

Gosh- It Was Anxiety All Along

Navin Kumar Devaraj¹

Abstract

Psychological illness can present initially as physical symptoms and repeated request for medical leaves. It requires great clinical acumen to come to this often greatly elusive diagnosis. This will include somatization disorder as one of the examples.

This case reports on a 25-year-old woman with many physical symptoms and repeated requests for medical leave which was finally diagnosed as stress and anxiety.

Keywords: Somatization, somatoform disorder, anxiety, stress.

(J Med J 2021; Vol. 55(2):61-64)

Received

Accepted

October,10,2018

September,9,2020

INTRODUCTION

Somatization (synonym. somatoform disorder) can be defined as the articulation of psychosocial and emotional distress through physical signs and symptoms.¹ As much as 50% of patients in general practice presents with complaints that can't be explained by a general medical condition, with some meeting the criteria for somatization². This provides a great challenge to the treating physician and more importantly, significant distress for the patients.² The need of preventing overmedication of the patient is an absolute must to get to the root of the problem.

CASE REPORT

Miss N, a 25-year-old woman presented to the primary care clinic complaining of headache for 2 days associated with difficulty sleeping and body ache for the past 2 weeks. The headache was intermittent and forming a tension band around the forehead. She had recently joined as administrative clerk at a multi-national firm and works from 9am to 6pm.

This is her first job after leaving her family that lives in another state in search of greener pastures. She had no choice but to join this

company as her attempts to get a job in her own state had remained futile for the past two long years.

Physical examination was unremarkable including normal neurological and eye examination. Vital signs were also normal. The diagnosis of tension headache was made and she was prescribed analgesics and given medical leave for that day.

But as time progressed, her visits that were usually spread over three weeks became almost as frequent as twice a week with repeated complaints of headache, insomnia and stress with the usual request for medical leaves. Miss N only visited the clinics on working days and did not come on any of her off days, on weekends or public holidays.

Finally, after four months of this repeated cycle, the author decided to get to the bottom of the problem. After a detailed psychosocial history, it become obvious that she was having stress and anxiety symptoms as she was away from her family for the first time and she was the only child in this closely knit family.

Miss N was referred to the psychiatrist who reaffirmed the diagnosis and started her on anxiolytic medications which brought much relief to her symptoms. After five months of

1. *MMed (University of Malaya)* Department of Family Medicine, Faculty of Medicine and Health Sciences, University Putra Malaysia, 43400 Serdang, Selangor Darul Ehsan, MALAYSIA.

E-mail: knavin59@yahoo.com, knavin@upm.edu.my

working in another state, her application to transfer to her home state back was approved, supported by recommendations by both the author and the psychiatrist.

Two months passed since she was transferred back to her home state. She called the author and thanked him for helping her in overcoming her nerve wrecking symptoms and she is now once again happy spending time in the place where she grew up.

DISCUSSION

The need to be careful in preventing iatrogenic harm to the patients with somatization is an understatement, as there can be many unjustified medical tests that are ordered, many irrelevant surgeries performed, many unnecessary hospital admissions ordained as well the inherent risk of providing a platform for patients to develop chronic illness behaviour.¹

The problem also lies in the overlapping between somatization, anxiety and depressive symptoms.³ Therefore, there needs to be careful history taking and physical examination to get to the actual diagnosis that

is causing so much distress to the patient. The worrying part is that increasing levels of somatization may actually reduce the recognition patterns for somatization disorder.⁴

Therefore, the author strongly recommends the use of Murtagh's diagnostic strategy model as a way to capture both physical and psychological problems.⁵ The usage of this model has been proven to increase diagnostic accuracy, as attested by the author itself.

CONCLUSION

In conclusion, this was a classic case of somatization that was finally diagnosed after repeated visits with the help of good clinical acumen and shared care with the psychiatry team. The correct diagnosis of somatization finally brought the end of the patient's suffering. It serves as a good learning point to seek out the diagnosis of somatization disorder in any patients presenting with many atypical symptoms involving many body systems.

ACKNOWLEDGEMENT

The author likes to thank Miss N for her permission in publishing this case report.

References

1. Katon W, Ries RK, Kleinman A. The prevalence of somatization in primary care. *Comprehensive Psychiatry*. 1984;25:2:208-15
2. Oyama O, Paltoo C, Greengold J. Somatoform Disorders. *American Family Physician*. 2007;76:9:1333-8
3. Lowe B, Spitzer RL, Williams JBW, Mussell M, Schellberg D, Kroenke K. Depression, anxiety and somatization in primary care: syndrome overlap and functional impairment. 2008;30:3:191-9
4. Kirmayer L, Robbins JM, Dworkind MD, Yaffe MJ. Somatization and the Recognition of Depression and Anxiety in Primary Care. *American Journal of Psychiatry*. 1993;150:5:734-41
5. Murtagh J, Rosenblatt J. *General Practice*, 6th ed. McGraw-Hill Medical Publishing Australia, 2015

يا إلهي! لقد كان القلق طوال الوقت

ناقين كومار ديفراج¹

1- قسم طب الأسرة، جامعة بوترا ماليزيا، سيلانجور، ماليزيا.

الملخص

المرض النفسي يمكن أن يظهر في البداية بوصفه أعراضاً طبية، وتكرار الطلب للإجازات الطبية ويحتاج إلى فطنه وانتباه شديدين لغرض الوصول للتشخيص، وهذا يشمل تحويل الاضطرابات النفسية إلى أعراض عضوية . وهذه الحالة ستسجل امرأة بعمر خمسة وعشرين عاماً تشكو من أعراض طبية وطلبات متكررة للإجازات المرضية وأخيراً شُخصت على أنها توتر وقلق نفسي .

الكلمات الدالة: تحول الأعراض النفسية إلى عضوية، الاضطرابات الجسدية، القلق النفسي، التوتر.