



PSYCHOSOCIAL EVALUTION FOR PREVALENCE OF SLEEP DISORDERS IN PATIENTS OF SOMATOFORM DISORDERS VISITING PSYCHOSOMATIC CLINIC IN TERTIARY CARE CENTRE, VIDARBHA

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ABSTRACT

Introduction: Somatoform disorders are a group of psychiatric disorders in which patients present with clinically significant but unexplained physical symptoms. These disorders often cause significant emotional distress for patients and are a challenge to physicians. Somatization disorder was significantly associated with sleep disorders.

Material and Methods: 270 patients with a diagnosis of any of the sub types of somatoform disorders were inducted from those attending the out-patient and in-patient services of deptt. Of Psychiatry affiliated to AVBRH, a tertiary care hospital, Vidarbha. It was a cross-sectional study carried out from October 2010 to July 2012. The Pittsburgh Sleep Quality Index (PSQI) is a standardized and well proven instrument used to measure the quality and patterns of sleep in diagnosed patients of somatoform disorders.

Results: A total of 120 out of 270 (44.44%) were having a positive score of more than 5 on PSQI.

Conclusion: Somatoform disored (s) represents an independent risk factor for sleep disorders.

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INTRODUCTION

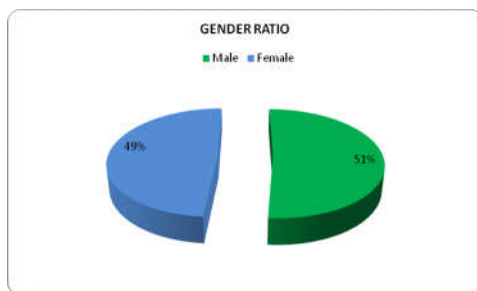
Somatoform disorders are a group of psychiatric disorders in which patients present with clinically significant but unexplained physical symptoms. The disorders include somatization disorder, undifferentiated somatoform disorder, hypochondriasis, conversion disorder, pain disorder, body dysmorphic disorder, and somatoform disorder not otherwise specified (American Psychiatric Association, 2000). Somatic symptoms account for more than half of all ambulatory visits or nearly 400 million clinic visits in the United States alone each year (Schappert, 1991). Patients with somatization disorder usually present with numerous symptoms (McCahill, 1995).

Somatic symptoms, especially vegetative symptoms such as changes in appetite or weight, lack of pleasure and sexual appetite, sleep abnormalities; dysfunctional hypothalamic and sleep centers may be of paramount importance as all of them are influenced by both serotonin and nor epinephrine (Stahl, 2002). Two of the three most common symptoms reported during a current depressive episode as shown by the European Study Society study were somatic (tired/no energy/listless: 73%, broken sleep/decreased sleep: 63%) (Tylee et al., 1999). The specific criteria for diagnosis of this disorder are given in the DSM-IV and in ICD -10. DSM-IV lists only three criteria of somatic symptoms for major depressive disorder: sleep disturbance, appetite disturbance, and fatigue or loss of energy and correspondingly in ICD-10,

disturbances of sleep and appetite, loss of libido, and amenorrhea are the only somatic symptoms considered to be of diagnostic significance for major depression. Aigner *M et al*, conducted a study to evaluate the frequency of sleep disorder in patients with somatoform pain disorder and correlate it with co morbid depression, pain and psychosocial parameters. In this study 84% of the patients had a sleep disorder (Aigner, 2007). The patients with a sleep disorder had significantly higher maximum and medium pain, a significantly higher level of psychosocial disability and a significantly lower overall subjective well-being. The presence of a sleep disorder may be a hint for higher pain intensity and a higher level of psychosocial disability. Therefore, it was concluded that sleep disorder should be integrated in the therapeutic targets and should be a diagnostic criterion in somatoform pain disorder (Aigner, 2003).

MATERIALS AND METHODS

The patients were inducted from those attending the out-patient and in-patient services of Department of Psychiatry affiliated to AVBRH a tertiary care hospital, Sawangi, (Meghe), D.M.I.M.S University. Study was commenced only after approval from Institutional Ethical Committee. Informed Consent of the patient and their care giver was duly obtained before their evaluation. The sample consisted of 270 patients with a diagnosis of any of the sub types of somatoform disorders. It was a cross-sectional, naturalistic pilot study with single time assessment. The study was carried out from October 2010 to July 2012. Statistical assessment using descriptive and analytical methods was done appropriately after the collection of data. The Pittsburgh Sleep Quality Index (PSQI) is a standardized and well proven instrument used to measure the quality and patterns of sleep in adults as well as elderly population (Buysse et al., 1989). It differentiates "poor" from "good" sleep by measuring seven areas viz: subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, use of sleeping medication, and daytime dysfunction over the last month. The Scoring of answers was based on score specificity for e.g. a score of 0 reflects absence of sleep problems while a score of 3 reflects the negative extreme. A global sum of "5" or greater indicates a "poor" sleeper. Numerous studies using the PSQI in a variety of older adult populations throughout the world have supported high validity and reliability. The analysis of the data was performed using Microsoft excel and SPSS.



