

Health-Related Quality of Life in Older Persons with Medically Unexplained Symptoms

*Denise J.C. Hanssen, M.Sc., Peter L.B.J. Lucassen, M.D., Ph.D.,
Peter H. Hilderink, M.D., Ph.D., Paul Naarding, M.D., Ph.D.,
Richard C. Oude Voshaar, M.D., Ph.D.*

Objective: *Research on health-related quality of life (HRQoL) in older persons with medically unexplained symptoms (MUS) is scarce, and, in contrast with younger patients, interactions with chronic somatic diseases are more complex. Design:* *In the current study we compared HRQoL between older persons with MUS and older persons with medically explained symptoms (MES). Our study sample consisted of 118 older MUS-patients and 154 older MES-patients. Setting/Measurements:* *The diagnosis of MUS was ascertained by the general practitioner and confirmed by a geriatrician within a multidisciplinary diagnostic assessment. Additional characteristics, including the HRQoL (Short Form-36), were assessed during a home visit. MES-patients received two home visits to assess all measures. Multiple linear regression analyses, adjusted for age, sex, education, cognitive functioning, and psychiatric diagnoses, were performed to assess the relationship between group (MUS/MES) and HRQoL. Analyses were repeated with additional adjustments for somatization and hypochondriacal cognitions. Results:* *Older patients with MUS had a significantly lower level of HRQoL compared with older patients with MES. Even after adjustments, the presence of MUS was still associated with both a lower physical and mental HRQoL. These associations disappeared, however, after additional adjustments for somatization and hypochondriacal cognitions. Within the subgroup of MUS-patients, higher levels of hypochondriac anxiety and of somatization were significantly associated with both lower physical and mental HRQoL. Conclusions:* *Associations between HRQoL and late-life MUS disappear when corrected for somatization and hypochondriacal cognitions, which is in line with the DSM-5 classification of somatic symptom disorder. Appropriate psychological treatment seems needed to improve HRQoL in older MUS-patients.* (Am J Geriatr Psychiatry 2016; ■■■:■■-■■)

Key Words: aged, medically unexplained symptoms, quality of life, somatization

Received December 20, 2015; revised June 27, 2016; accepted July 6, 2016. From the Department of Psychiatry (DJCH); Department of Primary and Community Care (PLBJL), Radboud Institute for Health Sciences, Radboud University Nijmegen Medical Centre, Nijmegen, The Netherlands; SeniorBeter (PHH), Practice for Old Age Psychiatry, Gendt, The Netherlands; Department of Old-Age Psychiatry (PN), GGNet, Apeldoorn, The Netherlands; and University Center for Psychiatry and the Interdisciplinary Center for Psychopathology and Emotion Regulation (RCOV), University Medical Center Groningen, Groningen, The Netherlands. Send correspondence and reprint requests to Mrs. Denise J.C. Hanssen, Department of Psychiatry (966), Radboud University Nijmegen Medical Centre, PO Box 9101, 6500 HB Nijmegen, The Netherlands. e-mail: D.Hanssen@psy.umcn.nl

© 2016 American Association for Geriatric Psychiatry. Published by Elsevier Inc. All rights reserved.

<http://dx.doi.org/10.1016/j.jagp.2016.07.013>

HRQoL in Elderly with Medically Unexplained Symptoms

The World Health Organization defines quality of life (QoL) as the “individuals’ perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.” Following this definition, QoL is a subjective, multidimensional concept in which physical, material, social, and emotional well-being, as well as activity and development, should be taken into account.¹ Over the years, much research in medicine has been performed on health-related quality of life (HRQoL) on the assumption that medical treatment should not only improve disease outcomes but also HRQoL.^{2,3}

Knowledge of HRQoL in older adults with medically unexplained symptoms (MUS) is limited. MUS are physical symptoms that are present for more than several weeks and for which, even after adequate medical examination, no sufficient medical explanation has been found.⁴ In the DSM-IV-TR,⁵ MUS are classified under the section of somatoform disorders. This section has been replaced by the section on somatic symptom disorders in DSM-5,⁶ in which the distinction between MUS and medically explained symptoms (MES) is abandoned and replaced by positive criteria like disproportionate thoughts (e.g., health anxiety) or behavior (e.g., somatization) associated with a physical symptom. MUS-patients are highly expensive for society because of their frequent use of health services,⁷ although their needs are not adequately addressed by the medical system. Moreover, older MUS-patients have high levels of psychiatric comorbidity, especially depression and anxiety,⁸ as well as multiple somatic diseases.⁹ In addition to the severity of the MUS, HRQoL may thus be affected by these high psychiatric and somatic comorbidity rates.¹⁰

In younger age groups, the presence of MUS has consistently been associated with lower HRQoL scores,^{11–16} which are persistent over time.¹⁷ Depending on the severity of MUS, the strength of this association may somewhat differ for mental and physical HRQoL. For example, in a general primary care sample, early-stage MUS was most strongly related to the physical component of HRQoL,¹⁸ whereas in patients with severe, persistent chronic fatigue, mental and physical components were equally affected.¹¹

To our knowledge, only three studies have been conducted on HRQoL in older MUS-patients. The first study showed that the severity of fibromyalgia was lower and HRQoL better in patients aged 60 years and

older compared with their younger counterparts—although HRQoL in older participants was still significantly lower than the norm scores across all age groups.¹⁹ The second study²⁰ investigated HRQoL in a general population sample consisting of persons with functional syndromes, persons with MES, and healthy controls, including participants over 60 years old. That study showed that patients with functional syndromes report lower HRQoL scores when compared with healthy controls, but equal HRQoL scores when compared with MES-patients. Unfortunately, the authors did not differentiate between age groups. The third study did differentiate between age groups and found that the association between MUS and HRQoL declines with age. Furthermore, the association between late-life MUS and HRQoL had a similar strength as the association between late-life MES and HRQoL, when corrected for the presence of depressive and anxiety disorders.²¹ Though these studies show that late-life MUS possibly affect HRQoL, the results of two of these studies are based on highly selective patient groups (patients with functional syndromes) and all three studies lack a physical examination to classify patients into study groups. Also, even though these studies did correct for the presence of psychiatric disorder, the role of somatization and hypochondriacal cognitions in the association between HRQoL and late-life MUS remains unknown. Consequently, extensive research is needed to clarify the link between HRQoL and late-life MUS. If there is a link between HRQoL and MUS in older patients, this should have consequences for the treatment of older MUS-patients in the light of the limited availability of evidence-based treatments for MUS.

Therefore, the aim of the present study was to compare the level of both physical and mental HRQoL between a well-characterized and representative cohort of older patients with MUS and older patients with MES. Subsequently, we explore whether indicators of the severity of MUS are associated with HRQoL in the subgroup of older MUS-patients.

METHODS

Study Design

The Older Persons with Medically Unexplained Symptoms (OPUS) project is a large observational study aiming to explore physical, psychological, and social

Download English Version:

<https://daneshyari.com/en/article/5626056>

Download Persian Version:

<https://daneshyari.com/article/5626056>

[Daneshyari.com](https://daneshyari.com)