Dr. L. Kagan, MD, FRCPC
& Dr. S. Gollapudi, PGY-3
March 23, 2010

In keeping with Glenrose Rehabilitation Hospital policy, speakers participating in this event have been asked to disclose to the audience any involvement with industry or other organizations that may potentially influence the presentation of the educational material. Disclosure will be done both verbally and using a slide or handout.

Dr. L.Kagan Disclosure: Past speaker honoraria
- Pfizer Canada
- Janssen Ortho
- Glaxo Smith Kline
- Lundbeck Canada
- Novartis Canada
- Eli Lilly
- Wyeth Ayerst

Disclosure: Dr. S. Gollapudi
I have no relationship that could be perceived as placing me in a real or apparent conflict of interest in the context of this presentation.
Objectives

- To discuss *Somatic Presentations in the Elderly* using a Clinical case
- To highlight *Epidemiology of Somatization* in clinical practice
- To review *Etiology, Diagnosis & Treatment* of Somatization
  - Major depression & Somatoform Disorders

Somatization

“The experience and reporting of physical symptoms which cause distress, which lack an objective physical basis and may be linked to psychosocial stress”

Sheehan & Bannerjee, 1999

How Does This Present?

- Medically unexplained symptoms & functional syndromes
  - Functional Syndromes e.g., IBS
  - Medically Unexplained Symptoms e.g., headache, constipation, weakness
- Major depression & Anxiety Disorders
- Somatoform Disorders

How Common is Somatization?

- Medically Unexplained Symptoms: Upto half of all primary care visits
- Somatoform Disorders: 10%-15% of primary care patients
  - Epidemiological Catchment Study ➔ Up to 11% prevalence in those over 45 years of age
- Proposed demographic correlates: gender, ethnicity, socio-economic status, increased age
Prevalence in Primary Care (1)
- FIP Study (Functional Illness in Primary Care; Toft T et al, 2005)
  - Cross-sectional study, N=1785 primary care patients, 18yo-65yo
  - Prevalence rates of 35% for Somatoform Disorders, 17% for Anxiety Disorders, & 13% for Mood Disorders

Somatization occurred in 1 out of 3 primary care patients

Prevalence in Primary Care (2)

Somatization in Elderly Patients
- Cross-sectional survey, N=341, 65yo-92yo (Bogner HR et al, 2009)
  - Patients rated by GPs as somatizing were 4X likely to be rated as depressed and somatizing (vs. somatizing only)
  - GPs 4X as likely to rate ethnic minorities as somatizing only vs. depressed and somatizing
  - Depressive symptoms associated with somatization after controlling for age, gender and medical issues

Impact: Patients & Health Care
- Increased medical expenses and resource utilization
  - $100 billion estimated annual health costs in the US (2005)
- Increased disability and reduced quality of life
  - Independent of physical health, depression, and social status
Health Care Utilization (1)

- Patterns of utilization in Somatizers:
  - More visits to specialists and emergencies
  - A higher outpatient to inpatient care ratio
  - More ambulatory procedures
  - A more consistent pattern of visits to GP over the past 12 months

Which Disorders to consider?
Differential Diagnosis of Somatization

- Mood disorders e.g. major depression*
- Somatoform disorders*
- Anxiety disorders
- Personality disorders
- Psychosis
- Dementias
- Substance-related Disorders
- General Medical Conditions

Diagnostic Workup of Somatic Complaints

- Medical History
- Psychiatric History
- Physical exam
- Basic investigations

Table 2: Follow-up measures of medical consumption. Data are weighted for the sampling scheme.

<table>
<thead>
<tr>
<th>Medical Consumption</th>
<th>Primary Care Physician</th>
<th>General Practitioner</th>
<th>General Practitioner</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical complaints</td>
<td>75.9 (1.2)</td>
<td>71.0 (1.1)</td>
<td>71.6 (1.1)</td>
<td>72.5 (1.1)</td>
</tr>
<tr>
<td>% men</td>
<td>65.6 (0.9)</td>
<td>63.1 (0.8)</td>
<td>64.3 (0.9)</td>
<td>64.9 (0.9)</td>
</tr>
<tr>
<td>% women</td>
<td>34.4 (0.9)</td>
<td>36.9 (0.8)</td>
<td>35.7 (0.9)</td>
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Geriatric Grand Rounds
Glenrose Rehabilitation Hospital, Alberta Health Services, Edmonton Zone
March 23, 2010
**Treatment of Somatic Presentations in the Elderly**

