

ORIGINAL ARTICLE

A Cross-Sectional Study on Psychiatric Assessment in Patients with Uncertain ENT Symptoms in the Hospital Outpatient Department, BahawalpurImran Saeed^{1*}, Usman Rafique², Kamran Zamurrad Malik², Ameer Ali², Ramzan Mahar¹**ABSTRACT**

Objective: To detect psychiatric symptoms presenting with ear, nose, and throat manifestations by using a simple screening tool like the General Health Questionnaire (GHQ)-12 shortened version and then refer them to the psychiatric outpatient department for further evaluation and management. Mental health issues are very common nowadays, and understanding their clinical manifestations is crucial.

Study Design: A cross-sectional study.

Place and Duration of Study: The study was conducted in the Ear, Nose, and Throat (ENT) Outpatient Department, Combined Military Hospital (CMH), Bahawalpur, Pakistan from August 2020 to January 2021.

Methods: A Total of 455 patients presented in the outpatient department with ENT CMH Bahawalpur symptoms were considered in this study. GHQ-12 questionnaire was applied to detect psychiatric symptoms in patients who were not explained on detailed history and physical examination, and in those having positive symptoms related to ear, nose, or throat problems. Chi-square test was applied as a statistical tool.

Results: Among 455 patients who reported ENT OPD during 06 months, 36 patients did not have physical findings on detailed examination, 59 were positive for psychiatric symptoms, and they were guided to go to psychiatric OPD for further evaluation and mental state examination.

Conclusion: Psychiatric symptoms can be identified by taking a detailed history from patients presenting in the outdoor patient department and applying different screening tools. Medical health professionals at all levels need to be trained and sensitized to identify such cases. The absence of physical disease gives an important clue to recognize psychiatric illnesses.

Keywords: Health Professionals, Psychiatric Disorders, Somatic Symptoms.

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Introduction

Mental health issues are increasingly on the higher side in this modern era, as shown in various scientific studies.¹ The rationale of doing this study is to identify different psychological/psychiatric health problems presenting in different OPDs and to help them out as early as possible. Almost three-quarters of the burden of such illness comes from low and

middle-income countries. Stigma related to these illnesses is very common in our society, and it becomes a main hurdle in attaining early psychiatric help in the general population in most of the developing countries, including Pakistan. Psychiatric issues, particularly anxiety and depression, are widespread in patients presenting in various otolaryngological (ENT) departments.^{2,3} Therefore, it is helpful to identify and treat the different psychiatric disorders in high-risk, clinically challenging groups of patients, and to see the psychological symptoms converted into ENT-related presentations. It seems pertinent that the initially attending health care professional should be able to suspect, detect, and refer the patients to a mental health professional, as there is an increase in the

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incidence of mental disorders in our country over the past many years.⁴ Our nation falls in the category of low and lower middle/ middle-class income countries, where the literacy rate is very low, and we come across many psychiatric patients presenting with bodily symptoms. Such symptoms are not fully explained by a medical condition and are transient in some cases, but in some cases can develop into chronic disability, especially in females, and mainly involve cardiovascular and gastrointestinal symptoms. Individuals diagnosed with other mental health issues, especially depression, are also having medically unexplained symptoms that are causing a negative influence on management as well as on the prognosis of such illnesses. Psychiatric cases with such presentations are also classified as 'Somatoform or Somatization' disorders^{5,6} which are defined as multiple, recurrent, and suddenly changing physical symptoms in different departments, usually before being transferred to a mental health professional. The term 'unexplained somatic symptoms' was introduced later to describe patients presenting with bodily symptoms and frequent medical visits instead of negative test reports.⁶ It is important that patients with common psychiatric illness (anxiety or depression) are more than twice as likely to show numerous vague bodily symptoms as those without such illnesses. Psychological symptoms can be camouflaged by physical complaints, such as headache, lower back pain, ringing sensation in ears, hiccups, globus pharyngis, and aphonia, therefore remaining unrecognized. The clinicians should be trained and equipped to detect psychological disorders in patients presenting with bodily complaints in the different emergency departments. This study was thus carried out in individuals presenting with ENT symptoms that are unexplained. Therefore, it must be very fitful if the doctors in different specialties are aware of regarding the mental health issues and psychological needs of the patients.

