

SOMATIZATION IN REFUGEES

AN OVERVIEW

ANIYIZHAI ANNAMALAI M.D.



OUTLINE

- Present examples of refugee patients presenting with pain in a primary care clinic
- Discuss prevalence of somatic symptoms in refugees
- Discuss culturally bound somatic symptom manifestations
- Literature review on relationship between somatic symptoms and trauma
- Literature review on relationship between somatic symptoms and resettlement stressors
- Interactive discussion on presented refugee patients

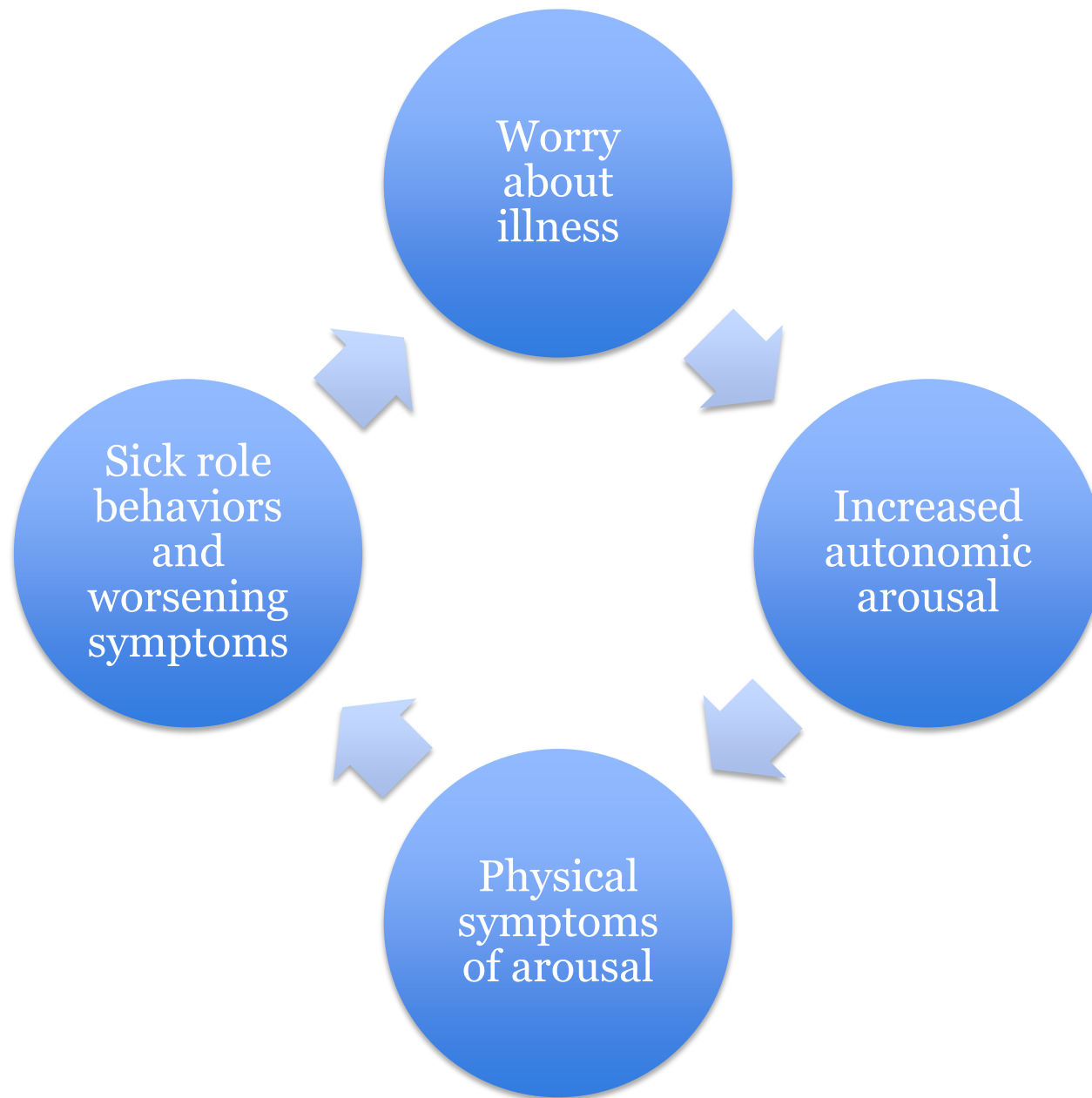
Somatization

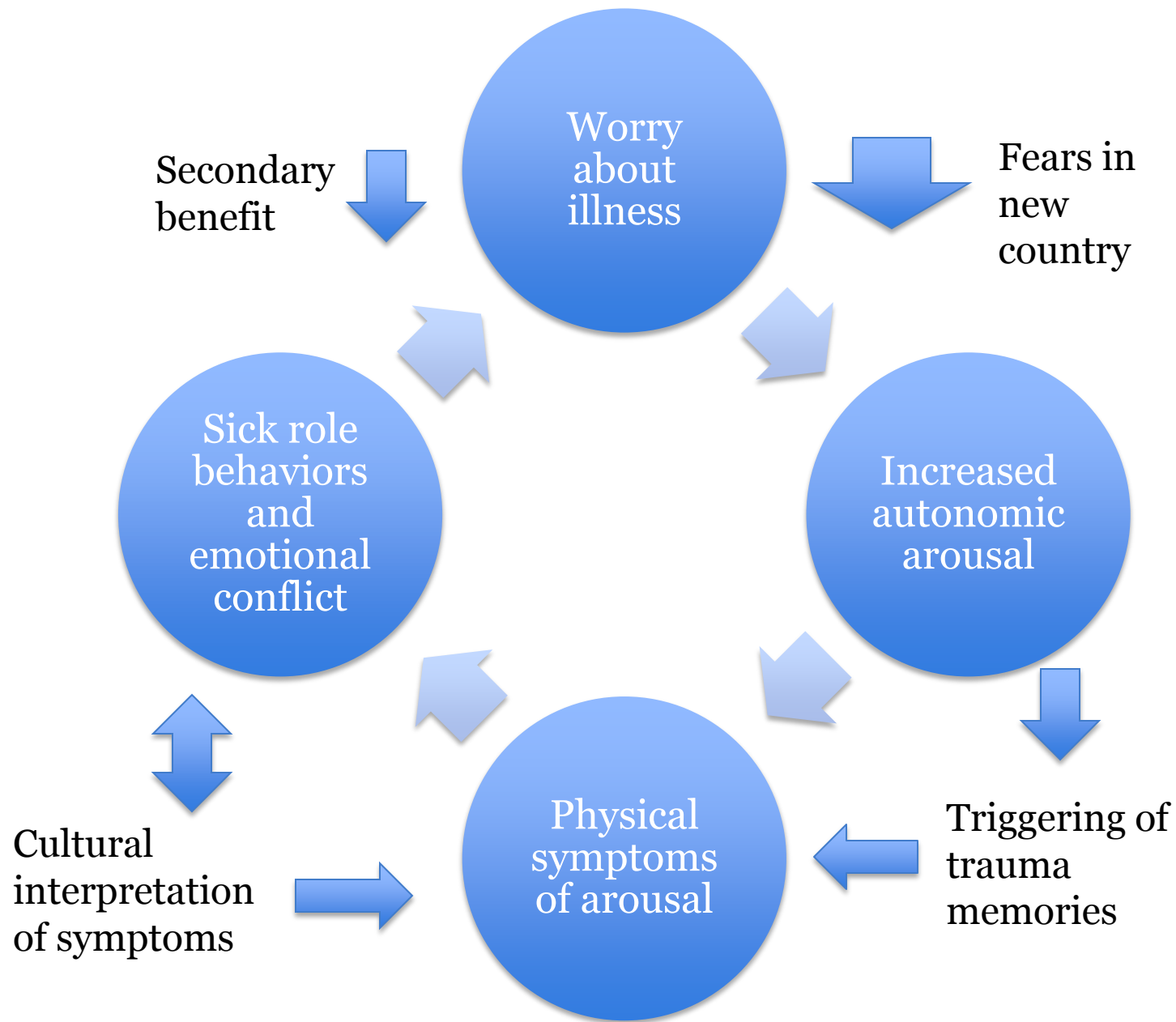
- A tendency to experience and communicate somatic symptoms and distress unaccounted for by pathological findings, to attribute them to physical illness and to seek medical help for them
- Components
 - Experiential
 - Cognitive
 - Behavioral
- May be a manifestation of underlying psychological distress

