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Research Article

**ANALYSIS OF GASTROINTESTINAL SOMATIZATION IN
PAKISTANI LOCAL POPULATION WITH PSYCHOLOGICAL
DISORDERS****Dr Asif Mahmood¹, Dr Huda Islam², Dr Yasir Hussain Kharal³**¹Shilokh Mission Hospital, Jalal Pur Jattan, Gujrat, ²Shaheena Jamel Teaching Hospital
Abbottabad, ³Aziz Bhatti Shaheed Teaching hospital Gujrat.**Article Received:** April 2019**Accepted:** May 2019**Published:** June 2019**Abstract:**

Introduction: Functional medical disorders, by definition, lack objective physical, metabolic, or neurological explanations for their symptom presentations. Diagnosis of these disorders, like diagnosis of psychiatric disorders, is based entirely on subjective complaints.

Aims and objectives: The basic aim of the study is to analyze the gastrointestinal somatization in Pakistani local population with depressive disorder.

Material and methods: This study was conducted at Aziz Bhatti Shaheed Teaching hospital Gujrat From April 2018 till October 2018. The patients were divided into two groups, Group I consisted of 50 patients suffering from anxiety and Group II consisted of 50 patients suffering from depression. Patients in both groups were collected by convenience sampling. Both indoor and outdoor patients were included.

Results: The study population comprised 50 patients of anxiety disorder and 50 patients of mild to moderate depressive episode each. Ages of these patients ranged from 20 to 60 years. The average age for anxiety groups was 29.78±5.25 years. In depression group the mean age was 31.16±5.5 years. Males were more in number as compared to females (28:22) in Anxiety group whereas females were more in Depression group (23:27).

Conclusion: It is concluded that the patterns of somatic symptoms are present in both the groups of anxiety and depression.

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INTRODUCTION:

Functional medical disorders, by definition, lack objective physical, metabolic, or neurological explanations for their symptom presentations. Diagnosis of these disorders, like diagnosis of psychiatric disorders, is based entirely on subjective complaints. This may have contributed to longstanding conceptualizations of functional disorders as fundamentally psychiatric or psychological in origin, cloaking this class of disorders with a negative stigma¹. Although irritable bowel syndrome (IBS) may be considered an archetype among the functional gastrointestinal disorders, a wide variety of medical syndromes and disorders in many medical subspecialties are also characterized by lack of objective indicators and subjective determination of diagnosis. Non-ulcer dyspepsia, premenstrual syndrome, chronic pain syndromes, tension headaches, fibromyalgia, chronic fatigue syndrome, interstitial cystitis, reflex sympathetic dystrophy, temporomandibular joint syndrome, and various chemical and food sensitivities are examples of functional disorders in many organ systems².

Somatic symptoms have been reported as being a core component of the depressive syndrome. Symptoms including those of the gastrointestinal tract have generally been correlated with various psychiatric disorders including anxiety, panic and depressive disorders³. A lot of work has been done regarding various syndromes related to GIT such as chronic dyspepsia and irritable bowel syndrome, but there is not enough literature when it comes to the frequency of overall GIT somatization in relation to depressive disorder especially among both genders in the local literature⁴.

AIMS AND OBJECTIVES:

The basic aim of the study is to analyze the gastrointestinal somatization in Pakistani local population with depressive disorder.

MATERIAL AND METHODS:

This study was conducted at Aziz Bhatti Shaheed Teaching hospital Gujrat From April 2018 till October 2018. The patients were divided into two groups, Group I consisted of 50 patients suffering from anxiety and Group II consisted of 100 patients suffering from depression. Patients in both groups were collected by convenience sampling. Both indoor and outdoor patients were included. No discretion as regarding age and gender was made. All patients had some somatic complaints. List of all observations of any organic disease was established by history, physical examination and relevant laboratory examination. If there was any doubt regarding organic pathology patient was referred to respective specialist. The severity of anxiety and depression was assessed by using Hamilton Anxiety Rating Scale and Hamilton Depression Rating Scale respectively.

Statistical analysis: Two-way ANOVA was performed to study the contributions. All the data was recorded on a pro forma and analyzed using SPSS 18.0.

RESULTS:

The study population comprised 50 patients of anxiety disorder and 50 patients of mild to moderate depressive episode each. Ages of these patients ranged from 20 to 60 years. The average age for anxiety groups was 29.78 ± 5.25 years. In depression group the mean age was 31.16 ± 5.5 years. Males were more in number as compared to females (28:22) in Anxiety group whereas females were more in Depression group (23:27). The common somatic symptoms are mentioned in table 02.

Table 01: General values of Control group and diseased group

Variable	Diseases Group	Control Group	t Value	p Value
Age (Year)	56.56±8.46	53.64±8.36	1.716	0.081
BMI (kg/m ²)	24.31±2.26	23.37±2.09	2.195	0.031
SBP (mmHg)	140.36±15.70	116.53±13.46	8.248	0.000
DBP (mmHg)	87.94±10.69	75.81±9.94	5.967	0.000
PP (mmHg)	52.42±12.87	40.72±8.74	5.426	0.000
FBG (mmol/L)	5.12±0.65	5.06±0.49	1.764	0.081
TG (mmol/L)	1.74±0.75	1.69±0.86	1.838	0.071
TC (mmol/L)	4.95±0.76	4.88±0.82	1.712	0.090
HDL-	1.30±0.43	1.31±0.56	1.717	0.089
LDL-C	3.46±0.58	3.38±0.66	1.139	0.266

DISCUSSION:

In this study out of 50 cases studied, 27(54%) patients were males, belonging to depression group while 22 (44%) males belonged to group of anxiety disorder group. On the other hand 23(46%) females were belonged to depression group while 28 (56%) female patients belonged to anxiety group⁶. This study showed higher number of males in depression and higher number of females' patients in anxiety disorder which is consistent with the study conducted by Haug et al in which women reported with more somatic symptoms than men (mean number of symptoms women/men: 3.8/2.9). There was a strong association between anxiety, depression, and functional somatic symptoms⁷. The association was equally strong for anxiety and depression, and a somewhat stronger association was observed for comorbid anxiety and depression. There was a strong association between education levels, anxiety and depressive disorders. It was seen in this study that there was a higher percentage of patients presenting with somatic symptoms have higher education as compared to patients with lower education which may be the reason that patients mostly reported had education level matric and furthermore it was found that there were 41 cases of Depression and 34 cases of anxiety who belonged to this group⁸. This study was compared with the study conducted by David Bardwell Mumford et al in 2000 in which higher levels of education were associated with lower risk of common mental disorders, especially in younger women. Emotional distress was negatively correlated with socio-economic variables among women⁹.

Studies in the developed countries have shown that despite increased awareness in the detection of depressive disorders, it is difficult to diagnose these disorders in the initial phase and significant numbers of cases are only recognized after several consultations, sometimes taking many years subsequent to the patient's initial visit. Supporting this notion, the study revealed that a total of 50% of the respondents had previously consulted general physicians specially gastroenterologists, with notable investigations including endoscopies¹⁰.

CONCLUSION:

It is concluded that the patterns of somatic symptoms are present in both the groups of anxiety and depression. Symptoms related to musculoskeletal and gastrointestinal system is commonly observed in cases of depression whereas symptoms related to autonomic nervous system and cardiovascular system which are more significantly somatized in patients of anxiety.

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