Methods

The study was conducted in the Ear, Nose, and Throat (ENT) Outpatient Department, Combined Military Hospital (CMH), Bahawalpur, Pakistan for a period of 06 months from August 2020 to January 2021 after the approval of the Ethical Review Committee of the hospital held on 5th September 2020 vide letter no:

ERB-212-2018. A general health care questionnaire (GHQ 12) shortened version was applied for screening on 455 patients presenting in the Outpatient Department during that period, and out of them, 79 did not have physical symptoms related to otorhinolaryngology, and the purpose of the study was explained to them in detail. It was also to these participants in detail that refusal will not affect the treatment plan, and completing the questionnaire will also have no effect on their management outcome. The completion of the given questionnaires in OPD was thoroughly explained to them, and they were used to ascertain their mental health status at that point in time. SPSS 24 and descriptive analysis was used for statistical evaluation of study results.

Results

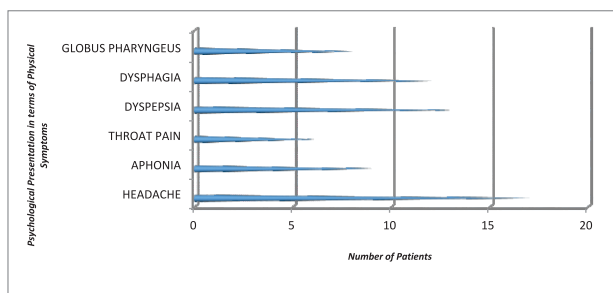
A total score of 4 or more was considered to indicate the presence of psychological symptoms related to mental health issues. Out of 455 patients, there were 79 patients (17%) considered in group A who had symptoms but no ENT positive findings. 30 were males and 49 were females out of those 79 individuals. They are between 18-70 years of age, and their educational qualifications range from 5th class to master's. Among those 42 from rural centers, whereas 37 belonged to urban areas, 31 were unmarried and 48 were married. Among the Patients with physical illness, two tested positive for Psychological symptoms, including a male and another female. Both were married and came from the urban area. Frequency and percentage of gender differences, age distribution, and marital status are described in Table 1. Table 2 explains the general health care questionnaire scoring in patients with symptoms but no ENT pathology. Bar charts represent the number of patients having psychological presentation of ENT symptoms without having any physical involvement. Table 1 describes the frequency distribution of individuals in terms of gender, age, and marital status of the participants. Figure 1 describes psychological symptoms in terms of physical presentation in different number of patients. Table 2 briefly describes the frequency of patients with different psychological symptoms identified on the GHQ-12 health care questionnaire.

Table 1: Frequency of patients in terms of age, gender and marital status

Characteristic	Frequency (N)	Percentage (%)
Gender		
Male	30	37.97
Female	49	62.03
Age		
18 to 35 years	24	30.37
36 to 53 years	29	36.70
54 to 70 years	26	32.91
Marital status		
Married	48	60.75
Unmarried	31	39.25

Table-2: GHQ 12 scores in patients without pathological ENT symptoms

Symptoms	Number of patients	GHQ 12 score +ve	GHQ Score -ve
Headache	17	16	1
Aphonia	9	9	0
Throat Pain	6	5	1
Long-standing dyspepsia	13	13	0
Dysphagia	12	12	0
Globus pharyngeus	8	8	0
Breathlessness	14	14	0

**Fig.1: Bar Chart of patients presenting with different psychological symptoms**

Discussion

Analysis of the obtained results revealed that the conclusion of the present study is in line with the previously reported literature addressing the psychological status of ENT patients. Somatoform disorders are mainly presented with repeated physical symptoms together with a persistent request for medical investigations and evaluation despite repeated negative findings and reassurances by the doctors that the symptoms have no physical basis. The patients presented in ENT clinics with symptoms for which no organic or physical causes can be found, so there is a great need to understand the psychosomatic aspect of such presentations, so

that one can understand the role of different stresses of life on one's physical presentation.^{7,8} ENT presentation, especially tinnitus and vertigo, have a strong link with distress and conflicts in human life, and patients presented in ENT OPD without having organic illness related to this field, and psychosocial elements affect the development of such symptoms.⁹ A lot of data is available in recent research articles regarding the connection between emotional distress and tinnitus.¹⁰ Moreover, patients presented with dizziness in the ENT OPD also found out that they have psychological causes without having any physical illnesses.¹¹ Such cases are most likely to have anxiety or depression related disorders. So psychological management of such patients has a pivotal role in treatment and ultimate satisfaction of patients and their family members. Our study shows that out of a total of 455 patients, 79 (17%) patients presented in the ENT outpatient department with psychiatric illness, which is a very significant number. Out of 79, forty-nine were females and thirty were males. As expected, females presenting with somatic symptoms are more likely to be diagnosed with somatization disorders.¹² It's not only related to their

