

# Anxiety, Depression, somatic symptom disorder

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# Scenario

- Ibrahim 40 years old nurse presented to primary care clinic complaining of depressed mood most of the day, loss of interest, insomnia, decreased appetite, hopelessness, and pessimistic and guilty thought.
- HOW YOU WILL PROCEED DURING THIS CONSULTATION?

# Epidemiology of Depression

- Saudi Arabia
- Sex
- Age
- Marital status

# Etiology of Depression

- Psych social stress                      commonest
  - stress at home
  - stress at school
  - stress at work
  - marital problem
  - financial problem
- Biological theory: serotonin, norepinephrin, and dopamine

# Continue

- Genetic theory
- Drug and alcohol abused
- Unknown

# Classification of depression

- Unioplar : only depression
- Bipolar : depression / mania
- Major/ minor
- Old: endogenous/ reactive  
neurotic/ psychotic

# Clinical feature

- Not every sadness mean depression
- Criteria for major depressive episode
- One of the following:
  - 1- depressed mood :all the days
  - 2 loss of interest or pleasure : all the days

# continue

- Five( or more) of the following during the same 2 weeks:
- 1- depressed mood most of the day
- 2- Marked diminished interest or pleasure in al most all activities
- 3- decrease appetite/ or increased



# continue

- 4- insomnia or hypersomnia
- 5- psych motor retardation or agitation
- 6- fatigue every day
- 7- feeling of worthlessness/ pessimistic

# continue

- 8- recurrent thought of death
- 9- decreased ability to think and concentrate
- SUICIDE ????? Severe depression

# Differential diagnosis

- Normal sadness
- Hypo thyroids
- Anxiety
- drugs side effects

# continue

- Dementia
- Parkinson's disease
- Adrenal dysfunction

# management

- Psych social approach: support at: home, work, financial, relationship
- Psych therapy: help patient to decrease stress, and cope with stress
- 1- cognitive psychotherapy : +ve thinking
- 2- ventilation psychotherapy
- 3- family support

# continue

- Pharmacological therapy:
- Tricyclic antidepressant
- SSRI: selective serotonin re-uptake inhibitor

# continue

- effect of drug & Duration of treatment
- Compliance to medication: S/E
- When to refer to psychiatrist?

# Prognosis

- Good if treated early
- need psych Social support





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# Scenario

- Nasser 28 years old Chief manger presented to primary care clinic complaining of excessive worry and sense of impending disaster without evidence of appropriate real danger, started 9 month ago. He had history of muscular ache, abdominal discomfort, dry mouth, palpitation, frequent attack of short ness of breath, cold extremities and wet palm during the last 7 month.
- HOW YOU WILL APPROACH NASSER?

# Epidemiology of Anxiety

- Saudi Arabia
- Age
- Sex
- Marital status

# Etiology

- Psych social stress
- Relationship problem
- Financial problem
- Anxious Personality
- Physical illness
- Genetic theory

# Clinical feature

- Normal physiological anxiety
- Generalized anxiety disorder:
- Continuous and chronic state of excessive worry or apprehensive for > 6 months

# continue

- Psychological: fear or apprehension, restlessness, initial insomnia, poor concentration.
- Physical: muscular ache, headache, bone ache, dry mouth, palpitation, sweating, wet palms.

# Differential diagnosis

- Physiological anxiety: short duration
- Hyper thyroid
- drug or alcohol withdrawal
- Phechromocytoma
- Hypoglycemia

# continue

- Panic attack
- phobia



# management

- Relaxation
- Supportive counseling
- Psychotherapy

# continue

- Pharmacological:
- B-blocker: physical symptom
- Benzodiazepine : for short period less than 1- 2 week WHY?
- Drug dependence
- Alternative: small dose of tricyclic anti depressant
- SSRI: selective serotonin re-uptake inhibitor

# prognosis

- Good prognosis
- If diagnosed and treated early no recurrent in majority

# scenario

- Khalid 35 years old present to primary care clinic complaining of dizziness, backache and indigestion.
- His file show: for the last 7 month, he presented with the following: abdominal pain, nausea, intolerance to 15 different foods, backache, shortness of breath at rest, chest pain, dizziness, difficulty swallowing, palpitation.

Investigation: Blood test 5 times

chest x-ray 3 times, ECG ( 6 times), ultrasound abdomen (2 times),  
CT scan abdomen( 2 times), upper Gi endoscopy (2 times),  
colonoscopy once

ALL investigations were NORMAL

HOW YOU WILL MANAGE KHALID?

# What is Somatic Symptom Disorder ( Somatization)?

- One of the commonest mode of presentation in general practice
- Expression of psychological problems in physical complaints
- Multiple, recurrent, change physical symptoms
- ? hypochondriasis

# Clinical features

- Could be presented by any physical complaint
- Absence of organic pathology
- Seen by different doctors and hospitals
- Depression and anxiety might be the underlying causes

# mangement

- Explain to the patient and family relationship between psych and somatic
- Empathic attitude
- Avoid unnecessary investigation
- Treat underlying depression and anxiety

# prognosis

- Somatic symptom disorder likely to be chronic and difficult to treat
- If treat underlying depression and anxiety early , patient will improved



# conclusion

- Anxiety, depression, and somatic symptom disorder are common psychiatric illness at primary care level
- Good consultation and communication skills with patients will help family physician to diagnose psychiatric illness early.

WITH MY BEST REGARDS

