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RESEARCH ARTICLE

STUDY OF FACTORS CONTRIBUTING TO PSYCHOSOMATIC DISORDER AMONG CHILDREN AGED 7 TO 17 YEARS

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Abstract:

Aim: To study the factors contributing to somatic symptoms and psychosomatic disorder in children aged between 7 to 17 years and to find out the most commonly manifested complaints.

Materials: An informed parent consent form, Socio- demographic details, HEADSS Screening assessment, DSM 5 criteria's for psychosomatic disorder.

Design: Cross sectional study

Sample size: 40 cases, children aged between 7 to 17 years attending pediatric OPD coming with unexplained symptoms.

Methods: The history of presenting complaints was noted, further relevant examination and investigation was done to rule out medical condition, and those cases which were medically unexplained were included in the study. Detailed clinical interview and HEADSS screening assessment was conducted on those patients to identify factors contributing to somatic symptoms.

Results and Discussion: MUS statistically outnumbered psychosomatic disorder in this study. Clinical interview and HEADSS format of psychosocial assessment is very useful tool to assess the contributing factors which revealed School related and Parenting issues as the most significant contributors for MUS. Most commonly manifested complaint was headache followed by pain abdomen and adjustment issues. It was also found that the age, sex, locality, socio-economic status, mother's education, father's education were not contributing much to the occurrence of somatic symptoms.

Keywords- MUS-Medically unexplained symptoms, PSD- Psychosomatic disorder, HEADSS screening assessment, DSM-V-Diagnostic and statistical manual of mental disorder.

INTRODUCTION

Somatic symptoms/Somatization disorder is characterized by recurring multiple and clinically significant complaints about somatic symptoms that include pain, gastrointestinal distress, cardio vascular symptoms, sexual problem, pseudo neurological symptoms such as amnesia, fatigue, allergies or breathing difficulty. Somatic complaints are estimated to be between 0.2- 2% of population. Medically unexplained symptoms are those symptoms which treating physicians have found no medical cause. The prevalence of medically unexplained symptoms range from 15-66% of cases.[3]



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According to DSM 5- The diagnostic criteria for somatoform disorder involves

a. One or more somatic symptoms that are distressing or result in significant disruption of daily life.

b. Excessive thoughts, feelings or behaviors related to the somatic symptoms or associated health concerns as manifested by at least one of the following.

- Disproportionate and persistent thoughts about the seriousness of one's symptoms.
- Persistently high level of anxiety about health or symptoms.
- Excessive time and energy devoted to these symptoms or health concerns.

c. Although any one somatic symptom may not be continuously present. The state being symptomatic is persistent (typically more than 6 months)[1]

Physicians often categorize patients with medically unexplained symptoms as malingering or as manufacturing their symptoms, although the DSM–V classification of somatoform disorders offers an alternative symptoms that are not intentionally produced or feigned for material gain (Malingering) or to occupy the sick role (Factitious Disorder). This is an important factor and one which can be overlooked by physicians. [2]

However, nobody has yet been able to explain convincingly why some people develop medically unexplained symptoms whereas others do not. Unique factors specific to the patient's circumstances are likely to have an influence, making generalized theories about causation difficult to apply to the individual or to fit neatly into a traditional medical approach [3]

Most children and Adolescent are facing lot of stress from academics, peer pressure, modernization, materialism, urbanization & single family units. Unable to cope with stress they present to primary care pediatrician with symptoms that are not explained medically.[4]

Hence this study provides insight to medically unexplained symptoms and psychosomatic disorder among children and adolescents.

METHODOLOGY

A Cross-sectional study was conducted on children, who visit outpatient department at Department of Pediatrics, Rajarajeshwari medical college and hospital Bangalore.

The history of presenting complaints were noted down, it was followed by detailed examination and investigations pertaining to the complaints if necessary to determine organic cause for presenting symptom.

