

Original Research Reports

The Prevalence of Medically Unexplained Symptoms in Primary Care

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Objective: *There is only a small number of studies dealing with the prevalence of medically unexplained symptoms and somatoform disorder in German primary care practices. Therefore, we aimed to study the prevalence of medically unexplained symptoms and the prevalences and comorbidities of somatoform and other mental disorders. Method:* In the initial stage of a two-stage prevalence study, 620 consecutive patients were first screened with a PHQ-15 questionnaire. In the second stage, 308 selected persons were then interviewed in detail. **Results:** *Medically unexplained symptoms made up two-thirds of all reported symptoms with women, younger persons, and non-native speakers having the highest rates. The 12-*

months prevalences of somatoform disorders was 22.9%, for affective disorders it was 12.4%, and for anxiety disorders it was 11.4%. Somatoform disorder was comorbid with at least one other mental disorder in 43.2% of the cases. Most frequently, somatoform disorder was comorbid with anxiety or depression. 37.1% of the patients had a mental disorder. Conclusion: *Somatoform and other mental disorders are highly common in primary care. In order to support an adequate management of mental and somatoform disorders, general practitioners should consider the influences of gender and cultural background on the development of a mental disorder.*

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According to Jackson and Passamonti,¹ approximately one-third of the symptoms reported to general practitioners (GP) are medically unexplained. Apart from depression and anxiety, functional syndromes and somatoform disorders are the most common mental disorders in primary care.² However, only 33% to 60% of these patients are diagnosed correctly by their GPs and are referred to a specialist for further treatment.^{3,4}

In recent decades, the prevalence of medically unexplained symptoms (MUS) and somatoform disorders in the general population and in primary care have been a major research interest. De Waal and colleagues⁵ examined 1046 consecutive patients in Dutch primary care practices using a standardized diagnostic interview; 16.1% of their respondents were diagnosed with somatoform disorder. Other studies even reported prevalence rates between 22% and 28%.^{6–9} Several authors reported a high comorbidity (11%–50%) of somatoform disorder between depression

and/or anxiety.^{5,8–10} Our knowledge about the impact of somatoform disorder on health-related quality of life is ambiguous: While Harris and colleagues¹¹ observed that the diagnosis of a somatoform disorder was associated with severe impairments in health-related quality of life (independently from the comorbidity with other mental diagnoses), other authors did not find any impact on quality of life at all.^{12,13} The diagnosis of a somatoform disorder was also associated with an intensified number of

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