinal (17%), respiratory (17%) cardiovascular (16%), genitourinary (10%), central nervous system (8%), and infectious (5%).

PREVALENCE OF SOMATIZATION

Using cut-off points of 40 and above as .high. , 26. 40 as .middle. and 0.25 .low. range, Figure 1 shows the percentage scores on BSI of whole sample as well as

for males and females separately. 7% of the sample scored .high., among whom there were more females (9.6%) than males (4.2%). 16% of the whole sample scored in the .middle. range. Again females (21%) outnumbered the males (10.5%). The bulk of the subjects (77%) were in the .low. range. Here males (88%) outnumbered females (68%). In terms of gender differences, women showed a trend towards somatization ($\chi 2$, $p = 0.05$).

PREVALENCE OF PSYCHOLOGICAL DISORDERS

Using a cut-off point of 10.20 as .high. range, 6.9 as .middle. range and 0-5 as .lower. range, Figure 2 shows the percentage scores of G H Q for the whole sample, male and female patients. 18% of total sample scored in the .high. range, 14% in the .middle. and 48% in the .lower. range. This means 32% were in psychiatric caseness. Among females, 15% were in the .high. range, 11% in the .middle. range and 20% in the .lower. range. Among males, the figures were respectively 3%, 3% and 28%. In terms of gender differences, women appeared to have a higher propensity towards psychological distress ($\chi 2$, $p<0.0001$).

RELATIONSHIP BETWEEN PSYCHOLOGICAL AND SOMATIZATION INDICES

The association between the G H Q and BSI were explored using bivariate correlation. The result shows a significant inverse correlation between somatization and psycho logic indices ($r = 0.77$, $p < 0.001$, $n = 76$).

DISCUSSION

The principal aim of this study was to assess the prevalence of somatization and psychiatric morbidity in patients seeking treatment in a typical out patient clinic in Al-Hussain ospital. The study found that somatization (as defined by Bradford Somatic Inventory) was present in 17% patient sample, a trend similar to those reported elsewhere.39,40 It is often reported that women are more susceptible to somatization than men, no matter where these studies are conducted.41 our present finding substantiates such view. However, this difference could also be due to the manner in which either sex responded to the screening questionnaires, as suggested by other researchers. 42,43 Future studies need to examine how gender shapes responses. In conjunction with the rate of somatic syndromes, this study also explored psychological morbidity using WHO.s screening scale,G H Q . It was found that 32% of the sample was identified as psychiatric cases, a finding compatible with the earlier studies23 suggesting a high incidence of psychiatric morbidity in patients seeking treatment O.P Clinic . Again, women were the majority with the tendency towards conspicuous psychiatric disturbances. It has generally been assumed that somatization is a subjective state, disguising distress in psychological idiom. Such conceptualization has been an integral part of the theoretical model of somatization.44,45 From this perspective, an inverse relationship between the indices of somatization and psychiatric morbidity should be expected. Contrary to this, the present data suggests a significant and positive relationship between the indices of somatization and psychiatric morbidity and close association exists between the somatic and psychological scales, i.e., both scales are possibly measuring similar dimensions of emotional distress and psychological pathology.46,47 Mumford et al48 have suggested that somatic and psychological symptoms are .two sides of the same coin

