

# Prevalence of Somatic Symptoms in Patient with Depression (A Hospital Based Study)

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## Abstract:-

### ➤ *Aims And Objectives:-*

To find the prevalence of somatic symptoms in patients with depression.

### ➤ *Materials And Methods:-*

This descriptive study was conducted in patients attending psychiatry OPD of SKIMS Medical College, Bemina Srinagar for period of one year. Subjects with the diagnosis of depressive episode were taken into the study. Patients were diagnosed by using ICD-10.

### ➤ *Summary And Conclusions:-*

The importance of this study was to find out the relationship of somatic symptoms with depression. In our study the majority of our patients were in the age group of 35-55 years. Most of the patients who scored high rates for somatic symptoms were females, married belonging to rural background. Clinicians especially psychiatrists need to be focus on somatic symptoms in patients suffering from depression for early better treatment. It is also important to for the researchers for extensive population based follow-up studies in this field.

## I. INTRODUCTION

One of the major mental health problems is depression which can be described as a group of symptoms continuing over a period of at least 2 weeks. This problem involves notable changes in mood, thinking, behaviour, and activity[1].“World Health Organisations` (WHO) International Classification for Diseases and Related Disorders (ICD-10) describes the criteria for a depressive episode, where at least four items, such as loss of interest in activities, lack of emotional reactions, sleep disturbance, decreased appetite, decrease in motor activities, weight loss, loss of libido, and decreased energy are present for a duration of two weeks (World Health Organization”.[1]

According to WHO one of the major health threat of 21<sup>st</sup> century is depression which is the third leading cause of global disease burden accounting for 4.3% of total disability-adjusted life years.[2,3] The life time prevalence of depression is 17% and women being more affected than men.[4]

Somatic symptoms are mostly associated with depression.[5] Number of terms are used to describe somatic symptoms in depression: somatic, somatized, physical, bodily, somatoform, painful, psychosomatic, medically unexplained etc.[6] “As per DSM-IV somatic symptoms for major depression are disturbances in sleep, disturbance in appetite and fatigue, while as per ICD-10 disturbances in sleep and appetite, loss of libido and amenorrhea are the somatic symptoms considered to be a diagnostic significance of major depression.[6,7] Various studies evaluated somatic symptom by using PHQ-15 and were having low energy, pain in arms and legs, pain in joints, nausea, gas and indigestion, feeling that heart is racing and trouble falling sleep.[8] Depression can present with other physical co-morbid illnesses, it is very important to rule out the possibility of somatic symptoms of depression because it can not only lead to poor outcome and diagnostic difficulty but it also effects quality of life. In primary care setting the prevalence somatization in the general population is 5% to 7% while as 20% to 25% of patients who present with acute somatic symptoms may develop a chronic somatic illness.[9,10]

Various studies shows that patients with depression, attending to different treatment settings like primary care, medical outpatient and psychiatric outpatient clinics, respectively, have high prevalence of somatic symptoms across these different treatment settings.[11]

There have been many studies which focused on somatic symptom in depression from different parts of India. But there are very few such study from the Kashmir and our study was focused on the prevalence of somatic symptoms in depressed patients who attend psychiatric OPD.

### ➤ *Aims And Objectives*

- To find the prevalence of somatic symptoms in patients with depression.
- To study the association of socio demographic factors with somatic symptom in patients with depression

## II. MATERIALS AND METHODS

This descriptive study was conducted in patients attending psychiatry OPD of SKIMS Medical College, Bemina Srinagar for period of one year. Subjects with the diagnosis of depressive episode were taken into the study. Patients will be diagnosed using ICD-10 (International

Classification of Disease, 10th edition) classification of mental and behavioral disorder.

Inclusion criteria:-

- Patients of Age 18 years and above
- Patients who will give consent to participate in the study
- Diagnosed case of Major depressive disorder.

Exclusion Criteria:-

- Patients of Age less than 18 years.
- Patients who refused to participate in the study
- Patients having depression with
  - Bipolar disorders,
  - schizoaffective disorders,
  - substance use disorders and
  - Organicity.
  - Comorbid medical conditions

**Statistical Analysis:**All data thus collected was tabulated and analysed statistically using SSPS software version 20.0 under guidance of a statistician and conclusions were drawn.

**Tools used:**

ICD-10 (International Classification of Disease, 10th edition) classification of mental and behavioral disorders.[12]

Patient Health Questionnaire Physical Symptoms (PHQ-15)[13]

**Scoring and Interpretation**

PHQ-15 is rated on a 3-point scale (0=not bothered at all; 1=bothered a little; 2= bothered a lot).

