

## Functional somatic symptoms in patients with major depressive disorder in a tertiary care hospital

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### ABSTRACT

**Background:** Functional somatic symptoms are common in patients with major depressive disorder. The aim of the research was to study the prevalence and typology of Functional Somatic Symptoms (FSS) in patients with depression.

**Methodology:** A total of 50 patients participated in the study. They were assessed on Bradford Somatic Symptom inventory for Functional Somatic Symptoms (FSS), Beck Depression Inventory (BDI) for severity of depression, and Comprehensive Psychopathological Rating Scale- anxiety index (CPRS-AI) for anxiety symptoms.

**Results:** The mean age of the study sample was 41.36 years (SD-12.79). Gender distribution was gender distribution (male - 60% vs. females 40%). Majority of the symptoms were found in married (84%), Hindus (92%), and from nuclear family (58%). A more than half of the patients were from urban background (76%). The mean duration of illness at the time of assessment was 36 months. As per BDI severity score 36% have mild, 38% have moderate and 26% have severe depression. Total mean CPRS-AI is (8.78±4.46). The more common FSS as assessed on Bradford Somatic Inventory were severe headache (88%), feeling tired when not working (86%), lack of energy (weakness) much of the time (84%), pain in legs (82%), aches and pains all over the body (72%), mouth or throat getting dry (72%), head feeling heavy (70%), head feeling hot or burning (68%), pain or tension in neck and shoulder (66%), low back trouble (66%) and sweating a lot (64%). The prevalence and typology of FSS was to a certain extent influenced by the sociodemographic variables and severity of depression.

**Conclusion:** Functional somatic symptoms are highly prevalent in depressed patients and hence deserve more attention while diagnosing depression.

**Keywords:** Depression, Functional somatic symptoms, BSI, BDI, CPRS-AI

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### INTRODUCTION

Functional Somatic Symptoms (FSS) (Physical Symptoms without a known medical explanation) are much common in our healthcare system [1-2]. Approximately one third of patients in primary health care suffer from multiple somatic symptoms leads the main reason for consultation [1]. FSS are linked to depression, anxiety disorders and social stress. Studies done in primary care settings suggest that approximately 66 to 73% of patients with FSS have depression and anxiety. Patient having multiple somatic complaints are more

likely to suffer from a poor patient-doctor relationship, Patient are less satisfied with treatment, and more often feel they are not being taken seriously by the doctor [3-4]. If depressed patients seek help for physical symptoms, their depression diagnosis is often delayed as is treatment as they got treatment for only physical symptoms [5]. Furthermore, concurrent somatic symptoms can be a marker for a depressive disorder with higher severity and worse prognosis [6-8]. Depressed patients with functional somatic symptoms respond less often to medical treatment, and they reach complete remission without symptoms less frequently [9-12]. Somatic symptoms were very much more common among adolescents suffering from depressive disorders. Functional somatic symptoms in depression marked a subgroup with increased severity. FSS are known to increase the burden and disability associated with depression. Increased symptomatic burden of FSS in patients with depression also leads to increased utilization of healthcare services, more financial burden and contributes greatly to the recurrence of another new depressive episode there-after [2, 4-10]. Studies done in patients with depression presenting to different treatment settings like primary care, medical outpatient, and psychiatric outpatient clinics suggest high prevalence of FSS across various treatment setting. Studies from different parts of the world have also described the pattern and various typology of FSS in depression suggested that painful symptoms are highly prevalent in patients having depression. There are Very few studies from India which focused on FSS in patients having depression. FSS many times play crucial role in Diagnosis of depression, dominates whole illness to certain extent [11]. The aims of the current study were to study the prevalence and typology of functional somatic symptoms in patients with depressive disorder and to study the socio-demographic and clinical profile of patients with Depressive disorder having functional somatic symptoms. It also aimed to examine the correlation between severity of depression and functional somatic symptoms.

