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Cultural differences in symptom representation for depression and somatization measured by the PHQ between Vietnamese and German psychiatric outpatients

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A B S T R A C T

Objective: Despite an extensive body of research on somatic symptom presentation among people of East- and Southeast-Asian descent, results are still inconclusive. Examining and comparing symptom presentation in clinically and ethnically well-characterized populations may constitute a step towards understanding symptom presentation between patients with a different cultural background. This study aims to compare Vietnamese and German patients regarding cultural dynamics of symptom presentation upon first admission to a psychiatric outpatient service.

Methods: 110 Vietnamese and 109 German patients seeking psychiatric treatment at two outpatient clinics completed the Patient Health Questionnaire (PHQ). The somatic symptom subscale (PHQ-15), the depression subscale (PHQ-9) and PHQ-subscales examining anxiety and psychosocial stress levels were analyzed and compared for both groups using multivariate analysis of covariance. Regression analysis was utilized to examine the influences of sociodemographic and migration specific factors.

Results: Vietnamese and German patients showed comparable Cronbach's alpha for all subscales. Vietnamese patients endorsed significantly higher levels of somatic symptoms overall and on certain items (as pain-related items, dizziness, and fainting spells) despite similar levels of depression severity in comparison with German patients. Vietnamese patients with poor German language skills showed a significantly higher focus on somatic symptoms.

Conclusion: Raising awareness for cultural dynamics of symptom presentation in patients with depression is indispensable. Cross-cultural symptom assessment using the PHQ seems feasible and expands our understanding of depressive and psychosomatic symptoms when assessed by clinicians.

1. Introduction

1.1. Patterns of stress responses in people of Asian heritage

Numerous studies have reported higher rates of somatization in people of South-, and East Asian descent [1–4]. The concept of "Western psychologization" has been suggested to counterpart "Asian somatization" when comparing Chinese and Western samples [5,6]. Studies with qualitative designs [7] and in part opposing results of increased or comparable somatization in Westerners [7–10] raise questions on how context, samples, and methods may influence results regarding somatization.

The concept and understanding of somatization in Asian populations is multilayered and should be extended to further Asian ethnic groups. Therefore, examining symptom presentation in clinically and ethnically well-characterized populations is particularly required [11].

1.2. Vietnamese migration in Germany

The Vietnamese diaspora in Germany stems from three major immigration waves. Firstly, contract workers, who immigrated to the East of Germany before the dissolution of the German Democratic Republic (GDR). Secondly, former South Vietnamese refugees ('boat people'), who left Vietnam after the collapse of the South Vietnam regime [12]. The third, ongoing wave of Vietnamese migration, emerging in the

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1990's, is comprised of migrants with the motive of a family reunion or for economic reasons. By December 2015, approximately 24.567 people of Vietnamese descent lived in Berlin, forming the largest Asian community in Berlin [13].

These complex migration pathways and the fact that first generation Vietnamese migrants frequently struggle years before receiving a working permit explains why integration and acquiring the German language are complicated and often hindered [14].

Despite challenges for the psychiatric and psychosomatic health care system to reach these Vietnamese migrants due to their fear of stigmatization within communities and the persisting language barrier, the utilization of specialized outpatient clinics offering culturally sensitive consultation and treatment in the Vietnamese language has continuously increased over the last 6 years [15,16].

1.3. Aim of the study

This study seeks to compare Vietnamese and German patients regarding cultural influences of symptom presentation at first admission to a psychiatric outpatient service.

2. Methods

2.1. Study sites and participants

Data were collected between January 2013 and January 2016. The sample consisted of 110 first-generation Vietnamese and 109 native German patients seeking first-time treatment at two different psychiatric outpatient clinics in Berlin, Germany. Upon their first visit to the outpatient facility, all participants were asked to complete the PHQ and another questionnaire assessing socio-demographic information, as occupational status and degree of knowledge of German language. All questionnaires used in the study were translated into Vietnamese using a 4-step back-translation approach [17]. As the majority of Vietnamese patients visiting the services face a significant language barrier, these patients were interviewed and informed by Vietnamese speaking psychiatric clinicians. After providing their written consent to participate in the study, all Vietnamese patients completed the PHQ in the Vietnamese language while all German patients used the German language version. The study was approved by the ethical committee of the Charité Universitätsmedizin Berlin.

