Somatic symptoms and depression in general practice in Italy

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Introduction

Among primary care attenders, depression is a common and debilitating disturbance.[1] These patients imply higher medical costs compared with those without depression, even after controlling for comorbid physical illness.[2] A study performed in 15 countries worldwide[3] has shown that ICD-10 mental disorders were present in 24% of primary care attenders.

Detection and management of depression in primary care have received increasing attention. Most individuals with depression have been shown to consult their GPs for somatic symptoms rather than psychological ones. In the study mentioned above[3], 69% of the depressed patients reported only somatic symptoms. Another study found that GPs were able to diagnose a mental disorder in 90% of subjects presenting psychopathological symptoms and in 50% of those with somatic symptoms.[3]

In the light of the above, the Italian College of General Practitioners (Società Italiana di Medicina Generale-SIMG) in the area of Varese (north of Italy) organised a course on depression. Then a study was carried out in our setting. The aim was to evaluate the frequency of depression in patients who seek care for somatic symptoms, where tests showed that these symptoms were without an organic cause.

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Materials and methods

Forty-nine GPs were selected for the study.

On a given day of the week, randomly selected for each GP, from 1 November 1999 to 30 June 2000, all subjects aged ≥18 years were included who sought care for somatic symptoms with no organic explanation, according to the GP, and reported no concurrent psychological symptoms.

Patients were excluded if they were taking psychotropic drugs or drugs which may precipitate depression or were suffering from chronic medical conditions frequently associated with depression. Subjects with cognitive impairment and those abusing alcohol were excluded.

Subjects satisfying selection criteria were tested by GPs with the Italian version of 12-item General Health Questionnaire (GHQ-12),[5] a questionnaire for emotional distress with high levels of reliability and validity.[6] Those reporting a score of ≥5 were invited to complete the WHO Checklist of Depressive Symptoms, allowing for a diagnosis according to the ICD-10 criteria.

Statistical analyses were carried out using SAS statistical package release 6.12. Frequencies were compared across groups by χ^2 or Fisher's tests, where appropriate. Any trend in frequencies was assessed using the χ^2 test for trends.

Results

Thirty-eight male and 11 female GPs took part in the study. The average number of people on each GP's list was 1273, ranging between 500 and 1800.

The sample included in the study was selected on 1576 clinic sessions (32 sessions per GP, on average). Overall, 32,355 GP contacts (13,349 by males and 19,006 by females) were recorded during the study period (average of 20.5 contacts per session).

Out of all contacts, 521 (1.6%) were prompted by somatic symptoms with no organic explanation. Of these subjects, 309 (59.3%) reported a GHQ-12 score of ≥5. Their sociodemographic characteristics were median age of 47 years, females 76% of the sample, 62% married, 66% completed compulsory school and

43% had paid employment. Twenty-eight percent of these suffered from a chronic physical illness. Thirty-six percent reported previous depressive episodes and 27% a family history of depression.

Among the 309 subjects scoring ≥5 on the GHQ-12, 268 (86.7%; 95% CI 82.9-90.5) satisfied ICD-10 criteria for depression: mild in 27 individuals (10.1%), moderate in 132 (49.2%) and severe in 109 (40.7%). No statistically significant differences in sociodemographics, comorbid physical illness, personal or family history of depression were found between individuals with or without depression or according to severity of depression, though a family history of depression tended to be reported more frequently by those with more severe depression.
Table 1 shows the occurrence of nonorganic somatic symptoms in subjects with or without depression. Only asthenia and gastrointestinal symptoms (alvus irregularity) were reported more frequently by depressed patients.

Discussion

This study investigated the occurrence of depression among primary care attenders in Italy, complaining of somatic symptoms with no organic explanation.
The relatively low frequency (1.6%) of individuals with 'functional' somatic symptoms in our study is likely to be due to the strict selection criteria used. In this way, a highly homogeneous sample was selected, with possible confounding factors being excluded, which might affect the relationship between depression and somatic symptoms with no organic explanation.
About half of individuals with no organic somatic symptoms had ICD-10 depression. Asthenia and gastrointestinal symptoms occurred significantly more often in those who were depressed than in those who were not. It follows that GPs should consider an underlying depression in individuals complaining of these symptoms, once organic causes have been ruled out.

Results from this study strongly recommend that GPs should consider the presence of depression in individuals with somatic symptoms with no organic explanation.
Similar conclusions have been reached by investigators in other countries.[7] ■

Table 1. Occurrence of somatic symptoms with no organic explanation in subjects with or without ICD-10 depressive illness.

Symptoms	ICD-10 depressive episode Yes n (%)	No n (%)	p value
Asthenia	217 (81)	21 (51)	0.001
Migraine	116 (43)	14 (34)	0.3
Cardiovascular symptoms	174 (65)	22 (54)	0.16
Dyspnoea	63 (24)	7 (17)	0.4
Dizziness	112 (42)	14 (34)	0.35
Palpitations	106 (40)	13 (32)	0.34
Gastrointestinal symptoms	171 (64)	19 (46)	0.03
Heartburn	56 (21)	7 (17)	0.6
Dyspepsia	104 (39)	12 (29)	0.2
Irregularity of alvus	62 (23)	4 (10)	0.05
Abdominal pain	93 (35)	9 (22)	0.1
Muscular/bone pains	134 (50)	20 (49)	0.8

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