of dysphoria. and therefore it is viable to use either somatic or psychological items to screen for psychiatric morbidity depending on local idioms of emotional distress. Alternatively, the situation in Nasiriyah may be parallel to those in the other developing countries where improved education has coincided with reduction of somatization.49 In the Last years , Nasiriyah has drastically improved education. However, it remains to be established whether rapid acculturation has affected how Nasiriyah People to verbalise their emotional distress. The limitation of this study was that it was conducted in a cultural setting where research is not usual and among patients who are not often studied. Indeed, it is difficult to show how representative is this patient sample of the general population in Nasiriyah ; for example, .doctor-shoppers. might have been over-represented. Secondly, the design of this study did not take into account the prevalence of major mental illnesses and did not obtain qualitative data that might shed light on the reasons for the patterns we observed. Thirdly, it is possible that some of these patients were suffering from some hitherto unsuspected physical disturbances, rather than presenting merely depression or anxiety.50.52 Therefore, before one can regard the symptoms as index of psychic distress, one needs to rule out myriads of other possibilities including Whitlock.s53 notion that manifestation of acute somatization is built into the central nervous system in order to protect it from overwhelming stress. Lastly, the present study relied on questionnaires. Although questionnaires are easy to apply, they might also elicit inflated number of positive responses. In a study conducted in rural Ethiopia, Korthmann36 noted that the participants often confused simple .yes. or .no. answer to each question on G H R . Although both BSI and G H Q have been previously established to have multicultural validity, 8,23,54 one possible way to rule out this problem was to design a two-phase study in order to evaluate both sensitivity and specificity of the questionnaires. However, it was not logistically feasible in the present study, which was a .one-shot. design. The study therefore should be viewed as preliminary.

CONCLUSION

The present study suggests that people seeking treatment at out patient clinic in Al-Hussain hospital , especially women, might also be suffering from psychological disorders. Inquiring about psychological symptoms in patients who present initially with somatic symptoms is worthwhile, in their own language and idioms of distress. Also, screening scales consisting of only somatic symptoms is as effective as psychologically based questionnaires when screening for psychiatric morbidity. The findings of the study also suggest that the generally held view that in non-western countries psychological distress tends to be expressed exclusively in somatic language might not be true.

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Figures

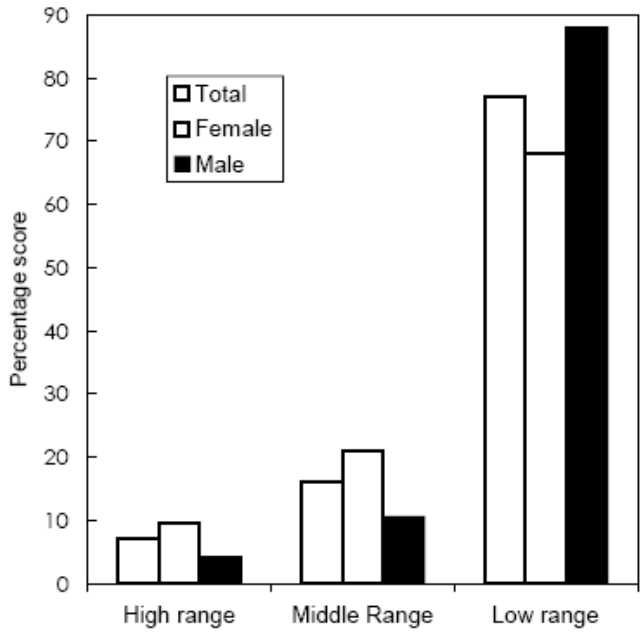

FIGURE 1. *Performance on Bradford Somatic Inventory*

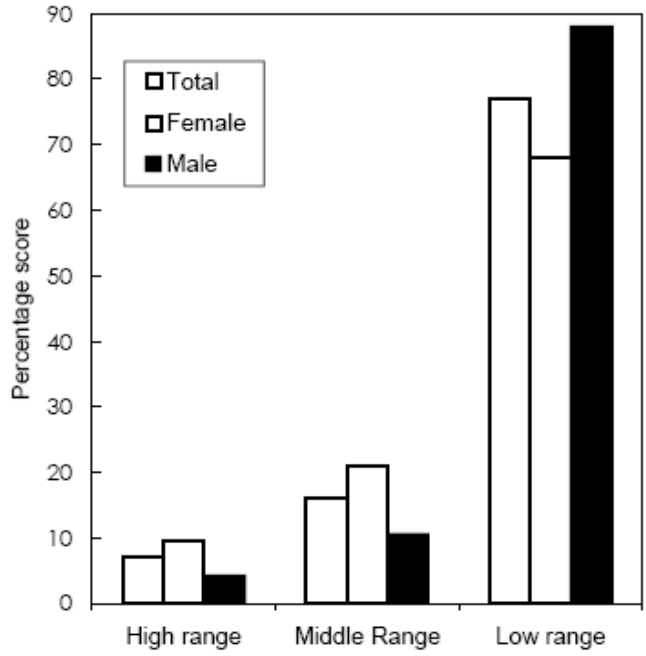

FIGURE 2. *Performance on Self-Reporting Questionnaire*

BRADFORD SOMATIC INVENTORY

NAME :
AGE :
SEX :
ADDRESS :
PRESENTING COMPLAINT :

