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Somatoform disorders in the elderly- A clinical study

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Abstract
Background: Women are more likely than men to report somatoform disorders and depression, and anxiety. Somatic presentations are the rule in routine clinical practice, and when physicians cannot find a pathological basis for them they are referred to as somatization.
The present study recorded somatoform disorders in the elderly.
Materials and Methods: 105 patients of somatoform disorders of both genders were assessed by the Composite International Diagnostic Interview adapted to the needs of the elderly (CIDI65+).
Results: Out of 105 patients, males were 65 and females were 40. Common clinical features were back pain in 45, abdominal & belly pain in 30, pain in joints in 78, pain in arms in 60, genital pain in 12, difficulty in urination in 23, painful menstrual periods in 35, and chest pain in 17 and headache in 27. The difference was significant ($P < 0.05$).
Conclusion: Most commonly affected gender was males and common symptoms were pain in joints and arms.

Keywords: Composite international diagnostic interview, somatoform disorder, elderly

Introduction
It is well known that chronic stress exposure can result in clinical symptoms and complaints, often referred to as stress-related disorders. The term "stress-related disorder" has not been clearly defined, but is most commonly used to describe mental health problems mainly caused by psychosocial stress, such as fatigue, burnout, exhaustion, depression or adjustment disorder [1]. Studies using the burnout concept are numerous in the literature and it is commonly defined as a mental condition that has developed as a result of continuous stress exposure particularly related to psychosocial factors at work [2].
Knowledge about mental health in the elderly becomes increasingly relevant against the background of demographic change [3]. Compared to other mental disorders, such as depression or dementia, somatoform disorders appear to be a neglected topic in old age psychiatry and health care research. One important reason for the limited empirical data might be a general conceptual confusion accompanying the phenomenon of somatization, as one core disorder of the somatoform group. The comorbidity of somatoform disorders with anxiety and depressive disorders is high and the burden of illness may be substantial [4].
Women are more likely than men to report somatoform disorders and depression, and anxiety. Somatic presentations are the rule in routine clinical practice, and when physicians cannot find a pathological basis for them they are referred to as somatization, somatoform disorders, medically unexplained symptoms, and functional somatic symptoms. At least one third of all physical symptoms in the general population and in general medical care settings are medically unexplained [5]. The present study recorded somatoform disorders in the elderly.

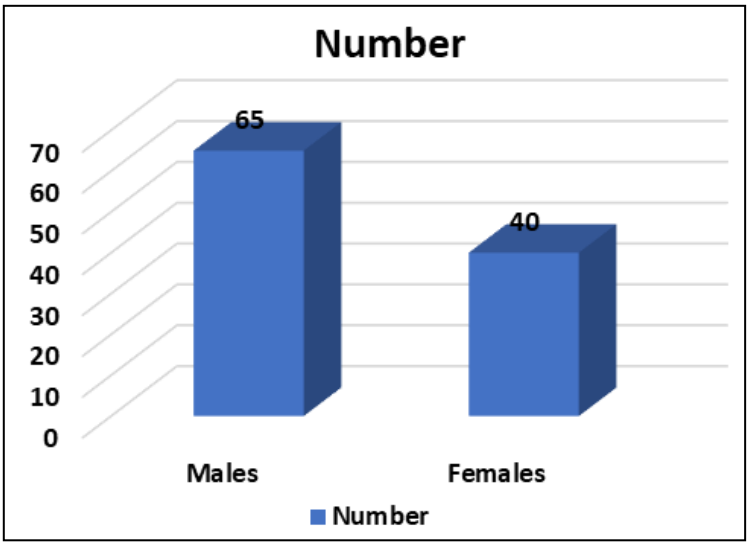
Materials and Methods
The present study was conducted among 105 patients of somatoform disorders of both genders in the department of Psychiatry. All patients were informed regarding the study and their consent was obtained.
Data such as name, age, gender etc. was recorded. A thorough clinical examination was performed in all patients. All subjects were assessed by the Composite International Diagnostic Interview adapted to the needs of the elderly (CIDI65+). Results were tabulated and subjected to statistical analysis. P value less than 0.05 was considered significant.

Results

Table 1: Distribution of patients

Total- 105		
Gender	**Males**	**Females**
Number	65	40

Table I, graph I shows that out of 105 patients, males were 65 and females were 40.

