

Somatization Disorder Patients' Psychological Profile

Tabish Brar^{1*}, Debalina Biswas², Aman Singh Jamwal³, Amit Beniwal⁴, Brijesh Saran⁵

^{1*,2,3,4}Junior Resident, Department of Psychiatry Santosh Deemed to be University, Ghaziabad, NCR Delhi

⁵Assistant Professor, Department of Psychiatry Santosh Deemed to be University, Ghaziabad, NCR Delhi

Corresponding Author: ^{1*}Tabish Brar

ABSTRACT

One of the most widespread disorders, somatization disorder (SD), is characterised by many, frequently altering physical symptoms. Their persistence is linked to a number of psychological difficulties. The purpose of the current study is to evaluate stress, depression, and anxiety in people with somatization disorder. to understand the connection between somatization disorder and stress, sadness, and anxiety. 50 patients were evaluated to determine the association between stress, depression, and anxiety in those with somatization disorders in accordance with the International Classification of Diseases, Tenth Revision (ICD-10) diagnoses. The results have revealed a number of noteworthy discoveries on the stress, despair, and anxiety levels in SD patients. The findings imply that various psychological disorders like stress, sadness, and anxiety are linked to somatization disorder.

Keywords: Somatization Disorder, Stress, Anxiety, Depression.

1. INTRODUCTION

A type of mental and behavioural disorder known as somatization disorder (SD) causes one or more physical symptoms, such as pain, neurological issues, and gastrointestinal difficulties. [1]

SD is the risk of somatic suffering related to psychosocial stress and seeking medical attention. Although the symptoms might or might not be linked to a physical cause, such as general medical issues, other mental diseases, or substance abuse, they unquestionably create an excessive and disproportionate amount of distress. The persistence of physical symptoms is linked to a variety of psychological disorders, including anxiety, sadness, excessive fidgeting, restlessness, and anxiousness. [2] According to a 1982 study by Katon, somatization disorder is associated with a variety of psychiatric disorders, including anxiety, depression, and stress reactions. [3]

When reading through studies on somatization disorder, it becomes apparent that many of them are linked to psychological discomforts, with anxiety and depression being the most prevalent.

[4,5] When a person experiences severe and exaggerated concern over physical symptoms, somatization ensues. [6] According to a 2017 study by Liao et al., the most frequent characteristic of diagnostic criteria for somatization problems is health worry. [7] According to a different study, psychiatric diseases with high rates of anxiety symptoms are linked to

somatic symptoms. [8] Another study by Mostafaei, who carried out research at the Isfahan University of Medical Sciences and Health Services in the Iranian province of Isfahan in 2019, lends credence to this. According to the study's findings, patients with somatization disorder are more likely to experience stress, anxiety, and sadness, while anxiety was found to be more common in SD patients than stress and depression. [9]

2. MATERIALS AND METHODS

Initiated in 2017 to 2019 with the goal of identifying psychological abnormalities in somatization disorder patients. In the current study, patients with somatization disorder had their stress, anxiety, and depression levels evaluated. 50 volunteers from the Department of Clinical Psychology and the Department of Clinical Psychology at Santosh University were chosen for this study. Deemed to be University, Ghaziabad, U.P., who were given a diagnosis of SD based on their consent and the International Classification of Diseases, 10th Revision (ICD-10) system. The following tests were chosen for this study: Beck Depression Inventory, Sinha Anxiety Scale, Stress Reaction Checklist, and SD Checklist (BDI).

Participants with a primary education up to graduation and a confirmed diagnosis of somatization disorder by a doctor and clinical psychologist using the ICD 10 were included, and those participants who were unwilling to participate were omitted. The consent form had to be completed by all of the participants. Carl Pearson's approach was used statistically to calculate the analysis's Mean, Standard Deviation, and Correlation for SD patients.

3. RESULTS

Distribution of results from the Beck Depression Inventory, Sinha's Anxiety Scale, Stress Reaction Checklist, and Somatization Disorder Checklist. Calculating the mean and standard deviation allowed for an analysis of somatization disorder, stress, depression, and anxiety. To evaluate the connection between somatization disorder and stress, depression, and anxiety, Karl Pearson correlation was performed. The patients of somatization disorder exhibit moderate levels of somatic complaints and moderate levels of stress. Additionally, it shows that the individuals exhibit high levels of anxiety and mild to moderate depressive symptoms. A strong association between stress, depression, and anxiety for SD. The study's key finding demonstrates that people with high somatic complaints are more likely to experience stress, depression, and anxiety.

Table-1: Patients with somatization disorder's mean and standard deviation for stress, sadness, and anxiety levels

	SD Checklist	SRC	BDI	BD
Mean±SD	32.28±3.73	30± 6.98	18.84±8.26	49.32±22.13

According to Table 1, somatization disorder patients experience moderate levels of somatic problems and stress. Additionally, it indicates that the individuals have significant levels of anxiety and mild to moderate depressive symptoms.

