

Panic disorder and hypochondriasis

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The aim of this study is to examine the association of panic disorder with hypochondriasis. The study group were consisted of 62 patients who were referred to the Psychiatry Clinic of the Medical School of Firat University in 1994, who were diagnosed as panic disorder cases according to the DSM-III-R criteria. SCIDI and SCID II inventories structured for DSM-III-R were applied to the patients and all data containing their sociodemographic characteristics were entered on forms specially prepared for this study. In our study we determined that the hypochondriasis accompanies the panic disorder more than it does the agoraphobia. A large majority of patients having the diagnosis of panic disorder and hypochondriasis are males, usually work as public servant, and they have obsessive compulsive personality . [Turk J Med Res 1996, 14(3): 121-124]

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Though the hypochondriasis is a disease known even in ancient times, panic disorder was coded as a separate clinical diagnosis in DSM-III for the first time in 1980 (1). It is treated under two subtitles in DSM-III-R and DSM IV with and without agoraphobia (2,3). The literature indicates that the most frequent diagnosis accompanying the panic disorder is the agoraphobia (4) and that the agoraphobia not accompanied by the panic disorder are rather rare (5,6).

In the practical clinical implementation, hypochondriasis is noted to frequently accompany the panic disorder cases. For this reason, our study was oriented toward the association of panic disorder with hypochondriasis and the identification of the factors influencing this association.

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MATERIALS AND METHODS

The population for this study consisted of 62 patients who were referred to the Psychiatry Department of Medical School of Firat University 1994 and who were diagnosed as panic disorder cases according to the DSM-III-R criteria. SCID I and SCID II inventories structured for DSM-III-R were applied to the patients and all data containing their sociodemographic characteristics were entered on forms specially prepared for this study.

RESULTS

Thirty two of 62 patients making up the population of the study were females (51.6%) and 30 were males (48.4%). Their ages varied between 18 and 57, with an average of 33.45 (SD:13.02). Thirty nine of patients (62.9%) were married, 11 (17.4%) were unmarried and 12 (19.4%) were widows. Durations of the disease were reported to be from 40 days to 13 years, with an average of one year and four months. Twelve patients (19.4) reported their socioeconomic levels as bad, 40 (61.5%) as medium and 10 (16.1%) as good. The clinical interviews structured after the DSM-III-R criterias of all 62 patients were evaluated on SCID I.

forms and the psychiatric disorders found to be accompanying the panic disorder were assembled in the Table I.

Table 1. Psychiatric disorders accompanying the panic disorder.

	n	%
Agoraphobia	7	11.3
Social Phobia	3	4.8
Post-traumatic Stress Disorder	3	4.8
Obsessive Compulsive Disorder	8	12.9
Hypochondriasis	15	24.2
Major Depression	4	6.5

In 22 of 62 patients (35.5%), the depressive symptomatology was found to accompany the panic disorder. The anamneses of 7 patients (11.3%) revealed that they had previously received treatment for depression prior to their reporting. Likewise, the personality characteristics of the population were evaluated by the SCID II personality inventory and the findings are summarized in the Table II.

Table 3. Sociodemographic data of the patients

	Panic Dis.		Panic Dis.with Agora.		Panic Dis.+Hypocon	
	n(40)	%	n(7)	%	n(15)	%
Sex						
Male	15	37.5	4	57.1	12	80
Female	25	62.5	3	42.8	3	20
Education Level						
Illiterate	12	30	0	0	3	20
Primary-secondary	16	40	3	42.8	6	40
High school	8	20	3	42.8	4	26.6
University	4	10	1	14.2	2	13.3
Profession						
Housewife	10	25	2	28	2	13.3
Unemployed	3	7.5	0	0	1	6.6
Public servant	16	40	3	42.8	11	73.3
Various	11	27.5	2	28	1	6.6
Living area						
Rural	2	5		14.2	0	0
Urban	38	95	6	85.7	15	100
PSS factors						
Undetermined	7	17.5	1	14.2	2	13.3
Familial	10	25	1	14.2	2	13.3
Death of close relative	8	20	2	28	9	60
Economical problems	15	37.5	3	42	2	13.3

Table 2. The personality characteristics of the patients making up the study population, with indication of most predominant personality type.

	(n)	(%)
Histrionic	7	11.3
Dependent	3	4.8
Avoidant	3	4.8
Borderline	4	6.5
Antisocial	1	1.6
Obsessive Compulsive	23	37.1
Paranoid	3	4.8
Schizoid	1	1.6
Narcissistic	1	1.6
With undetermined pathology	16	25

Sociodemographic data of the patients were synopsisized as their diagnosis in the table III.