## METHODOLOGY

The study was conducted on fifty consecutive patients with major depressive disorder from out-patient and in-patient sections. It was a cross-sectional study with study duration of 6 months (Jan. 2019-Sept. 2019).

### Inclusion Criteria were:

- Age between 16 to 65 years.
- Duration of depression of at least 1 month.
- Patients fulfilling the criteria for Major Depressive Disorder as per DSM-5 criteria.
- Patient having at least one functional somatic complaint as per Bradford Somatic Inventory.
- Patient providing informed consent.

### Exclusion Criteria were:

- Diagnosis of depression with psychotic symptoms & Other co morbid psychiatric illness.
- Presence of physical illness which could explain the reported somatic complaints.
- Substance use disorders including heavy smoking (20-40 cigarettes/day).
- Chronic, debilitating physical illness like, diabetes, hypertension, end stage organ failure.
- Patient not providing informed consent & not willing to participate in study.
- Semi-structured proforma was then filled for each patient.

An Institutional Review Board (IRB) approval was taken prior to starting the study.

### Scales Used:

**Bradford Somatic Inventory (BSI):** The Bradford Somatic Inventory is a multi-ethnic inventory of FSS associated with anxiety and depression. It has 46 items which enquires about the FSS during the previous month and, if the subject has experienced a particular symptom, whether the symptom has occurred on more or fewer than 15 days during the month (scoring 2 or 1, respectively). Based on the total score, FSS are categorized into 3 grades (a score >40 is considered to be the 'high' range, 26-40 'middle' range, and 0-25 'low' range) [12].

**Beck's Depression Inventory (BDI):** It was used to assess the severity of depression. It has 21 items, which describe a specific behavioural manifestation of depression which is rated on a graded series of 4-5 evaluation statements. BDI has been shown to have good internal consistency, test-retest and split half reliability [13].

**Comprehensive Psychopathological Rating Scale-Anxiety Index (CPRS-AI):** This was used to assess the level of anxiety. It comprises 7 items, each rated on a 4 points scale of varying from 0 to 3 [14].

### STATISTICAL ANALYSIS

Descriptive analysis in terms of mean and standard deviation with range for continuous variables and frequency with percentage for ordinal and nominal variables was computed. Correlations between the variables were assessed using Pearson's product moment and Spearman's rank order correlation. Statistical analysis done by Chi-square test, t-test and ANOVA using SPSS version 20.

### RESULTS

The mean age of the patients was 41.36 years, 21-40 years (48%) and 41-60 years (52%). There were more female patients compared to male, most were married, living in urban area, belonged to nuclear families. FSSs were more in working skilled worker and those earning < 2935 Indian rupees. It was more in graduates and post high school or diploma achievers and most of the patients (38%) had moderate to severe depression as per BDI and slightly more than (26%) had very severe depression. The mean duration of illness was 36 months. The most common depressive symptoms were loss of interest (96%), followed by fatigue or tiredness (92%) and sadness (88%). The mean CPRS-AI score was 8.78 (SD-4.46). Aches and pains (94%) were the most common anxiety symptoms followed by inner tension (84%). The more commonly reported FSSs were severe headache (88%), feeling tired when not working (86%), lack of energy (weakness) much of the time (84%). More common FSSs reported more than 15 days were lack of energy much of the time (68%), feeling tired, even when not working (62%), aches and pains all over the body (54%). As per BSI 55% more than 10 FSSs, with 30% having more than 20 FSSs. Those with very severe depression had significantly higher anxiety scores.

