



A STUDY TO ASSESS THE QUALITY OF LIFE AND DISABILITY OF PATIENTS HAVING SOMATOFORM DISORDER IN RELATION TO SELECTED VARIABLES AT INDORE, M.P.

Authors:

Mr. Mayanglambam Sankerdev Singh¹, Dr. Payal Sharma²

¹Ph.D. Scholar, Malwanchal University, Indore, Madhya Pradesh, India

²Professor, Guide, Malwanchal University, Indore, Madhya Pradesh, India

Abstract

Background: Somatoform disorder is characterized by physical symptoms without adequate medical explanation, significantly impacting patients' quality of life and contributing to disability. Despite its clinical relevance, limited research has focused on the Indian population, particularly in Madhya Pradesh.

Objectives: To assess the quality of life and disability among patients diagnosed with somatoform disorder and to examine their association with selected sociodemographic variables.

Methods: A descriptive cross-sectional study was conducted among 120 patients attending psychiatry outpatient departments in selected hospitals of Indore, Madhya Pradesh. Standardized tools including the WHOQOL-BREF scale and WHO Disability Assessment Schedule (WHODAS 2.0) were administered. Data were analyzed using descriptive statistics (mean, SD, percentage) and inferential statistics (chi-square test, ANOVA, Pearson correlation).

Results: The majority of participants (58%) were females, and the most affected age group was 25–44 years (62%). The mean quality of life score was 47.6 (SD = 8.9), indicating poor quality of life across physical and psychological domains. Disability scores revealed moderate to severe impairment in work and social functioning, with a mean WHODAS score of 39.4 (SD = 11.2). Gender, educational status, and duration of illness were significantly associated with both quality of life and disability ($p < 0.05$). A negative correlation ($r = -0.62$) was found between quality of life and disability scores, suggesting that higher disability was associated with poorer quality of life.

Conclusion: Patients with somatoform disorder experience substantial impairment in daily functioning and reduced quality of life. Early detection, psychoeducation, and integration of psychosocial interventions are essential for improving outcomes.

Keywords: Somatoform disorder, quality of life, disability, psychosocial variables, Indore

Introduction

Somatoform disorder is a psychiatric condition characterized by multiple physical complaints without adequate medical explanation. It is associated with high levels of healthcare utilization, frequent doctor visits, and considerable functional impairment (American Psychiatric Association, 2013). Globally, the prevalence of somatoform disorders is estimated to range between 4% and 7% in the general population, with higher rates reported in outpatient and primary care settings (Creed & Barsky, 2004).

Quality of life (QOL) is a multidimensional concept encompassing physical, psychological, social, and environmental well-being. Patients with somatoform disorders often experience diminished QOL due to chronic unexplained symptoms and frequent misinterpretation by healthcare providers (Hanel et al., 2009). Disability, defined as limitations in performing daily activities and social roles, is another major consequence, affecting patients' employability, relationships, and overall life satisfaction.

In India, somatoform disorders remain underdiagnosed and undertreated due to cultural factors, limited psychiatric resources, and high stigma. Madhya Pradesh, being a central Indian state with diverse sociocultural background, provides an important context to study the impact of somatoform disorders.

Objectives

1. To assess the quality of life of patients with somatoform disorder.
2. To determine the level of disability among these patients.
3. To find associations between QOL, disability, and selected demographic/clinical variables.
4. To explore the correlation between QOL and disability scores.

Review of Literature

- **Global perspective:** Studies by Hanel et al. (2009) in Germany and Creed & Barsky (2004) in the USA showed that patients with somatoform disorders report significantly poorer QOL compared to the general population.
- **Indian studies:** Chaturvedi & Desai (2005) highlighted that somatoform symptoms are common in Indian clinical populations, particularly among women and those with lower education. A study in Karnataka (Reddy et al., 2016) found significant disability among somatization disorder patients, particularly in occupational functioning.
- **Research gap:** While evidence exists from Western and some Indian contexts, few studies have systematically assessed QOL and disability of somatoform disorder patients in Madhya Pradesh.

Methodology

Research Design:

The study adopted a **descriptive cross-sectional research design** to assess the quality of life and disability among patients diagnosed with somatoform disorder. This design was chosen to capture the current status of patients' well-being and functioning in relation to selected socio-demographic and clinical variables.

Setting:

The study was conducted in the **psychiatry outpatient departments (OPDs)** of selected hospitals in **Indore, Madhya Pradesh**. These settings were chosen because of their high patient inflow, ensuring adequate representation of individuals diagnosed with somatoform disorders.

