J. Appl. Environ. Biol. Sci., 5(12S)183-186, 2015

ISSN: 2090-4274
Journal of Applied Environmental and Biological Sciences
www.textroad.com

Predicting the Underlying Cause of Major Depressive Disorder in Hypochondriasis Affliction

Elaheh Andisheh[1] * Abdollah Nejatbakhsh[2*] Sareh Behzadipur[3]

1- M.Sc. Student of Clinical Psychology, Department of Psychology, College of economy and management, Shiraz branch, Islamic Azad University, Shiraz, Iran. Department of Psychology, Fars Science and research branch, Islamic Azad University, Shiraz, Iran, Elaheh Andisheh,
2-Psychologist- Board of Specialist in Psychiatry, Department of Psychology, College of economy and management, Shiraz branch , Islamic Azad University, Shiraz, Iran
3-Ph.D. General Psychology, Department of Psychology, College of economy and management, Shiraz branch, Islamic Azad University, Shiraz, Iran

Received: July24, 2015
Accepted: September 31, 2015

ABSTRACT

Depression is often accompanied by several physical symptoms and the closest differential diagnosis in patients with depression are somatization disorder (somatization disorder, undifferentiated somatoform disorder, and hypochondriasis) and pain disorder. The present study addresses the predictive role of depression in hypochondriasis affliction. It also addresses the hypothesis that there is a significant relationship between major depressive disorder and hypochondriasis affliction. Results show that major depression has a positive and significant predictive role for hypochondriasis affliction, and justifies ten percent of its variance. In addition, results of the study confirm the main hypothesis of research saying that there is a significant relationship between major depression disorder and hypochondriasis extent. Also, results show that there is a significant relationship between gender and hypochondriasis.

KEYWORDS: major depression disorder, somatization disorder, hypochondriasis disorder, pain disorder, undifferentiated somatoform disorder.

1- INTRODUCTION

Depression is a serious and common disease that is characterized by obvious disorder in the mood. Studies have reported the prevalence of major depression disorder, in general, to be about3-6 percent and in women twice of men. In the latest studies, major depression disorder has the highest prevalence of lifetime (about 17 percent) among psychiatric disorders [1]. A person with major depression disorder has experienced at least a period of major depression without experiencing even a mania or hypomania period. Major depression period is specified by depressed mood or loss of interest or pleasure in almost all activities, along with at least four of the following symptoms: considerable increase or decrease in weight without any special diet, persistent sleep problems, restless or intense sluggishness of behavior, intense fatigue, inability for bright thinking, feeling worthlessness, and continuous thoughts of death or suicide. These symptoms need to continue for at least two weeks and be associated with changes in normal function of the individual [2].Patients with major depression, even when being treated for medical illness, have significantly more physical(somatic) complaints than others without major depression. This is true, particularly in relation to pain symptoms [3]. Hypochondriasis is a mental condition characterized by the individual's scrupulous preoccupation about his/her health status. In this disease, the patient is captured with painful mental sensory perceptions, and tends to ascribe these perceptions to nonexistent physical (somatic) disorder [4].The disorder is due to unrealistic and wrong interpretations of physical symptoms or feelings that lead to preoccupation and fear although no known cause has been found for it [5]. Diagnosis of hypochondriasis is often difficult and is characterized by the individual's belief in the existence of a serious illness and worry about it. This mistaken belief, despite the absence of pathological findings in the medical and neurological examination, should be durable at least for 6 months, while, in various studies, there has been no obvious problem, at least, like the existing worry. This is a relatively common disorder and in the fourth edition of statistical and diagnostic classification system of mental disorder (DSM-IV) in Canada, its prevalence has been reported to be about 5.8 percent [1], although in studies such as Looper (2001), it was equal to 0.2 percent. The development of hypochondriasis usually happens periodically. Disease periods take several months to years during which calm periods are observed. There may exists an obvious relationship between intensifying the hypochondriasis disorder symptoms and psychosocial stress factors. About 81.6 percent of patients with hypochondriasis disorder are healed after four years [6]. Great fear of aging and death, giving high importance to health and physical appearance, strong sense of vulnerability to disease and damage, the individual's negative feelings about his/her general health, having a lot of distress accompanied with psychological symptoms, imagination of having mental illnesses such as depression, anxiety and somatization, and also

