

## 1. Abstract

*Introduction:* Somatization in the depressed elderly is an important yet under-researched area, and prospective studies of the course of somatization have been especially sparse.

*Objectives:* To evaluate the relationship between the number of somatic symptoms, severity of depression and physical illness burden. To compare the somatic symptom profile of the improved and not improved subjects to find out which types of somatic symptoms show differential improvement with time. To study the discrepancy between patient's perception and clinician's assessment, in terms of improvement profile of somatic symptoms.

*Method:* Thirty-one Chinese elderly from consecutive new referrals to psychogeriatric service and with a DSM IV diagnosis of Major depressive disorder were studied prospectively over a period of 6 months. The number of somatic symptoms was measured by Cornell Medical Index, severity of depression was measured by Hamilton Depression Rating Scale, physical illness burden was measured by Cumulative Illness Rating Scale, and patient satisfaction was measured by a Likert scale.

*Results:* The severity of depression and physical illness burden were both positively correlated with number of somatic symptoms ( $r = 0.415$ ,  $p = 0.032$  and  $r = 0.410$ ,  $p = 0.034$  respectively). The number of somatic symptoms significantly decreased as depression improved with time (Wilk's Lambda  $F = 5.297$ ,  $p = 0.030$ ), independent of change in physical health. Post-treatment somatic symptom count remained high, at a mean of 21.7. Gastrointestinal symptoms and

frequency of illness showed significant reduction with clinical improvement of depression (Wilk's Lambda  $F = 7.565$ ,  $p = 0.011$  and  $F = 8.902$ ,  $p = 0.006$  respectively). When patient satisfaction was taken into account, cardiovascular symptoms and fatigability also showed significant reduction (Wilk's Lambda  $F = 5.706$ ,  $p = 0.025$  and  $F = 4.243$ ,  $p = 0.050$  respectively).

*Conclusion:* The current study can serve as a preliminary study to guide future research. Improvement of depression is possibly a better predictor of decrease in somatic symptoms, when compared to change in physical health. The persistence of post-treatment high somatic symptom count calls for more aggressive management of the somatic component of depression. Chinese cultural influences can help to explain the observed discrepancy in somatic symptom improvement between patient's perception and clinician's assessment.