

Assessment of psychological aspects of somatoform disorders: A study on the German version of the Health Attitude Survey (HAS)

Gabriele Schmid^{a,b,*}, Andreas Dinkel^a, Peter Henningsen^{a,b}, Marianne Dieterich^{b,c,d}, Anna Hopfner^a, Christoph Pieh^e, Claas Lahmann^{a,b}

^aDepartment of Psychosomatic Medicine and Psychotherapy, Klinikum rechts der Isar, Technische Universität München, Munich, Germany

^bGerman Center for Vertigo and Balance Disorders, Ludwig-Maximilians-Universität, Klinikum Großhadern, Munich, Germany

^cDepartment of Neurology, Ludwig-Maximilians-Universität, Klinikum Großhadern, Munich, Germany

^dMunich Cluster of Systems Neurology (SyNergy), Munich, Germany

^eDepartment of Psychosomatic Medicine, University Medical Center Regensburg, Regensburg, Germany

Abstract

Objective: Given the prevalence and costs of somatoform disorders, it is important to identify and adequately treat these patients as early as possible. Instruments assessing experiences, perceptions, and behaviors of somatoform disorders are rare. In this study we evaluated the structure and validity of the German version of the Health Attitude Survey (HAS), a multidimensional self-report questionnaire for somatoform disorders.

Methods: This cross-sectional study involved 1452 participants. The sample was randomly split for independent exploratory (EFA) and confirmatory factor analyses (CFA). Each of the two samples ($n_1 = 726$; $n_2 = 726$) included patients with organic vertigo and current mental disorders (somatoform and other mental disorders). Somatic symptom burden was assessed using the Patient Health Questionnaire (PHQ-15).

Results: The CFA did not confirm the original HAS factor structure. The EFA revealed six factors. To enhance the fit of the model, we deleted two factors with the poorest reliability and items with low factor loadings. A modified and shortened version achieved good fit indices (CFI = 0.92; RMSEA = 0.068). It consists of 14 instead of 27 items and four scales (“dissatisfaction with care,” “frustration with ill health,” “high utilization of care,” “excessive health worry”). HAS subscales discriminated among somatoform patients and physically ill and/or patients with a mental but not somatoform disorder, controlled for age, sex and number of (comorbid) mental diagnoses, confirming its construct validity.

Conclusion: A modified shortened version of the HAS appears to be a reliable, valid, and economical instrument for assessing facets of somatoform disorders or of the recently published DSM-5 Somatic Symptom Disorder.

© 2014 Elsevier Inc. All rights reserved.

1. Introduction

Somatoform disorders are characterized by persistent or recurrent physical symptoms that cannot be explained fully by a general medical condition (e.g., Hiller et al. [1]). Patients with

medically unexplained symptoms are psychologically burdened by these symptoms, have a substantially reduced quality of life, show elevated health anxiety, over-interpret minor physical symptoms as possible signs of illness, and have stable alexithymia and neuroticism [2–7]. Moreover, they use medical care to a great extent, and thus, cause high costs for the health care system, independent of psychiatric or medical comorbidity [8–10]. Physicians often try to “normalize” medically unexplained symptoms and inadvertently offend the patient by offering insufficient explanations, leading the patient to seek additional physical examinations and medical help and to identify new physical symptoms [11]. Somatoform disorders are the most common mental disorder in primary care with prevalence rates of 10% to 26% [5,12]. In specialized or secondary care-particularly in neurology, gynecology, and

Conflict of interest: The authors declare that they have no competing interests.

Funding source: Parts of this project were supported by funds from the German Federal Ministry of Education and Research under grant code 01 EO 0901. The authors bear full responsibility for the content of this publication.

* Corresponding author. Department of Psychosomatic Medicine and Psychotherapy, Klinikum rechts der Isar, Technische Universität München, Langerstr. 3, 81675 Munich, Germany. Tel.: +49 89 4140 4398; fax: +49 89 4140 4845.

E-mail address: g.schmid@tum.de (G. Schmid).

gastroenterology-up to 50% of the patients suffer from medically unexplained symptoms [13,14].