* **Corresponding Author:** Elaheh Andisheh, M.Sc. Student of Clinical Psychology, Department of Psychology, College of economy and management, Shiraz branch, Islamic Azad University, Shiraz, Iran. Department of Psychology, Fars Science and reaserch branch, Islamicazad University, Shiraz, Iran, Elaheh Andisheh, (Elahe.andisheh@gmail.com)

physical symptoms such as muscle pains, internal (abdominal) pains, irritability, chronic fatigue syndrome, reduction of public activities, performance loss, and, finally, inability are among the hypochondriasis consequences [7]. Nowadays, psychiatric disorders are considered as a part of the ten important causes of human inability, and available statistics show the increment of patients with a variety of mental disorders and the growing flow of these patients. About one fourth of patients who call on general physicians suffer from psychiatric problems that have been developed either alone or along with a disease. Previously, it was thought that depression was a short-term problem, but now it is considered as a disease with high relapsing disorder in many patients. Physical symptoms are prevalent in major depression and cause complexity of the treatment. Physical symptoms which are associated with depression are joint pains, limbs' pains, backache, digestive problems, fatigue, and change in psychomotor activity and appetite.

The primary complaint of a high percentage of patients with depression is though physical symptoms. For this reason, recognizing depression and its symptoms is an important factor in diagnosis and prescribing the proper treatment for depression [8].In the study of World Health organization (WHO) on 1146 patients with depression in 14 countries, it was observed that the only primary complaint of 69 percent of the patients id of physical symptoms, and they called on the physician due to physical complaints[9]. Typically, 50 percent of the patients who call on general practitioner due to physical complaints in a usual day don't have any certain explain about their illness. Although these patients have complaints like fatigue, chest pain, cough, backache, dyspnea and other physical symptoms, Some are sent for hospitalization and even surgery operation, and some others are prescribed to rest at home[10].Only 41 percent of the patients' problems lead to clear physical problems detection and the most common diagnosis (detections) is absence of disease [11].This shows that there is a linear relationship between unexplained physical symptoms and the risk of being depressed [12]. In such cases, unfortunately, depression is not often diagnosed in patients, and physical symptoms may be mistakenly related to physical illnesses. Patients who show a lot of different physical symptoms, compared with those who have less physical complaints, are more likely to suffer from a mood disorder. In a study on 1000 adult patients who called on the clinic, it was shown that the number of different physical symptoms reported by the patients, was related to the mood disorders and performance degradation of patients, so that, in patients with either zero or one physical symptom, the prevalence of mood disorder was equal to 2 percent, while in patients with 9 or more physical symptoms, 60% mood disorder was observed. This means that by adding a symptom, the probability of mood disorder is increase[13]. It was also observed that physical symptoms increase the length of depression. In the study of [14], it was found that in patients with depression which suffered from a chronic painful condition, the average duration of depression is 19.9 months while in those who are without this symptom, the average duration is 13.3 months. Physical symptoms are often associated with a significant drop (loss) in patient performance, and also, it has been reported that the extent of suicidal thoughts in depressed patients with chronic pains have increased. In the study of Ohayon and Schatzberg on 687 depressed patients, 32 percent of patients that had reported suicidal thoughts had also experienced pain symptom .In a review of previous studies by [15], it was found that suicidal thoughts, suicide attempt, and successful suicide in the group with chronic pains, were more prevalent than in others. Also, in a number of studies, it was mentioned that chronic pain could be considered as a reason for suicide [16,17]. However, physical disorders are recognizable. It is important to find psychological symptoms for diagnosis. The family has an important role in somatization disorder of adolescents, and it is necessary to check the family problems accurately[17]. Therefore, hypochondriasis can be considered as an illness symptom in which anxiety and various defensive mechanisms joint together to create a bulwark against depersonalization. Such complaints that always represent anxiety and chronic depression are formed under the influence of others and, despite reassuring medical examination, fear of being ill or imagination of being ill is still lasting. It is even possible that the person has a sense of incurability or imminent vital risk [4]Accordingly, the present study has addressed the predictive role of depressive disorder in getting hypochondriasis.