Through the study of sociodemographic data, was ascertained regarding the patients with diagnosis of panic disorder cum hypochondriasis:

1- From the gender viewpoint, 12 patients (80%) were males and 3 (20%) were females.

2- All patients (100%) were urban origin.

3- Eleven patients (73.3%) were public servants while the remaining four (27.6%) belonged to various professions.

4- Nine of patients (60%) had lost a close relative before their complaints began. Two patients (28%) reported the existence of panic disorder with agoraphobia in deceased relatives and eight (20%) stated panic disorder in their late kins. The comparison of this ratios were found to be statistically significant ($\chi^2 = 8.22$, $p < 0.02$).

DISCUSSION

The excessive sensitivity against natural physical findings which is the salient feature of hypochondriasis is a non-specific characteristic encountered in many psychiatric disorders. This sensitivity is frequently noted in anxiety disorders. The recent publications show an increasing rate of association of hypochondriasis with the panic disorders (6,7). This association is indicated to be capable to lead to diagnostic confusions and attentions are drawn to the difference between these two events (2,8). The recent cognitive reappraisals have suggested similarities in the evolutive mechanisms of these two disorders (9). The psychopathology in hypochondriac patients is the misinterpretation and misevaluation of natural physical events (10). A similar pathological mechanism is also valid for patients with panic disorders. Hibbert indicated that patients with panic disorders evaluate the natural physical stimuli as serious diseases and defined the panic attack as an acute hypochondriac attack (9).

In his study covering 481 patients with panic disorders, Lesser found that the agoraphobia accompanied panic disorders in 79% of the patients (4). In 39 of 57 patients having a panic disorder diagnosis (68.4% of the population), Tiikel discovered that agoraphobia accompanied the panic disorder (11). We have determined this ratio as 11.3% in our study. This ratio, significantly lower than that given in the literature, may be explained by the introvert characters of the people of the area where the study was conducted, the absence of the habit of leaving the home environment alone, particularly among the women, before the occurrence of the disorder and the high rate of the tendency of somatisation of the situation.

Starcevic et al, mention in 50% of patients receiving panic disorder diagnosis the existence of

hypochondriac activities secondary accompanying the disorder (12). Sheenan et al. reported this ratio as 68% (13). Although we have observed in our study an intense hypochondriac preoccupations in patients to whom we gave the diagnosis of panic disorder, 24.2% of them received the hypochondriac diagnosis as the secondary ailment. Since the ratios stated in the literature were those of hypochondriac preoccupations instead of hypochondriasis per se, we were unable to compare it with those given in the previous publications.

Versus 15 patient (24.2%) with the panic disorder cum hypochondriasis diagnosis in our study, 7 patients (11.3%) were diagnosed as panic disorder cases with agoraphobia. Despite the fact that the hypochondriasis accompanies the panic disorder twice as much as it does the agoraphobia, a statistically significant difference was not encountered ($p < 0.05$).

73.3% of the patients with the diagnosis of panic disorder cum hypochondriasis are public servants. This may be explained by the fact that reporting to a hospital does not entail any financial burde to them since they are covered by the state insurance scheme. In conclusion; it may be said that the hypochondriasis accompanies the panic disorder more than it does the agoraphobia, that a large majority of patients receiving the diagnosis of panic disorder and hypochondriasis are males, that they usually work as public servants, that they lost a close relative prior to the onset of their disease and that they have obsessive compulsive personality characteristics. We believe that the patients receiving the panic disorder diagnosis and having the above common traits should be evaluated for the accompanying hypochondriasis.

Panik bozukluğu ve hipokondriyazis

Bu çalışmanın amacı panik bozukluğu ile hipokondriyazis ilişkisini incelemektir. Çalışmaya, DSM-III-R kriterlerine göre panik bozukluğu tanısı ile Fırat Üniversitesi Tıp Fakültesi Hastanesine 1994 yılında refere edilen 62 hastayı içermektedir. SCID I ve SCID II DSM-III-R için düzenlenmiş ve hastalara uygulanmıştır. Hastaların sosyodemografik özelliklerini de içerecek şekilde tüm veriler bu çalışma için düzenlenmiş formlara yazıldı. Çalışmamızda hipokondriyazisin agorafobiden daha çok panik bozukluğu ile birlikteliğini tespit ettik. Panik bozukluğu ve hipokondriyazisi tamam olan hastaların büyük çoğunluğu erkek, memur ve obsesif kompulsif kişiliğe sahiplerdi. [Turk J Med Res 1996 (14(3)) 121-124]