



Cross-national differences in hypochondriasis symptoms between Korean and American outpatients with major depressive disorder [☆], ^{☆☆}, ^{☆☆☆}



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ABSTRACT

Hypochondriasis is defined as the tendency to worry excessively about having a serious illness. This study aimed to investigate cross-national differences in hypochondriasis symptoms between Korean and American patients with major depressive disorder (MDD). This study examined 1592 Korean and 3744 American MDD outpatients of age ≥ 18 years using the Hamilton Rating Scale for Depression (HAM-D) and the Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q-SF). Korean MDD patients exhibited significantly higher scores for hypochondriasis than Americans after controlling for total HAM-D scores and demographic variables ($p < 0.0001$), even though Americans had significantly higher total HAM-D scores ($p < 0.0001$). Multivariate logistic regression analyses revealed that hypochondriasis was significantly associated with somatic and psychic anxiety, insomnia-middle, and suicide for both Korean and American MDD patients after adjusting for demographic covariates. Among all factors, somatic anxiety was the most strongly associated with hypochondriasis in both Korean (AOR=2.14, 95% CI 1.31–3.52) and American (AOR=1.98, 95% CI 1.69–2.31) MDD outpatients. Hypochondriasis symptoms are more prevalent among Korean than American MDD patients but appear to be associated with high levels of somatic anxiety regardless of culture. This suggests that cultural and personal factors play a shared role in the presentation of hypochondriasis symptoms.

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1. Introduction

Hypochondriasis is a condition characterized by an excessive worry or fear about having a serious illness. In the *Diagnostic and Statistical Manual of Mental Disorders 4th edition* (DSM-IV), hypochondriasis was categorized as a type of somatoform disorder (American Psychiatric Association, 1994). However, the *Diagnostic and Statistical Manual of Mental Disorders 5th Edition* (DSM-5), published by the American Psychiatric Association (APA) in 2013, has replaced the term hypochondriasis with two distinct

disorders, somatic symptom disorder (SSD) and illness anxiety disorder (IAD) (American Psychiatric Association, 2013). Although there is some controversy about whether the splitting of hypochondriasis was necessary and/or reasonable, SSD is characterized by the presence of and preoccupation with at least one distressing somatic symptom, while IAD is characterized by high health anxiety without clear somatic symptoms (Bailer et al., 2016). Hypochondriasis itself is no longer considered to be a mental disorder, but the term hypochondriasis, also known as health anxiety, is still used to describe one's preoccupation with his/her health.

Previous studies have suggested that hypochondriasis is often linked with other mental disorders, such as major depressive disorder (MDD) and obsessive-compulsive disorder (OCD) (Torres et al., 2016; Zaninotto et al., 2015). Concerning MDD in particular, depressive severity appears to be associated with hypochondriasis. Specifically, Zaninotto et al. found that depressive severity was significantly associated with higher scores on delusion items, including “hypochondriasis”, “feelings of guilt”, and “paranoid symptoms”, of the Hamilton Rating Scale for Depression (HAM-D)

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(Zaninotto et al., 2015). In addition, other evidence suggests that hypochondriasis is more prevalent among older depressed adults, who tend to display a more somatic presentation of depression than younger adults do (Hegeman et al., 2012; Wilkowska-Chmielewska et al., 2013). Even though depression is a component of both bipolar disorder (BD) and MDD, Sung et al. noted that patients with unipolar depression scored higher on hypochondriasis items than patients with bipolar depression (Sung et al., 2012).

A noteworthy aspect of hypochondriasis is that prior studies have revealed cultural differences in the presentation of hypochondriacal symptoms. The distinction mainly exists between eastern and western cultures in that hypochondriasis is a more critical feature of MDD among patients in eastern cultures than those in western cultures (Ananth et al., 1993; Gada, 1982). Specifically, MDD patients in eastern cultures, relative to MDD patients in western cultures, not only are significantly more likely to exhibit any symptom of hypochondriasis (Gada, 1982) but also display more severe hypochondriasis symptoms, as indicated by higher scores on the hypochondriasis item of the HAM-D (Ananth et al., 1993). Despite the fact that several studies suggested that hypochondriasis is more common among patients with MDD in eastern cultures than in western cultures, there is little, if any, literature aiming to compare and understand the nature of hypochondriasis among patients with MDD in East-Asian and Western countries. Consequently, the aim of this study was to investigate cross-national differences in hypochondriasis symptoms between Korean and American outpatients with MDD.