Given the prevalence and costs of somatoform disorders, it is important to identify and adequately treat these patients as early as possible. Hence, proper assessment and screening instruments are needed for both clinical work and research. Currently there are two types of instruments assessing or screening somatoform disorders: symptom oriented and psychologically oriented. Symptom-oriented questionnaires assess bodily symptoms (e.g., dizziness, pain, and gastrointestinal complaints); examples include the Patient Health Questionnaire (PHQ-15) [5], the Screening Instrument for Somatoform Symptoms (SOMS) [15], and the Somatic Symptom Inventory [16]. Psychologically oriented questionnaires comprise specific behaviors, experiences, and perceptions of somatoform disorders, such as the Whiteley Index (WI) [2,17], the Illness Behaviour Questionnaire (IBQ) [18], the Cognitions About Body and Health Questionnaire (CABAH) [2], the Scale for the Assessment of Illness Behaviour (SAIB) [19], and the Health Attitude Survey (HAS) [20]. Compared to the SAIB and IBQ which have been suggested for assessing different aspects of illness behavior [e.g., “verification of diagnosis” (SAIB), “expression of symptoms” (SAIB), “denial” (IBQ), or “general hypochondriasis” (IBQ)] and to the CABAH which captures cognitive aspects of somatisation and hypochondriasis (e.g., “catastrophizing interpretation of bodily complaints” or “autonomic sensations”), the Health Attitude Survey (HAS) comprises cognitions, feelings, and behaviors of patients with a somatoform disorder. In its original validation study, the HAS was shown to be a valid instrument for assessing attitudes and perceptions of patients with a somatoform disorder [20]. Furthermore, the HAS accurately differentiates between somatoform patients, patients with severe medical diseases (e.g., cancer), and controls without a somatoform disorder. In a study by Hausteiner et al. [21] the HAS predicted somatoform disorder in patients with suspected allergies. However, its psychometric properties and validity require further study.

The aim of the current study was to investigate the structure and validity of the German version of the HAS.

2. Methods

2.1. Study design and samples

This cross-sectional study was conducted between May 2010 and June 2011 and involved 1452 participants, including patients with mental disorders and physically ill patients suffering from an organic vertigo. All patients were recruited through outpatient routine care, i.e., diagnostic (first-time) appointments including the discussion of further procedure and treatment options, at either the outpatient department of the German Center for Vertigo and Balance Disorders (IFB^{LMU}) at the University Hospital Munich, Campus Großhadern ($n = 316$ of $N = 480$; 65.8% response

rate; 56.0% female; 54.6 ± 15.5 years of age) or the outpatient clinic of the Department of Psychosomatic Medicine and Psychotherapy at the Klinikum rechts der Isar Munich ($n = 1136$ of $N = 1423$; 79.8% response rate; 63.5% female; 41.5 ± 14.7 years of age). To be included participants had to be at least 18 years of age and have sufficient German language skills. Exclusion criteria were neurodegenerative disorders (e.g., dementia), or the inability to fill out the questionnaire without help.

The Ethics Committee of the Medical Department of the Technische Universitaet, Munich, Germany reviewed and approved this study (reference no.: 2798/10). All participants were informed of the aims of the study and gave voluntary written informed consent.

For the analyses we split the study sample into two subsamples ($n_1 = 726$; $n_2 = 726$) each of which included IFB outpatients ($n_1 = 158$; $n_2 = 158$), and psychosomatic outpatients ($n_1 = 568$; $n_2 = 568$). Within each subsample there were three subgroups: patients with organic vertigo and no current mental disorder ($n_1 = 81$; $n_2 = 78$), patients with current mental disorder and no somatoform disorder ($n_1 = 433$; $n_2 = 428$), and patients with current somatoform disorder ($n_1 = 212$; $n_2 = 220$) (see Table 1).

2.2. Diagnostic work-up

2.2.1. Concerning organic disorders

All IFB^{LMU} outpatients ($n = 316$) underwent structured history collection and a systematic and standardized physical examination by neurologists in the German Center for Vertigo and Balance Disorders including complete neurological, neuro-otological, and neuro-ophthalmological examinations. This included the measurement of the subjective visual vertical and ocular torsion for vestibular testing as well as video-oculography with caloric irrigation. The neurologists made a clinical diagnosis based on the test results and the established diagnostic criteria for the different vestibular disorders [22–28].

All psychosomatic outpatients ($n = 1136$) were referred by their general practitioner (GPs) or by secondary/tertiary care medical specialists. A medical clarification by GPs or specialized physicians had been carried out and documented in a doctor’s letter.

2.2.2. Concerning mental disorders

With all patients from the IFB^{LMU} outpatient department ($n = 316$) psychologists and final-year medical/psychology students conducted the Structured Clinical Interviews for DSM-IV Axis I Disorders (SCID-I) [29]. All interviewers underwent intensive training, including training interviews with patients not recruited for the study. We evaluated inter-rater reliability via interviews with a simulated patient and reached a kappa of 0.94.

With the psychosomatic outpatients ($n = 1136$) experienced clinical psychologists and psychosomatic physicians conducted semi-structured clinical interviews.

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات