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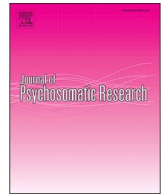

The role of incongruence between the perceived functioning by patients and clinicians in the detection of psychological distress among functional and motor digestive disorders

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A R T I C L E I N F O

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A B S T R A C T

Objectives: Previous research on gastrointestinal and other medical conditions has shown the presence of incongruence between self- and clinician-reported functioning and its relation with psychopathology. The main objective of this study was to test whether inconsistencies between clinician- and self-assessed functionality can be used to detect psychopathology among patients diagnosed of motor or functional gastrointestinal disorders.
Methods: One hundred and three patients from a gastroenterology inpatient unit were included in this study. All patients underwent clinical assessment, including intestinal manometry, Rome III criteria for functional gastrointestinal disorders, and psychological and psychiatric evaluation. Patients with suspected gastroparesis underwent a scintigraphic gastric emptying test. Definitive diagnoses were made at discharge.
Results: Patients with higher levels of incongruence differed in various sociodemographic (age, educational level, work activity and having children) and psychopathological (all SCL-90-R subscales except anxiety and hostility) characteristics. Using general lineal models, incongruence was found to be the variable with stronger relations with psychopathology even when controlling for diagnosis. Interactions were found between incongruence and diagnosis reflecting a pattern in which patients with functional disorders whose subjective evaluation of functioning is not congruent with that of the clinician, have higher levels of psychopathology than patients with motor disorders.
Conclusions: Incongruence between clinician and self-reported functionality seems to be related to higher levels of psychopathology in patients with functional disorders. These findings underscore the need for routine psychosocial assessment among these patients. Gastroenterologists could use the concept of incongruence and its clinical implications, as a screening tool for psychopathology, facilitating consultation-liaison processes.

1. Introduction

People diagnosed of Functional Gastrointestinal Disorders (FGDs) suffer from a wide range of medically unexplained symptoms involving visceral hypersensitivity and impaired gastrointestinal motility. These disorders have been widely related to psychosocial factors, such as patients' experiences of illness [1,2]. The integration of gut function with psychosocial assessment has been shown to help building an integrated clinical picture of these patients [3–5]. Psychosocial interventions such as psychotherapy, hypnotherapy or biofeedback are usually related to the effective improvement of functional digestive symptoms [6–8].

According to biopsychosocial models, multiple stressors can transiently or permanently alter physiologic stress responses producing symptoms and also differences in their perception, therefore perpetuating them. Nowadays, classic dualism separating mind and body seems

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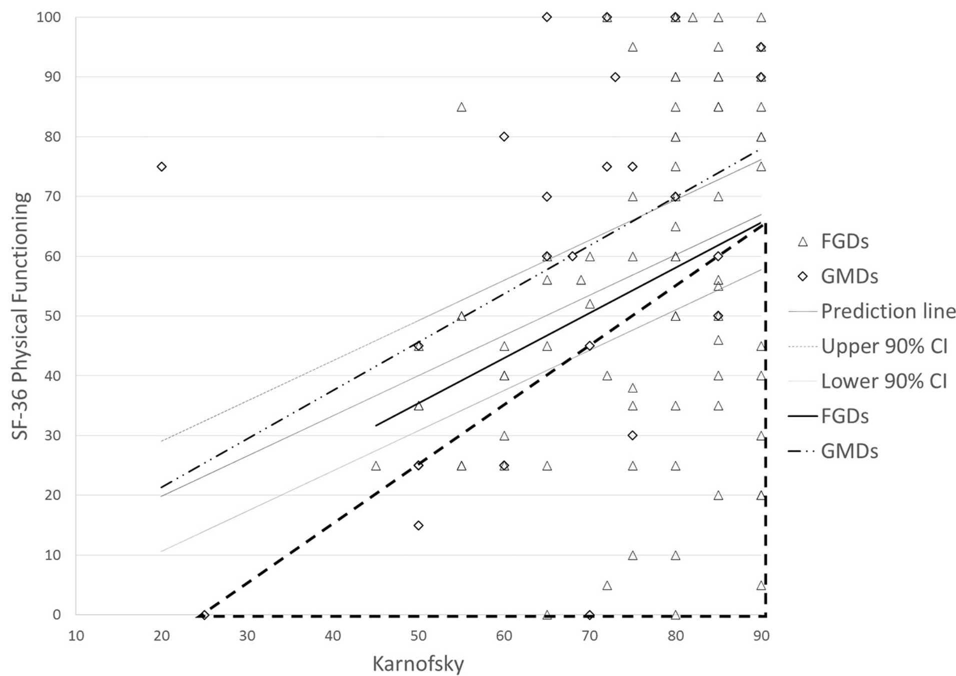

