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PSYCHIATRIC MORBIDITY IN PATIENTS WITH CHRONIC ABDOMINAL PAIN

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Fifty cases of chronic non-specific abdominal pain were studied prospectively. All patients were subjected to a detailed clinical examination and investigations related to gastrointestinal system. A full psychiatric assessment was done with application of Goldberg's 60 item's General Health Questionnaire. Thirty four (68%) patients had psychiatric symptoms, of whom twenty six (52%) had a definite psychiatric illness while the remaining eight patients had organic illness. Sixteen patients (32%) had a pure organic illness. Dysthymic disorder constituted the main (22%) psychiatric illness.

Key words: abdominal pain, endoscopy gastrointestinal, psychiatric status rating scales, psychiatry.

INTRODUCTION

Pain is a complex multifaceted perceptual experience. Chronic pain is defined as one present for more than half of the days of at least a ninety day period (Tennant & Uelmer, 1983). Chronic or persistent abdominal pain is a common presenting complaint in medical and surgical out patient clinics (Gomez & Dally, 1977). Failure to establish an organic cause leads to frequent hospital revisits and extensive and uncomfortable investigations.

Investigations usually fail to show any medical or surgical cause (Woodhouse & Bockner, 1979), because the chronic pain complaint may signify more about disturbances in the person than pathologic changes in organ systems of the body (Sternbach, 1974). Repeated negative investigations including exploratory laparotomy add to the patient's anxiety and frustration and increase his hypochondriacal concern and invalidism. As only a few reports were available on such cases, we attempted to study the prevalence of psychiatric morbidity in these patients with chronic abdominal pain.

MATERIAL AND METHODS

A sample of fifty patients with a volunteered complaint of chronic abdominal pain, who attended the medical outpatient department and fulfilled the established criteria for this study were selected. In this study, we utilized the definition of chronic pain (Tennant & Uelmer, 1983), which is pain present for more than half of the days for at least a ninety day period. All patients were initially screened by a physician and subjected to a detailed clinical history with special reference to the character of pain, site, severity, duration, radiation, any aggravating and relieving factors and any relationship with food.

Thorough physical examination was done with special attention paid to the gastrointestinal system. All patients were investigated thoroughly including routine hematologic, urine and stool examination as well as upper and lower gastrointestinal endoscopy, radiological studies of the gastrointestinal system and ultrasonographic examination of the abdomen.

The following exclusion criteria were applied:

1. Patients below the age of eighteen or more than sixty years.

2. Chronic abdominal pain associated with obvious signs of physical deterioration.

3. Evidence of any systemic disorder other than acid peptic disease (such as diabetes mellitus, hypertension, liver disorder etc.).

4. Abdominal pain of less than ninety days duration.

Based on the findings of the gastrointestinal examination and investigations, patients were divided into two groups: one group of patients having a demonstrable gastrointestinal disorder and another group who had no detectable abnormality on gastrointestinal investigations. Further, these patients were assessed by a psychiatrist (AKS). This investigator was blind to the gastrointestinal diagnosis during the entire period of study.

The initial psychiatric assessment was done with help of the Hindi version (Gautam & Nijhawan, 1987) of Goldberg's sixty item General Health Questionnaire (GHQ: Goldberg & Blackwell, 1970). These patients were further subjected to a detailed psychiatric evaluation including mental status examination. Psychiatric illnesses were classified according to DSM III-R criteria (American Psychiatric Association, 1987).

RESULTS

Fifty patients [28 men and 22 women; age (mean SD) 30.9± 10.7 years] with chronic abdominal pain were included in our study. The mean age of patients with psychiatric illness was 33.7±15.9 years and mean duration of illness was 17.6± 9.8 months, while in patients with organic illness the mean age was 34.1± 10.1 years and mean duration of illness was 15.5± 8.2 months. There was no statistically significant difference between the two groups on student's 't' test. The majority [n=21; 42%] of patients had pain in periumbilical area; the most common quality of pain [n=35; 70%] was dull and aching, and the pain was of a continuous nature in 25 (50%) patients. The course of illness was fluctuating in twenty nine cases, stable in twenty and worsened in one.

Thirty four (68%) patients showed various psychiatric symptoms on GHQ, but only twenty six (52%) patients scored more than 15; further detailed psychiatric evaluation confirmed the presence of a psychiatric illness in these patients ($p<0.001$); eleven (22%) had dysthymic disorder, nine (18%) had generalized anxiety disorder, three (6%) each had histrionic personality and somatoform disorder respectively. The remaining eight patients with associated psychiatric symptoms, though none of them had a score exceeding 15 and no abnormality was detected on mental state examination, also had a demonstrable GI disorder; three had chronic gastritis and five had an Irritable Bowel Syndrome.

Sixteen patients (32%) of the total sample had pure organic disorders; diagnoses in these patients included chronic gastritis (6 patients), Irritable Bowel Syndrome (2), duodenitis (3), duodenal ulcer (2) chronic cholecystitis (2) and esophagitis (1). There were no cases of alcoholism or drug abuse.

DISCUSSION

Our results revealed a significant prevalence of psychiatric morbidity among patients with chronic pain abdomen. Sixty eight percent of the patients showed associated psychiatric symptoms, of whom fifty two percent had an identifiable psychiatric illnesses. These findings are consistent with other studies on abdominal pain (Sarfeh, 1976; Gomez & Dally, 1977; Woodhouse & Bockner, 1979; Harvey et al, 1983). They concluded that there is a strong association of psychiatric symptoms with chronic pain abdomen.

Our data offers some support to the hypothesis put forward by Blummer & Heilbronn (1982) that chronic abdominal pain is a physical manifestation of an underlying depressive disorder. In our study, dysthymic disorder was the commonest psychiatric illness (22%). Chronic pain reflects an underlying depressive state in a pain prone personality (Kingham & Dawson, 1985; Creed et al, 1988). It is possible that in some patients, a major event may lead to the development of affective disorder which presents as somatic symptom.

Chronic pain abdomen is a common gastrointestinal symptom in clinical practice and though it is not life threatening, it causes great distress to those who are affected and a feeling of helplessness and frustration for the physician who attempts to treat it. Unnecessary investigation of these patients, which is both expensive and uncomfortable, as well as frustration of the attending physician can be avoided by an approach combining both clinical and psychiatric assessment.

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