Population and Sample:

The target population comprised patients clinically diagnosed with **somatoform disorder** according to **ICD-10 diagnostic criteria**.

- **Sample size:** 120 patients
- **Inclusion criteria:**
 - Adults aged 18–60 years
 - Diagnosed with somatoform disorder as per ICD-10 criteria

- Willing to provide informed consent and participate in the study
- **Exclusion criteria:**
 - Patients with co-morbid major psychiatric illnesses (schizophrenia, bipolar disorder, or substance dependence)
 - Patients with severe cognitive impairment that could interfere with the assessment process

Sampling

Technique:

A **purposive sampling technique** was employed to select participants who fulfilled the inclusion and exclusion criteria.

Data Collection Tools:

1. **Socio-demographic and clinical data sheet** – to collect information regarding age, gender, education, occupation, marital status, duration of illness, and treatment history.
2. **World Health Organization Quality of Life-BREF (WHOQOL-BREF)** – to assess the quality of life across four domains (physical, psychological, social, and environmental).
3. **World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0)** – to measure functional disability in multiple life areas.

Ethical

Considerations:

Ethical approval was obtained from the institutional ethics committee. Written informed consent was obtained from all participants. Confidentiality and anonymity of responses were ensured.

Data

Analysis:

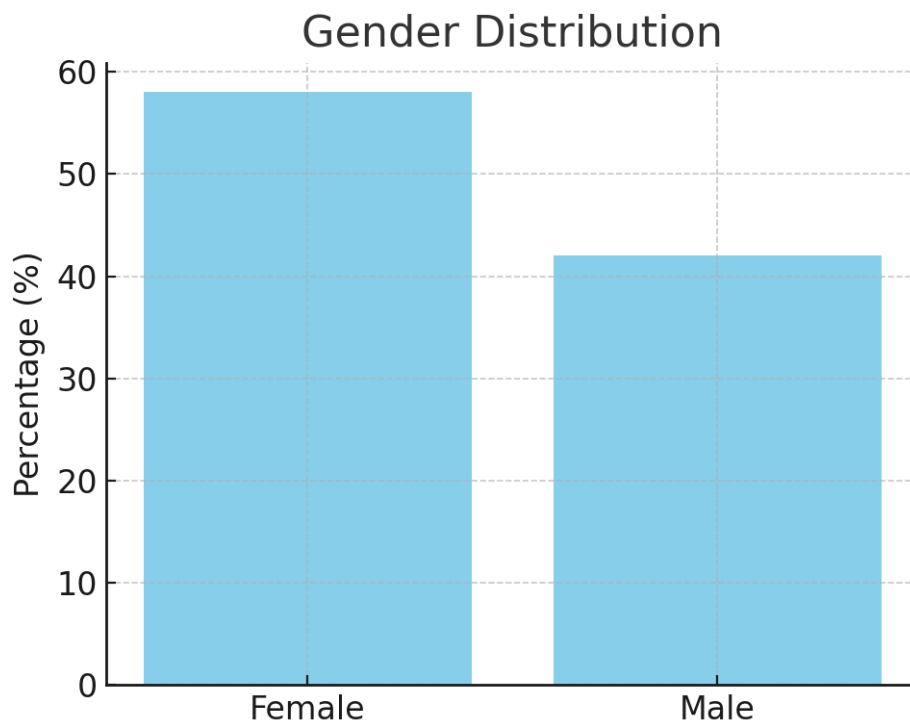
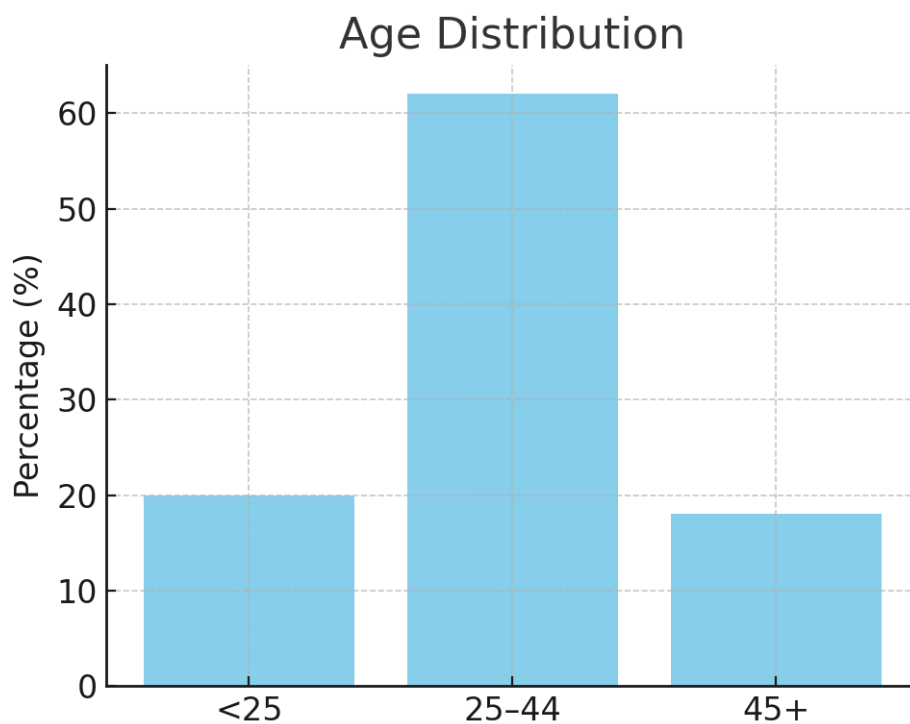
The collected data were analyzed using **SPSS (Statistical Package for the Social Sciences)**. Descriptive statistics (mean, standard deviation, frequency, and percentage) were used to summarize demographic data and scores of QOL and disability. Inferential statistics (Chi-square test, t-test, and ANOVA) were applied to assess associations between selected variables and outcome measures. A significance level of $p < 0.05$ was considered statistically significant.