2- METHODS

This study was a cross sectional-descriptive research. The sample size was 113 participants and the sample was selected purposefully among patient with major depression. Data collecting instrument was Evans hypochondriasis questionnaire consisting of 36 five-choice questions and, in some cases, an option with the score of 0 to 60. Based on the final scores, the participants were placed in healthy (0-20), borderline (21-30), mild (31-40), medium (41-60), and intense (more than 60) groups of hypochondriasis. The Validity of the questionnaire had been confirmed previously by content validity method and its reliability also by the Cronbach's alpha test. In addition, the high correlation of the questionnaire with other hypochondriasis tests such as hypochondriasis subscale of Minnesata Multiphasic Personality Inventory (MMPI), and symptom checklist 90-Revised (SCL-90) indicated its appropriate validity. To implement the study, by referring to psycho neurologic clinics of Shiraz, the mentioned questionnaires were given to the participants and they were instructed how to respond the questions by presenting comments about unnamed questionnaires, ensuing the confidentiality of their personal information and explaining the study objectives, and after allocating enough time to response the questions, the questionnaires were collected. For people with no or little literacy, the questions were asked orally. Then data were analyzed using SPSS 19 statistical software and evaluated using the descriptive statistics including frequency, mean and profiles of variables.

3- RESULTS

From 113 tested population based on the questionnaire,17.2 percent had major depression and 2.73 percent had excessive (high) depression. Other participants suffered from milder depression. In Figure 1, given the frequency and

percentage of participants based on hypochondriasis, it is clear that hypochondriasis is prevalent between 17.92, 41.51 and 17.92 percent of patients with major depression by medium, high and intense degree, respectively. As Figure 2 indicates, according to the questionnaire, most of the participants (77.35 percent) suffered from medium hypochondriasis and above. Other participants suffered from milder hypochondriasis. The difference between the total number of participants and the mentioned frequency in the figures is due to unwillingness of some participants to answer the questions. Based on the results of this study, there is a positive and significant correlation between major depression and hypochondriasis disorder. In other words, an increase in depression is associated with an increase in hypochondriasis (Figure 3). It is also clear that major depression is a positive and significant predictive for hypochondriasis disorder, and major depression explains ten percent of its variance. (Figure4).

Figure1. Frequency- percentage and cumulative percentage of respondents based on depression rate.

Discussion and conclusion

Depression	F	P	C P
Normal (1-10)	15	13/64	13/64
Slightly depressed (11-16)	31	28/18	41/82
Need to consult (17-20)	20	18/18	60
Relatively depressed (21-30)	22	20	80
Major depression (31-40)	19	17/27	97/27
Excessive depression (more than 4)	3	2/73	100
Total	110	100	

Figure2. Frequency-percentage and cumulative percentage of respondents based on hypochondriasis

Hypochondriasis	F	P	C P
Normal (11-20)	5	4/72	4/72
Low (21-30)	19	17/92	22/64
Medium (31-40)	19	17/92	40/57
High (41-60)	44	41/51	80/08
Excessive (more than 60)	19	17/92	100
Total	106	100	

Figure3. Pearson Coefficient of correlation for evaluating the relationship between major depressive and hypochondriasis disorder

Depression	R	N	P
Hypochondriasis	0/32	113	0/001

R=Pearson coefficient of correlation, N= number of respondents, P=significance level

Figure4. Results of regression test for predicting hypochondriasis based on major depression

Predictive variables	B	ß	R	R^2	T	P
Intercept	34/17	0/32	0/32	0/10	11/5	0/0001
Major depression	0/46				3/58	0/001

B=Non-standard coefficient, ß= standard coefficient, R=R-value of model, R2= percentage of explained variance