Table-2: Relationship between stress, sadness, and anxiety and SD

	Stress	Depression	Anxiety
Correlation of SD with Stress	0.23		
Correlation of SD with Depression		0.14	

Correlation of SD with Anxiety		0.05
--------------------------------	--	------

Table 2 shows a strong association between stress, depression, and anxiety for SD. The study's key finding demonstrates that people with high somatic complaints are more likely to experience stress, depression, and anxiety.

4. DISCUSSION

People with somatic symptoms, which include persistent physical symptoms that are numerous and regularly change and are linked to a variety of psychological disorders like depression, anxiety, and stress. In this inquiry, the identical has been a target. Numerous studies have found that somatization disorder can be predicted by both greater health anxiety and the amount of bothersome somatic symptoms. [10] According to this study, anxiety levels are high in patients with SD. A study that found that somatization happens when a person experiences excessive, exaggerated concern over bodily symptoms supports this conclusion. [3] Another study's conclusion that somatic symptoms are linked to psychiatric diseases with high rates of anxiety symptomatology confirmed this one. [9]

Additionally, the current study discovered that moderate stress and sadness are common in patients with SD. The study came to the conclusion that SD causes a wide range of psychological disorders, including anxiety, depression, and stress reactions. [11] In a further study published in 2017, researcher Howard found that somatization disorder is linked to higher levels of stress, major depression, and anxiety disorders. [12] According to a 2003 research by Sibling titled Somatization Disorders in Children and Adolescents, somatic symptoms in kids are positively correlated with stress levels. [13] The findings also showed that among other psychological disturbances including despair and stress, anxiety was found to be the most prevalent. This conclusion is supported by research showing that individuals with somatization disorder are more likely to experience stress, anxiety, and sadness, however it was discovered that anxiety affected SD patients more than stress or depression. [9]

5. CONCLUSION

The results suggest that somatization disorder is associated with other psychological disturbances like stress, depression and anxiety. It is recommended that patient with SD should go for Individual therapy, cognitive behavior therapy, group therapy, management of Daily routine, management of diet, mindfulness, meditation and enhancement of sleep pattern, family counseling for improving family dynamics, stress and anxiety management programs. But among these, CBT is the more efficacious treatment modality for SD as it works on distorted thoughts and beliefs and help the patient to restructure these thoughts into the positive one. Multiple studies have been compared between CBT and other psychological interventions and studies have concluded that CBT showed higher response rates in comparison to the other psychological intervention. In general, the evidence-base of CBT is very strong therapeutic intervention in comparison to the other psychological interventions. [13]

6. REFERENCES

1. Creed F, Henningsen P, Fink P. eds. Medically Unexplained Symptoms, Somatization and Bodily Distress. Developing better clinical services. Cambridge, UK: Cambridge University Press 2011.
2. Henningsen P, Zimmermann T, Sattel H. Medically unexplained physical symptoms, anxiety and depression: a meta-analytic review. *Psychosom Med* 2003; 65 : 528–533.
3. Katon W, Kleinman A, Rosen G. Depression and somatization: a review. Part I. *Am J Med* 1982; 72(1) : 127–135.
4. Kirmayer LJ. Culture, Affect and Somatization: Part I. *Transcult Psychiatr Res Rev* 1984; 21(3) : 159–188.
5. Roenneberg C, Sattel H, Schaefer R, Henningsen P, Hausteiner-Wiehle C. Functional somatic symptoms. *Deutsches Arzteblatt Int* 2019; 116(33-34) : 553–560.
6. Tomenson B, McBeth J, Chew-Graham CA, et al. Somatization and health anxiety as predictors of health care use, *Psychosom Med* 2012; 74 : 656-664.
7. Gelenberg/A J. Psychiatric and Somatic Markers of Anxiety: Identification and Pharmacologic Treatment. *Prim Care Companion CNS Disord* 2000; 2(2) : 49–54.
8. Liao SC, Chen IM, Tu CY, et al. Subsyndromal psychosomatic concepts and personality traits in community adults. *Compr Psychiatry* 2017; 75 : 110–116.
9. Mostafaei S, Kabir K, Kazemnejad A, et al. Explanation of somatic symptoms by mental health and personality traits: application of Bayesian regularized quantile regression in a large population study. *BMC Psychiatry* 2019; 19(1) : 207.
10. Toussaint A, Kroenke K, Baye F, Lourens S. Comparing the Patient Health Questionnaire - 15 and the Somatic Symptom Scale - 8 as measures of somatic symptom burden. *J Psychosom Res* 2017; 101 : 44–50.
11. Furer P, Walker JR, Chartier MJ, Stein MB. Hypochondriacal concerns and somatization in panic disorder. *Depress Anxiety* 1997; 6(2) : 78– 85.
12. Howard K, Johnson A, Cobos B. Somatization disorder and stress in teachers: a comprehensive occupational health evaluation. *J Appl Biobehav Res* 2017; 22(4).
13. Sibling T, Pao M. Somatization Disorders in Children and Adolescents. *Pediatr Rev* 2003; 24(8) : 255–264.