NATIONALITY :
EDUCATIONAL STATUS :
MARITAL STATUS :
OCCUPATION :
RELEVANT PAST HISTORY (MEDICAL/MENTAL):

	"During the past month ..."	Absent	Present on LESS than 15 days in past month	Present on MORE than 15 days in past month
1	Have you had severe headaches?	☐	☐	☐
2	Have you had fluttering or a feeling of something moving in your stomach?	☐	☐	☐
3	Have you had pain or tension in your neck and shoulders?	☐	☐	☐
4	Have your skin been burning or itching all over?	☐	☐	☐
5	Have you had a feeling of constriction of your head, as if it was being gripped tightly from outside?	☐	☐	☐
6	Have you felt pain in the chest or heart?	☐	☐	☐
7	Has your mouth or throat felt dry?	☐	☐	☐
8	Has there been darkness or mist in front of your eyes?	☐	☐	☐
9	Have you felt a burning sensation in your stomach?	☐	☐	☐
10	Have you felt a lack of energy (weakness) much of the time?	☐	☐	☐
11	Has your head felt hot or burning?	☐	☐	☐
12	Have you been sweating a lot?	☐	☐	☐
13	Have you felt as if there was pressure or tightness on your chest or heart?	☐	☐	☐
14	Have you been suffering ache or discomfort in the abdomen?	☐	☐	☐
15	Has there been a choking sensation in your throat?	☐	☐	☐
16	Have your hands or feet had pins and needles or gone numb?	☐	☐	☐
17	Have you felt aches or pains all over the body?	☐	☐	☐
18	Have you had a feeling of heat inside your body?	☐	☐	☐

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19	Have you been aware of palpitations (heart pounding)?	☐	☐	☐
20	Have you felt pain or burning in your eyes?	☐	☐	☐
21	Have you suffered from indigestion?	☐	☐	☐
22	Have you been trembling or shaking?	☐	☐	☐
23	Have you been passing urine more frequently?	☐	☐	☐
24	Have you been having low back trouble?	☐	☐	☐
25	Has your stomach felt swollen or bloated?	☐	☐	☐
26	Has your head felt heavy?	☐	☐	☐
27	Have you been feeling tired, even when you are not working?	☐	☐	☐
28	Have you been getting pain in your legs?	☐	☐	☐
29	Have you been feeling sick in the stomach (nausea)?	☐	☐	☐
30	Have you had a feeling of pressure inside your head, as if your head was going to burst?	☐	☐	☐
31	Have you had difficulty in breathing, even when resting?	☐	☐	☐
32	Have you felt tingling (pins and needles) all over the body?	☐	☐	☐
33	Have you been troubled by constipation	☐	☐	☐
34	Have you wanted to open your bowels (go to the toilet) more often than usual?	☐	☐	☐
35	Have your palms been sweating a lot?	☐	☐	☐
36	Have you had difficulty in swallowing, as if there was a lump in your throat?	☐	☐	☐
37	Have you been feeling giddy or dizzy?	☐	☐	☐
38	Have you had a bitter taste in your mouth?	☐	☐	☐
39	Has your whole body felt heavy?	☐	☐	☐
40	Have you had a burning sensation when passing urine?	☐	☐	☐
41	Have you been hearing a buzzing noise in your ears or head?	☐	☐	☐
42	Has your heart felt weak or sinking?	☐	☐	☐
43	Have you suffered from excessive wind (gas) or belching?	☐	☐	☐
44	Have your hands or feet felt cold?	☐	☐	☐

