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PSYCHOSOCIAL EVALUTION FOR PREVALENCE OF SUICIDIAL IDEATIONS 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 suicide attempts.
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 Beck's Suicide intent scale was used for diagnosis of suicidial ideations.
Results: A total of 18 patients showed the varied intensity of suicidal ideations wherein 2.96% showed low suicide intent; 1.48% showed high suicidal intent. Almost equal number i.e. (n=6 out of 18, 33.3%) of persistant somatoform pain disorder showed highest propensity for suicidality.
Conclusion: Somatoform disored(s) represents an independent risk factor for suicidal behavior. The potential for suicide in patients with somatoform disorder (s) should not be overlooked.

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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). Patients with these disorders have a high rate of suicide attempts. *Hagnell and Rorsman* stressed the significance of somatic symptoms in depressed patients as they increase the risk of suicide (Hagnell, 1978). In addition, a chronic physical pain condition in persons with at least one key symptom of depression was associated with an elevated rate of suicidal Thoughts (Ohayon, 2003). *Fishbain* also considered chronic pain as a major suicide risk factor in depression (Fishbain, 1999). However a study conducted by *Chioqueta A et al*, to assess suicide risk in patients with and without somatization disorder shows that somatization disorder was significantly associated with suicide attempts even when the effects of both a co morbid major depressive disorder (Chioqueta, 2004). In another study by *Nakao M et al,* associations of suicidal ideation with somatic symptoms were examined. Here 31% patients reported suicidal ideation. Also the odds ratios of somatic symptoms for suicide ideation showed significant differences ranging from 1.5 to 2.5 for 13 of 15 symptoms. Thus it was concluded that evaluation of somatic symptoms might be important to assess suicidal ideation in a psychosomatic medicine population (Nakao, 2002). However from all these and similar studies it is not clear how much

close association was present between somatization and suicidal ideation and also there is need to consider sleep disorders and its association with somatic disorder. Hence, we planned this study in patients of somatoform disorder visiting psychosomatic clinic in tertiary care hospital from Vidarbha region to evaluate the prevalence of suicidal ideations and sleep disorders in them.

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 Department of Psychiatry affiliated to AVBRH a tertiary care hospital, Sawangi, (Meghe), D.M.I.M.S University. It was a cross-sectional study carried out from October 2010 to July 2012. The Beck's suicide intent scale was used for diagnosis of sucidial ideations. The Beck's suicide intent scale (BSIS) was developed in 1993 to quantify the intensity of current conscious suicidal intent by scaling various dimensions of self-destructive thoughts or wishes (Beck,). An exploratory analysis of suicide intent scale was performed on sample of 98 psychiatric in-patients who had made suicide attempts. The scale had total of 20 items with each scoring from 0 to 3 on Likert point scale. The cut off had been taken as 15 and a score of more than 29 suggests high intent. It had adequate inter-rater reliability (Chronbach's alpha is 0.95). Statistical assessment using descriptive and analytical methods was done appropriately after the collection of data. Our study was approved by institutional ethical committee.

Inclusion Criteria

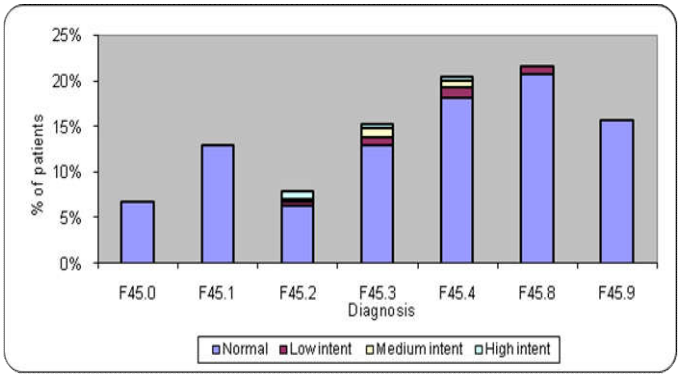
- Patients aged ≥ 16 years.
- Either gender.
- Diagnosed cases of somatoform disorder fulfilling the ICD-10 criteria.
- Those patients who are taking antihypertensive and /or anti-diabetic medications.
- Those patients who have average intelligence on basis of history and mental status examination.
- Patients willing to and able to participate in this study.

Exclusion Criteria

- Patients who had family history of Mental illness.
- Patients who had past history of Mental illness.
- Presence of co-morbid psychiatric disorders like, mood disorder and personality disorder.
- Agitated or violent patients who were at risk of harm to themselves and / or others.
- Presence of organic brain syndrome or mental retardation.
- Any major debilitating physical illness like cancer, infectious diseases (like AIDS and Tuberculosis), etc.

RESULTS

A total of 18 patients showed the varied intensity of suicidal ideations wherein 2.96% showed low suicidal intent; 1.48% showed high suicidal intent. Interestingly almost equal number i.e. (n= 6 out of 18, 33.3%) of persistent somatoform pain disorder showed highest propensity for suicidality.



