Surveillance of Psychosomatic Disorders in Internal Medicine in Cipto Mangunkusumo Hospital, Jakarta, Indonesia

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ABSTRACT

Aim: to examine certain characteristics of patients who suffer from psychosomatic disorders.

Methods: We called data through medical report outpatient clinic of the Psychosomatic Division, Department of internal medicine, Cipto Mangunkusumo Central General Hospital/Faculty of Medicine of the University of Indonesia (FKUI/RSUPN-CM), Jakarta, Indonesia, in 1996. The data was processed manually and by computer from which table and graphic were obtained. The descriptive analysis was performed to the objective the study.

Results: the FPD patients consisted of those with vegetative imbalance (multiple psychosomatic syndrome) (30.2%), dyspepsia (20.8%), functional heart disease (11.3%) and others 1%-6%. All of SPD consisted of chronic disease, such as hypertension (38.3%), diabetes mellitus (29.8%), bronchial asthma (10.6%), coronary artery disease (6.4%), and others 2%-5%.

According to DSM IV, among the psychosomatic patients, 52.7% met the criteria for anxiety, 29.3% for depression, 14.2% for mixed anxiety and depression, and 3.8% unclear. The psychosocial stressor groups were family problems (38%), physical conditions (16%), work-related problems (13.4%), marriage problems (8.4%) and others (1%-4%).

Conclusion: The most common physical symptoms of psychosomatic disorders were functional. Common functional psychosomatic disorders were multiple psychosomatic syndrome, dyspepsia and functional heart disease. Structural disorders found were chronic diseases. There was no difference in prevalence between males and females. The most frequent functional disorders were more commonly found among those under 40 years of age, while those with structural disorders were more common among patients 40 years of age or more. The psychological diagnoses were anxiety and depression. The most frequent psychological stressors were family problems, medical conditions, work-related problems and marriage problems.

Key words: functional psychosomatic disorders (FPD), structural psychosomatic disorder (SPD)

INTRODUCTION

Illnesses that appear to be caused by physical conditions may in fact be due to psychological factors. Conversely, certain medical conditions may present with various psychological symptoms. This may indicate a parallel relationship psychological and physical factors. The overlap between them is called as psychosomatic disorder (PD).

The relationship between physical conditions and psychological factors is not yet fully understood although medical research and advance diagnostic tools have been able to identify certain physical conditions that are affected by psychological factors and psychological symptoms that are caused by medical conditions. Unconscious conflicts and psychosocial stressors are at the heart of relationships. However, physical conditions themselves are one of the stressor groups.

As we have mentioned above, psychological and somatic have a parallel relationship. It is often difficult to know which one comes first, causing or contributing to the second one, particularly in chronically patients.

For the practicing clinician, disorders are grouped according to the existence or absence of organic disease or structure tissue damage. We classify PD into functional PD (FPD), if there is no organic disease or tissue damage, and structural PD (SPD), if there is organic disease or tissue damage.

The meaning of these terms are not quite different from that used by others who classify it into functional
and psychosomatic disease and Munchini et al., who classifies the problem as primary and secondary. Modernization and rapid social changes are stressful for many people and there needs to be an adaptation of stress response for well-being. This may lead to PD.6

PD is one of the most prevalent conditions found in medical practices. Patients with PD present with physical complaints. The most frequent physical symptoms are related to the internal organ system.7

Reports on physical syndrome of psychosomatic patients are limited. We have conducted an epidemiological surveillance from medical records from the outpatient clinic of the Psychosomatic Division, Department of internal medicine, Cipto Mangunkusumo Central General Hospital/Faculty of Medicine of the University of Indonesia (FKUI/RSUPN-CM), Jakarta.

The objective of the study is to examine the characteristics of patients suffering from PD.

METHODS

We obtained data through medical reports of the outpatient clinic of the division of Psychosomatic Medicine, Department of internal medicine, Cipto Mangunkusumo Central General Hospital/Faculty of Medicine of the University of Indonesia (FKUI/RSUPN-CM), Jakarta, Indonesia, in 1996.

The data was processed manually and by computer from which table and graphic were obtained. The descriptive analysis was performed to the objective the study.

RESULTS

In the year 1996, 239 new cases of psychosomatic disorder (PD) were found. They consisted of functional psychosomatic disorder (FPD) (80%) or physiological malfunction, and structural psychosomatic disorders (SPD) (20%) (Table 1).

Table 1. Distribution of Psychosomatic Disorders

<table>
<thead>
<tr>
<th>Psychosomatic disorders</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>FPD</td>
<td>192</td>
<td>80</td>
</tr>
<tr>
<td>SPD</td>
<td>47</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
<td>100</td>
</tr>
</tbody>
</table>

Distribution of PD According to Sex

Among the PD patients, the proportion of males (124 - 52%) was higher than that of females (115 - 48%). Among FPD patients, the proportion of females (95 - 49.5%) was the same that of as males (97 - 50.5%), but among SPD patients, the proportion of males (27 - 58%) was higher than that of females 20 (42%). (Table 2).

