There are no cultural differences in the somatic presentation of depression

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An international study of the relation between somatic symptoms and depression

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Background: Patients with depression, especially those seen by nonpsychiatric physicians, frequently present with somatic chief complaints. It has been suggested that depressed patients in some countries/cultures are more likely to report somatic symptoms and less willing to express emotional distress, and that this is also true of patients of lower socioeconomic status.

Aim: To assess international variation in the relationship of the expression of somatic symptoms and major depression.

Methods: Data was collected from the World Health Organization Study of psychological problems in general health care. Between 1991 and 1992, 25,916 patients at 15 primary care centers in 14 countries on 5 continents were screened and 5447 patients underwent a structured assessment of somatization and depression. Depression was defined using DSM-IV criteria and three definitions of somatization were tested:

1). Depression with a strictly somatic presentation
2). Depression accompanied by at least 3 unexplained somatic symptoms (may or may not deny psychological symptoms)
3). Depression with denial of psychological distress and substitution of somatic symptoms
Main Findings: A total of 1146 of the 5447 patients (10.1%) met criteria for major depression. Of the patients with depression, 85% met at least one of the somatization definitions; but there was little overlap between them (only 4% met all three).

The presence of psychological and somatic symptoms varied widely over the sites. However, the balance of psychological to somatic symptoms was similar (i.e. the more somatic symptoms reported, then the more psychological symptoms reported and vice versa). Almost 90% of depressed patients admitted having psychological symptoms when directly questioned. There was no evidence of greater somatization in the non-Western or less economically developed countries. A strictly somatic presentation of depression was more common at centers where patients did not have an ongoing relationship with a primary care physician.

Conclusions: Somatic symptoms are a core component of major depression. The great majority of patients with major depression who presented with somatic complaints in primary care acknowledged psychological symptoms when directly asked. The tendency to “somatize” depression did not vary between countries, but patients in some countries/cultures are more likely to complain of physical and psychological symptoms than others. Patients are more likely to express emotional distress to a physician with whom they already have a relationship.

Limitations: The primary care settings in this study were all located in urban areas, and all patients were seeking care from physicians trained in western style medicine. Hence, the patient samples are not representative of their national populations.

Impact on Internal Medicine: This study adds to previous studies demonstrating that depression can be readily diagnosed in primary care patients, even those who “somatize,” by direct questioning. It should also remind physicians that they
should always consider the possibility of depression in patients with disproportionate or unexplained physical symptoms, and not be too quick to diagnose a somatoform disorder (e.g. somatization disorder or hypochondriasis). Not surprisingly, evaluation will be more effective when the patient has a personal physician. Physicians should be aware that patients from different nations/cultures will vary considerably in their readiness to volunteer physical and psychological symptoms of depression.