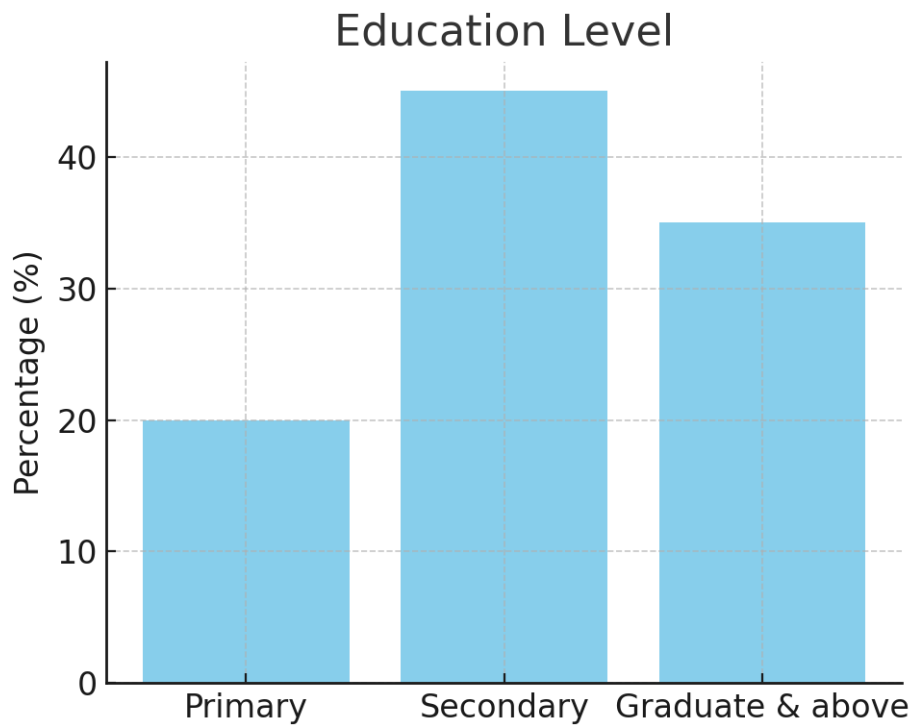
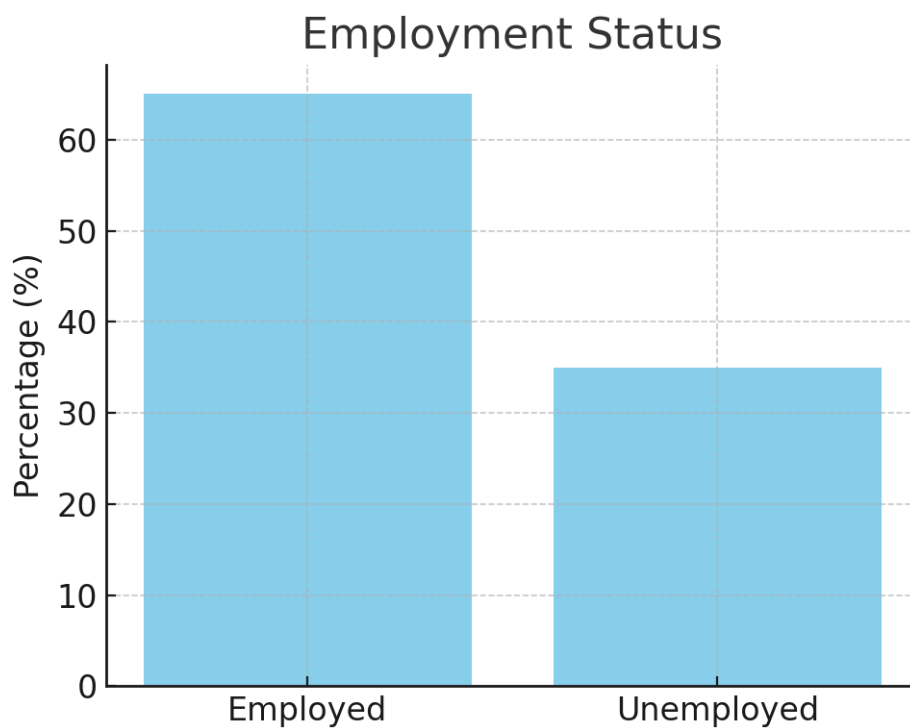
Results