education level, and almost half of them belong to urban areas. ENT specialists see many psychogenic disorders of the throat or ear and try to rule out organic causes. These patients can be reassured and many will benefit from psychiatric consultation and management of depression.¹³ Keeping in view the above literature, depression is very much associated with these disorders, and negative attitudes towards psychiatric consultation and treatment are very common in different countries, especially in South Asia.¹⁴ Psychiatric illnesses are very much on the higher side in our country, as revealed in many studies, mainly due to a lack of knowledge and unawareness of mental illnesses, or inability to express the psychological problems, or refusal to accept because of the associated stigma.¹⁵ Such patients are frequently presenting in medical OPDs and seeking medical advice despite of no improvement in their symptoms. Many studies have found that the cases of psychiatric illnesses especially with depressive symptoms present to other clinics instead of concerned department.¹⁶ Individuals with medical illnesses can also have comorbid psychiatric issues. Therefore, the presentation of the patients can be complicated to diagnose. So, there should be a dire need to conduct different medical studies with a larger population of patients visiting in different OPD clinics.¹⁷ Different psychological tools are required in the future for early detection and referral of such cases to the Psychiatric department for diagnosis. Psychiatric illness is mainly considered a stigma all over the world, a serious hurdle that needs to be addressed earlier, as it has been a persistent problem for ages.¹⁸ At times symptoms originate in the mind, causing negative thoughts like jealousy, anger, and depression due to frustration.¹⁹ This is not just a psychological but a complex biological process, and the available physical management is not effective; thus, psychological and social interventions are also required. Many barriers to assessing mental symptoms include stigma, the cost of management, and the intermittent episodic nature of symptoms. Therefore, machine-learning technology using speech samples could one day be a biomarker to improve diagnosis and treatment.^{20,21} It is also believed that health professionals in all specialties

need to give more attention to their diagnosis and assist the patients to open up in front of them without feeling embarrassed.²² Therefore, the early identification and management of co-occurring psychiatric disorders in this high-risk and clinically challenging group is very much necessary and can benefit equally. Cognitive and affective factors of the population also play a vital role in understanding these somatic symptoms and the management of somatoform disorders in different groups of people worldwide. Medical professionals, including general practitioners and specialists, need to identify symptoms and patients with somatoform disorders so that they can be referred to the psychiatric clinic at the earliest. In the modern era, patients read about their illnesses on the internet and get psychologically disturbed.^{23,24} So very thin line is there between physical illness, especially laryngeal pathologies, and psychogenic disorder, as the presentation of the patient is very similar in such patients.²⁵ So, research is needed to investigate the association between psychosocial factors and physical presentation. Awareness of these can lead to better referral of these disorders, as this will help to improve the somatic complaints of the patients and help clear the concept of such patients. A lot of gray areas are still there that need to be addressed in future studies, including research on larger sample sizes, doctor-patient ratios in OPD setups, and adopting more scientific tests to rule out physical illnesses, including tinnitus and vertigo. Moreover, the study has certain limitations which need to be considered. Firstly, only outdoor patients presented in the ENT OPD were considered in this study. Secondly, a stigma associated with mental illness is a serious hurdle in identifying psychiatric symptoms.

Conclusion

Psychiatric symptoms can be easily identified by using more effective psychological tools and a detailed history from patients. Health care professionals at all levels need training and sensitization to identify the associated psychological factors. It is suggested that clinicians should be well aware and trained to detect mental disorders in patients presenting with physical complaints.

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of interest

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Author Contributions

IS: Conception and design of the work, manuscript writing for methodology design and investigation, data acquisition, curation, and statistical analysis, writing the original draft, proofreading, and approval for final submission

UR: Manuscript writing for methodology design and investigation

KZM: Data acquisition, curation, and statistical analysis

AA: Validation of data, interpretation, and write-up of results

RM: Revising, editing, and supervising for intellectual content

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