

## ROLE OF DEPRESSIVE SYMPTOMS IN CLINICAL PRESENTATION AND FUNCTIONING OF PATIENTS WITH SOMATIC SYMPTOMS

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**Introduction:** In primary care, difficulty to distinguish somatic syndromes from depression with somatic symptoms is recognised. In somatoform disorders co-morbid depression and anxiety have an additive detrimental effect on level of functioning.

**Aim:** To investigate role of depressive symptoms in somatic presentations and elucidate its impact on level of functioning.

**Method:** Cohort is 106 consecutive patients referred to a specialist somatoform disorder clinic as part of a naturalistic follow-up study. Tools used included Hamilton rating scale for depression (HAMD), Patient Health Questioner (PHQ-15), Global Assessment of Functioning (GAF).

**Results:** 26% of cohort had only depressive disorder (ICD-10 F32-34, 38), 44% had a somatic syndrome (F 44-45, 48), 10% with anxiety or psychotic disorders and 20% had no mental disorders. 34% of somatic syndrome had co-morbidities, mainly depressive disorder. No significant difference in HAMD, PHQ-15 and GAF, seen between diagnostic groups. In the somatic syndrome group, HAMD and PHQ-15 scores negatively correlated with GAF (functioning) ( $t=-4.5$ ,  $df=1$ ,  $p=0.0001$  and  $t=-2.3$ ,  $df=1$ ,  $p=0.04$ ). When HAMD along with PHQ-15, age, gender, co-morbidity and medication-use entered in a multiple regression model, HAMD score was the only significant parameter ( $F=17$ ,  $t=-4.2$ ,  $df=1$ ,  $p=0.001$ ).

**Conclusions:** A considerable number of patients with severe somatic symptoms and functional impairment have depressive disorder. In patients with somatic syndrome, depressive symptoms (even sub-syndromal) appear to influence the level of functioning and mediate the effect of somatic symptoms on level of functioning. This finding may have implication in treatment and needs establishing.