

A Symptom Checklist to Screen for Somatoform Disorders in Primary Care

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Current DSM-IV somatoform diagnoses may inadequately capture many somatizing patients in primary care. By using data from two studies (1,000 and 258 patients, respectively), the authors determined 1) the optimal threshold on a checklist of 15 physical symptoms to screen for a recently proposed somatoform diagnosis, multisomatoform disorder (MSD), and 2) the concordance between MSD and somatization disorder. The optimal threshold for pursuing a diagnosis of MSD was seven or more physical symptoms. The majority (88%) of the patients who met criteria for MSD had either full or abridged somatization disorder. MSD was intermediate between abridged and full somatization disorder in terms of its association with functional impairment, psychiatric comorbidity, family dysfunction, and health care utilization and charges.

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Somatoform disorders are present in at least 10%–15% of primary care patients.^{1–3} Such disorders are characterized by prominent physical complaints that cause significant functional impairment but, despite appropriate evaluation, lack a physical explanation. Both clinicians and researchers have an interest in identifying such disorders for numerous reasons. First, somatoform disorders produce impairment in patient functioning and quality of life comparable to mood and anxiety disorders.^{4–7} Second, somatoform disorders are associated with increased health care costs and utilization as a result of excessive clinic visits, diagnostic testing, prescriptions, subspecialty referrals, and surgical procedures.^{4–8} Third, patients with these disorders are much more difficult and challenging to care for than patients with most other mental disorders.^{7,9} Fourth, effective treatment strategies have recently been developed for aiding in the management of the somatizing patient in primary care.^{10–12}

Many primary care clinicians characterize

patients with these disorders with informal labels such as somatizers, functional illness, or multiple somatic complaints. The DSM-IV classification has several limitations for diagnosing the somatizing patient in primary care. First, most patients do not meet the high symptom threshold required for somatization disorder, yet they still demonstrate considerable functional impairment, psychiatric comorbidity, and excess health care utilization.^{1,4–6,13–15} Second, the cli-

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nician must inquire about not only current but also lifetime symptom experiences, a cumbersome task usually not feasible in a busy primary care setting. Undifferentiated somatoform disorder is the DSM-IV diagnosis provided for the somatizing patient whose illness does not meet criteria for somatization disorder. However, this diagnosis is a relatively recent arrival (first included in DSM-III-R), may be overly inclusive (a single unexplained symptom suffices), and lacks published evidence of its validity.

Multisomatoform disorder (MSD) has recently been proposed as an alternative to undifferentiated somatoform disorder⁷ and is defined as three or more currently bothersome unexplained physical complaints (from a 15-symptom checklist), plus a history of chronic somatization (i.e., unexplained symptoms, more days than not, for at least 2 years). In a study of 1,000 primary care patients,² MSD was present in 8% of the cases and, compared with mood and anxiety disorders, was associated with comparable functional impairment, more disability days, and greater health care utilization.⁷

Interviewing a patient to establish the presence or absence of a somatoform diagnosis can be time-intensive, because the clinician must gather sufficient information from the patient and/or medical records to ascertain that a physical explanation for somatic complaints is unlikely. If a symptom-count threshold with suitable operating characteristics (sensitivity, specificity, predictive value) could be determined, more detailed evaluation could be reserved for the subset of patients most likely to have clinically significant somatoform disorders.

By using data from the Primary Care Evaluation of Mental Disorders (PRIME-MD) and the Somatization in Primary Care studies, we address two major questions: 1) What is the optimal threshold on a screening checklist of 15 physical symptoms for prompting a primary care clinician to pursue a diagnosis of a somatoform disorder? and 2) What is the concordance between MSD and somatization disorder? In Table 1, the key terms used in this article are defined.

METHODS

PRIME-MD 1000 Study

To determine the optimal physical symptom threshold, data were analyzed from the PRIME-MD 1000 study, a mental health survey of 1,000 patients in four primary care sites. The patients had a mean age of 55 years (range: 18–91); 60% were women, 58% were white, and 28% were college graduates. The Institutional Review Boards of each site approved the study protocol, and each patient gave signed, informed consent. Details of the PRIME-MD study, including patient sampling procedures, have been previously described.²

All subjects were evaluated with PRIME-MD, a validated diagnostic interview that consists of a 26-item self-administered Patient Questionnaire (PQ) and an accompanying Clinician Evaluation Guide (CEG).² Criteria-based DSM-III-R diagnoses were made in five categories: mood, anxiety, somatoform, alcohol, and eating. (With minor modifications, the revised

TABLE 1. Definition of key terms

Term	Definition
Physical symptom	Any physical symptom reported by a patient, including both symptoms that have an adequate physical explanation as well as those that are unexplained (i.e., somatoform)
Somatoform symptom	A physical symptom that lacks an adequate physical explanation
Somatization disorder	Lifetime history of 13 or more somatoform symptoms from the DSM-III-R list of 35 physical symptoms
Abridged somatization disorder	Lifetime history of 6–12 somatoform symptoms in women, or 4–12 somatoform symptoms in men, from the DSM-III-R list of 35 physical symptoms
Multisomatoform disorder	Current history of 3 somatoform symptoms, from the PRIME-MD 1000 list of 15 physical symptoms, for 2 or more years

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