Lipowski 1998

Theoretical framework

- Medically unexplained somatic symptoms
 - Unknown medical illness
 - Due to psychological distress
 - Somatoform disorder/Hypochondriasis
- As part of psychiatric disorders
 - Depression – constipation, fatigue
 - Anxiety – Palpitations, Shortness of breath, chest pain
- Functional syndromes
 - Irritable Bowel Syndrome
 - Fibromyalgia
 - Chronic Fatigue Syndrome
 - Chronic Pelvic Pain





Psychoanalytic conceptualization

- Disturbance in continuity of being – both from terrifying threat to existence and uprooting from a cultural environment and loss of identity
- Splitting of affect so psychic element is severed from somatic element
- Amygdala – formation of traumatic memories that are vivid and visceral but un-integrated and non-symbolic

Martin 2012 (Grief that has no vent in tears, makes other organs weep. Seeking refuge from trauma in the medical setting)

Prevalence of somatization

- Physical symptoms leading cause of outpatient medical visits
 - 20-25% chronic and recurrent
- 33% somatic symptoms medically unexplained
- Associated with anxiety and depression
- Higher symptom severity associated with psychiatric co-morbidity

Kroenke 2003. Int J Psychiatr Res

Somatization across cultures

- Strong association between somatoform disorders and depression/anxiety*
 - But many women with somatic symptoms did not have a mental disorder
- Higher rates of somatoform disorder in primary care setting in South Americans\$
 - No difference at other sites (but very restrictive definition of somatoform disorder)
- Somatic symptoms are an idiom of distress of severe social adversity#
 - Multiple syndromes in Asian populations