**Table 1: Socio-demographic data of the population**

Variable	Category	N (%)
Mean Age in years		41.36 ±12.79 years
Age groups	21-30 years	11 (22)
	31-40 years	13 (26)
	41-50 years	16 (32)
	51-60 years	10 (20)
Gender	Male	20 (40)
	Female	30 (60)
Marital status	Single	4 (8)
	Married	42 (84)
	Divorced/widow	4 (8)
Family Type	Nuclear	29 (58)
	Non-nuclear	21 (42)
Religion	Hindu	46 (92)
	Islam	4 (8)
Locality	Urban	38 (76)
	Rural	12 (24)
Occupation	Unemployed	7 (14)
	Unskilled	2 (4)
	Semi-skilled	5 (10)
	Skilled	23 (46)
	Clerical, shop owner	3 (6)
	Semi-professional/professional	10 (20)
Education in years	up to primary	6 (12)
	Up to middle school	5 (10)
	Up to high school	9 (18)

	Intermediate, high school/diploma	11 (22)
	Graduate/ post graduate	11 (22)
	Professional	8 (16)
Income in rupees	0-2935	22 (44)
	2936-4893	10 (20)
	4894-7322	8 (16)
	7323-9797	4 (8)
	9788-19574	6 (12)
	≥19575	0

**Table 2: Descriptive statistics of individual FSSs as per Bradford Somatic Inventory**

BSI Items	Absent N (%)	Present <15 days in last month N (%)	Present >15 days in last month N (%)
Severe headaches	6 (12)	19 (38)	25 (50)
Fluttering or a feeling of something moving in stomach	33 (66)	7 (14)	10 (20)
Pain or tension in neck and shoulders	17 (34)	13 (26)	20 (40)
Burning or itching all over the skin	38 (76)	6 (12)	6 (12)
Feeling of constriction of head, as if it was being gripped tightly from outside	25 (50)	13 (26)	12 (24)
Pain in the chest or heart	25 (50)	15 (30)	10 (20)
Mouth or throat getting dry	14 (28)	17 (34)	19 (38)
Darkness or mist in front of eyes	21 (42)	15 (30)	14 (28)
Burning sensation in stomach	31 (62)	8 (16)	11 (22)
Lack of energy (weakness) much of the time	8(16)	8(16)	34(68)
Head feeling hot or burning	16 (32)	14 (28)	20 (40)
Sweating a lot	18 (36)	18 (36)	14 (28)
Pressure or tightness on chest	31 (62)	14 (28)	5 (10)
Aches and pains in the abdomen	30 (60)	11 (22)	9 (18)
Choking sensation in throat	43 (86)	5 (10)	2 (4)
Hands and feet had pins and needles	28 (56)	14 (28)	8 (16)
Aches and pains all over the body	14 (28)	9 (18)	27 (54)
Feeling of heat inside body	23 (46)	18 (36)	9 (18)
Aware of palpitations (heart pounding)	21 (42)	19 (38)	10 (20)
Pain or burning in your eyes	28 (56)	18 (36)	6 (12)
Suffering from indigestion	23 (46)	14 (28)	13 (26)
Trembling or shaking	21 (42)	15 (30)	14 (28)
Passing urine more frequently	34 (68)	9 (18)	7 (14)
Low back trouble	17 (34)	12 (24)	21 (42)
Stomach feeling swollen or bloated	29 (58)	11 (22)	10 (20)
Head feeling heavy	15 (30)	10 (20)	25 (50)
Feeling tired, even when not working	7 (14)	12 (24)	31 (62)
Pain in legs	9 (18)	14 (28)	27 (54)
Feeling sick in the stomach (nausea)	23 (46)	18 (36)	9 (18)
Constipation	23 (46)	15 (30)	12 (24)
Difficulty in breathing, even when resting	30 (60)	13 (26)	7 (14)
Feeling tingling (pins and needles) all over the body	38 (76)	6 (12)	6 (12)
Feeling of pressure inside head, as if head was going to burst	29 (58)	10 (20)	11 (22)

