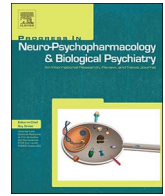




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Somatization in Parkinson's Disease: A systematic review



Danilo Carrozzino^{a,b,*}, Per Bech^a, Chiara Patierno^{b,c}, Marco Onofrj^d, Bo Mohr Morberg^a,
Astrid Thomas^d, Laura Bonanni^d, Mario Fulcheri^b

^a Psychiatric Research Unit, Psychiatric Centre North Zealand, Copenhagen University Hospital, Hillerød, Denmark

^b Department of Psychological, Health, and Territorial Sciences, University "G. d'Annunzio" of Chieti-Pescara, Chieti, Italy

^c Department of Dynamic and Clinical Psychology, Sapienza University of Rome, Rome, Italy

^d Department of Neuroscience and Imaging, University "G. d'Annunzio" of Chieti-Pescara, Chieti, Italy

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ABSTRACT

The current systematic review study is aimed at critically analyzing from a clinimetric viewpoint the clinical consequence of somatization in Parkinson's Disease (PD). By focusing on the International Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, we conducted a comprehensive electronic literature research strategy on ISI Web-of-Science, PsychINFO, PubMed, EBSCO, ScienceDirect, MEDLINE, Scopus, and Google Scholar databases. Out of 2.926 initial records, only a total of 9 studies were identified as clearly relevant and analyzed in this systematic review. The prevalence of somatization in PD has been found to range between 7.0% and 66.7%, with somatoform disorders acting as clinical factor significantly contributing to predict a progressive cognitive impairment. We highlighted that somatization is a highly prevalent comorbidity affecting PD. However, the clinical consequence of such psychiatric symptom should be further evaluated by replacing the clinically inadequate diagnostic label of psychogenic parkinsonism with the psychosomatic concept of persistent somatization as conceived by the Diagnostic Criteria for Psychosomatic Research (DCPR).

1. Introduction

Parkinson's Disease (PD) is a progressive neurodegenerative disorder consisting of specific motor and non-motor symptoms, including different prominent psychiatric disturbances (McLaughlin et al., 2014). However, whereas the main psychiatric comorbidities (e.g., depression, anxiety, psychosis and its related clinical symptoms such as visual hallucinations and delusions), and the psychological disturbances in PD (e.g., pathological gambling, impulse control disorders, psychological distress, and impaired quality of life) were extensively analyzed by a bulk of scientific literature (Aarsland et al., 2007; Brown and Fernie, 2015; Calandrella and Antonini, 2011; Chang and Fox, 2016; De la Riva et al., 2014; Factor et al., 2014; Fénelon et al., 2006; Lauterbach, 2004; Mack et al., 2012; Marsh et al., 2004; McKinlay et al., 2008; Nuti et al., 2004; Onofrj et al., 2006, 2007, 2013; Voon et al., 2009; Weintraub, 2009, 2016), to date relatively few studies evaluated somatization symptoms in PD (Baik, 2012; Benaderette et al., 2006; Bugalho et al., 2012; Felicio et al., 2010; Gaig et al., 2006; Onofrj et al., 2010, 2011; Pareés et al., 2013a, 2013b; Siri et al., 2010). Furthermore, when

focusing on such research studies, a specific diagnostic risk seems to be prominent in this medical setting. That is, somatization is described as a pseudo-clinical condition (e.g., almost a simulation phenomenon as historically reported with the concept of hysteria) only mimicking real symptoms of a medical disease (Babinski, 1892; Halligan et al., 2001; Mangelli et al., 2009; Shorter, 2006). Such diagnostic and therapeutic perspectives are clinically linked to the concept of somatization as symptom only originating in the mind, whose clinical manifestations may be considered as imaginary and not as real symptoms (Tavel, 2015) deserving appropriate psychosomatic evaluations and treatments both by medical doctors (e.g., psychiatrist, neurologist) and clinical psychologists (e.g., psychotherapist) (Fava et al., 2016). Indeed, conceiving somatization as psychogenic in origin substantially means to overemphasize a model of mind-body dualism by pointing out that everything is just in the mind or medically unexplained (Mangelli et al., 2009; Rief and Martin, 2014). By contrast, a multifactorial definition of somatization was provided by Lipowski (1986, 1987, 1988) who identified this clinical aspect as a specific individual tendency to experience and communicate somatic symptoms in response to psycho-

