

## CORONARY ARTERY DISEASE FREQUENT SOMATIC SYMPTOMS IN CHD

Patients with coronary heart disease (CHD) have both disease-specific symptoms and general somatic symptoms. Kohlmann and colleagues have now investigated the prevalence of somatic symptoms in these patients. Five or more somatic symptoms were reported by  $\geq 50\%$  of patients, and the number of somatic symptoms correlated with functional impairment and decreased quality of life.

In 387 patients with CHD, the most-common somatic symptoms were: trouble sleeping (76.7%); feeling tired or having low energy (70.8%); pain in the arms, legs, or joints (63.0%); back pain (61.2%); and shortness of breath (59.4%). By comparison, 45.2% of patients reported chest pain, one of the more disease-specific symptoms of CHD. Furthermore, 11 of the 15 somatic symptoms examined were experienced by  $\geq 30\%$  of patients. The prevalence of somatic symptoms is almost as high in patients with CHD as in chronically ill patients with comorbid pain or affective disorders.

Increased severity of somatic symptoms was independently associated with depression severity, NYHA class, anxiety, and hypertension. After adjusting for cardiac health and sociodemographic and risk factors, psychological factors were most strongly associated with severity of somatic symptoms. "Somatic symptom severity itself could pose a risk factor for morbidity and mortality in patients with CHD," says Kohlmann. In an associated editor's note, Patrick O'Malley suggests that "clinicians should use the somatic symptom burden more as a 'sed rate' for emotional distress, and treat accordingly, rather than as a sign of anatomic disease requiring further testing".

The underlying causes of somatic symptoms in patients with CHD are not known. "Biological factors such as high inflammation contribute to the aetiology of somatic symptoms, but findings from this study suggest that psychological processes determine who is presenting with somatic complaints," says Kohlmann. "Clinically, patients might benefit from cognitive behavioural therapy focussing on sleep hygiene or coping with pain." Treating patients with CHD and depression or anxiety might also decrease somatic symptoms and improve quality of life.

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