The severity of somatic symptoms ranges from 0 to 30 with higher scores indicating greater severity. During the clinical interview clinicians are asked to review the score of each item. The raw scores on the 15 items should be summed to obtain a total raw score and interpreted using the Interpretation.”

Table for the PHQ-15 Somatic Symptom Severity scale:

Levels of Somatic Symptom Severity	PHQ-15 Score
Minimal	0-4
Low	5-9
Medium	9-15
High	16-30

**III. RESULTS**

Table 1: Sociodemographic profile		
Age (years)	Frequency	Percentage
20-34	80	21
35-55	240	63
≥ 55	60	16
Total	380	100
Gender		
Male	132	34.7
FEMALE	248	65.3
Residence		
Rural	235	61.8
Urban	145	38.2
Occupation		
Employed	90	23.6
Unemployed	290	76.3
Marital status		
Married	315	82.3
Unmarried	75	19.7

Symptoms	Frequency	Percentage
Present	234	61.6
Absent	146	38.4

Table 2 shows that out of 380 patients, **Somatic symptoms were present in 234(61.6%)**.

	Frequency	Percentage
<b>Minimal 0-4</b>	<b>24</b>	<b>10.2</b>
<b>Low 5-9</b>	<b>38</b>	<b>16.2</b>
<b>Medium 10-14</b>	<b>74</b>	<b>31.6</b>
<b>High 15-30</b>	<b>98</b>	<b>42</b>

**Table 3 shows that** Out of 234 patients high level of somatic symptoms were present in 98(42%), medium in 74(31.6%), low in 38(16.2%) and minimal in 24(10.2%).

		Somatic symptoms	
		No.	%age
Age (years)	20-34	74	31.6
	35-55	98	41.9
	≥ 55	62	26.5
Gender	Male	74	31.6
	Female	160	68.4

Table 4 The above results show that the majority of patients with Somatic symptoms were in age group of 35-55 years(41.9%) and as far as gender more in female individuals 160(68.4%) than males74(31.6%).

		Somatic symptoms	
		No.	%age
Residence	Rural	158	41.5
	Urban	76	20
Marital Status	Married	203	53.4
	Unmarried	31	9

Table 5 shows that Somatic symptoms were more present in patients belonging to rural areas 158 (41.5%) patients and more in married individuals 203(53.4%).

#### IV. DISCUSSION

In this study sample size of patient with depression was 380 patients that was almost similar to study by Paritala et al.[14] In this study most of patients were females 248(68.3%) than males 132(34.7%), it may be because depression is more common in females than males, similar results were found by Gautam et al[15] and Kroenke et al.[16] In this study most of the patients were from rural area 235(61.8%) similar results were found by Geil et al[17] because SKIMS Medical college hospital caters most of the patients from rural areas. In our study it has been observed that about 61.6% of depressed patients had somatic symptoms, almost similar findings have reported by previous studies(Kroenke 2003[18]; Greco et al.2004[19]; Illanes et

al.[20] In our study it was found that patients high level of somatic symptoms were present in 98(42%), medium in 74(31.6%), low in 38(16.2%) and minimal in 24(10.2%).

In this study, females were\* seen to have more somatic symptoms than males, that correlated earlier studies by Gautam and Kapur et al[15], Kroenke and Spitzer et[16] and Minhas et al[21] that females patients exhibited a higher prevalence of somatic symptoms. In our study majority of the patients were in age group 35-55 years 240 (63%) and reported more somatic symptoms 98 (41.9%) than other age groups, but various studies from India[1], Trivedi et al[22] that shows that majority of subjects were between 26 to 35 years of age, with mean age of 28.75 years. This finding could be the reflection that females in that age group being

housewives, more workload and more stress than other age group. In our study it was found that Somatic symptoms were more in patients from rural areas 158 (41.5%) that correlates with studies from Geil et al[17], Gautam et al[15] found high rates of somatisation in depressed population. In our study it was found that somatic symptoms were more in married individuals 203(53.4%) than unmarried individuals, and is same when compared with earlier studies by Bhati et al[23] and Chaturvedi et al.[24] Depression is one of the major public health issues and affects individuals of all communities across the globe. Somatic symptoms without physical cause are more common in mental disorders. Patients with somatic symptoms frequently seek medical help and their symptoms may affect their work, social and interpersonal relationships.

## V. SUMMARY AND CONCLUSIONS

The importance of this study was to find out the relationship of somatic symptoms with depression. In our study the majority of our patients were in the age group of 35-55 years. Most of the patients who scored high rates for somatic symptoms were females, married belonging to rural background. Clinicians especially psychiatrists need to be focus on somatic symptoms in patients suffering from depression for early better treatment. It is also important to for the researchers for extensive population based follow-up studies in this field.

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