Graph 1. Reflects the distribution of suicidal ideations as measured by Beck's suicide inventory in the groups of diagnosed somatoform disorder

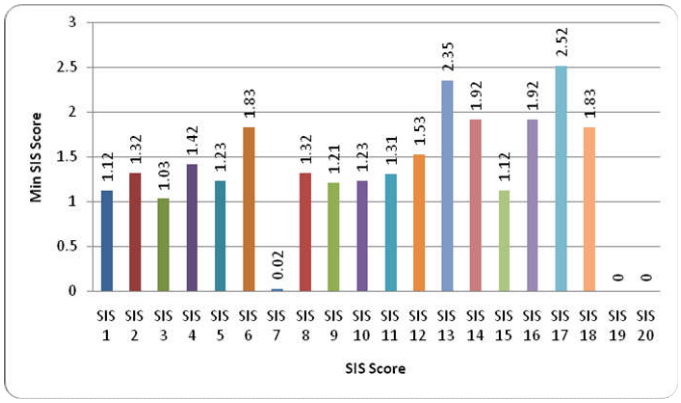
Table 1. Prevalence of suicide ideation in patients of somatoform disorder visiting psychosomatic clinic in tertiary care

Suicide ideation	F45.0	F45.1	F45.2	F45.3	F45.4	F45.8	F45.9	Total
Normal	18 (6.67%)	35 (12.96%)	17 (6.30%)	35 (12.96%)	49 (18.15%)	56 (20.74%)	42 (15.56%)	252 (93.33%)
Low intent	0 (0.00%)	0 (0.00%)	1 (0.37%)	2 (0.74%)	3 (1.11%)	2 (0.74%)	0 (0.00%)	8 (2.96%)
Medium intent	0 (0.00%)	0 (0.00%)	1 (0.37%)	3 (1.11%)	2 (0.74%)	0 (0.00%)	0 (0.00%)	6 (2.22%)
High intent	0 (0.00%)	0 (0.00%)	2 (0.74%)	1 (0.37%)	1 (0.37%)	0 (0.00%)	0 (0.00%)	4 (1.48%)
χ^2-value					27.02			
p-value	0.07, NS, p>0.05							

Table 2. Mean of all separate components of SIS score in patients of somatoform disorder

SIS score	Mean SIS
SIS 1 (Isolation)	1.12
SIS 2 (Timing)	1.32
SIS 3(Precautions)	1.03
SIS 4(Acting to get help)	1.42
SIS 5 (Final Acts in Anticipation)	1.23
SIS 6 (Active preparation for attempt)	1.83
SIS 7 (Suicide Note)	0.02
SIS 8 (Overt Communication)	1.32
SIS 9 (Alleged purpose of attempt)	1.21
SIS 10 (Expectations of Fatality)	1.23
SIS 11 (Conception of Method's Lethality)	1.31
SIS 12 (Seriousness of Attempt)	1.53
SIS 13 (Attitude towards living/ Dying)	2.35
SIS 14 (Conception of medical rescubility)	1.92
SIS 15 (Degree of premeditation)	1.12
SIS 16 (Reaction to Attempt)	1.92
SIS 17 (Visualization of death)	2.52
SIS 18 (Number of previous attempt)	1.83
SIS 19 (Relationship between alcohol intake and attempt)	0.00
SIS 20 (Relationship between drug intake and attempt)	0.00

Table 2 shows distribution of beck's suicidal intent scale (BSIS) scores in the various subtypes of somatoform disorders. In the suicidal intent scale a cut off score is 15 from where the positivity begins. The male group scored a mean of 24.32 ± 9.12 which was comparatively less than their female counterparts (28.36 ± 8.82). The overall BSIS scores of 26.84 ± 10.93 were clearly showing statistical significance (p-0.0012).



Graph 2 reflects the mean scores of various components of suicidal intent scale in patients of somatform disorder. The mean scores on component 17 of SIS, i.e. visualization of death has come out with the maximum mean value among all the components (2.52). The mean score on component was found to be 2.35 suggesting that most of them have had ambivalence about the choice of living versus time.

DISCUSSION

We found 6.67% of prevalence of suicidal ideations (n=18 out of 270) in our representative hospital based sample of somatoform disorder. Bibb R et al. (Bibb, 1972), showed lower rates of suicide attempts (4%-20%). Suicidal thoughts in patients with somatization disorder were observed to be 76% in study by *DeSouza and Othmer* (DeSouza, 1984), and 80% by *Morrison and Herbstein* (Morrison, 1988). The findings in present study may be low due to exclusion of patients who had past history of mental illness, co-morbid psychiatric disorders like depressive disorder, anxiety disorders and personality disorders. Somatoform disorder(s) represents an independent risk factor for suicidal behavior as illustrated from our study. *Chioqueta et al*. (Chioqueta, 2004) and *Ozturk et al,* (Oztürk, 2008), also concluded that somatization disorder was significantly associated with suicide attempts. *Nakao et al* (Nakao, 2002) examined associations of suicidal ideations with somatic symptoms in 863 outpatients in Japan using the Cornell Medical Index Questionnaire to assess suicidal ideations, and 15 major somatic symptoms. *Nakao et al* found that 266 patients (31%) had suicidal ideations.

Conclusion

In our study, we found 6.67% of prevalence of suicidal ideations in our representative hospital based sample of somatoform disorder. 2.96% showed low suicidal intent; whereas 1.48% showed high suicidal intent. A moderate 33.33% showed medium suicidal intent. The findings highlight the fact that the potential for suicide in patients with somatization disorder should not be overlooked when a diagnosable depressive disorder or a personality disorder is not present. A multi-centric study in large number of patients should be conducted to establish the findings of our study.

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