

## Authors

Amrollah Ebrahimi, Hamid Nasiri Dehsorkhi, Sayed Mohsen Hosseini, Soheyla Talebi, Saeid Nasiri

## Poster title

Psychosomatic Symptoms in People with Disability in Isfahan

## Institution

Isfahan University of Medical Sciences, Isfahan, Iran

## Description of basic poster structure

The poster consists of five blocks. Block 1 (top left) outlines the introduction in a text format. Methods are described in a text format in Block 2 (centre left). Block 3 (down left and top right) displays the results in one subheadings; one photo, one table and one figure. In Block 4 (centre right), the conclusion is presented in a text format. In block number 5 (down right) references are written.

### [Block 1]: Introduction

Somatoform disorders, also called somatic symptoms disorder (SSD) in the Diagnostic and Statistical Manual for Mental Disorders (DSM-5), are a prevalent broad group of diseases that includes somatic signs and symptoms that cannot be sufficiently explained by medical conditions. These diseases cause unreasonable visits to primary care centers and inappropriate care giving (1).

Patients affected by somatic symptoms are deeply concerned about the slightest problems in their body and interpret them in a negative manner. The prevalence of somatic symptom disorder is estimated to be 11%- 21% in youths, 10%-20% in adults, and 1.5%-13% in the elderly. These patients receive high rates of medical care that impose heavy economic burden on the community.

Studies showed that somatization is associated with disability and the association between somatization and disability was substantial (2).

Regarding to numerous somatic complaints among people with disabilities (2), the purpose of this study was to determine the psychosomatic problems in people with disabilities in Isfahan.

### [Block 2]: Methods

In a cross sectional and descriptive-analytical study, 510 persons with disabilities were selected from Isfahan Disability Training and Rehabilitation Centers in 2018. Of these, 493 completed the questionnaires. The psychosomatic symptom was assessed by PHQ-13. According to some study, this scale has a reliability based on Cronbach's alpha coefficient equal 0.85. Its validity through correlation with SOMS-7 is equal 0.59 (3). This self-report questionnaire was completed by the person with disabilities himself and with the help of interviewers. Data were analyzed by SPSS-22 software using descriptive statistics and variance analysis methods.

### [Block 3]: Results

In this study, a total sample consist of 493 persons with disabilities, including 165 males and 328 females, ranged in age from 13 to 78 years. Of these, 306 (61.3%) were covered by Emam relief committee or welfare organization. 110 (22%) had visual impairment, 33 (6.6%) had hearing loss, 67 (13.4%) had spinal cord injury and 288 (57.7%) had physical-motor impairment.

One photo is presented in this block.

<Alternative text photo start>

This image shows a girl with physical impairment sitting on a wheelchair and is drawing a panting using her mouth and lips. One of the German professors is also watching her.

<Alternative text photo end>

In single and married women the PHQ mean score was  $6.98 \pm 3.36$  and  $6.54 \pm 3.34$  respectively and in single and married men were  $6.78 \pm 3.97$  and  $7.16 \pm 3.77$ , respectively. The severity of psychosomatic symptoms in disables in terms of gender and marriage is reflected in Table and Figure.

Table: Psychosomatic symptoms in single and married female and male people with disability

<Alternative text table start>

The table consists of six columns (Subjects,  $M \pm SD$ , Without symptoms, Mild symptoms, Moderate symptoms, Severe symptoms) and five rows (including header).

Row 1: Subjects: Married Female -  $M \pm SD$ :  $6.54 \pm 3.34$  - Without symptoms: 33.06 - Mild symptoms: 45.97 - Moderate symptoms: 18.55 - Severe symptoms: 2.42

Row 2: Single Female -  $M \pm SD$ :  $6.98 \pm 3.36$  - Without symptoms: 26.72 - Mild symptoms: 50 - Moderate symptoms: 20.69 - Severe symptoms: 2.59

Row 3: Subjects: Married Male -  $M \pm SD$ :  $6.78 \pm 3.97$  - Without symptoms: 50.94 - Mild symptoms: 28.3 - Moderate symptoms: 20.75 - Severe symptoms: 0

Row 4: Subjects: Single Male -  $M \pm SD$ :  $7.16 \pm 3.77$  - Without symptoms: 28.36 - Mild symptoms: 52.24 - Moderate symptoms: 14.93 - Severe symptoms: 4.48

<Alternative text table end>

Figure: The severity of psychosomatic symptoms in people with disabilities in Isfahan

<Alternative text figure start>

The results are presented again as column diagram as shown in the table; in four groups of four are the categories Without symptoms, Mild symptoms, Moderate symptoms and Severe symptoms.

Married Female: Without symptoms: 33.06 - Mild symptoms: 45.97 - Moderate symptoms: 18.55 - Severe symptoms: 2.42

Single Female: Without symptoms: 26.72 - Mild symptoms: 50 - Moderate symptoms: 20.69 - Severe symptoms: 2.59

Married Male: Without symptoms: 50.94 - Mild symptoms: 28.3 - Moderate symptoms: 20.75 - Severe symptoms: 0

Single Male: Without symptoms: 28.36 - Mild symptoms: 52.24 - Moderate symptoms: 14.93 - Severe symptoms: 4.48

<Alternative text figure end>

The table and figure show that psychosomatic symptoms are most prevalent in people with disabilities, respectively, in married men, single women, married women, and single men.

## [Block 4]: Conclusion

The data analysis reveal that the PHQ-13 mean scores of all four groups of people with disabilities were higher than the cut-off point of the scale. These findings indicate a high level of somatic complaints in disabled people. Psychosomatic symptoms in people with disabilities are less than other illnesses such as depression and anxiety disorders (4). These findings imply that psychosomatic complaints in people with disability are mostly mild to moderate, which is higher than those of general population.

## [Block 5]: References

1. De Gucht V, Fischler B. Somatization: a critical review of conceptual and methodological issues. *Psychosomatics* 2002; 43: 1-9.

2. G. van der Leeuwa,b, M.J. Gerrits c,d, B. Terluind, M.E. Numans e, C.M. van der Feltz-Cornelis f,g, H.E. van der Horst d, B.W.J.H. Penninx c, H.W.J. van Marwijk: The association between somatization and disability in primary care patients. *79* (2015) 117–122.
3. Ebrahimi A, Rief W, Mirshahzadeh P, Afshar Zanjani H, Nasiri Dehsorkhi H. Psychometric Properties of the Persian Version of Screening for Somatic Symptom Disorders-7(SOMS-7). *Iran J Psychiatry* 2018; 13: 4: 264-273.
4. Judith Reichardt, Amrollah Ebrahimi, Hamid Nasiri Dehsorkhi, Winfried Rief and etl. Why is this happening to me? – A comparison of illness representations between Iranian and German people with mental illness. *BMC Psychology* (2018) 6:33.