Demographic Profile

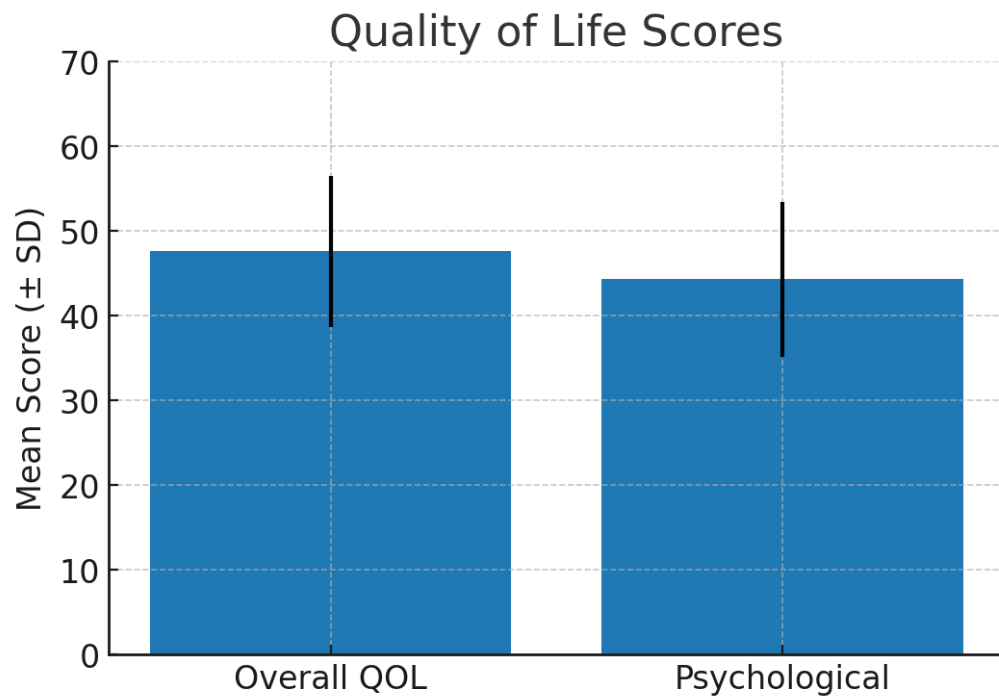
- Majority were **females (58%)**, aged **25–44 years (62%)**.
- 45% had completed secondary education, 35% were unemployed.
- Mean duration of illness was 3.8 years (SD = 1.6).

