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Psychological flexibility in patients with severe somatic symptom disorder

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Aims

A core diagnostic criterion of Somatic Symptom Disorder (SSD) is the excessiveness of distress and time-and-energy consuming thoughts, feelings and behavior pertaining to somatic symptoms. This criterion is lacking in central sensitivity syndromes (CSS), such as fibromyalgia, irritable bowel syndrome, and chronic fatigue syndrome. The strong emphasis on disturbed psychological processing of somatic symptoms, suggests that people with SSD have problems with psychological flexibility, defined as the ability to notice and accept interfering thoughts, emotions and bodily sensations and to behave in accordance with personal values, even in the presence of negative experiences. To understand the potential significance of psychological flexibility in SSD, we examined its levels in people with SSD as compared to people with CSS and people without SSD or CSS (controls).

Methods

Questionnaires including the Flexibility Index Test-60 (FIT-60) were answered by people with severe SSD referred to tertiary treatment ($n = 154$) and people from the general population with CSS ($n = 597$) and without SSD or CSS ($n = 1422$). Analyses included adjustments for the demographic covariates gender age, and education level.

Results

Mean (SE) psychological flexibility differed between groups ($F = 154.5$, $p < 0.001$, $p\eta 2 = 0.13$): SSD 166 (3.8), CSS 215 (2.0), controls 234 (1.3). Percentages of people with (very) low psychological flexibility (a large deviation from the norm) were: SSD 74%, CSS 42%, controls 21%. Psychological flexibility in SSD was associated with somatic symptoms (medium effect), physical health (small effect), and mental health (large effect).

Conclusion

Low psychological flexibility is indicated to be a core problem in people with SSD.

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How do individuals with undiagnosed depressive symptoms experience online depression screening? – A qualitative interview study

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Background

Online depression screening is widely used and might pose a promising approach to improve early detection and subsequent treatment of undiagnosed depression. However, until now no study has addressed the perspectives of affected adults in this matter. This study contributes to re-dressing this omission by exploring how individuals with undiagnosed depressive symptoms experience online depression screening.

Methods

The current study is a qualitative follow-up of a German-wide randomised controlled trial on feedback after online depression screening. A subsample of 26 participants with undiagnosed depressive symptoms (PHQ-9 ≥ 10) were purposively selected based on maximum variation in gender, age and study arm. In-depth semi-structured telephone interviews (mean = 37 min) were conducted six months after screening. Data were analysed using inductive reflexive thematic analysis within a contextualist theoretical framework.

Results

Participants' experiences with online depression screening were summarised as a process, starting with (1) screening as a mirror: awareness and realisation, which is followed by a (2) cognitive positioning: rejection vs. acceptance, (3) emotional reactions: between overload and empowerment, and (4) personal activation: from reflection to action. Additionally, one overarching theme was identified: (5) ambivalence between awareness and denial of symptoms.

Conclusions

The findings suggest that online depression screening is experienced as a process resulting in reactions on a continuum from negative to neutral to beneficial. In order to both make use of the potential of online depression screening and ensure safety in existing screening practice, future research should determine how to best target the screening process to the individual.

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COVID-19-related consultation-liaison (CL) mental health services in general hospitals: Results of an international survey

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