All patients in the present study initially met the ICD 10-criteria either for depressive episodes, adjustment disorders, or anxiety disorders, diagnosed by board-certified psychiatric clinicians following an open interview. Patients with a history of schizophrenia, a neurodegenerative disorder, a mental disorder related to a physical illness, PTSD or a comorbid substance-related disorder did not participate in the study.

After initially including a total of 120 Vietnamese patients, we excluded patients due to missing data or incomplete questionnaires. We finally matched 110 Vietnamese patients with 109 German patients (from a total number of 145 German patients) for age (± 2 years), sex and years of school education (± 1 year).

2.2. Psychometric properties

The Patient Health Questionnaire (PHQ) is a self-report measure initially developed from the clinician-administered Primary Care Evaluation of Mental Disorders (PRIME-MD) [18]. This instrument is clinically useful due to an uncomplicated psychiatric screening of primary care patients, based on the diagnostic criteria of the DSM-IV. Each subscale of the PHQ can be used separately or combined with the others [19,20]. The PHQ and its subscales have been translated into multiple languages and adapted to a variety of different countries and settings [21–24]. For the current study the following four subscales of the original PHQ were utilized.

2.2.1. PHQ-15

The somatic symptom subscale of the Patient Health Questionnaire (PHQ-15) includes 15 items accounting for over 90% of somatic symptoms seen in primary care exclusive of upper respiratory symptoms [25]. In the PHQ-15 the severity of somatic symptoms is classified according to a sum score into the following three categories: mild (1–9); moderate (10–19) and severe (20 − 30).

2.2.2. PHQ-9

The PHQ depression subscale (PHQ-9) assesses nine items of depression corresponding to the DSM-IV Diagnostic Criterion A symptoms of a major depressive disorder. Participants are asked how often, over the past two weeks, they have been bothered by each of the symptoms. The PHQ-9 divides severity of depressive symptoms into the following four categories: minimal (2–9); mild (10–14); moderate (15–19) and severe ($\geq$ 20) [26].

Mewes and colleagues showed that comparisons between Germans and migrants using PHQ-9 and PHQ-15 are applicable and feasible, as measurement invariance for both instruments was shown (internal consistency for migrants $\alpha = 0.90$; for Germans $\alpha = 0.87$) [27]. In a large German validation study, the PHQ showed a sensitivity of 70–77% and a specificity of 83–85% for the diagnosis of a psychiatric disorder [19]. For a cohort of Vietnamese women, a recent study showed good convergent validity, good external construct validity and excellent reliability of the PHQ-9 ($\alpha = 0.86$) [28].

2.2.3. PHQ-anxiety subscale and subscale for psychosocial stressors

While the PHQ anxiety subscale comprises of a section including the criteria for generalized anxiety disorder (GAD), there is less (cross-cultural) research examining this particular part. Patients are asked to rate how often, in the last four weeks, they were bothered by different GAD-related worries on a 3-point Likert scale, with possible answers spanning from "not at all" and "on some days" to "on more than half the days". This PHQ subscale does not permit the calculation of severity scores [20,29,30].

On its last page, the PHQ assesses patients' concerns about ten different psychosocial stressors over the past four weeks on a 3-point scale with response options varying between "not bothered," "bothered a little" and "bothered a lot". Sum-scores for this subscale was derived by combining frequency and severity of stress symptoms [31].

2.2.4. Statistical analyses

Statistical analysis was performed with IBM SPSS, Version 22. Comparisons between Vietnamese and German patients for two continuous variables (years of school education and age) were conducted with separate independent *t*-tests. Categorical variables as gender, occupation, psychiatric diagnosis and the severity of depressive and somatic symptoms were evaluated using chi-square analysis.

Separate multivariate analysis of covariance (MANCOVAs) were calculated to examine the differences between Vietnamese and German patients regarding somatic symptoms, levels of stress, anxiety, and depression. PHQ-9 and PHQ-15 sum scores, as well as the individual item score for all four PHQ subscales, were entered as dependent variables. Ethnicity was calculated as the independent variable while controlling for the influence of gender and occupational status.

The impact of occupational status and migration-related data (as the duration of stay in Germany, age at immigration and knowledge of German language) on PHQ-15 and PHQ-9 total scores were evaluated for the Vietnamese sample using regression analyses.

3. Results

3.1. Sociodemographic characteristics

The main study consisted of 110 Vietnamese and 109 German patients. Baseline characteristics of the participants are given in Table 1.