Somatization in Psychiatric Practice, in migrants and refugees

Hans Rohlof, M.D.
Disclosure

• I have no financial or other relationship with manufacturers of products or services I want to discuss
Backgrounds for the research

- Much somatization in our patients: refugees from around 45 different countries
- Treatment of somatization difficult: not only in psychiatry but also in other fields of medicine.
- Connections with culture and possibly traumatization?
Research goals

- Definition, theories, explanations
- Literature
- Clinical research
- Treatment
Definition of somatization

• “A tendency to experience and communicate somatic distress, unaccounted for by pathological findings, to attribute to physical illness and to seek medical help for them” (Lipowski, 1988)
Types of somatization

- Medically unexplained complaints
- Hypochondriacal worry or somatic preoccupation
- Somatic signs of depression or anxious disorder.

(Kirmayer & Robbins)
Theories or explanations

- Symptoms of a somatic disease
- Expression of a psychological conflict
- Cultural specific idiom of distress
- Alexithymia
- Fear for stigmatization
- Legitimation of being ill
- Sensibility for somatic signals
- In tortured or wounded persons: way to express emotions
Subgroups

- Initial somatizers: acute
- Facultative somatizers: subacute
- Real somatizers: chronic

(Kirmayer & Robbins)
Epidemiology

• In primary care:
• India: about 65% somatisation (Davar)
• Netherlands, U.S.A.: 30-50 % somatisation (Huygen et al, Katon et al)
• United Kingdom: Asians more than native English patients (Bal & Cochrane)
• Gureje : no differences in 14 areas, but only big cities: 0,9 %
• Kebede et al: Ethiopia 3,1 %
## Summary of the studies

<table>
<thead>
<tr>
<th>Setting</th>
<th>% pop. with somatic complaints, % no somatic diagnosis</th>
<th>Mean number of complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>General population</td>
<td>Refugees</td>
</tr>
<tr>
<td>Population studies</td>
<td>5% (North America)</td>
<td>? (±/- 50 %)</td>
</tr>
<tr>
<td>Primary care</td>
<td>Min. 10-30%</td>
<td>75-85 %</td>
</tr>
<tr>
<td></td>
<td>7.6% - 36.8% SSI (WHO)</td>
<td>42 -73% (27 % migrants)</td>
</tr>
<tr>
<td>Secondary care</td>
<td>30 - 50%</td>
<td>?</td>
</tr>
</tbody>
</table>
Conclusions from literature

• Refugees have more unexplained physical symptoms than the general population and than normal migrants, dependent of the setting of research.

• Unexplained physical symptoms are prevalent worldwide in about the same number

• All groups have the same 8 clusters of complaints, but on item level there are differences (e.g. in India more heat sensations, in rest of Asia more urogenital symptoms)
Research questions

• Which is the score of somatization on questionnaires?
• Is this score in resemblance with somatization complaints in the assessment procedure (file research)?
• Which is the character and frequency of the presented complaints?
• Which is the score of somatic complaints in refugees in regard to the score of other populations?
Methodology

• 2004/2005; 98 patients in assessment procedure

• Questionnaires: PILL/Harvard Trauma Questionnaire /Hopkins Symptom Check List

• Clinical diagnosis and classification

• File investigation
PILL

• Pennebaker Inventory of Limbic Languidness
  • Designed to measure unexplained physical symptoms
    • 54 somatic items on a 5 points scale
    • International instrument
    • psychometric validity stated (factor analysis/ reliability)
    • more research in Centrum ’45: comparison possible
    • shortened version with 26 items (PILL-A); 7 added psychological items
    • 8 translations available: Arabic, Dari, English, Farsi, French, Russian, Serbokroatian, Turkish.
  • Theoretic background: “limbic” languidness:
    – regulation of emotions.
    – reaction on perception of danger
    – maintenance of homeostasis in the body.
  • Does not contain urogenital items
PILL

Toelichting

In deze lijst staan klachten of verschijnselen die mensen soms hebben.

Will u van iedere klacht beoordelen hoe vaak u last van deze klachten hebt gehad in het afgelopen jaar (12 maanden)?

O.p. bij iedere klacht aangeven wat voor u van toepassing is door het rondje in de betreffende kolom zwarte te maken.

1. Zieden of koorts (1 x of minder / jaar)
2. Soms (ongeveer 2 x / jaar)
3. Regelmatig (ongeveer 1 x / maand)
4. Vaak (ongeveer 1 x / week)
5. Bijna altijd (meerder keren / week)

Mehari

Inclusief:

- 1. Zieden of koorts
- 2. Soms
- 3. Regelmatig
- 4. Vaak
- 5. Bijna altijd

Kenmerken:

- 1. Ree lachen
- 2. Sout lachen
- 3. Brok in de keel
- 4. Niebains
- 5. Verstoppe neus
- 6. Astma of piepend ademen
- 7. Buiten ademen
- 8. Pijn in de borst
- 9. Koude handen of voeten
- 10. Slapeloosheid
- 11. Maag van streek
- 12. Maagzuur

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hét landelijk behandeling- en expertisecentrum voor psychotrauma
Age cohorts

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Results of file investigation: scoring physical symptoms

- **10%** no physical symptoms (11 out of 98)
- **90%** physical symptoms (87 out of 98)
- **7%** somatoform disorder
- **84%** PTSD or mood disorder
Classification in DSM-IV

- **axis I**: (often more diagnoses)
  - PTSD 79%
  - Mood disorder 50%
  - Somatoform disorder 7%
- **axis II**: no diagnosis or delayed
- **axis III**: few classifications, but many symptoms
- **axis IV**: many psychosocial problems
- **axis V**: mean GAF-score: 50
Physical symptoms

Distribution of physical symptoms (n=87)

- 83% different symptoms
- 12% direct results of violence
  head injuries, fractures, injuries of reproduction organs and anus, stomach symptoms
- 17% somatic illness
  diabetes, stomach ulcer, asthma
  no clear relation with symptoms
## Sort of physical symptoms

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>pain</strong></td>
<td>83%</td>
</tr>
<tr>
<td>- head ache</td>
<td>56%</td>
</tr>
<tr>
<td>- several aches</td>
<td>58%</td>
</tr>
<tr>
<td><strong>discomfort</strong></td>
<td>21%</td>
</tr>
<tr>
<td><strong>heart and lungs</strong></td>
<td>20%</td>
</tr>
<tr>
<td><strong>stomach and intestinal symptoms</strong></td>
<td>14%</td>
</tr>
<tr>
<td><strong>urogenital</strong></td>
<td>10%</td>
</tr>
<tr>
<td><strong>neurological</strong></td>
<td>8%</td>
</tr>
<tr>
<td><strong>sensory organs (ear, eye, feeling)</strong></td>
<td>14%</td>
</tr>
</tbody>
</table>
Results PILL-total

- 54 items
- N=96
- mean score 2.78
- SD=0.68
- 2 drop-outs because of missing items

Mean = 2.7061
Std. Dev. = 0.68174
N = 96
PILL-A score items >3

- N=98
- Number of items which are present more than once a week
- SD = 5.2
- Some patients score extreme high (> 18 symptoms)
## PILL: results

<table>
<thead>
<tr>
<th>Referentieon groups</th>
<th>N</th>
<th>PILL-A</th>
<th>PILL-psy</th>
</tr>
</thead>
<tbody>
<tr>
<td>students biomedical science</td>
<td>72</td>
<td>1,91</td>
<td>1,92</td>
</tr>
<tr>
<td>Leiden students</td>
<td>450</td>
<td>2,12</td>
<td>-</td>
</tr>
<tr>
<td>Leiden general population</td>
<td>195</td>
<td>1,72</td>
<td>1,73</td>
</tr>
<tr>
<td>Centrum’45 patients (World War II)</td>
<td>65</td>
<td>1,80</td>
<td>1,86</td>
</tr>
<tr>
<td>Turkish and Moroccan patients in primary care</td>
<td>89</td>
<td>2,23</td>
<td>3,18</td>
</tr>
<tr>
<td>pilot our centre (JvdJ-2004)</td>
<td>18</td>
<td>2,47</td>
<td>4,14</td>
</tr>
<tr>
<td>present research</td>
<td>98</td>
<td>2,78</td>
<td>4,09</td>
</tr>
</tbody>
</table>
Conclusions from clinical research

