

Original Research Reports

Health Care Use by Patients with Somatoform Disorders: A Register-Based Follow-Up Study*

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Objective: Studies have shown a greater use of medical than mental health services in patients with somatoform disorders. However, not many studies are based on structured interviews and include the entire somatoform spectrum of diagnoses. We conducted a register-based case-control study to investigate medical care use prior to and three years after diagnosis in patients with somatoform disorders. **Methods:** We included 380 patients with somatoform diagnoses (SCID-NP for DSM-III-R) in a case-control study and compared them with 174 patients with anxiety disorders and 5540 controls from the background population. Data from the Danish National Registers were used to assess health care use in both primary and secondary care. **Results:** Somatoform patients incurred 2.11 (2.09–2.12) times the primary care visits of controls. They had 3.12 (3.08–3.16) times as many somatic bed-days than controls and 3.94 (3.91–

3.97) as many psychiatric bed-days. Primary care use remained stable 3 years after diagnosis ($p = 0.14$) and the award of disability pension ($p = 0.82$). However, the number of somatic admissions decreased from 5.64 to 2.76 ($p = 0.0004$) 3 years after diagnosis. Somatization had an independent effect on health care use when controlling for psychiatric comorbidity. **Conclusions:** Patients with somatoform disorders make significantly greater use of health care services than do controls and patients with anxiety. Somatoform patients made more use of psychiatric services than expected. The use of somatic health care was independent of psychiatric comorbidity. Primary care use and disability pension award were not influenced by proper diagnosing of somatoform disorders whereas number of somatic admissions were halved.

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Patients with multiple medically unexplained symptoms are common. At least 33% of all somatic symptoms presented to primary care physicians have been classified as medically unexplained.¹ Studies have shown that patients with somatoform disorders account for a disproportionately large amount of health care resource consumption^{2–4} and that the high level of medical care utilization is predominately of medical as opposed to mental health services.^{5–7} Great use of general medical services is seen in all areas of psychiatry,^{6–8} but the fact that this pattern of use is especially common in this group of patients has called little attention to their use of mental health services.

Other studies of somatoform disorders and patients with medically unexplained symptoms are either based on

self-administered questionnaires, very small populations, or include only the most severe somatoform diagnosis of somatization disorder (SD). In order to avoid a highly

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selected study population, some studies have focused on frequent attenders instead of patients with the much-debated somatoform diagnoses. Few studies have longer follow-up periods that allow the course (from two to eight years) to be analyzed,^{6,9,10} and only one study has examined both primary and secondary health care use in the same population.¹¹ Finally, no studies have examined medical service use by patients from across the entire somatoform diagnostic spectrum according to the Diagnostic and Statistical Manual of Mental Disorders (DSM), as large epidemiological studies, even those that use structured interviews, do not enable subdivision into all specific diagnoses included in the diagnostic classification. We have access to a highly selected population with broad distribution of the somatoform diagnoses. The present study aimed to determine the course of somatoform disorders by assessing the utilization of health care. Since multiple somatic symptoms are present among patients with anxiety disorders, a comparison group of anxiety patients was included. We hypothesized that somatoform patients use more primary and secondary health care services than those with anxiety or those in the background population. We also hypothesized that patients with somatoform disorders have greater health care use, independent of psychiatric comorbidity. We did not expect a significant decrease in health care use for somatoform patients over time, but some decrease 3 years after the award of disability pension. Finally, we expected the amount of utilization to be correlated with the degree of somatization measured by diagnoses.

METHODS

Study Population

The FOLSOM study (follow-up study on somatoform disorders) was a follow-up study that aimed to determine the course of somatoform disorders. We conducted a case control study of 380 patients with somatoform disorders; 174 patients with anxiety were included as an internal comparison group since multiple physical symptoms are included in the diagnostic criteria for many of the anxiety disorders and similarities and differences between anxiety and somatoform disorders were of interest. The study was conducted at the Mental Health Center Copenhagen from 1990 to 2004. Cases were all patients referred to the liaison psychiatric clinic and diagnosed with a somatoform or an anxiety diagnosis following a modified structured interview (SCID-NP)¹² based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R)¹³ during an

index consultation within this period. The modified interview for assessment included all the diagnostic criteria for all somatoform and dissociative disorders, as well as Briquet's syndrome. All comorbid mental diagnoses were a result of standardized research interviews and according to the DSM. At time of diagnosis, no cases had any concurrent medical illness that could potentially disturb the results of the study. No cases received any treatment, as no intervention, only psychiatric evaluation was performed in the study. Cases were grouped according to main and primary diagnosis as recorded in the charts. A substantial overlap between the two diagnostic groups was present, as 40 of the 174 patients with anxiety also had a somatoform diagnosis as their secondary diagnosis and 141 of the 380 patients with somatoform disorders had a secondary anxiety disorder diagnosis. Cases were frequency-matched on gender and age with 10 times as many controls randomly selected from the Danish Civil Registration System (CRS)¹⁴ register, containing person-identifiable numbers for all citizens born in Denmark. A total of 5540 controls entered the study.

Data Collection

Information on sociodemographic characteristics, diagnoses, medical and mental health history, comorbidity, and employment status was collected at the index consultation. By using person-identifiable nationwide registers, we were able to obtain information about health care use in both primary and secondary care, from the beginning of the register, to time of collection (2007), i.e., both before and after index consultation. Denmark has a public health care system that allows for national registration of all services and costs. Data from the following registers were used: the Danish National Patient Register (from 1977),¹⁵ The Danish Psychiatric Central Register (from 1969),¹⁶ The Danish National Health Service Registry (1990),¹⁷ and the Danish Register for Evaluation of Marginalization (DREAM) database.¹⁸

The Danish National Patient Register contains information on all hospitalizations in the country, including admittance data and discharge diagnosis.¹⁹ From the Danish Psychiatric Central Register we were able to obtain data on all psychiatric hospital admissions, including number of admissions and length of stay. Costs of hospitalizations were not calculated.

Information was available from the National Health Service Registry on primary care (general practitioner) visits, emergency service visits, including telephone consultations, night-time visits and home visits outside general

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