

Original Article

# Clinical Presentation of Somatic Complaints among Generalized Anxiety Disorder Patients in Manikganj District of Bangladesh

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## Abstract

**Background:** Generalized Anxiety Disorder (GAD) is such a psychiatric disorder where some specific somatic symptoms are prerequisite to confirm the diagnosis. **Objective:** This study was aimed at assessing somatic complaints reported by Generalized Anxiety Disorder (GAD) patients during treatment seeking in Bangladesh. **Methodology:** This cross-sectional survey design using purposive sampling technique was carried out in two psychiatric settings of Manikganj district from January, 2024 to December 2024. Data were collected by a psychiatrist who confirmed the diagnosis of GAD following the diagnostic criteria of Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). Only adult GAD patients who provided consent to participate were included in this study. Ethics to conduct study with human participants were maintained strictly. **Results:** 228 participants with age range of 18-75 participated in this study in which most of the participants were female, married, and from rural areas. Somatic complaints reported by the participants while consulting with a psychiatrist can be categorized in three types: (i) head related complaints (ii) gastrointestinal complaints and (iii) palpitations. Head related complaints were Hotness in the head (84.65%), headache (69.73%), burning sensation in the head (60.96%), heaviness in the head (25.44%), uneasiness in the head (20.61%) and vertigo (19.74%). Reported gastrointestinal complaints by the participants were- lack of appetite (35.96%), gas formation (26.32%), constipation (16.23%) and vomiting (13.16%). Palpitations were also reported by 18.42% participants. **Conclusion:** Somatic complaints identified in this study will guide physicians and mental health professionals not only to ensure early diagnosis but also to provide appropriate treatment towards GAD patients of Bangladesh.

**Keywords:** Generalized anxiety disorder; GAD; somatic symptoms; cultural dimension

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## Introduction

Anxiety disorders are a significant concern for a low-resourced country like Bangladesh where varied prevalence has been identified across different populations. Last nationwide national mental health survey of Bangladesh reported a prevalence of 4.7% and 4.5% for anxiety disorders among adults and children respectively<sup>1</sup>.

High prevalence of anxiety was found among Bangladeshi school going students<sup>2</sup>, university students<sup>3</sup>, health care workers<sup>4</sup> slum dwellers<sup>5</sup> garment workers<sup>6</sup> in different studies. In addition, age, gender, family history of mental illness, lifestyle factors, and psychosocial factors were identified as risk factors of anxiety disorder in Bangladesh<sup>7</sup>.

The term “Generalized Anxiety Disorder” was first coined during the initiation of third edition of Diagnostic and Statistical Manual (DSM-III)<sup>8</sup>. In previous editions of Diagnostic Statistical Manual (DSM), anxiety disorders were grouped under the general category of “Neurosis or Neurotic Disorders”. So, The DSM-III marked a significant shift through introducing Generalized Anxiety Disorder (GAD) as a separate diagnosis distinct from other anxiety disorders (e. g. panic disorder, phobia). GAD was defined as excessive anxiety and worry (apprehensive expectation) about a number of events or activities. This anxiety and worry should be occurring more days than not for at least 6 months.

Diagnostic criteria of current version of DSM, DSM-5, emphasized cognitive symptoms of difficulty to control the worry<sup>9</sup>. Concomitantly, at least three of the following symptoms needs to be present for adults to be diagnosed as GAD patients- restlessness (feeling keyed up or on), being easily fatigued, difficulty concentrating (mind going blank), irritability, muscle tension and sleep disturbance<sup>9</sup>. So, to confirm the diagnosis of GAD, cognitive, emotional and physical complaints are required.

Bangladesh is a country with high stigma related to psychiatric disorders<sup>10,11</sup>. As a result, psychological symptoms are often misunderstood and underrepresented. Somatization of psychological symptoms is very common in Bangladesh<sup>12</sup>. Patients’ tendency to present somatic complaints when encountering psychological issues if not explored is evident. As a result, the referral pathway of patients to psychiatric treatment in Bangladesh is bothersome<sup>13</sup>. In addition, western psychiatric diagnostic concepts in a non-western country like Bangladesh needs considering cultural dimension. So, considering cultural aspects and high levels of stigma related to psychiatric disorders in Bangladesh this study aimed at identifying somatic complaints reported by GAD patients during psychiatric treatment seeking in Bangladesh.

## Methodology

**Study Settings and Population:** A cross-sectional survey design was implemented to conduct the study in two psychiatric settings of Manikganj. Data were collected from GAD diagnosed psychiatric patients through purposive sampling technique from January, 2024 to December, 2024. Diagnosis was confirmed using DSM-5 by a psychiatrist. Apart from diagnosis, only adult participants who provided consent were included in this study.

**Sample Collection Procedure:** Data were collected through face- to- face interviews using semi-structured questionnaires. The questionnaire of this study started with explanatory statements of the research and consent form. A personal information form was used to collect demographic information of the participants. Age, sex, residence, marital status, and duration of mental illness in months were collected as demographic information. Somatic symptoms were noted during psychiatric consultation of the participants.

**Statistical Analysis:** Statistical analyses were performed with SPSS software, versions 22.0 (IBM SPSS Statistics for Windows, Version 22.0. Armonk, NY: IBM Corp.). Categorical or discrete data were summarized in terms of frequency counts and percentages. When values are missing, the denominator was stated. Every effort was made to obtain missing data.

**Ethical Clearance:** All procedures of the present study were carried out in accordance with the principles for human investigations (i.e., Helsinki Declaration) and also with the ethical guidelines of the Institutional research ethics. Participants in the study were informed about the procedure and purpose of the study and confidentiality of information provided. All participants consented willingly to be a part of the study during the data collection periods. All data were collected anonymously and analyzed using the coding system.