Once the history, examination and investigation ruled out an organic disorder, detailed clinical interview and HEADSS screening assessment was conducted on each patient to identify factors contributing to somatic symptoms. Once the symptoms were labeled as medically unexplained disorder or psychosomatic disorder. The valuation and categorization was done based on DSM V diagnostic criteria. These children/adolescents with medically unexplained symptoms or psychosomatic disorder were then counseled and reviewed. Statistical analysis-Frequency and Chi-square was performed to analyze the data.

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RESULTS and DISCUSSION

A Cross-sectional study was conducted to study the factors contributing to psychosomatic disorder on children between the ages of 7 to 17 years. The study was conducted on 40 children who fulfilled the criteria attending outpatient department at Rajarajeshwari Medical College and Hospital.

Socio demographic details were collected of the children through interviewing parent. Among the 40 children, 9 children come under the age group 7-10 years (Preadolescent), 31 children were of age between 11-17 years children (adolescents). Girls were more affected than boys (26 girls, 14 boys) .19 children were from urban area, 21 children were from rural area. 13 children were from upper socioeconomic status, 21 children were from middle economic status and 6 lower socioeconomic status respectively. 26 children lived in a nuclear family; 6 children from joint family & another 8 children were from extended family. Parent's educational and occupational statuses were not significantly related and were least contributing factors to the illness of the children.

Table no1- shows the numbe	r of complaints	s given by the	children betw	veen the ages of	7-10 years
and 11-17 years					

	7-10 years		11-17years	
	Boys	Girls	Boys	Girls
Headache	1	2	7	11
Pain abdomen	1	2	3	15
Cough	1	0	2	4
Chest pain	1	1	3	5
Hyperventilation	1	0	2	0
Generalized weekness	2	2	0	3
Psycho-social adjustment problems	1	3	6	6
Others	0	0	1	2

Health complaints of the children were taken order wise. Most children had more than one symptom. 17 children presented with complaint of headache, 15 children complained of abdomen pain, 11 children with complain of psychosocial problems (adjustment issues),5 children complained of cough, 3 children with chest pain, 2 children with hyperventilation, 4 children had history of generalized weakness. The Onset and Duration was very important factor associated with the illness. 4 children had acute onset of symptoms, 20 children had sub acute onset and 16 children had gradual onset of symptom. The scores show presence of a significant correlation and indicate the early identification of medically unexplained symptoms.

An assessment was conducted on these children to understand the child's problem area, needs and conflicts in depth. HEADSS assessment was conducted on all the children, children apperception test was conducted on 14 and other assessment like IQ and SLD was conducted on 23 to understand the Intelligence level and difficulties in academic performance. Among the 23

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children, 16 children had Average Intelligence quotient to 7 children had Dull normal intelligence quotient.

Table no 2 indicating the numbers of the child's area of problem under HEADSS screening assessment between the ages 7-10 years and 11-17 years

		7-10 years	11-17 years		
	Boys	Girls	Boys	Girls	
HOME	2	7	7	14	
EDUCATION	6	3	6	8	
ACTIVITIES	0	2	8	10	
DRUG	0	0	2	0	
SEXUALITY	0	0	0	0	
SUICIDE	0	0	0	2	

HEADSS assessment was conducted. Around 30 children had problem related to home, 23 children had problem in area of education, 15 children had problem maintaining peer relationship, 2 children had abused drug and 3 children had suicidal ideation.

There were many contributing factors for the prevalence of these psychosomatic complaints, 15 children had school related problem- among them 8 children had poor scholastic performance and was the most commonly found, around 3 children complained of exam fear and 4 children had problems of adjustment with teachers.

Parenting was the second most important contributing factor for the somatic complaints. Inappropriate parenting and parental conflict the most commonly found conflicts. 5 children had conflict with parents, 4 had problems related to parenting style and 2 had adjustment problem with parents.

4 children had symptoms when they were shifted to hostel. 2 children had problem related to love relationship. No any relevant information was found in 17 children.



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18 children had episodic course of illness, 12 children had continuous course and in 10 children course of the symptoms were fluctuating.

13 children could provide medical treatment history and no treatment history was obtained from 27 children. 8 children presented with psychiatric illness and 23 children had no psychiatric illness. No family history of Psychiatric illness was found through the interview.

