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Brief report

Psychosomatic characterization of adjustment disorders in the medical setting: Some suggestions for DSM-V

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Abstract

Background: Adjustment disorders have been found to be the most frequent psychiatric diagnosis in the medically ill. Problems have been raised, however, as to their clinical value. The aim of the study was to characterize the psychosomatic features of adjustment disorders.
Methods: One hundred patients with medical illness and a diagnosis of adjustment disorder according to DSM-IV criteria were interviewed according to the Diagnostic Criteria for Psychosomatic Research (DCPR) system, consisting of 12 clusters.
Results: A considerable overlap was shown between adjustment disorders and DCPR clusters related to abnormal illness behavior (health anxiety, tanatophobia, nosophobia and illness denial) (54%), somatization (functional somatic symptoms secondary to a psychiatric disorder, persistent somatization, conversion symptoms and anniversary reaction) (37%) and demoralization (33%). Only 13 of the patients with adjustment disorders did not present any DCPR syndromes.
Limitations: The study is cross-sectional and does not allow to determine the prognostic features of DCPR categorization.
Conclusion: The clinical information which derives from the concomitant application of the DCPR might improve and make more specific the treatment of patients with adjustment disorders.

Keywords: Adjustment disorders; DCPR; DSM-V; Somatization; Demoralization

1. Introduction

Adjustment disorders have been found to be the most frequent psychiatric diagnosis in the medically ill (Strain et al., 1998). They have been characterized by a predominance of depression, anxiety, lower severity of

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illness ratings, shorter length of hospitalization and a higher number of precipitating stressors (Snyder et al., 1990; Greenberg et al., 1995). However, problems in translating this diagnosis into clinically relevant dimensions have been raised (Popkin et al., 1990). Furthermore, there is unclear separation between the various manifestations of adjustment disorders and normal adaptive reactions (Casey et al., 2001).

There has been little exploration of the overlaps between adjustment disorders and subclinical conditions of psychosomatic relevance. The DSM-IV has been the source of much criticism in the areas concerned with somatization and psychosomatic medicine (Wise and Birket-Smith, 2000; Fava and Sonino, 2005) and is unlikely to yield important clinical information as to these overlaps. In particular, the classification of somatoform disorders may lead the clinician to the false choice of deciding in a dichotomous manner whether the symptoms are based on an underlying medical condition or are due to the use of somatic terms as a proxy for psychosocial problems (Wise and Birket-Smith, 2000; Fava et al., in press).

A psychosomatic conceptual framework for evaluating the psychosocial dimensions of patients with medical illness was proposed by the Diagnostic Criteria for Psychosomatic Research (DCPR) (Fava et al., 1995). It consists of 12 clusters. These clusters may be used regardless of medical or psychiatric comorbidity. They expand the assessment of hypochondriacal fears and beliefs to include disease phobia, health anxiety, illness denial and thanatophobia, in addition to DSM-IV hypochondriasis. The DCPR also redefine syndromes related to somatization (persistent somatization, conversion, anniversary reactions and functional somatic symptoms secondary to psychiatric disorders). Finally, they offer definition to subclinical syndromes which can be frequently encountered in the medical setting (demoralization, irritable mood, type A behavior) and to alexithymia (Fava et al., 1995; Fava and Sonino, 2005). Data from different studies have shown that the system has good levels of reliability and validity (Galeazzi et al., 2004) and that the joint application of the DCPR and DSM-IV improved the identification of psychological problems in patients with a variety of medical disorders (Porcelli et al., 2000; Grandi et al., 2001; Rafanelli et al., 2003, 2005; Sonino et al., 2004, 2006; Mangelli et al., 2005, 2006; Ottolini et al., 2005; Grassi et al., 2005; Picardi et al., 2005).

The aim of the study was to explore the distribution of DCPR syndromes in medically ill patients who received a DSM-IV diagnosis of adjustment disorder.

2. Methods

Eight hundred seven consecutive outpatients were recruited in a consecutive way from different medical settings in a multicenter effort. The centers included had ongoing studies concerned with the application of DCPR criteria. These studies had different aims and sample sizes, but shared a common methodology in the psychological assessment.

Patients were recruited in a consecutive way with the intent of being representative of the following patient populations:

- 190 consecutive outpatients with functional gastrointestinal disorders (FGID) from the FGID Outpatient Clinic of the Scientific Institute of Gastroenterology (Castellana Grotte, Italy).
- 351 consecutive outpatients with heart diseases from three different sources: a) 198 outpatients who underwent heart transplantation from the Heart Transplantation Unit of the Institute of Cardiology at S. Orsola Hospital of Bologna, Italy; b) 61 consecutive patients with recent (within 1 month) first myocardial infarction from the Cardiac Rehabilitation Program of the Bellaria Hospital in Bologna, Italy; c) 92 consecutive outpatients with a recent (within one month) first myocardial infarction diagnosis, from the Institute of Cardiology of "Azienda Ospedaliera Policlinico" in Modena, Italy.
- 162 consecutive outpatients with endocrine disorders from the Division of Endocrinology of the University of Padova Medical Center, Italy.
- 104 consecutive outpatients who had received diagnosis of cancer within the past 18 months from the S. Anna University Hospital in Ferrara, Italy.

Table 1
DCPR clusters in patients with current adjustment disorder ($N=100$)

Diagnosis	N of subjects
Demoralization	33
Health anxiety	28
Alexithymia	27
Irritable mood	20
Persistent somatization	15
Illness denial	13
Type A behaviour	12
Functional somatic symptoms secondary to a psychiatric disorder	12
Disease phobia	8
Anniversary reaction	6
Thanatophobia	5
Conversion symptoms	4