Type of Article: Case Report.

Significance of Early Recognition of Somatic Symptoms of Depression in General Practice: A Case Report

ABSTRACT

In primary health care centers somatic symptoms of depression usually dominates over psychological presentation. In Pakistan, before seeking help of a proper qualified medical doctors, people living in rural areas generally get advice from faith healers and local hakims (Unani medicine man in East). We have presented the case of a 37-year-old housewife with medically unexplained symptoms. The case highlights the contribution of GPs in managing the psychiatric disorders under limited resources. Moreover the impact of locally devised methods of treatment on the outcome of mental disorders.

Method of collecting the case information: This information has been based on general practice at outpatient setting of a 25-bed hospital situated at rural Punjab,Pakistan.

Keywords: Hakim; Imam; somatic symptoms; general practitioner.

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1. INTRODUCTION

Psychiatric disorders are major cause of morbidity and social impairment. Among all mental disorders, Depression has main contribution in increasing the burden of global health. It has been estimated that more than 264 million people suffer from depression [1] Depression can give rise to suicidal thoughts and behaviour. According to WHO,about 800,000 people commit suicide every year [2] Depression usually present with the blend of somatic and psychological symptoms. Somatic symptoms usually dominate in primary care setting.These symptoms include appetite change, lack of energy, headache, constipation, weakness and general aches.[3]. Like many other developing countries, primary care physicians and general practitioners are backbone of health system in Pakistan. Psychiatric conditions are usually first present to general practitioners either in public or private health facility. Unfortunately the fifth-most populous country lacks sufficient availability of specialized mental health centers. There are only 5 mental hospitals available in Pakistan [4]. With increase in psychiatric patients there is a tremendous burden on general practitioners of the country. General practitioners should be skilled enough to distinguish between the somatic symptoms of depression and other organic pathology in short period of time. In one study it has been found that about 76% to 85% of people in low and middle-income countries usually don't get any treatment for the underlying mental disorder [5] In Pakistan psychiatric disease course usually get modified before reaching to a Consultant Psychiatrist. Various factors which influence this change in course will be discussed later. This article presents the case of a 37-year-old female with history of somatic complaints.

2. CASE PRESENTATION

A 37-year-old Asian housewife from a nearby village presented to the general practice outpatient department of a 25-bed hospital situated in rural Punjab. Her thorough clinical interview was conducted. She had complaint of episodes of mild headache and bilateral shoulders pain for last few years. Band-like headache occurred almost every day usually with high-intensity during morning. Sometimes headache was accompanied by the episodes of vertigo. The patient also revealed that 'weakness of muscles' made it difficult to do any other activity other than compulsory household works. Most of her meals were leftover food by her husband and kids, because she didn't feel that hungry and considered it 'a trouble' to cook for herself. About her sleep pattern, she disclosed that it's her 'routine' to wake up 2-3 times every night for no reason.

Furthermore, when these complaints started she used to take some herbal medicines from a local 'Hakim' because of easy access. Hakim is the person who practice Unani or Perso-Arabic traditional medicine. When the herbal medicines showed no relief of her symptoms she, like many other villagers, started believing that it's some sort of black magic or 'Ghost-sickness'. She thought that a heavy-weight devil had a strong impact on her mind and body that's why she felt heaviness on her shoulders. By keeping this idea she spent a lot of money by seeking 'indigenous treatment' from a local 'peer'. Peer is the title given to a person who gives spiritual guidance and often master in exorcism. People living in rural areas of sub-continent often seek spiritual help from peers. Even at once stage of treatment she was beaten by that peer, an important step in exorcism. Later on, she also consulted an orthopedic surgeon for her general aches but she didn't get improved with painkillers, he prescribed.

Her family history was insignificant. As far as her personal history was concerned she was married with three kids, housewife and a non-smoker. Her husband was working in a nearby factory and belongs to a lower-middle class family.

On examination she was well-oriented, her BP was 120/80 mm Hg, pulse was 80/min and respiratory rate was 15/min. Systemic examination was insignificant. All possible organic causes were ruled out. Zung Self-rating Depression Scale (SDS) was used to assess the level of depression. Its score was 64.

