

Abstract

BACKGROUND Functional dyspepsia (FD) is one group of functional gastrointestinal disorders with unknown pathophysiology. Despite literature has suggested that psychiatric morbidity is highly prevalent in FD, the impact of comorbid psychiatric disorders on their health-related quality of life (HRQoL) remains undetermined. Although some self-rating instruments for screening psychiatric disorders are widely validated, the performance and optimal cutoff varies across different groups of patients. No previous literature evaluates the psychometric properties of any self-administered screening questionnaire in FD patients.

OBJECTIVES 1) To compare the HRQoL between FD patients with and without psychiatric disorders; 2) To identify independent risk factors associated with poorer HRQoL in FD patients; 3) Evaluate the performance of 12-item General Health Questionnaire (GHQ-12) to screen for psychiatric disorders among FD patients

METHOD This was a single-arm descriptive study in a tertiary center. 55 consecutive out-patients fulfilling Rome III criteria for FD were recruited. Patients having significant medical illness, gastroesophageal reflux disease or pregnancy were excluded. During assessment 4 weeks after index endoscopy, all subjects completed a set of questionnaires on demographic and psychosocial parameters, dyspepsia symptoms severity, 36-item short-form health survey (SF-36) and GHQ-12. Then he/she was interviewed by a psychiatrist using Structured Clinical Interview for DSM-IV Axis I Disorders (SCID) to look for psychiatric disorders.

RESULT Out of the 55 recruited subjects, 27 (49.1%) had current psychiatric disorders as determined by SCID (38.2% for anxiety disorders, 16.4% for depressive disorders and 10.8% for somatization disorder). Subjects with co-existing psychiatric disorder(s) scored significantly lower in multiple domains of SF-36, including mental component summary (MCS), general health, vitality and mental health. As identified by multivariate linear regression analysis, current psychiatric disorders (Beta = -0.383, $P = 0.003$) and family history of psychiatric illness (Beta = -0.289, $P = 0.018$) were independently associated with poorer MCS score in SF-36, while total dyspeptic symptom score (Beta = -0.310, $P = 0.041$) was independently associated with lower physical component summary score. Receiver operating characteristic (ROC) curve analysis of GHQ-12 also revealed an area under curve of 0.825 (95% confidence interval = 0.698 – 0.914).

CONCLUSION In FD patients, HRQoL are more adversely affected by psychiatric morbidities. Presence of psychiatric disorders and family history of psychiatric illness impair the mental component of HRQoL, while severity of dyspepsia affects the physical component. Furthermore, GHQ-12 is a useful screening tool for detecting psychiatric disorders in FD patients.