RESEARCH SUMMARY

Somatization in the dental setting

Clinical characteristics of somatization in dental practice

A. De Jongh *Br Dent J* 2003; 195: 151–154

Objectives

This study was a first attempt to derive an estimate of the likely incidence of somatization-specific behaviour in a dental setting and its relationship with both somatic symptoms and symptoms of depression.

Methods

Somatization-specific behaviour was operationalized as reporting of inexplicable dental symptoms (eg pain), remarkable frequent attendance at a dental surgery, inexplicably high treatment use or unreasonable requests with regard to treatment.

Results

Of the 309 patients surveyed, 8.7% fulfilled one or more of the criteria for somatization-specific behaviour. This was particularly manifested by a high attendance rate (6.8%). Women exhibited somatization-specific behaviour significantly more often (73%) than men (27%). Support was found for the hypothesis that individuals exhibiting characteristics of somatization-specific behaviour would present themselves to dentists more often with dental complaints and would suffer more from symptoms of depression than patients that did not display these characteristics.

Conclusions

The results suggest that somatization is a factor in dental practice.

IN BRIEF

- This study supports the notion that unexplained physical symptoms in dental patients may be psychological in origin and may result from somatization.
- The results suggest that it is important that GDPs exercise caution when providing extensive dental treatment to patients with a record of multiple or recurrent complaints, high attendance and depressive tendencies.
- The findings suggest that when organic pathology is excluded and it is considered that patients' symptoms may be of psychological origin, it is important that the patient is referred to a specialist (eg psychologist, psychiatrist) for psychiatric assessment and appropriate treatment.

COMMENT

The notion of somatization will be familiar to many general dental practitioners. They will readily identify that a minority of patients attending general dental practice report physical problems which cannot be substantiated by the presence of pathology during clinical examination and which appear to be related to life difficulties. De Jongh has made an invaluable contribution to the literature in this area by seeking to quantify the proportion of individuals in general dental practice who exhibit such behaviour, estimating that this occurs in up to 8.7% of patients. Appropriate identification and management will be of benefit to both the healthcare team and the patient.

But one must always be careful when ascribing psychiatric labels to a behaviour.¹ Let us for a moment consider the hypothesis that the patients are not somatizing. Let us suppose that they are really experiencing symptoms. Might it not be reasonable then that individuals who are in pain or discomfort would attend more regularly than individuals who were not experiencing such symptoms? Also we might expect that people with distressing oral symptoms would report perhaps lack of sleep, difficulty concentrating, and other somatic symptoms of depression. The problem here is that we have no ability to validate the diagnosis of somatization other than with reference to behaviour. Furthermore the behaviour by which most of the sample are categorised as 'somatizing' is frequent attendance, and 'frequent' is judged by the dentist (who cannot be said to be entirely objective). This is not only an academic point, since the correct diagnosis of a patient's concerns is central to the negotiation of treatment plans. A patient diagnosed as having dental pain is likely to receive different care to one diagnosed as having a somatization disorder.

There is much in this study that is worthy of commendation, however I would argue that more stringent operationalization of 'somatization' would reduce the estimated prevalence markedly. Further research should explore the extent to which the behaviours identified here are truly indicative of somatization in dental patients.

J. T. Newton
GKT Dental Institute
doi:10.1038/sj.bdj.4810401

1. Rosenhan D L. On being sane in insane places. *Science*, 1973, 179: 250–258.