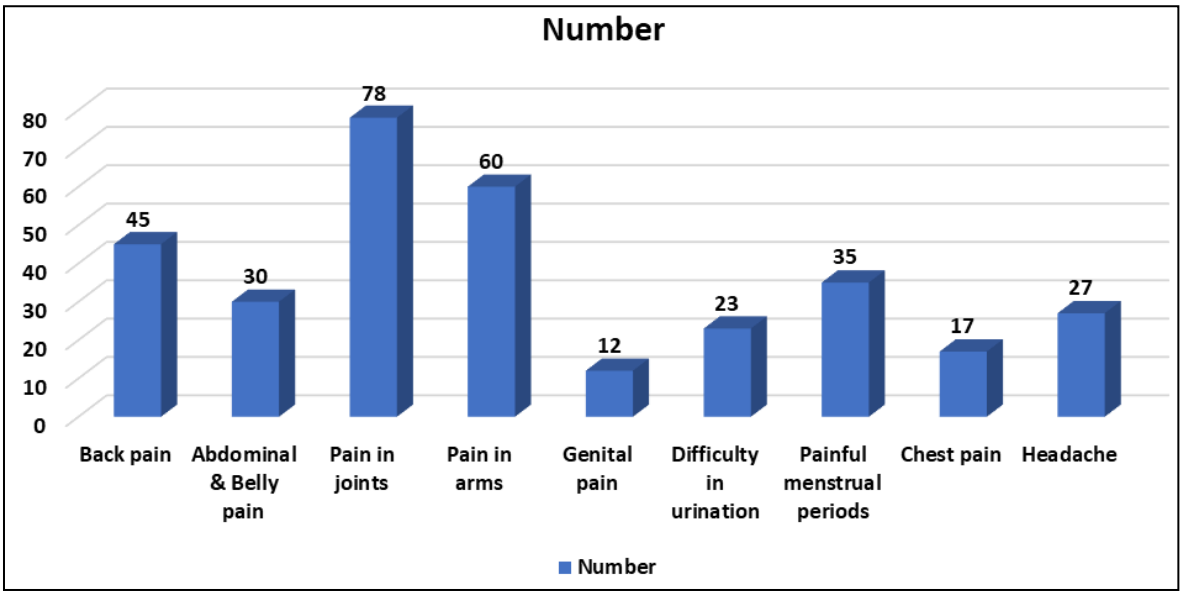


Graph 1: Distribution of patients

Table 2: Assessment of clinical features

Clinical features	Number	P value
Back pain	45	0.02
Abdominal & Belly pain	30	
Pain in joints	78	
Pain in arms	60	
Genital pain	12	
Difficulty in urination	23	
Painful menstrual periods	35	
Chest pain	17	
Headache	27	

Table II, graph II shows that common clinical features were back pain in 45, abdominal & belly pain in 30, pain in joints in 78, pain in arms in 60, genital pain in 12, difficulty in urination in 23, painful menstrual periods in 35, chest pain in 17 and headache in 27. The difference was significant ($P< 0.05$)



Graph 2: Assessment of clinical features

Discussion

A high prevalence of somatic symptoms in patients with stress-related exhaustion could also be expected due to the fact that a high level of perceived stress is known to be related to many different somatic symptoms such as headache, gastrointestinal problems, palpitation and musculoskeletal and joint pain [6, 7]. Physical illness is more common among subject with burnout than others and several studies have shown that burnout in working populations is related to increased level of different somatic symptoms such as gastrointestinal and cardiovascular symptoms and neck and back pain as well as to the general level of somatic complaints [8]. Few studies are available studying prevalence of somatic symptoms in a clinical population of patients suffering from exhaustion/clinical burnout and we are not aware of any study that have followed the course of symptoms for a longer period of time [9]. The present study recorded somatoform disorders in the elderly.

In present study, out of 105 patients, males were 65 and females were 40. Waal *et al*. [10] quantified the prevalence of, and functional impairment associated with, functional impairment associated with, somatoform disorders, and their somatoform disorders, and their comorbidity with anxiety/depressive comorbidity with anxiety/depressive disorders. A set of questionnaires was completed by set of questionnaires was completed by 1046 consecutive patients of general practitioners (aged 25-80 years), practitioners (aged 25-80 years), followed by a standardised diagnostic followed by a standardised diagnostic interview (SCAN 2.1). The prevalence of somatoform The prevalence of somatoform disorders was 16.1%. When disorders with only mild impairment were included, the prevalence increased were included, the prevalence increased to 21.9%. Comorbidity of somatoform to 21.9%. Comorbidity of somatoform disorders and anxiety/depressive disorders was 3.3 times more likely than expected by chance. In patients with expected by chance. In patients with comorbid disorders, physical symptoms, comorbid disorders, physical symptoms, depressive symptoms and functional depressive symptoms and functional limitations were additive.

We found that common clinical features were back pain in 45, abdominal & belly pain in 30, pain in joints in 78, pain in arms in 60, genital pain in 12, difficulty in urination in 23, painful menstrual periods in 35, chest pain in 17 and headache in 27. Dehoust *et al*. [11] found that the 12-month prevalence rate for any somatoform disorders was found to be 3.8, whereby the prevalence for somatization disorder according to DSM-IV was 0%, the prevalence for abridged somatization was 1.7% and the rate for 12-months somatoform pain disorder was 2.6%. They found a significant variation by study centre ($p < 0.005$). There was a significant gender difference for pain disorder, but not for abridged somatization. Significant age-related effects revealed for both disorder groups. Somatoform disorders were found to be associated with other mental disorders as well as with several impairments and disabilities. Somatoform disorders are prevalent, highly impairing conditions in older adults, which are often associated with other mental disorders and should receive more research and clinical attention.

Glise *et al*. [12] found that tiredness and low energy are the core symptom reported by the patients. Almost all (98%) reported at least one somatic symptom and 45% reported six symptoms or more, which was similar for men and women. Nausea, gas or indigestion are the most common symptoms (67%) followed by headaches (65%) and dizziness (57%). The number of symptoms reported was significantly related to the severity of mental health problems. The only difference between the sexes was that “chest pain” and “pain or problems during sexual intercourse” were more common among males. Patients over forty more often reported “pain in arms, legs or joints, knees, hips” and this was also the only symptom that did not significantly decline during treatment. Neither sex, age, symptom duration before seeking medical care, education or any other predictor tested was shown to predict recovery in patients reporting six symptoms or more

Conclusion

Authors found that most commonly affected gender was males and common symptoms were pain in joints and arms.

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