



A study of worry and functional somatic symptoms in generalized anxiety disorder



K.G. Vijay^a, Ajit Avasthi^b, Sandeep Grover^{b,*}

^a Department of Psychiatry, NIMHANS, India

^b Department of Psychiatry, Post Graduate Institute of Medical Education and Research, Chandigarh 160012, India

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ABSTRACT

Objective: To study the phenomenon of worry and functional somatic symptoms in Generalized Anxiety Disorder (GAD).

Method: 40 subjects with the diagnosis of GAD were assessed by using Penn State Worry Questionnaire (PSWQ) and Bradford Somatic Inventory (BSI). Severity of GAD was rated on Generalized Anxiety Disorder -7 (GAD-7) scale.

Results: The mean total score on PSWQ was 59.62. All patients had somatic symptoms and the minimum number of somatic symptoms noted in a patient was 11 and maximum was 38. Seventy-five percent of the patients had more than 22 somatic symptoms as per BSI. Majority of the patients (90%) scored more than 10 on GAD-7 scale.

Conclusion: Future nosological systems should not limit assessment of somatic symptoms to a list of 6 symptoms only in patients with GAD and should try to operationalise the definition of excessive worry by taking into consideration the common types of worries.

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Since the introduction of the term Generalized anxiety disorder (GAD) in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) III (1980), qualitative and quantitative modifications have been done within the above-mentioned broadly defined symptom clusters in the diagnostic criteria of GAD. In successive editions of DSM, GAD has been redefined (APA, 1987, 1994), so as to increase the validity of this diagnosis by increasing the reliability. In this attempt, the definition, duration and the number of symptoms required to diagnose GAD have been changed multiple times. General trend has been that of reduction in total number of somatic symptoms and redefining “excessive worry” in the diagnosis of GAD. This gradual reduction in number of somatic symptoms along with redefinition of anxiety and worry appears as a shift in focus away from somatic to psychic concern in the diagnosis of GAD (Bridges et al., 1991).

Cross cultural variation in the presentation of psychiatric disorders is well known. The research on the symptoms of GAD in South Asian countries is very scant. It is very much interesting and relevant in clinical practice to explore all the functional somatic symptoms and prominent nature of worry in patients with GAD.

The purpose of the current study was to study the phenomology of worry and somatic symptoms in patients with GAD.

The study was approved by the Ethics Review Committee of the Institute and all the patients were assessed after obtaining written informed consent. A cross sectional design was employed. Study included patients aged between 18 and 60 years, of either gender, educated up to at least Class 5th or with proficiency in reading either English or Hindi. Patient's with comorbid psychiatric disorders (including substance use disorder), presence of physical illness which could explain the anxiety disorder, organic brain syndromes and chronic, debilitating physical illness like, diabetes, hypertension, end-stage organ failure were excluded from the study.

MINI International Neuropsychiatric Interview (MINI) (Leclercq et al., 1997) was used to confirm the diagnosis of GAD to rule out presence of other comorbid psychiatric disorders. Worry was assessed by using Penn State Worry Questionnaire (PSWQ) (Meyer et al., 1990) and somatic symptoms were assessed by using Bradford Somatic Inventory (BSI) (Mumford, 1992) and Severity of GAD was rated on GAD-7 scale (Spitzer et al., 2006).

The study included 40 subjects. The mean age of the sample was 42.37 (SD-11.31) years. Males (57.5%) outnumbered females. Majority of the patients were married (82.5%) and from urban background (65%). The mean number of years of education was 11.87 (SD-3.93). The mean age of onset of GAD was 37.42 (SD-10.6; range 17–58) years and the mean duration of illness at the time of

* Corresponding author. Tel.: +91 172 2756807; fax: +91 172 2744401/2745078.
E-mail addresses: drsandeepg2002@yahoo.com,
drsandeepg2002@gmail.com (S. Grover).

Table 1
Descriptive statistics of functional somatic complaints as per BSI.