Wanting to open bowels more often than usual	39 (78)	9 (18)	2 (4)
Palms sweating a lot	33 (66)	11 (22)	6 (12)
Difficulty in swallowing, as if there was a lump in throat	39 (78)	8 (16)	3 (6)
Feeling giddy or dizzy	20 (40)	20 (40)	10 (20)
Bitter taste in mouth	33 (66)	10 (20)	7 (14)
Whole body feeling heavy	21(42)	13 (26)	16 (32)
Burning sensation when passing urine	38 (76)	8 (16)	4 (8)
Hearing a buzzing noise in ears or head	41 (82)	7 (14)	2 (4)
Heart feeling weak or sinking	35 (70)	11 (22)	4 (8)
Suffering from excessive wind (gas) or belching	28 (56)	17 (34)	15 (30)
Hands or feet feeling cold	39 (78)	7 (14)	4 (8)
Difficulty getting full Erection (men only)	17 (85)	2 (10)	1 (5)
Feeling of passing semen in urine (men only)	16 (80)	3 (15)	1 (5)

**Table 3: Rating of the Participants as per Beck's Depression Inventory (BDI)**

<b>BDI variables</b>	<b>Mean (SD)</b>	<b>Present frequency N (%)</b>
Sadness	1.36 (0.83)	44 (88)
Pessimism	1.10 (0.86)	38 (76)
Past failure	1.10 (0.81)	39 (78)
Loss of pleasure	1.06 (0.74)	40 (80)
Guilty feelings	0.90 (0.86)	31 (62)
Punishment feelings	0.88 (0.82)	33 (66)
Self-dislike	0.86 (0.73)	34 (68)
Self-criticalness	0.80 (0.83)	29 (58)
Suicidal thought and wishes	0.62 (0.83)	23 (46)
Crying	0.88 (0.85)	33 (66)
Irritability	1.18 (0.85)	40 (80)
Loss of interest	1.54 (0.76)	48 (96)
Indecisiveness	1.34 (0.89)	42 (84)
Body image	0.90 (0.71)	35 (70)
Loss of energy	1.26 (0.89)	41 (82)
Change of sleep	1.26 (0.96)	38 (76)
Tiredness or fatigue	1.36 (0.75)	46 (92)
Change of appetite	1.04 (0.75)	38 (76)
Weight loss	0.94 (0.89)	32 (64)
Hypochondriasis	1.20 (0.78)	42 (84)
Loss of interest in sex	0.72 (0.83)	25 (50)
<b>Total BDI Score</b>	22.3 (17.22)	
<b>Severity of Depression as per BDI Scores</b>	10-16 (Mild)	18 (36)
	17-29 (moderate to severe)	19 (38)
	30-63 (very severe)	13 (26)

## DISCUSSION

Gender distribution was (female - 60% vs. males 40%) in Our study which is different from other study from India <sup>[11]</sup>. Majority of the patients were married (84%), Hindus (92%), and from nuclear family (58%). A more than half of the patients were from urban background (76%) this is quite different from other study [11]. The

mean duration of illness at the time of assessment was 36 months. As per BDI severity score 36% have mild, 38% have moderate & 26% have severe depression. Total mean CPRS-AI is  $(8.78 \pm 4.46)$  approximately similar to earlier study.<sup>[13]</sup> The more common FSS as assessed on Bradford Somatic Inventory were severe headache (88%), feeling tired when not working (86%), lack of energy (weakness) much of the time (84%), pain in legs (82%), aches and pains all over the body (72%), mouth or throat getting dry (72%), head feeling heavy (70%), head feeling hot or burning (68%), pain or tension in neck and shoulder (66%), low back trouble (66%) and sweating a lot (64%). This profile of FSS is quite similar to that reported in an earlier study from India which evaluated FSS using BSI in a small sample size [11,13].