2. Methods

2.1. Subjects

This study included 5,336 psychiatric outpatients who were diagnosed with single or recurrent nonpsychotic MDD, as defined by the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition (*DSM-IV*) (American Psychiatric Association, 1994). Of these, 3,744 were Americans (40.99 ± 13.22 , 62.9% female, age range: 18–76 years) who were enrolled from 14 regional centers and 41 clinical sites and were included in the Sequenced Treatment Alternatives to Relieve Depression (STAR*D) study (Fava et al., 2003). The remaining 1,592 subjects were Koreans (46.24 ± 14.61 , 70.7% female, age range: 18–85 years) who were enrolled from 14 regional psychiatric outpatient clinics throughout Korea and were included in the Korean Burden of Illness Study (Woo et al., 2014).

Subjects were diagnosed with nonpsychotic MDD by certified psychiatrists by adhering to the *DSM-IV* criteria. All subjects were required to be 18 years or older and meet the *DSM-IV* criteria for single or recurrent nonpsychotic MDD. Patients who had a history of a serious general medical condition and/or another psychiatric disorder, such as bipolar disorder, schizophrenia, schizoaffective disorder, psychosis, anorexia or bulimia nervosa, obsessive compulsive disorder, were excluded. All 5,336 patients who met the inclusion criteria were assessed for depressive symptoms. Subjects provided demographic information and prior personal and clinical histories through self-report.

No subject was recruited through advertisement. Rather, all subjects were outpatients who sought treatment for MDD at psychiatric clinics. After being informed about the study's potential risks and benefits, all subjects provided written consent prior to participating in the study. The Institutional Review Board (IRB) of the Samsung Medical Center, the IRB of the Massachusetts General Hospital, and the Monitoring Board of the National Institute of Mental Health (NIMH) reviewed and approved the

respective protocols.

2.2. Measures

The Hamilton Rating Scale for Depression (HAM-D) is a 17-item scale assessing the severity of depressive symptoms (Hamilton, 1960). Each of the 17 items are given a score ranging from 0 to 2 (for insomnia-early, insomnia-middle, insomnia-late, appetite change, somatic symptoms, genital symptoms, and insight); 0–3 (for loss of weight); or 0–4 (for depressed mood, guilt, suicidal ideation, work and activities, retardation, agitation, psychic anxiety, somatic anxiety, and hypochondriasis). For the hypochondriasis item, the main focus of this study, a score of 0 represents 'Not present', a score of 1 represents 'Self-absorption (bodily)', a score of 2 represents 'Preoccupation with health', a score of 3 represents 'Frequent complaints, requests for help, etc.', and a score of 4 represents 'Hypochondriacal delusions'. In general, higher total HAM-D scores indicate more severe depressive symptoms. The Korean version of the HAM-D has been shown to have good internal consistency (Cronbach's $\alpha=0.76$) and inter-rater reliability ($r=0.94$, $p < 0.001$) (Yi et al., 2005). Similarly, based on previous studies, the American version of the HAM-D has been shown to have high internal consistency (Cronbach's $\alpha=0.83$) and inter-rater reliability ($r=0.80$ – 0.98) (Cusin et al., 2009). For the present study, the HAM-D was administered by clinical research coordinators.

The Quality of Life Enjoyment and Satisfaction Questionnaire – Short Form (Q-LES-Q-SF) is a self-report questionnaire consisting of 16 of the 93 items from the original form of the Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q) (Endicott et al., 1993). This study included 11 items measuring enjoyment and satisfaction in various domains that can be influenced by MDD, including physical health, mood, work, leisure activities, social and family relationships, daily functioning, sexual life, and overall well-being. Participants rated each of the items on a 5-point Likert scale (1 = not at all or never, 5 = frequently or all the time). Higher total Q-LES-Q-SF scores indicate greater life enjoyment and satisfaction. The Q-LES-Q-SF has a Cronbach's α of 0.90 and test-retest reliability of 0.74 (Endicott et al., 1993).

2.3. Statistical analyses

The Student *t*-test was used to compare age, years of education, total HAM-D scores, total Q-LES-Q-SF scores, and ratings of the hypochondriasis item of the HAM-D between Koreans and Americans. The two-tailed Chi-square test was used to compare marital and employment status between Koreans and Americans. After adjusting for total HAM-D scores, multivariate logistic regression analyses were conducted to calculate adjusted odds ratios (AOR), with 95% Confidence Interval (CI), of demographic variables and each HAM-D symptom for hypochondriasis among Korean and American MDD outpatients. All analyses were completed using SPSS 17.0 (SPSS Inc., Chicago, IL).

3. Results

3.1. Group comparisons between Korean and American MDD patients

There were significant differences in demographic profiles and the prevalence of hypochondriasis symptoms between Korean and American MDD patients. Overall, the Koreans were significantly older ($t = 12.53$, $p < 0.0001$) and completed fewer years of education than Americans ($t = -4.02$, $p < 0.0001$). There were significant group differences in marital status ($\chi^2 = 58.92$, $p <$

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