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## ALEXITHYMIA IN PRIMARY HEALTH CARE PATIENTS

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**Abstract**—Although many studies have been published about the relationship between alexithymia and different somatic diseases, little is known about the occurrence of alexithymia in primary health care patients. The aim of the present study was to shed light on this problem. The study forms part of a larger project dealing with psychiatric morbidity in primary health care patients. The original material consisted of 1,000 randomly selected adult patients in Turku in 1989–90. As part of a follow-up study ( $N=748$ ) three years later, alexithymia was measured using the Toronto Alexithymia Scale (TAS). Primary care patients seemed to have commonly alexithymic features: The mean of the TAS-score was  $64.31 \pm 11.71$  for male and  $63.51 \pm 11.86$  for female patients. The results indicated that alexithymia was associated with psychological distress, age, educational level, and socioeconomic status. The nature of alexithymia is discussed.

*Keywords:* Alexithymia, Primary health care, Psychological distress SCL-25, Toronto Alexithymia Scale.

### INTRODUCTION

Sifneos [1] coined in the early 1970s the term alexithymia (“no words for feelings”) to denote a striking impoverishment of fantasy, a poor capacity for symbolic thought, and an inability to experience and verbalize emotions. Since then numerous reports have been published linking alexithymia with various somatic and psychosomatic diseases [2–4]. It has even been said that the association between alexithymia and almost all kinds of somatic diseases has been studied [5–6]. Taylor [7] has even proposed that the alexithymia construct would be a potential paradigm for all psychosomatic medicine. The literature is, on the other hand, sparse concerning the occurrence of alexithymia in primary health care patients. As far as the present authors know, there is only one report [8] studying family medicine patients and alexithymia. The aim of the present study was to investigate alexithymic features in unselected primary health care patients and to determine whether alexithymia is associated with sociodemographic factors, and with somatic and psychological distress.

### METHOD

#### *Design*

As part of a Nordic project (“Psychiatric morbidity in primary public health care [general practice] and predictors for pathways to other treatment services”) [9], a randomly selected sample of 1,000 patients in primary health in Turku, Finland, was gathered during the winter 1989–90. The purpose was to investigate

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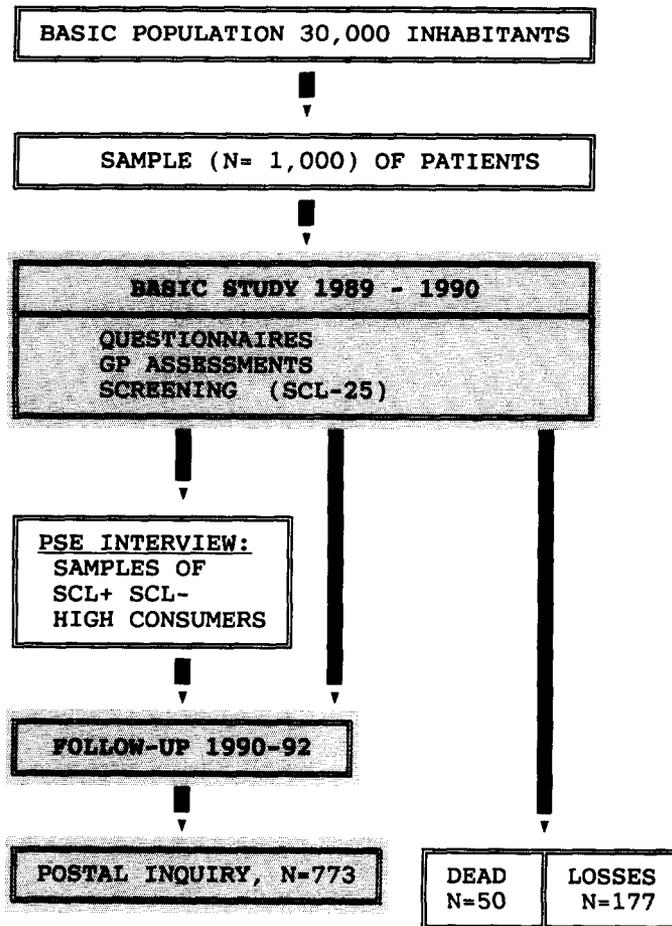


Fig. 1 Flow Chart

the occurrence of psychiatric morbidity in primary care. The material, methods, and main results of the basic study have been published elsewhere [10-15]. Three years later, a follow-up study was made by means of a postal inquiry and by collecting register data. The flow chart of the project is shown in Fig. 1.

### Subjects

The initial study was conducted in two municipal health stations in Turku, serving a population of 28,000 inhabitants. The sample was drawn from among patients seen by primary care physicians in the period extending from the beginning of November 1989 to the end of February 1990. All physicians in both health stations, 12 in all, participated. Only adult patients aged 18 and older were included in the study; those seen for reasons other than illness (*e.g.*, for a health check-up, inoculations, insurance or driver's license examinations) were excluded from the study. Emergencies, *i.e.*, coming to the health stations without an appointment, were also excluded from the study. Using random sampling, 1,000 patients willing to participate were selected; 117 patients refused to participate in the initial study. These patients did not differ from the sample in terms of the sociodemographic factors, *i.e.*, gender, age, marital status, or social class [10].

Three years after the initial study, a postal inquiry was sent to all of the patients who participated in the first phase of the project. From the initial sample, 50 had died and 177 (17.7%) did not return the questionnaire. Of those who participated in the follow-up study, 748 filled in the TAS-questionnaire correctly. The sociodemographic characteristics of the patients who participated and the nonparticipants are described in Table 1.

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