Abbreviations: PD, Parkinson's Disease; PRISMA, International Preferred Reporting Items for Systematic Reviews and Meta-Analyses; DCPR, the Diagnostic Criteria for Psychosomatic Research; UKPDSBB, UK Parkinson's Disease Society Brain Bank Criteria; SFMD, Somatoform disorders; DRS-2, Dementia Rating Scale-2; DLB, Dementia with Lewy Bodies; AD, Alzheimer Disease; MSA, Multiple System Atrophy; PSP, Progressive Supranuclear Palsy; FTD, Frontotemporal Dementia; SSD, Somatic Symptoms and Related Disorders; AIB, Abnormal Illness Behavior

* Corresponding author at: Department of Psychological, Health, and Territorial Sciences, University "G. d'Annunzio" of Chieti-Pescara, Via dei Vestini no. 31, Chieti 66100, Italy.
E-mail address: danilo.carrozzino@unich.it (D. Carrozzino).

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logical distress and to seek medical help for it, by implying that somatization may occur during a physical illness and, in some cases, it can also coexist with, mask, and be facilitated by such an illness.

On this theoretical background, we aimed to further underline the questionable scientific trends that carry on to conceive the diagnosis of somatization symptoms by focusing on a misleading organic and functional dichotomy (Sirri and Fava, 2013). In this regard, we have critically analyzed research studies that have evaluated somatization in PD in order to outline an alternative multidimensional concept of somatization. Therefore, the general aim of our study is to provide new research insights on the clinical link between somatization and PD by performing a systematic review of studies that have examined the relative weight (Kissen, 1963) of somatization syndrome in this neurological medical setting. Specifically, the two main research questions we aimed to answer are as follows:

1. By focusing on the exploratory nature of our systematic review study, is it clinically valid conceiving somatization not only as a mere medical consequence of PD or just a psychogenic alteration but as true somatic symptoms arising from multiple etiological factors of both medical and psychological nature (Lipowski, 1986, 1987, 1988)?
2. When providing a definition of clinimetrics as a clinically based measurement method combining the micro-analysis of rating scales with the experienced clinical judgment of macro-analytic significance (Bech, 2012; Tomba and Bech, 2012), what is the main clinical utility potentially deriving from performing a clinimetric evaluation of somatization in PD?

2. Methods

2.1. Eligibility criteria

Eligible articles included English-language papers published in peer-reviewed journals, only reporting original data (i.e., brief research report, short communication, research letter, original research article, case report or single case, clinical study, meta-analysis, as well as other type of papers comprising quantitative data) on the study of somatization in neurological patients having a medically documented diagnosis of PD, as clinically evaluated by an expert neurologist according to the International UK Parkinson's Disease Society Brain Bank Criteria (UKPDSBB) (Hughes et al., 1992). A further inclusion criterion for included original articles was that studies had to specifically evaluate somatization in PD by clinically and/or statistically analyzing its main features. That is, we have focused on research studies encompassing a clinical or a psychometric definition of the somatization concept. Concerning the clinical definition, we have focused on the Lipowski's (1986, 1987, 1988) viewpoint of the somatization concept to critically reanalyze the potential clinical consequence of somatization in PD. With regard to the psychometric evaluation of somatization symptoms, we have included research studies focusing on the SCL-90-R somatization subscale reflecting, according to Derogatis (1983, 1994), the specific amount of psychological distress arising from the individual perceptions of bodily dysfunction. By contrast, studies lacking a specific measure of somatization or exclusively dealing with somatization in PD only from a theoretical point of view (i.e., avoiding any type of clinical or quantitative evaluation), such as commentaries, letters to the editor, books or book chapters, reviews or systematic reviews, conference abstracts or conference posters were not included.