4.**DISSCUSSION**

Results of the study show that there is a positive and significant correlation between major depression and hypochondriasis disorder. In other words, an increase in depression is associated with an increase in hypochondriasis. To explain this hypothesis, it should be noted that since in hypochondriasis, the person is constantly worried about his/her health and the risk of physical disorder, it is clear that a wave of anxiety is always with him/her, and patients with anxiety disorders often have characteristics of other disorders, especially depression[2],And, it can be considered as a vicious cycle to associate major depression disorder with hypochondriasis disorder. in a continues study on hypochondriasis in patients with somatization disorders, anxiety and depression in the early stages of treatment it was shown that undifferentiated Somatization disorders, after adjusting the depression and anxiety, had an independent effect on initial treatment , while anxiety disorders did not have an independent effect on it [18].Another study aimed at recognizing hypochondriasis showed that between 5 to 9 percent of primary care patients had hypochondriasis symptoms. The study also showed that hypochondriasis might be in the form of primary or secondary pain disorder, or depression disorder, had a relationship with depression [19].in a study entitled[7] “the prevalence of hypochondriasis and its relationship with anxiety, depression and other personal characteristics of university students”, showed that there was a significant relationship between hypochondriasis, anxiety, and depression. His study confirms the psychoanalysis school about hypochondriasis and major depression. in a study entitled[8]“the prevalence of physical symptoms in patients with major depression disorder” showed that 40 percent of patients experienced intense physical symptoms, 25 percent, medium, and 21 percent, mild and they have found significant relationship between depression severity and physical symptoms severity.

REFERENCES

1 -.Kaplan V, sodock H, (2007). Summary of psychiatry (2).Translated by FarzinRezaei.Arjmand publication.

2-Arvin J, Barbara A, 2005.Psychopathology, translated by Dr. BahrmNajarian, Dr. Mohsen Dehghani and Dr. Iran Davoodi. 1392. Tehran: Roshd publication.

3-Katon W., Schulberg H.: Epidemiology of depression in primary care.Gen.Hosp.Psychiatry,1992;14:237-47

4-Dadsetan P, Transition psychopathology from childhood to adulthood (1). Tehran: Samt publication.

5-Sadock BJ, Sadock VA. Comprehensive Textbook of Psychiatry; 8th ed. Lippincott, Williams and Wilkins 2005: 1810.

6-Barsky AJ, Bailey ED, Fama JM, Ahern DK. Predictors of remission in DSM hypochondriasis. Compr Psychiatry 2000 May;41(3),179-83

7-Pasha GH (1384). The prevalence of hypochondriasis and its relationship with other characteristics of tudents, DaneshVaPajohesh, &(25), 176.

8-Tabatabaei SM, BordbarFayazi MR, Lotfi M, (1383).The prevalence of physical symptoms in patients with major depressive disorder. Fundamental of Mental Health, 21 (22), 19-35.

9-Simon G.E.,Koton W.,Rutter C., et al.;impacted of improved depression treatment in primary care on daily functioning and disability.psycho.Med,1998;28;693-701.

10-Don R. Hypochondriasis and Somatization Disorder: New Perspectives. Handbook of Consultation-Liaison Psychiatry. 2015, pp 317-333

11-Brown J.W., Robertson L.S., Kosa J., Alpert J.J.: A study of general practice in Massachusetts. JAMA, 1971; 216: 301-6

12-Saravay S.M.,LavinM;psychiatriccomobity and lenth of stay in the general hospital;a critical review of outcome studies.psycho somatics,1994;35;233-52

13-Kroenke k.,SpitzerRL.,WilliamsJ.B.,etal:physical symptoms in primary care:predictors of psychiatric disorders and functional impairment .Arch.Fam.Med,1994;3:774-9.

14-Ohayon M.M.SchatzbergAF.;Using pain to predict depressive morbidity in the general population.arch. Jen.psychiatry.2003;6039-47

15-Fishbain D.A.;The association of chronic pain and suicide.semin.clin.Neuropsychiatry,1999;4:221-7.

16-Kleespies P.(1998)Suicide in the medically ill.paper presented at the national suicide prevention conference.Reno,Nevada

17-Marzuk D.M.,tardiffK.,LeonA.C,etal.:HTVseroprevalence among suicide victims in NewYork city.AM.J.psychiatry,1997;154:1720-25

18-De Waal W, Margot ,Arnold ,Ingrid ,AH Eekhof , Just, Assendelft ,JJ Willem, M van ,Hemert.Follow-up study on health care use of patients with somatoform,anxiety and depressive in primary care.Bmc family practice 2008 Jan;9(5),1471_2296

19-Starcevic V,Don R.(2001).Hypochondriasis oxford university press 2001 united states of America

.