Table 2. Distribution of PD According to Sex

<table>
<thead>
<tr>
<th>Sex</th>
<th>FPD Number</th>
<th>FPD %</th>
<th>SPD Number</th>
<th>SPD %</th>
<th>Total Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>95</td>
<td>39.5</td>
<td>20</td>
<td>8</td>
<td>115 (47)</td>
</tr>
<tr>
<td>Male</td>
<td>97</td>
<td>40.5</td>
<td>27</td>
<td>12</td>
<td>124 (53)</td>
</tr>
<tr>
<td>Total</td>
<td>192</td>
<td>80</td>
<td>47</td>
<td>20</td>
<td>239 (100)</td>
</tr>
</tbody>
</table>

Distribution of PD According to Age

The number of PD patients under 40 years of age (136 - 57%) was higher than the number of patients age 40 years or more (113 - 43%). Among the patients, the proportion of those under 40 years of age (65.1%) was higher than those over 40 years of age (67 - 34.9%). On the other hand, among the SPD patients, the number of patients under 40 years of age (23.4%) was lower than the number of patients over 40 years of age (76.6%) (Table 3).

Table 3. Distribution of PD According to Age

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>FPD Number</th>
<th>FPD %</th>
<th>SPD Number</th>
<th>SPD %</th>
<th>Total Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;40</td>
<td>125</td>
<td>52</td>
<td>11</td>
<td>5</td>
<td>136 (57)</td>
</tr>
<tr>
<td>=&gt;40</td>
<td>67</td>
<td>28</td>
<td>36</td>
<td>15</td>
<td>103 (43)</td>
</tr>
<tr>
<td>Total</td>
<td>192</td>
<td>80</td>
<td>47</td>
<td>20</td>
<td>139 (100)</td>
</tr>
</tbody>
</table>

Distribution of FPD According to Physical Diagnosis

The FPD patients consisted of those with vegetative imbalance (multiple psychosomatic syndrome) (30.2%), FHD (14%), and others 1%-6% (Table 4a).

Distribution of SPD According to Physical Diagnosis

All of the SPD cases consisted of chronic disease, such as hypertension (38.2%), diabetes mellitus (29.8%), bronchial asthma (10.6%), coronary artery disease (6.4%) and others 2%-5% (Table 4b).

Distribution of Psychological Disorders

According to DSM IV, among the psychosomatic patients,126 (52.7%) met the criteria for anxiety, 70 (29.3%) for depression, 34 (14.2%) for a combination of anxiety and depression, and 9 (3.8%) unclear. (Table 5).

Distribution of Stressor Groups

The psychosocial stressor groups were family problems (38%), physical conditions (16%), work-related problems (13.4%), marriage problems (3.4%), and others 1%-4% (Table 6).
DISCUSSION

Most of the psychosomatic disorders (PD) were functional (FPD). Some investigators reported that 50%-80% of patients in medical populations suffer from psychic distress, which means FPD.\(^9\)

The number of males and females among PD patients is only a little different. It depends on the kind of existing organic disease.

The patients with FPD were younger than SPD. As we know, the onset of physical and psychological changes are associated with older age.\(^10\) Theoretically, the proportion of SPD may be higher than we have found. Pollact et al\(^11\) found 67% of nine patients with COPD also had panic disorder.

The FPD may present as complaints in all organ systems, including gastrointestinal and cardiopulmonary systems, with clinical diagnoses of multiple psychosomatic syndrome, dyspepsia and functional heart disease.

On the other hand, among the SPD chronic diseases, such as hypertension, DM, bronchial asthma and CAD, etc., were found. The inflicted organ system in FPD and SPD were almost the same. Will FPD develop into SPD over time? Vaillant\(^12\), reported that somatic symptoms under stress were correlated to the chronic disease as a SPD, but there was only a weak association between the site of somatic symptoms and the subsequent development of SPD in the same organ.

The psychological diagnoses found were anxiety and or depression, which are often found in the general population.\(^13\)

Important stressor groups were family problems, work-related problems, marriage problems and physical conditions. Various investigators have suggested that specific conflicts are associated with different PD, but
others believe generalized anxiety from any type of conflict may lead to a number of different diseases.  

**CONCLUSION**

Common physical symptoms of PD were functional, the more frequent being dyspepsia and functional heart disease. The identified structural disorders were chronic disease. There was no difference in prevalence rate between males and females. The most frequent FPD was found among those under 40 years of age, while SPD was more commonly found among those 40 years of age or more. The psychological diagnoses were anxiety and depression. The more frequent psychosocial stressors were family problems, medical conditions, work-related problems and marriage problems.

The diagnosis and management of patient with somatic complaints remain those concerned with the patient’s psychosocial problems, even if there is structural organic disease, especially chronic conditions.

**REFERENCES**