*Shidhaye et al 2013, Int Rev Psychiatry

\$Gureje et al 1997 Am J Psychiatry

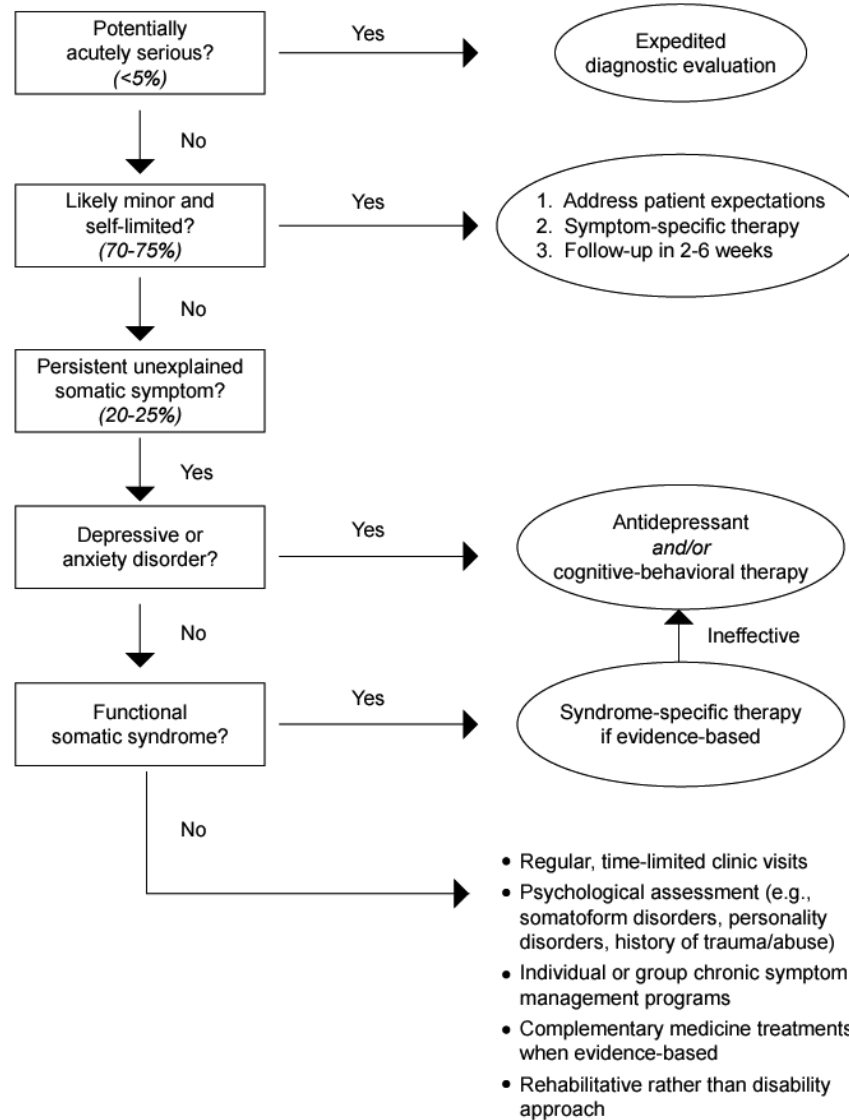
#Hinton et al 2009, CNS Neurosci Ther

Somatization and trauma

- Patients with medically unexplained somatic symptoms have higher trauma rates*
 - Cognitive theories
 - Neuroendocrine correlates – HPA axis dysregulation, altered CNS activation
- High rates of medical comorbidity in those with PTSD#

*Roelofs et al 2007, Clin Psychol

#Pacella et al 2013, J Anx Disord



Kroenke 2003.
Int J Psychiatr Res

Prevalence of somatization in refugees

Author/year	Population	Instruments	Type of symptom
Moore 1991	75 Mien refugees in psychiatry clinic	Clinical diagnosis	Headache (93%), LBP (81%), Epigastric pain (89%), Diffuse extremity pain (85%)
JoMoore 2001	89 Mien and Laos refugees	Clinical diagnosis	Chronic pain (95%) Rheumatological disorder (88%)
Jamil 2005	116 Iraqi refugees	Iowa medical questionnaire	Mean 9.97 symptoms

Prevalence of somatization in refugees

Author/year	Population	Instruments	Type of symptom
Schubert 2010	49 help seekers in a center for torture victims	IES-R, HCSL 25, Sum of somatic complaints	Mean of 12.2 symptoms (SE Europeans more PTSD and somatic)
Priebe 1997	34 torture victims with mental sequelae	VonZorssen complaint checklist (65 item)	Somatoform disorder 14;82% restlessness, 77% backache, 68% body tension
Ramsay 1993	100 torture survivors	DSM III R checklists	Somatic pain disorder 29%, hyperventilation syndrome 14%
Somasundaram 2010	75 migrants for psych care at torture center	Clinical audit, qualitative interviews	Somatoform disorder 10, PTSD 47, MDD 58

Prevalence of somatization in refugees

Author/year	Population	Instruments	Type of symptom
Hondius 1999	135 refugees in assessment center in Netherlands	Chart review	Classic PTSD 8/135; rest had some PTS
Silove 2007	1161 Vietnamese refugees vs. 7961 Australian born	CIDI Medical outcomes study short form	PTSD prevalence same but Vietnamese with more physical disability and Australians more mental disability

Prevalence of somatization in refugees

Author/year	Population	Instruments	Type of symptom
Summerfield 2007	43 residents in post-conflict Nicaragua	GHQ subscales of psychosomatic symptoms	Psychosomatic symptoms in 57% men and 86% women

Cultural syndromes

Author/year	Population	Syndrome	Relation to trauma
Hinton 2001	85 Cambodian refugees	74% sore neck syndrome (wind in blood vessels)	Case vignettes of trauma experience
Hinton 2006	130 Cambodian refugees in psych clinic	44% sore neck panic 35.4% Gastrointestinal panic	CAPS score predicted neck panic severity Higher CAPS scores with GIP
Hinton 2006	104 Cambodians refugees in psych clinic)	50% tinnitus	OR of PTSD >13.5 in tinnitus group