جامعة الإمارات العربية المتحدة – كلية الطب والعلوم الصحية

استبيان الصحة العامة (١٢)

(GHQ-12 Arabic Version)

ترجمة عمر الفاروق الرفاعي

نرجو أن تكون إجابتك عن الأيام القليلة السابقة:-

		(٠)	(١)	(٢)	(٣)
١	هل كنت قادرا على التركيز أثناء قيامك بأي عمل تعمله؟	أحسن من المعتاد	كالمعتاد	أقل من المعتاد	أقل بكثير جدا من المعتاد
٢	هل أصبح نومك قليلا نتيجة للقلق؟	لا يحدث إطلاقا	ليس بأكثر من المعتاد	صار نومي أقل من المعتاد	صار نومي أقل بكثير من المعتاد
٣	هل كنت تحس بأن لك دور في الأمور التي تجري حولك؟	أكثر من المعتاد	كالمعتاد	أقل من المعتاد	أقل بكثير جدا من المعتاد
٤	هل كنت تحس بأنك قادر على اتخاذ القرارات؟	أكثر من المعتاد	كالمعتاد	أقل من المعتاد	أقل بكثير جدا من المعتاد
٥	هل كنت تشعر بأنك تحت ضغوط نفسية متواصلة؟	لا أبدا	ليس بأكثر من المعتاد	أكثر من المعتاد	أكثر بكثير من المعتاد
٦	هل واجهت مصاعب في التغلب على مشاكلك؟	لا أبدا	ليس بأكثر من المعتاد	أكثر من المعتاد	أكثر بكثير من المعتاد
٧	هل كنت قادرا على الاستمتاع بأنشطتك اليومية؟	أكثر من المعتاد	كالمعتاد	أقل من المعتاد	أقل بكثير جدا من المعتاد
٨	هل كنت قادرا على مواجهة مشاكلك بالصورة المطلوبة؟	أحسن من المعتاد	كالمعتاد	أقل من المعتاد	أقل بكثير جدا من المعتاد
٩	هل كنت تحس بأنك غير سعيد ومكتئب؟	لا أبدا	ليس بأكثر من المعتاد	أكثر من المعتاد	أكثر بكثير جدا من المعتاد
١٠	هل كنت تحس بفقدان الثقة بنفسك؟	لا أبدا	ليس بأكثر من المعتاد	أكثر من المعتاد	أكثر بكثير من المعتاد
١١	هل كنت تحس بأنك شخص لا قيمة له؟	لا أبدا	ليس بأكثر من المعتاد	أكثر من المعتاد	أكثر بكثير من المعتاد
١٢	هل كنت تحس بقدر من السعادة رغم كل الظروف المحيطة بك؟	أكثر من المعتاد	كالمعتاد	أقل من المعتاد	أقل بكثير جدا من المعتاد

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معدل أنتشار المراضة النفسية واضطراب الجسدنة لدى المرضى المراجعين العيادة الخارجية في مستشفى الحسين التعليمي

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الخلاصة

الأهداف : يهدف البحث الى تقييم مدى أنتشار التجسيد والمراضة النفسية لدى المراجعين للعيادة الخارجية في مستشفى الحسين التعليمي .

الطريقة : تم مسح ١٠٠ مريض ممن راجعوا العيادة الخارجية في مستشفى الحسين التعليمي . أستخدم مقياس برادفورد الجسمي والمراضة النفسية ، واستبيان الصحة العامة الذي يقيس المراضه النفسجسمانية

النتائج : اظهرت الدراسة بأن اضطرابات التجسيد كما عرفها براد فورد والمراضه النفسية شائعه بين المرضى المراجعين للعيادة الخارجية لمستشفى الحسين وظهر ترابط ايجابي مهم احصائياً بين مؤشرات التجسيد والمراضه النفسية .

الخلاصة : يعاني المرضى الذين يراجعون العيادة الخارجية في مستشفى الحسين التعليمي من الكرب النفسي والجسماني.

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