## Results

**Details of Participants:** A total of 228 participants participated in this study (Table 1). The average age of the participants was found to be 39.22 with a range of 18 to 75. Most (173, 75.88%) of the participants were female and others (55, 24.12%) were male. 197 (86.40%) participants were married whereas 9 (3.95%) participants were unmarried. Among other 22 participants, 14 (6,14%), 4 (1.76%), and 4 (1.76%) were widowed, separated and divorced respectively. Most (133, 58.33%) of the participants were residents of rural areas. The average duration of mental illness was found to be 20.93 months ranging from 6 to 120 months.

**Somatic Complaints among Participants:** Somatic complaints related to “head” were the most common. Hotness in the head was reported by 84.65% of the GAD patients. In addition, headache and burning sensation in the head were mentioned by 69.73% and 60.96% participants respectively. 25.44% respondents mentioned heaviness in the head and 20.61% reported uneasiness feeling in the head.

19.74% reported vertigo. Apart from head related somatic complaints, gastrointestinal complaints were also common. Among gastrointestinal complaints, lack of appetite (82, 35.96%), gas formation (60, 26.32%), constipation (37, 16.23%) and vomiting (30, 13.16%) were reported by the participants. 18.42% participants also complained of experiencing palpitation (Table 2).

**Table 1. Demographic Characteristics of the Participants**

Demographic Characteristics	Frequency	Percent
<b>Age Group</b>		
18 to 30 Years	73	32.0
31 to 45 Years	95	41.7
46 to 60 Years	44	19.3
≥ 61 Years	16	7.0
<b>Gender</b>		
Male	55	24.1
Female	173	75.9
<b>Marital status</b>		
Married	197	86.4
Unmarried	9	3.9
Others	22	9.7
<b>Residence</b>		
Rural	133	58.3
Urban	95	41.7
<b>Duration of mental illness</b>		
6 to 60 months	214	93.9
60 to 120 months	14	6.1
<b>Total</b>	<b>228</b>	<b>100.0</b>

**Table 2. Reported Somatic Complaints by the Participants**

Somatic Complaints	Frequency	Percent
Headache	159	69.73
Hotness in the head	193	84.65
Heaviness in the head	58	25.44
Burning sensation in the head	139	60.96
Vertigo	45	19.74
Uneasiness feeling in the head	47	20.61
Vomiting	30	13.16
Gas formation	60	26.32
Palpitation	42	18.42
Lack of appetite	82	35.96
Constipation	37	16.23

## Discussion

This study was conducted with a view to identifying somatic complaints among GAD patients during psychiatric treatment seeking. According to DSM-5, GAD is a disorder in which somatic symptoms (e.g., restlessness, fatigue, muscle tension) are needed along with other symptoms to confirm the diagnosis. Lack of mental health literacy and stigma can lead to representing physical symptoms only. Such presentation of physical symptoms and inability to report psychological symptoms can lead to misdiagnosis of GAD patients which will only increase sufferings of patients. So, identifying somatic complaints among GAD patients is critical for both general physicians and mental health professionals which will ensure appropriate diagnosis, referral and treatment.

Studies have been conducted in different settings of Bangladesh to reveal psychological problems among Bangladeshi patients with different physical diseases<sup>14,15</sup>. These studies identified different psychological comorbidities among patients with physical health issues. But investigation of physical symptoms among psychiatric patients is rare in Bangladesh, though somatization is common. A study participating youths of Bangladesh identified reporting of different somatic complaints<sup>16</sup>. Another study which intended to uncover cultural dimension of depression in Bangladesh revealed mentioning of somatic symptoms initially<sup>12</sup>.

Results of this study revealed that head related, gastrointestinal and palpitation were identified as somatic complaints by GAD patients of Bangladesh. Previously, anxiety and headache were found frequently together<sup>17</sup>. In addition, hotness in the head,<sup>16</sup> burning sensation in the head,<sup>18</sup> heaviness in the head,<sup>19</sup> uneasiness in the head<sup>19</sup> and vertigo<sup>20</sup> were also evident with anxiety. In case of gastrological symptoms, global prevalence of 14.5% generalized anxiety was found in gastroenterology and hepatology outpatients<sup>21</sup>. In a study of National Gastroenterology Institute and Hospital of Bangladesh, positive co-relation between anxiety and dyspepsia was found<sup>22</sup> which is an indication of gastrological complaints among patients with GAD. Palpitation, which was also reported by participants of this study, was also one of the common symptoms of anxiety<sup>23</sup>. Though results revealed in this study showed congruence with previous findings of anxiety disorders from different countries, it was not found to be identical with the somatic symptoms of DSM-5. This difference indicates cultural dimension somatic symptoms of GAD in Bangladesh.

Limitations of this study also need to be considered. Firstly, diagnosis of GAD was not conducted using any diagnostic tool like Structured Clinical Interview for DSM-5 (SCID-5). Participants were diagnosed based on the interview conducted by an experienced psychiatrist. Secondly, as the study was conducted in Manikganj, representativeness of the sample as the Bangladeshi population is questionable. Lastly, this study was conducted during treatment seeking of the participants. A community-based explorative study with the use of a valid screening tool is recommended in future studies.

### Conclusion

This cross-sectional study in Manikganj district identified distinct somatic complaints of GAD patients in Bangladesh. Moreover, somatic complaints identified in this study differ from physical symptoms of GAD mentioned in DSM-5 which indicated cultural dimension in somatic symptoms of GAD patients in Bangladesh. This study urged the need for further exploration of GAD symptoms in Bangladesh. Physicians and mental health professionals should also consider these identified symptoms of GAD patients in Bangladesh while providing treatment, diagnosing, and referring patients to lessen the burden of disease.

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