40 children were provided psychological counseling, 30 children's parents were provided counseling on parenting styles, 5 children were provided with behavior therapy and 2 children were provided remedial training.

CONCLUSION

MUS statistically outnumbered psychosomatic disorder in this study. Clinical interview, HEADSS screening reflected the most important contributing factors were school related and parenting issues and most commonly manifested complaint was headache followed by pain abdomen and adjustment issues .

Age, sex, locality, socio-economic status, mother's education, father's education were not contributing much to the occurrence of somatic symptoms. There was significant correlation between the onset and duration and occurrence of somatic complaints, which meant that most of the complaints were medically unexplained symptoms and were identified early, if further prolonged it would lead to psychosomatic disorder.

The study's sample size is relatively small. Hence further studies are required to assess the contributing factors of psychosomatic disorder.

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REFRENCES

- 1. DSM is the manual used by clinicians and researchers to diagnose and classify mental disorders. The American Psychiatric Association (APA) will publish DSM-5 in 2013 culminating a 14-year revision process. For more information, go to www.DSM5.org.
- 2. Butler 2004, Susan R Brill; Dilip R Patel; Emily Mac Donald. Psychosomatic disorder in Pediatrics .2002;6:315-321
- 3. K. Puura; F. Almqvist; T. Tamminen; J. Piha; E. Räsänen; K. Kumpulainen; I. Moilanen; A.-M. Koivisto. Psychosomtic symptoms in Preadolescent children were conducted. "Social Psychiatry and Psychiatric Epidemiology"; June 1998, Volume 33, Issue 7, pp 310-318.
- Prevalence of Psychosomatic Symptoms in Children. Linna S.-L. Moilanen I. Keistinen H. Ernvall M.-L. Karppinen M.-M. Child Psychiatric Unit, Department of Pediatrics, University of Oulu, Finland; "Psychotherapy Psychosomatics" 1991;56:85–87 (DOI:10.1159/000288535)
- 5. Alfvén G .The covariation of common psychosomatic symptoms among children from socio-economically differing residential areas.851852,www.pubmed.com.
- Minne Fekkes, Frans I.M. Pijpers, A. Miranda Fredriks, Ton Vogels, and S. Pauline Verloove-Vanhorick.Pediatrics May 2006; 117:5 1568-1574; doi:10.1542/peds.2005-0187 Do Bullied Children Get Ill, or Do Ill Children Get Bullied? A Prospective Cohort Study on the Relationship Between Bullying and Health-Related Symptoms. "Child Abuse" Negl.1999;23 :1253–1262.

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E-ISSN:2320-3137

- 7. Hyman Miller, M. D., and Dorothy W. Baruch ".Psychosomatic Studies of Children With Allergic Manifestations". Acta Paediatr.1994;83:433–437
- 8. Paivi Santalahti, MD;Minna Aromaa, MD;Andre Sourander;Hans Helenius, MS;Jorma Piha. "Have There Been Changes in Children's Psychosomatic Symptoms?" A 10-Year Comparison from Finland.
- 9. Family Organization and Family Therapy
- Salvador Minuchin, MD; Lester Baker, MD; Bernic Pediatrics.1972;50:429–435e L. Rosman, PhD; Ronald Liebman, MD; Leroy Milman, MD; Thomas C. Todd, PhD;Arch Gen Psychiatry. 1975;32(8):1031-1038. doi:10.1001/archpsyc.1975.01760260095008
- 11. American Psychological Association; "DSM IV-Diagnostic and Statistical Manual of Mental Disorders 4th edition".
- 12. Borge AIH, Nordhagen R, Moe B, Botten G, Bakketeig LS. Prevalence and persistence of stomachache and headache among children: follow-up of a cohort of Norweigian children from 4 to 10 years of age. Acta Paediatr.1994;83 :433-437
- 13. Oster J, Nielsen A. Growing pains: a clinical investigation of a school population. Acta Paediatr Scand.1972;61:329-334.