Anxiety and Depression in Primary Care

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A reason anxiety and depression are often undetected by primary care physicians is that many doctors simply pay little attention to the possibility of anxiety disorder or depressive disorder when diagnosing an illness. However, in addition to this obvious reason, other possibilities include a patient tendency to complain only of the somatic symptoms specific to increasingly specialized consulting departments and the fact that the number of anxiety disorder and depressive disorder patients with difficult to diagnose symptoms, even by psychiatrists or doctors of psychosomatic medicine, has greatly increased. Also, mental distress is often masked by somatization. In a large-scale survey undertaken in 14 countries,1 it was surprisingly reported that 69% of depressive patients complained only of somatic symptoms. Hence, the recognition of the characteristic symptoms of anxiety and depression underlying somatic symptoms is very important for early detection and effective treatment. The Maruyama et al. study published in this issue is of great significance because it concretely demonstrated the somatic symptoms (tiredness, sleep disturbance, musculoskeletal pain, dizziness, and gastrointestinal symptoms) of which anxious and depressive patients often complain to primary care physicians.

In the case of anxiety-induced somatic symptoms, the autonomic nerve-mediated symptoms are triggered by anxiety, and all do not appear at the same time but appear variably according to the severity of anxiety. In mild anxiety, almost all patients feel only slight, ambiguous somatic anxiety. When anxiety is moderate, the patients usually complain of palpitation, dry mouth, and sweating of the palms. In a state of severe anxiety, such as an anxiety disorder, the symptoms are categorized into 1) neurological symptoms, 2) cardiovascular symptoms, 3) gastrointestinal symptoms, and 4) respiratory symptoms. In adults, musculoskeletal pain, sweating of the palms, abdominal pain and diarrhea, headache, dry mouth, dizziness, chest pain and palpitation, urinary frequency and urinary retention, and tremor, in order of the highest to the lowest incidence may be present.2

In children and adolescents (8–18 y), headache, epigastralgia, abdominal pain, and muscle pain occur more often than the other symptoms.3

Recently, we examined the somatic symptoms characteristic of the depression of 335 patients treated in our department.4 The results indicated that, for both males and females, sleep disturbance was the most common problem, followed by loss of appetite. Of the significant differences between males and females, diarrhea and excessive sweating were specific to the former and bulimia and dysesthesia to the latter.

Overall, we were able to explain the somatic symptoms characteristic of anxiety and depression. Somatic symptoms not accounted for by any physical disease have been shown to afflict at least one-third of all patients, which suggests that many patients may be suffering from mental distress, such as from anxiety or depression. Careful attention by primary care physicians to the possibility of anxiety and depression in the treatment of patients is of critical importance for improving the quality of life of the patient and, in extreme cases, for preventing more serious outcomes, such as suicide. The treatment of anxiety and depression has been proven to considerably ameliorate both mental and somatic symptoms.

References


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