Cultural syndromes

Author/year	Population	Syndrome	Relation to trauma
Hinton 2005	100 Cambodian refugees in psych clinic	42% sleep paralysis (<i>khmaoch sangkat</i>)	67% in those with PTSD (22.4% in those without)
Hinton 2010	220 Cambodian refugees	<i>Khyal</i> attacks (60% meet panic attack criteria)	OR of PTSD 8.7 with <i>khyal</i> attacks

Cultural syndromes

Author/year	Population	Syndrome	Relation to trauma
Hagengimana 2002	100 Rwandan widows	40% panic attacks with somatic subtypes (headache, gastrointestinal symptoms, dizziness)	High HTQ, BDI, PCL scores in those with these panic attacks
VanOmeren 2001	Bhutanese refugees in Nepali camp (68 cases and 66 controls)	Medically unexplained dizziness (97%) or fainting (94%)	High somatoform dissociation (SDQ) Childhood trauma, loss (CIDI, HTQ) predicted symptoms

Trauma and somatization

Author/year	Population	Instrument	Correlation
Westermeyer 2010 Gulden 2010	622 Somali refugees 512 Ethiopian refugees (community dwelling)	PCL HADStress	More trauma types and high PCL scores associated with high HADStress scores
Hinton 2012	139 villagers from pol pot regime in rural Cambodia	C-SSI PCL	SSI severity associated with PTSD severity Trauma and self- perceived health correlated more with SSI than PCL

Trauma and somatization

Author/year	Population	Instrument	Correlation
Hermansson 2002	44 war wounded refugees in Sweden	HCSL 25 PTSS 10	Chronic pain associated with PTS, Depression. Anxiety
Bentley 2011	74 Somali refugees	SCL 90 HTQ HSCL 25	Somatic symptoms affected the relationship between trauma and depression/anxiety
Terheggen 2001	76 Tibetan students in India camp	PTI HCSL 25 somatic subscale items	Somatic anxiety and somatic depression common

Trauma and somatization

Author/year	Population	Instrument	Correlation
Jamil 2008	32 male Gulf war veterans	Iowa medical questionnaire PCL	More fibromyalgia, overall body pain, current pain in PTSD group
Hondius 2000	I- 480 refugees in health center II – 156 Turkish and Iranian refugees non-clinic sample	Chart review Semi-structured questionnaire	Somatic symptoms related to torture and psychological symptoms to both torture and migration issues
Hubbard 1995	95 young Cambodian adults with childhood trauma	SCL 90 HTQ HCSL 25	Somatoform pain disorder in females with current PTSD (PTSD 59%)

Trauma and somatization

Author/year	Population	Instrument	Correlation
VanOmeren 2001	418 tortured and 392 non-tortured Bhutanese refugees in camp	CIDI modules Partial HTQ	Tortured refugees more likely to report PTSD, somatoform pain disorder Persistent pain disorder more common with PTSD
VanOmmeren 2002	526 tortured and 526 non-tortured Bhutanese refugees in camp	HCSl 25 DSM III R Somatic symptom checklist	Somatic symptoms correlated with Depression, PTSD, torture status

Trauma and somatization

Author/year	Population	Instrument	Correlation
Schweitzer 2011	70 Burmese refugees	HTQ HCSL PMD checklist	37% somatization Affected by both trauma events and PMD
Hauff 1994	145 Vietnamese boat refugees	Specific structured study instrument SCL 90 R Vietnamese version	Somatization along with interpersonal sensitivity and aggression differentiated chronic PTSD group

Somatic symptoms in refugee assessment scales

- The New Mexico Refugee Symptom Checklist 121
 - 252 Vietnamese and Kurdish participants
 - 9 somatic and 3 psychological constructs
 - Associated with HCSL 25 and PSS SR
- Refugee health Screener 15
 - Good sensitivity and specificity in 3 ethnic groups
 - Somatic questions
 - Muscle, bone joint pains
 - Faintness, dizziness, weakness
 - Physical reactions when reminded of trauma