Items	Absent N (%)	Present on < 15 days in last month N (%)	Present on > 15 days in last month N (%)
Severe headaches?	13 (32.5)	22 (55)	05 (12.5)
Fluttering or a feeling of something moving in your stomach?	18 (45)	14 (35)	08 (20)
Pain or tension in your neck and shoulders?	12 (30)	18 (45)	10 (25)
Has your skin been burning or itching all over?	23 (57.5)	15 (37.5)	02 (05)
Feeling of constriction of your head, as if it was being gripped tightly from outside?	16 (40)	22 (55)	02 (05)
Felt pain in the chest or heart?	15 (37.5)	24 (60)	01 (2.5)
Has your mouth or throat felt dry?	12 (30)	19 (47.5)	09 (22.5)
Has there been darkness or mist in front of your eyes?	15 (37.5)	19 (47.5)	06 (15)
Felt a burning sensation in your stomach?	07 (17.5)	26 (65)	07 (17.5)
Felt a lack of energy (weakness) much of the time?	03 (7.5)	15 (37.5)	22 (55)
Has your head felt hot or burning?	18 (45)	19 (47.5)	03 (7.5)
Sweating a lot?	11 (27.5)	20 (50)	09 (22.5)
Felt as if there was pressure or tightness on your chest or heart?	23 (57.5)	16 (40)	01 (2.5)
Have you been suffering ache or discomfort in the abdomen?	12 (30)	24 (60)	04 (10)
Has there been a choking sensation in your throat?	31 (77.5)	09 (22.5)	00 (00)
Hands and feet had pins and needles or gone numb?	12 (30)	21 (52.5)	07 (17.5)
Felt aches and pains all over the body?	13 (32.5)	20 (50)	07 (17.5)
Had a feeling of heat inside your body?	09 (22.5)	25 (62.5)	06 (15)
Aware of palpitations (heart pounding)?	06 (15)	21 (52.5)	13 (32.5)
Felt pain or burning in your eyes?	18 (45)	17 (42.5)	05 (12.5)
Suffered from indigestion?	09 (22.5)	22 (55)	09 (22.5)
Trembling or shaking?	20 (50)	16 (40)	04 (10)
Passing urine more frequently?	20 (50)	10 (25)	10 (25)
Having low back trouble?	19 (47.5)	19 (47.5)	02 (05)
Stomach felt swollen or bloated?	11 (27.5)	19 (47.5)	10 (25)
Head felt heavy?	06 (15)	26 (65)	08 (20)
Feeling tired, even when you are not working?	07 (17.5)	23 (57.5)	10 (22.5)
Getting pain in your legs?	13 (32.5)	23 (57.5)	04 (10)
Feeling sick in the stomach (nausea)?	24 (60)	12 (30)	04 (10)
Feeling of pressure inside your head, as if your head was going to burst?	21 (52.5)	18 (45)	01 (2.5)
Difficulty in breathing, even when resting?	22 (55)	16 (40)	02 (05)
Felt tingling (pins and needles) all over the body?	23 (57.5)	16 (40)	01 (2.5)
Troubled by constipation?	20 (50)	19 (47.5)	01 (2.5)
Wanted to open your bowels (go to the toilet) more often than usual?	29 (72.5)	07 (17.5)	04 (10)
Palms been sweating a lot?	15 (37.5)	18 (45)	07 (17.5)
Had difficulty in swallowing, as if there was a lump in your throat?	28 (70)	10 (25)	02 (05)
Feeling giddy or dizzy?	10 (25)	25 (62.5)	05 (12.5)
Bitter taste in your mouth?	26 (65)	14 (35)	00 (00)
Whole body felt heavy?	10 (25)	27 (67.5)	03 (7.5)
Burning sensation when passing urine?	24 (60)	13 (32.5)	03 (7.5)
Hearing a buzzing noise in yours ears or head?	23 (57.5)	14 (35)	03 (7.5)
Heart felt weak or sinking?	14 (35)	24 (60)	02 (05)
Suffered from excessive wind (gas) or belching?	14 (35)	19 (47.5)	07 (17.5)
Hands or feet felt cold?	19 (47.5)	17 (42.5)	04 (10)
Difficulty getting full erection? (men only)	11 (47.8)	12 (52.2)	
Felt that you have been passing semen in your urine? (men only)	19 (82.6)	04 (17.4)	
Minimum number of somatic symptoms in a patient	11		
Maximum number of somatic symptoms in a patient	38		
Mean BSI score	32.42 (8.87)		
<i>Severity grade</i>			
Low grade severity (total BSI score 1–25)	20%		
Middle grade severity (total BSI score 26–40)	67.5%		
High severity grade (total score of more than 40)	12.5%		

assessment was 58.6 (SD=53.4; range 10–236) months. The total GAD-7 mean score for the study sample was 13.37 (SD=3.58) and majority of the patients (90%) scored more than 10 on GAD-7. The mean total score on PSWQ was 59.62 (SD=7.40). Details of the somatic symptoms are shown in Table 1. All patients had somatic symptoms and the minimum number of somatic symptoms noted in a patient was 11 and maximum was 38. Seventy-five percent of the patients had more than 22 somatic symptoms as per BSI.

The mean scores on PSWQ in the present study are similar to that reported in an earlier study done on clinical sample which assessed the avoidance strategies and faulty beliefs among adolescents with high levels of worry (Gosselin et al., 2007; Yilmaz et al., 2008). In the present study, all patients had at least 11 somatic symptoms as evaluated by Bradford somatic inventory.

Previous studies have specifically not looked for the prevalence of specific somatic symptoms in patients of GAD. In a primary care based study, Bridges et al. (1991) showed that 87% of anxious and depressed patients present with functional somatic symptoms. Studies in general suggest that patients of anxiety and depression from developing countries usually present more frequently with somatic symptoms (Hoge et al., 2006; Patel et al., 2001; Piccinelli and Simon, 1997). This could possibly explain higher prevalence of somatic symptoms in the present study compared to the findings from the West. Other possible reasons for the higher prevalence of somatic symptoms in our study could be due to the different treatment setting and use of more comprehensive symptoms list (BSI, has a list of 46 symptoms compared to other scales which usually have 15–25 symptoms).

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