Graph 1. Shows distribution of patients on basis of their gender

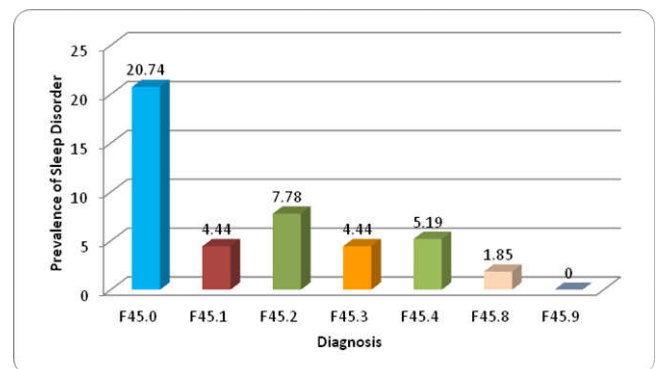
RESULTS

This study aimed to determine the prevalence of comorbid sleep disorders in diagnosed patients of somatoform disorder. A total of 270 patients could be evaluated using Pittsburg sleep

quality index. There were more women (n=153, 56.66%) compared to males in our study. The results of our study describe co-morbid presence of sleep disorders with somatoform disorders:

Table 1. Prevalence of sleep disorders in patients of somatoform disorder visiting psychosomatic clinic in tertiary care

Diagnosis	No of patients	Sleep Disorder	Prevalence (%)
F45.0	110	56	20.74
F45.1	33	12	4.44
F45.2	15	21	7.78
F45.3	40	12	4.44
F45.4	29	14	5.19
F45.8	40	5	1.85
F45.9	3	0	0.00
Total	270	120	44.44

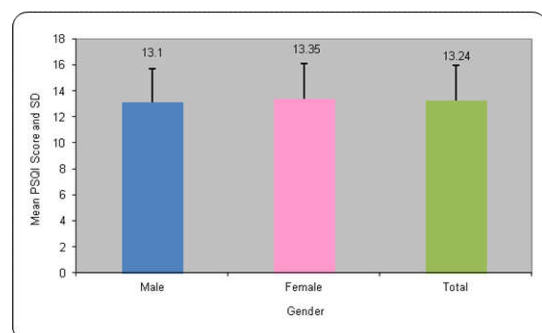


Graph 2. Prevalence of sleep disorders in patients of somatoform disorder

Table 1 and graph 2 shows the prevalence of sleep disorder(s) as measured by PSQI scoring in the groups of diagnosed somatoform disorder. A total of 120 out of 270 (44.44%) were having a positive score of more than 5 on PSQI and therefore plausibly reflecting the presence of sleep disorder(s). A large chunk of (n=56, 20.74%) sleep disorder was emerging from a group of somatization followed by 7.78% (n=21) in hypochondriacal disorder.

Table 2. Overall PSQI scores

Gender	N	Mean	SD	Range	p-value
Male	117 (43.33%)	13.10	2.63	7-20	0.45
Female	153 (56.67%)	13.35	2.75	6-20	NS, p>0.05
Total	270 (100%)	13.24	2.70	6-20	



Graph 3. Overall PSQI scores

Table 2 and graph 3 is showing a temporal distribution of PSQI scoring in various subtypes of somatoform disorders in age specified manner.

In PSQI scores a cut off of 5 is considered to be positive and in our present sample a total mean of 13.24 ± 2.70 is seen. As far as gender distribution was concerned there was no statistical significance between the genders as males have mean PSQI scores of 13.10 compared to 13.35 in females ($p=0.45$).

DISCUSSION

The discussion aims to examine the prevalence of specifically unnoticed concurrent or co morbid disorder(s) viz, sleep disorders in the patients of somatoform disorder, in relation to the result of the present study and its comparison with the previously published studies. Our search on MEDLINE and EMBASE did not show any study from India in this particular regard, hence, this study was planned in patients of somatoform disorder visiting psychosomatic clinic in tertiary care hospital, from Vidarbha region to evaluate the prevalence of sleep disorders in total sample of 270 psychiatric outpatients who met the diagnostic criteria for somatization disorder. Patients with chronic somatoform pain often complain about sleep disorders.

In a study by Aigner *et al.* (2007) 84 % of the patients had a sleep disorder similar to present study. In other study by Aigner *et al* in 100 patients diagnosed with somatoform pain disorder, interrupted sleep was found in 83.3% patients. Gathaiya *et al* too suggested that sleep dysfunction and somatoform disorder (Gathaiya *et al.*, 2009). Saletu *et al.* (2005) investigated objective and subjective sleep quality in 11 patients related to somatoform pain disorder. Author observed that patients demonstrated a markedly deteriorated Sleep Quality Index. Subjective sleep quality was markedly reduced, while somatic complaints were increased (Saletu *et al.*, 2005). In our study, we evaluated the sleep disorder using Pittsburgh Sleep Quality Index (PSQI), designed to evaluate self-rated sleep quality (Buysse *et al.*, 1989) in all patients. We found 72.92% prevalence of sleep disorders in a large chunk of patients of somatoform disorder(s). Our results matched with study by Aigner *et al.* (2007)

Conclusion

This study aimed to examine the prevalence of sleep disorders in diagnosed patients of somatoform disorder. Our study showed a significant correlation of sleep disorders in diagnosed patients of somatoform disorders.

Strengths of our study

- The first Indian study to consider ever about the co morbidity of sleep disorder in somatoform disorders.
- Standardized rating scales and specifically emphasizing on cognitive components of sleep in somatic symptom presentations in somatoform disorder making the integration of conation and cognition possible.

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