Hollifield 2009, J Nerv Ment Dis

Hollifield 2013, Gen Hosp Psychiatry

Disorders of Extreme Stress Not Otherwise Specified (DESNOS)

- Somatization is one of the 6 components
- Other components
 - Affect and impulse dysregulation
 - Dissociation
 - Negative self-perception
 - Impaired interpersonal boundaries
 - Altered sustaining beliefs
- Kosovar civilian war survivors
 - >40% reported somatization (largest prevalence among other categories)

Morina 2008, Int J Soc Psychiatry

Modality	Intervention	Outcome Measures	Result
Psychopharmacology: (Hinton 2012) N=56	Paroxetine +/- lorazepam, mirtazapine or bupropion. CBT elements and supportive psychotherapy	baseline-3m-6months for PCL, C-SSI, SF-12.	Large effect sizes were seen on all measures. The SF-12 change score was more highly correlated to the SSI change score than to the PTSD change score
Psychotherapy by lay counselors (Neuner 2008) N = 277	NET TC No treatment	Baseline, PDS, Somatic symptom score	Clinical and statistical reduction in scores
CBT-Biofeedback (Muller 2009) N=11	Short term cognitive behavioral biofeedback	PDS, Pain Disability Index, and VRS	Pre-post effects were small to medium for increased pain management, large for coping with pain.
CBT-BF and Activity: (Liedl 2011) N=30	RCT of traumatized refugees (in Germany/Switzerland) between CBT-BF, CBT- BF plus activity and waiting list.	PDS, HSCL-25, pain coping questionnaire HTQ, VRS.	CBT-BF and CBT- BF+activity both showed improvement on all outcome measures compared to waiting list. The effect CBT- BF+activity > CBT-BF

Modality	Intervention	Outcome measures	Results
Trauma focused Psychotherapy: (Kruse 2009) N=70	25 hours of manualized psychotherapy (focused on affective dysregulation and interpersonal relationships,, feelings of safety, psycho-education, cognitive restructuring, muscle relaxation).	Bosnian patients with PTSD and Somatoform. Measures: HTQ, SCL-90, SF-36	Significant reduction in PTSD scores Improved health status (both physical and mental).

Culturally modified treatments

- Education on symptom generation
- Verbalize trauma associations
- Cognitive restructuring – ‘tinnitus game’*
- Relaxation techniques
 - Breathing focused meditation visualizing Angkor Wat
 - Muscle relaxation – neck rotation visualizing lotus rotation
- Mindfulness based therapies#
 - Islamic Dhikir, Buddhist chanting, Hindu jappa

*Hinton 2008

Somasundaram 2010

?Relation to post-migration stressors

- Higher level of somatization associated with both trauma and post migration stressors (Fenta 2009, Eur Psych Conference)
- Employment status and environmental stressors contributed to poor self rated health via both psychosomatic symptoms and psychiatric symptoms (Jamil 2010, Med Confl Surv)
- Somatization affected by both trauma and post migration difficulties (Schweitzer 2011)

Iraqi refugees and somatic symptoms

- Long asylum procedure associated with lower quality of life, functional disability, physical symptoms (Laban 2008, Soc Psychiatr Epidemiol)
- Iraqi refugees with torture experienced more physical symptoms than those not tortured (Willard 2013, I Immigr Minority Health)
- Mean of 9.97 physical symptoms in 116 Iraqi refugees (Jamil 2005)
- Brief 3 session NET reduced depression and somatic symptoms and improved post traumatic growth in the treatment group at 2 and 4 months (Hijazi 2004, J Trauma Stress)

Tenets of treatment

- Education on symptoms
- Evaluate for trauma and co-existing PTSD, depression, anxiety
- Treat somatic syndromes and co-existing mental illness as indicated
- Address current social issues
- Empathic listening and reassurance
- Treatment relationship
- Consistent framework
- Explain limitations of medical science
- Use skills of cognitive restructuring and relaxation techniques
- Culturally relevant/traditional treatment, if applicable