Fig. 1. Scatter plot showing the relative congruence between clinician- and self-assessed functioning. Patients whose evaluation of functioning was considered to be incongruent with that of the clinician are included in the area within the bold dashed triangle.

to be surpassed by more integrative models [9]. Genetic predisposition and early-life stress might influence individual vulnerabilities to develop FGDs in adult life. Re-exposure to physiologic or psychological stressors may then trigger or exacerbate digestive symptoms [4]. Patients with FGDs usually report poor health-related quality of life [10–12], and that has been found to be related with psychopathology and functional comorbidities such as chronic fatigue syndrome, fibromyalgia or chronic pains [13]. Somatization, the tendency to experience and report multiple unexplained somatic symptoms, usually found among these patients [14], seems to play a key role in symptom severity and weight loss [15], and has been reported as the most important risk factor for impaired quality of life among patients diagnosed with functional dyspepsia [12]. Likewise, other psychopathological symptoms like anxiety and depression have been reported to worsen functional gastrointestinal symptoms [16].

Patients' experience of Gastrointestinal Motor Disorders (GMDs) and its relation with distress have been less studied from the biopsychosocial perspective. Psychological distress seems to worsen the clinical picture among patients with gastroparesis [17]. Besides, a study showed the presence of altered manometric observations in patients diagnosed with globus pharingeus [18]. In the psychiatric field, some studies have reported gastric dysmotility in patients diagnosed with schizophrenia [19] and depression [20,21]. Despite this evidence, no causal relationships or common ethiopathological mechanisms are well established.

One of the main problems faced by gastroenterological departments is the lack of resources and training for the screening and management of psychosocial factors related to FGDs. For instance, according to previous literature, gastroenterologists tend to misattribute FGDs patients with psychological distress [22]. Relatedly, our study group has shown in previous studies how the perception of functionality tends to be different among clinicians and patients with FGDs, but is usually congruent in patients with GMDs [23]. In a similar way, some studies in patients with asthma have shown incongruences between self-reported and clinician-reported measures [24]. Likewise in an analysis of the contrast between patient and physician assessments of medical comorbidities among patients diagnosed with chronic depression, the authors found that discrepancy was related to higher levels of depressive symptoms [25]. In a recent study we have found that psychopathology is related with incongruence between clinicians' and self-reported functionality assessments among patients diagnosed with gastrointestinal disorders [26].

The aim of this study is to verify the predictive capacity of the incongruity between the perceived functioning by patients and clinicians in the detection of psychological distress in functional and motor digestive disorders. Incongruence thus could be used as a tool of psychological distress screening for gastroenterologists facilitating mental health consultation-liaison processes.

2. Methods

2.1. Participants

We assessed for eligibility 119 patients with chronic and recurrent gastrointestinal symptoms without a clear diagnosis, referred to our specialized digestive unit for diagnostic study. The protocol of the study had been approved by the local Ethics Committee and all participants gave their written informed consent.

2.2. Assessment

Psychiatric evaluation included a clinical interview conducted by a consultation liaison psychiatrist covering the main psychopathological domains according to DSM-IV TR [27] and additional administration of psychometric tests (see below). Digestive evaluation included intestinal manometry to evaluate small bowel motility and the administration of Rome III criteria, Karnofsky Performance Status scale and Body Mass Index in all patients. Patients with suspected gastroparesis underwent a scintigraphic gastric emptying test.

2.2.1. Evaluation of small bowel motility by manometry

Small bowel manometry was performed using a standard technique. After an overnight fast, a manometric tube (9012 × 1106 Special Manometric Catheter; Medtronic, Skovlunde, Denmark) was orally introduced into the jejunum under fluoroscopic control. Three manometric ports were located in the antropiloric region and five manometric ports, spanned at 10-cm intervals, were positioned from the proximal duodenum to the mid jejunum. Stationary recording was performed for 3 h during fasting and 2 h after ingestion of a solid-liquid meal (450 kcal). Patients with recurrent episodes of acute intestinal

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