Furthermore, because of the frequent use of psychogenic term as synonym of somatization in PD, as well as by taking into account the evidence that many patients having psychogenic movement disorders meet the diagnostic criteria (i.e., according to the DSM-IV-TR) for a somatoform disorder (American Psychiatric Association, 2000; Ferrara et al., 2011), we have also included relevant studies analyzing psychogenic parkinsonism in PD. By contrast, we have excluded all

research studies examining psychogenic movement disorders in other different neurological disorders (e.g., movement disorders not clinically linked to PD).

The following were additional eligibility criteria: when limiting our population target to patients reporting a medically-based diagnosis of PD without any type of restriction as regards the age and gender of participants, we have excluded all studies examining somatization in other neurological patients (e.g., Alzheimer's disease, Huntington's disease, Gilles de la Tourette syndrome, epilepsy, multiple sclerosis). Furthermore, studies were discarded if they were clearly irrelevant or its full-text was not available.

2.2. Information sources and searches

When focusing on the International Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Liberati et al., 2009; Moher et al., 2009), a comprehensive electronic literature research strategy was carried out by systematically searching on the following international databases: ISI Web-of-Science, PsychINFO, PubMed, EBSCO, ScienceDirect, MEDLINE, and Scopus from inception of each database to June 2016. In addition, we have performed a manual search by analyzing the reference lists and citations from all initially identified articles in order to screen for other potentially relevant papers not previously identified by the systematic search. We have fulfilled also a further research of the literature on Google Scholar database in order to detect any missed articles potentially relevant.

Concerning the search strategy on which we have focused on when screening the research-literature for titles, abstracts, and topics, the various combination of terms, acting as keywords, was the following: "somatization" OR (i.e., used as Boolean operator) "somatisation", "somatoform disorders" OR "somatic symptom and related disorders", "medically unexplained symptoms" OR "MUS", "functional symptoms" OR "psychogenic symptoms", "psychosomatic factors" OR "psychological factors", "psychiatric symptoms" OR "non-motor symptoms", "neuropsychiatric symptoms" OR "non-organic symptoms", "hypochondriasis" OR "hypochondria", "hysteria" OR "conversion disorder" as search terms combined, using the Boolean "AND" operator, with words as "Parkinson's Disease" OR "parkinsonism", "parkinsonian" OR "neurology patients".

Concerning the data extraction method that we have carried out, titles and abstracts were initially extracted and screened by one of authors (D.C.). Subsequently, papers appearing potentially relevant were retrieved and two reviewers (D.C. and M.O.) independently evaluated each of the full text reports, arriving at a consensus regarding eligibility. When assessing the validity of the eligible studies, three reviewers (D.C., M.O., and M.F.) independently rated each research report by carefully focusing on eligibility criteria. Any types of disagreements were resolved by a final consensus among these primary reviewers (D.C., M.O., and M.F.) and the senior investigator (P.B.). Furthermore, regarding each excluded study, six reviewers (D.C., M.O., C.P., A.T., B.M.M., and L.B.) determined which elements of the electronic research literature were not addressed. Finally, in case of missing information within selected studies, we have contacted the corresponding author to recover missing details.

2.3. Analysis and data synthesis

When statistically taking into account the significant heterogeneity of experimental study designs (i.e., cross-sectional, observational, single case or longitudinal/follow-up studies), as well as the different definitions and measurement methods used to evaluate somatization, a meta-analysis was not deemed to be fully appropriate. On this background, we provided a qualitative synthesis of relevant results by performing a systematic review of the literature.

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