**Table 4: Scores on the Comprehensive Psychopathological Rating Scale – Anxiety Index**

Variable	Mean (SD)	N (%)
Inner tension	1.71 (1.08)	42 (84)
Hypochondriasis	0.56 (0.91)	17 (34)
Phobias	0.58 (0.81)	20 (40)
Autonomic disturbances	1.18 (0.96)	36 (72)
Aches and pains	2.18 (1.00)	47 (94)
Muscular tension	1.50 (0.97)	39 (78)
Muscular tension observed	1.10 (0.81)	39 (78)
Total mean CPRS-AI scores	8.78 (4.46)	

**Table 5: Relationship of severity of depression with comprehensive psychopathological rating scale-anxiety index**

BDI Ranges	Total BSI score	Total CPRS-AI score
10-18 (mild)	20.61±10.37	5.89±4.31
19-29 (moderate to severe)	36.11±12.83	8.95±2.70
30-63 (very severe)	43.00±17.59	12.54±4.03
<b>ANOVA (Analysis of variance)</b>	11.67 (p < 0.001)	12.250 (p < 0.001)

The prevalence and typology of FSS is to a certain extent influenced by the socio-demographic variables and severity of depression. This suggests that many FSS are present in patients with depression, which are specifically not included in the nosological systems and these FSS are present across different cultures and different treatment settings. Current clinical systems DSM-5 and ICD-10 include FSS like feeling tired, having low energy and trouble sleeping as part of the diagnostic criteria of depression [15-17]. Furthermore, the findings of the study also suggest that clinicians should routinely look for FSS while assessing patients with depression and various clinical trials should also take these complaints into account while evaluating the efficacy of various antidepressants in patients of depression. With regard to clinical variables, it was seen that the severity and number of total FSS had positive correlation with severity of depression as assessed by BDI and CPRS-AI. Correlations between FSS, especially painful symptoms and severity of depression and anxiety, have been reported in various studies across the globe. However, few studies conducted in different treatment settings do not support the positive association between severity of depression and prevalence of FSS [18-23]. There is more evidence to suggest the positive association between prevalence of FSS and severity of depression. Hence, the association of severity and number of FSS with severity of depression and anxiety suggests that these symptoms are part and parcel of depression. Socio-demographic finding of higher prevalence of FSS in females [15] have been reported in an earlier study from India, whereas other studies have reported higher prevalence in males [24-25]. In the present study, patients from urban background had significantly higher BSI total score and higher number of total BSI symptoms, compared to those from the rural background. These findings suggest that the manifestation of depression is to a certain extent influenced by the locality of residence. In the present study, there was no significant difference in the number of FSS and severity of FSS between those educated less than high school and those educated up to or beyond high school. This is contradictory to the studies from the West. Presence of higher number of FSS in those from lower socioeconomic status is supported by findings from the West [23, 26-27]. Different studies from the West, which have evaluated FSS using different instruments like somatic symptom inventory (SSI) and Self report

90 item symptom checklist, and PHQ-15 have also reported high prevalence of different painful symptoms as similar to our study [29-32].

## CONCLUSIONS

In our study, MDD (moderate to very severe) was diagnosed in 64% of participants & Anxiety was found in 58% of participants. We should not ignore FSS when patient presents to consultants. Depression is found in many patients complaining of FSS, so they should be evaluated for depression and anxiety so that treatment can be started earlier. We need to train family physicians, PHC Doctors, CHC Doctors about common psychiatric disorders which presents with FSS so they can identify these patients and reference if needed can be done to tertiary level. In view of the high prevalence of FSS in depression, it is important to include these symptoms in the diagnostic criteria of depression, so as to increase the sensitivity and specificity of the diagnosis. The present study in the form of cross-sectional design and lack of assessment of other clinical correlates of depression. Statistical power is limited by the small sample size. Studying the topic with bigger sample size of the study may increase the statistical power. More aspects of functional somatic complaints may be studied for a more comprehensive view. The study was also limited to only treatment seeking patients attending the mental healthcare facilities. This study was conducted in a hospital sample. The study may be replicated in a community setting for a more accurate representation of Functional Somatic Symptoms in those are diagnosed as having major depressive disorders in general population as well. Relationship of FSS with treatment adherence, drug compliance and help-seeking behaviour was not studied.

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