A.) **Depression in the Elderly**
- Burden of Geriatric Depression
- Treatment Strategies

B.) **Somatoform Disorders**
- Understanding Somatoform Disorders
- Treatment Strategies

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**Depression in the Elderly**

- Traditional view: “masked depression” in the elderly
- Increased disability & mortality, functional decline, health care utilization, and caregiver burden
- Medical Comorbidity & Major Depression have additive effects on overall mortality

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**Risk factors in the Elderly**

- Certain risk factors more common in the elderly
  - Bereavement, social isolation, medical comorbidities, functional decline & cognitive impairment
  - High suicide rates in the elderly, particularly in males

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**Diagnostic Challenges**

- Depression in elderly often under-recognized and under-diagnosed in primary care settings
  - Commonly present with somatic complaints that require medical work-up
  - Stigma and reluctance of patients to disclose distress
  - Both patient and physician views of depression as a normal consequence of ageing
Treatment of Depression

- BIOLOGICAL
  - Selective Serotonin Reuptake Inhibitors
  - Venlafaxine, Bupropion, Mirtazapine, Moclobemide
  - MAO inhibitors, Tricyclics, Benzodiazepines
- PSYCHOSOCIAL
  - Cognitive-Behavioral, Interpersonal Therapy
  - Skills-based, Problem-Focused, Vocational
  - Family and Social Supports

Somatoform Disorders

Mayou R et al, Am J Psychiatry, 2005

A Biopsychosocial Approach to Somatoform Disorders

- Behavioral
  - "Sick Role"
- Environmental
  - Stress
  - Reinforcers
  - Culture
- Biological
  - Genetics
  - Physiology
- Psychological
  - Emotional Deficits
  - Cognitive Tendencies
  - Psychopathology

Wootfolk, Allen, Tiu 2007

Treatment of Somatoform Disorders - Common Approach

- Common Principles of Treatment:
  - Therapeutic Alliance
  - Clinical Assessment & Collateral
  - Minimize Treatment Providers & Tests
  - Treat Comorbidities

Geriatric Grand Rounds

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Specific Treatments for Somatoform Disorders

Efficacy of Treatment for Somatoform Disorders: A Review of RCTs; Kroenke, 2007

- **CBT** → beneficial in 11 of 13 trials

- **Psychiatric consult letter** → improved function in 3 of 4 trials

- **Antidepressants** → symptom reduction in 4 of 5 trials

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Somatization & Related Disorders (1)

Effectiveness of a Time-Limited CBT-type intervention among primary care patients with MUS; Escobar et al, 2007

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Somatization & Related Disorders (2)

CBT for Somatization Disorder: A RCT; Allen et al, 2006

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Body Dysmorphic Disorder

- 5 studies (N=146) between 1995 and 2002

- Decrease in obsessive-compulsive BDD beliefs and behaviors were observed in trials of pharmacotherapy and CBT (3-6 month follow-up)

- No drop-outs related to adverse effects

- **SSRIs and CBT may be useful in treating BDD**
Hypochondriasis

- CBT significantly reduces hypochondriacal cognitions, behaviors, & health care utilization
  - 4 RCTs of CBT vs. waitlist (N=345) 1996-2004,
  - Pilot study of explanatory therapy vs. waitlist (N=20)
    - follow-up varied from 6-12mo

Conversion Disorder

- Inconclusive evidence to date
  - Previous studies assessed hypnosis & paradoxical intervention in small samples; no added benefit or insignificant improvements to date

Somatoform Disorder Treatments

- BIOLOGICAL
  - Antidepressants: Level I evidence for Somatization Disorder and related; BDD
- PSYCHOSOCIAL
  - CBT: Level I evidence for Somatization disorder and related, Hypochondriasis, Body Dysmorphic Disorder
  - Psychiatric Consult Letter : Level II for Somatization disorder and related
  - OTHER- Clinically helpful; no research yet…

Conclusions

- Physical complaints are a common presentation of psychiatric illness in the elderly
  - Mood and Anxiety Disorders most common
  - Also think of Somatoform Disorders
  - Treat underlying medical comorbidities
References (1)


References (2)


References (3)


References (4)

References (5)