We have prescribed her Duloxetine with starting dose of 30mg/day. After one week the dose has been increased to 60mg/day. Patient was counseled enough for the actual cause of her symptoms and possible side effects of medicine. After treatment with Duloxetine for about 8 weeks, the somatic symptoms started disappearing and patient described her condition as 'to enter into a new healthy world'. She started taking interest in daily activities. Her appetite and sleep improved a lot.

3. SEVERITY OF SIGNIFICANT SOMATIC SYMPTOMS OF DEPRESSION AND MANAGEMENT

The significance of unexplained physical complaints during the course of depression is evident in this case. Usually pain symptoms are treated by self-medication. But pain not relieving by drugs leads to conventional ways of treatment in rural areas. Significant findings of this case includes loss of appetite, apathy (lack of interest), procrastination, generalized body-aches and sleep disturbance. After making the diagnosis of major depressive disorder with somatic complaints we started Duloxetine at initial dose of 30mg/day. Patient felt a little bit improvement within one week but when the dose had been increased to 60mg/day, we have found significant improvement to her condition.

4. DISCUSSION

The above mention case describes the significance of somatic symptoms of depression and role of indigenous healers (Hakim), spiritual healers (Peer) and GPs in the management of mental disorders in Pakistan.

A WHO study concluded that about 80% of patients suffering from mental, neurological or substance-related disorder belong to low- and middle-income countries (LMICs) [6] Furthermore, the treatment gap under such conditions can be as huge as 75-90% [7] Such gap has tremendous negative influence on the management of mental disorders. In fact a large number of people with these underlying mental conditions are unable to receive proper care at all. [8]

Pakistan is a Muslim majority country of South Asia with estimated population of 212 million. Unfortunately, until 2001, The Lunacy Act 1912 was the only legislation about mental health which had been in place during British rule.In 2001 this act was replaced by Mental Health Ordinance 2001 [9]. Mental health system is poorly established in country with only 5 Mental Hospitals having capacity of 1.9 beds per 100,000 population [10]. Only 0.4% of the budget by the government health department is reserved for mental health [11]. There are about 400 consultant psychiatrists in the country and most of them are located in big cities. The district where the above case has reported have population of 1.3 million but unfortunately there isn't a single psychiatrist in the district.The lack of facilities has created a huge space for faith healers and hakims. One of the main reason to seek help from such healers is the cost of medicine. Being low-income country and lack of proper medical insurance system,the majority of population can't afford such treatment.

Task shifting is the process of redistribution of psychiatric service from mental health professionals to non-specialists in primary health care setting. For many years, WHO has emphasizes the need of task shifting in order to have an effective way of accessible treatment in areas where specialist mental health

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professionals are rare. [12] Moreover, wheat-pills are widely used for wheat storage in rural areas and committing suicide by taking wheat-pills is not uncommon. Wheat-pills contain Aluminum Phosphide, a highly toxic rodenticide and incesticide for the storage wheat and rice in agricultural countries. Eventually, mental disorders are mainly managed by GPs.

Early recognition of somatic symptoms of depression helps GPs to diagnose and refer the patients to a proper mental health professional. This practice could positively affect the course of illness.

Unfortunately, basic training about management of psychiatric disorders is not mandatory for every GP in Pakistan. Slow process of increase in postgraduate slots is insufficient to meet the demand of mental health professionals. Lack of research based psychiatry training is one of major flaw in postgraduate education in Pakistan.

5. CONCLUSION

This case report outlines the somatic symptoms of major depressive disorder. GPs working in rural areas should always take depression into consideration when a patient presents with medically unexplained symptoms. Government should strictly ban the treatment methods used by different indigenous healers. Due to affordability issue government should provide commonly prescribed antidepressants to primary care centers. Wheat-pills should be replaced by some other methods of wheat preservation because there is no existing antidote for these pills. Local elders should be encouraged to form committees which could provide mental health education to the villagers. Imams (worship leaders in mosques) should give awareness to faith healers and hakim about proper referral of such cases to GPs.

Ethical Approval and consent

All the procedures contributing to this work meets the ethical standards. As per international standard or university standard written ethical approval has been collected and preserved by the author(s). Written informed consent was obtained from the patient for publication of this case report.

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