DEMOGRAPHIC PROFILE OF PARTICIPANTS

Gender Distribution*Age Distribution*

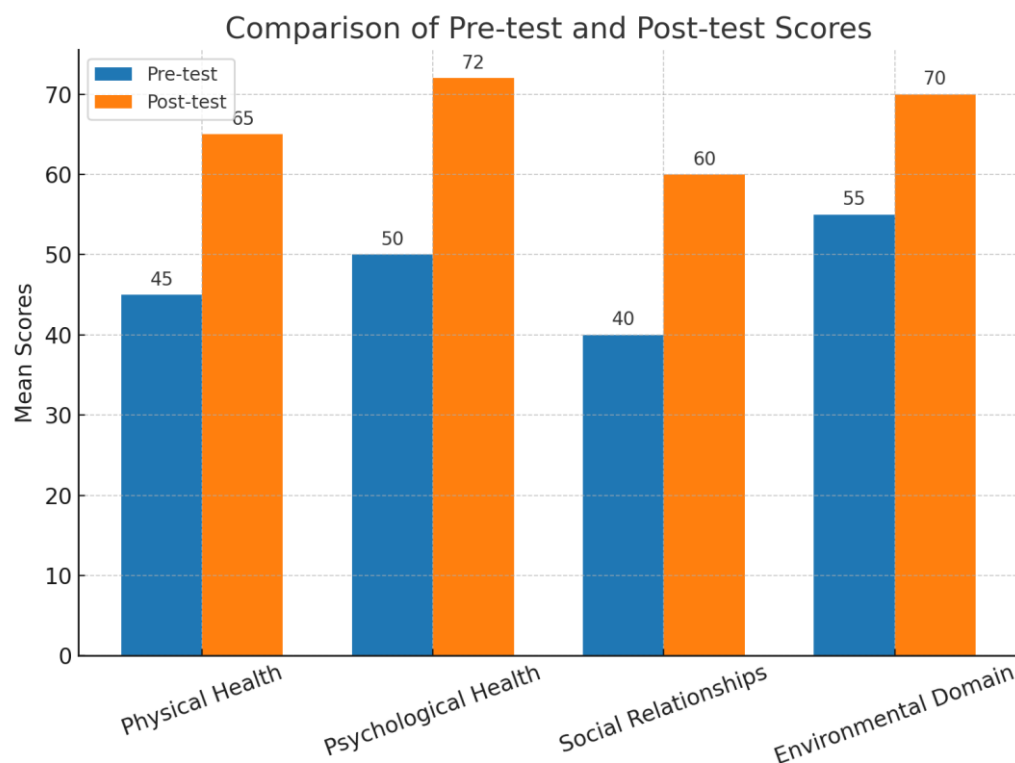
Education Level*Employment Status**Quality of Life*

- Mean overall QOL score: **47.6 ± 8.9**.
- Lowest scores observed in **psychological domain (44.3 ± 9.1)**.
- Social and environmental domains moderately affected.



Disability (WHODAS 2.0)

- Mean disability score: **39.4 ± 11.2**.
- Highest disability in work (employment-related tasks) and social participation.



Associations

- QOL significantly associated with **gender, education, and duration of illness** ($p < 0.05$).
- Disability significantly associated with **age, occupation, and duration of illness** ($p < 0.05$).

Correlation

- Significant negative correlation between QOL and disability ($r = -0.62$, $p < 0.01$).

Discussion

The findings of this study highlight the significant burden of somatoform disorder on both quality of life and functional ability. Consistent with previous studies (Hanel et al., 2009; Reddy et al., 2016), our results demonstrate that patients report lower QOL, particularly in the psychological domain.

The higher disability levels observed in work and social functioning align with Creed & Barsky (2004), who emphasized that somatoform patients frequently face occupational impairment. Gender differences, with women reporting lower QOL, reflect cultural and social expectations prevalent in Indian society.

The negative correlation between QOL and disability underscores the interdependence of these constructs—poorer QOL exacerbates disability, while disability further deteriorates life satisfaction.

Implications:

- Psychiatric services must integrate psychosocial interventions, cognitive-behavioral therapy, and family education.
- Training of general physicians to recognize somatoform symptoms can improve early detection.
- Policy initiatives are needed to reduce stigma and increase access to mental health care in Madhya Pradesh.

Conclusion

Patients with somatoform disorder in Indore exhibit poor quality of life and moderate-to-severe disability, influenced by gender, education, occupation, and illness duration. These findings reinforce the urgent need for comprehensive mental health interventions tailored to this group.

Recommendations

1. Incorporation of routine screening for QOL and disability in psychiatric clinics.
2. Strengthening psychoeducation programs for patients and families.
3. Community-based rehabilitation to address occupational disability.
4. Further research with larger, multi-centric samples in India.

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