• patients of Centrum ’45 - de Vonk show many physical symptoms
• diagnosis of somatoform disorder only in 7% of the research group
• PILL-scores (somatization) very high
Questions from research

• Somatoform disorder under diagnosed in our population?
• Great number of physical symptoms culturally explained, or result of violence?
• Specific treatment needed for unexplained physical symptoms in our population?
Means and SD’s of different pain complaints in male and female refugee patients

(Females report more chest pain than males (p= 0.020) and more sore throat (p<0.00), but not more headaches (p= 0.26)

<table>
<thead>
<tr>
<th></th>
<th>gender</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HSCL 8 Headaches</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>male</td>
<td>3.02</td>
<td>.967</td>
<td></td>
<td>555</td>
</tr>
<tr>
<td>female</td>
<td>3.26</td>
<td>.917</td>
<td></td>
<td>226</td>
</tr>
<tr>
<td>total</td>
<td>3.09</td>
<td>.958</td>
<td></td>
<td>781</td>
</tr>
<tr>
<td><strong>PILL 15: Chest pains</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>male</td>
<td>2.58</td>
<td>1.381</td>
<td></td>
<td>555</td>
</tr>
<tr>
<td>female</td>
<td>2.92</td>
<td>1.498</td>
<td></td>
<td>226</td>
</tr>
<tr>
<td>total</td>
<td>2.68</td>
<td>1.423</td>
<td></td>
<td>781</td>
</tr>
<tr>
<td><strong>PILL 51: Sore throat</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>male</td>
<td>2.08</td>
<td>1.154</td>
<td></td>
<td>555</td>
</tr>
<tr>
<td>female</td>
<td>2.40</td>
<td>1.304</td>
<td></td>
<td>226</td>
</tr>
<tr>
<td>total</td>
<td>2.17</td>
<td>1.207</td>
<td></td>
<td>781</td>
</tr>
</tbody>
</table>
New research 2016- results
Means and SD’s of different pain complaints in non-tortured vs tortured refugees (Headaches p= 0.038, Chest pains p= 0.002, Sore throat p=0.517)

<table>
<thead>
<tr>
<th>item</th>
<th>Torture No/Yes</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSCL 8: Headaches</td>
<td>N</td>
<td>2.98</td>
<td>0.997</td>
<td>188</td>
</tr>
<tr>
<td></td>
<td>Y</td>
<td>3.12</td>
<td>0.943</td>
<td>593</td>
</tr>
<tr>
<td></td>
<td>total</td>
<td>3.09</td>
<td>0.958</td>
<td>781</td>
</tr>
<tr>
<td>PILL 15: Chest pains</td>
<td>N</td>
<td>2.42</td>
<td>1.395</td>
<td>188</td>
</tr>
<tr>
<td></td>
<td>Y</td>
<td>2.76</td>
<td>1.423</td>
<td>593</td>
</tr>
<tr>
<td></td>
<td>total</td>
<td>2.68</td>
<td>1.423</td>
<td>781</td>
</tr>
<tr>
<td>PILL 51: Sore throat</td>
<td>N</td>
<td>2.16</td>
<td>1.183</td>
<td>188</td>
</tr>
<tr>
<td></td>
<td>Y</td>
<td>2.17</td>
<td>1.216</td>
<td>593</td>
</tr>
<tr>
<td></td>
<td>total</td>
<td>2.17</td>
<td>1.207</td>
<td>781</td>
</tr>
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</table>

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Clinical treatment: results

- Day clinic for patients with unexplained somatic symptoms
- 1 ½ hour, cognitive behavior therapy, physiotherapy with exercises, homework session
- Goals: to avoid results of chronic somatic complaints
- Most benefit from exercises and social contacts.
- First results (in diminishing of symptoms), n=10: not encouraging. Probably serious complaints, and difficult to treat.
- But large decline in medical consumption.
Research contributors
(see also www.centrum45.nl and www.rohlof.nl)

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