

Duration Of Untreated Illness, Quality Of Life In Patients With Somatoform Disorders- A Cross Sectional Study

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Abstract

Background: Somatoform disorders are characterized by recurrent, distressing physical symptoms without adequate medical explanation, often leading to delayed psychiatric referral and poor outcomes. Duration of untreated illness (DUI) and quality of life (QoL) are key indicators of illness burden, yet understudied in this population. Hence, we intend to assess the duration of untreated illness and its relationship with quality of life among patients with somatoform disorders.

Methodology: A hospital-based cross-sectional study was conducted at the Department of Psychiatry in a Tertiary Care Centre at Puducherry from June 2023 to November 2024. Seventy-three adult patients diagnosed with somatoform disorders (ICD-10) were recruited using consecutive sampling. DUI was defined as the time interval between onset of clinically significant symptoms and initiation of psychiatric treatment. QoL was assessed using the WHOQOL-BREF scale across physical, psychological, social, and environmental domains. Data were analyzed using descriptive statistics and correlation tests.

Results: Of the 73 participants, 52.1% were female, with a mean age of 35.8 years (SD \pm 11.2). More than half (50.7%) reported a DUI exceeding 12 months. Females had significantly longer DUI than males (18.3 vs. 15.2 months). Undifferentiated Somatoform Disorder was the most common diagnosis (37%). QoL scores were lowest in the psychological domain (mean = 3.7, SD = 1.1). DUI showed a negative correlation with QoL across all domains, most strongly with the physical domain ($r = -0.22$).

Conclusion: Patients with somatoform disorders experience prolonged untreated illness and impaired quality of life, particularly in psychological functioning. Early recognition, timely psychiatric referral, and psychosocial support are essential to improve outcomes.

Key words: Somatoform disorders, Duration of untreated illness, Quality of life, WHOQOL-BREF, Psychiatric referral

INTRODUCTION

A diverse range of mental illnesses known as somatoform disorders are defined by the co-occurrence of numerous, upsetting bodily symptoms that are not entirely attributable to any discernible biological pathology.¹ Patients frequently arrive complaining of pain, gastrointestinal issues, exhaustion, or other physical symptoms that don't go away even after several checkups with the doctor. Even though these conditions are predominantly psychiatric, they typically manifest in general medical settings, which results in lengthy investigations, expensive medical care, and a significant burden on individuals and healthcare systems.²

Globally, the prevalence of somatoform disorders in primary care ranges from 5% to 10%, with higher figures reported in developing countries. In India, the scenario is particularly challenging because of stigma toward mental illness, limited awareness, and predominant somatic expression of psychological distress.³ Consequently patients frequently seek care from general physicians or specialists, undergo unnecessary investigations, and experience delays before being referred to psychiatric services. This delay is referred to as the duration of untreated illness (DUI), defined as the time interval between the onset of first clinically significant symptoms and initiation of appropriate psychiatric treatment.⁴

In schizophrenia, mood disorders, and other severe mental illnesses, the idea of DUI has been extensively researched. Longer periods of time without treatment are linked to negative outcomes, including as chronicity, functional decline, and decreased responsiveness to therapy. Nevertheless, there is little research on DUI in somatoform disorders, even though these individuals may experience symptoms for years before receiving a proper diagnosis.⁵ Since prolonged untreated illness is likely to worsen symptom severity, contribute to maladaptive coping, and impede long-term functioning, it is imperative to understand DUI in this population. Another crucial factor in the assessment of somatoform illnesses is quality of life. QoL is defined by the World Health Organization as a person's view of their place in life in relation to their culture, values, aspirations, and worries. Due to chronic symptoms, impairment, and the frustration of not having clear medical answers, patients with somatoform disorders frequently report low quality of life, particularly in terms of physical health, psychological well-being, and social functioning.⁶ Long-term DUI may be directly linked to poor quality of life

outcomes, according to research, but there hasn't been much systematic investigation of this connection in somatoform illnesses.

Thus, the current study aims to examine the duration of untreated illness and quality of life in patients with somatoform disorders. Findings from this study are expected to highlight the importance of early identification and intervention in somatoform disorders, thereby reducing delays in treatment and improving overall patient outcomes.

METHODOLOGY

This study was conducted at the Department of Psychiatry in a Tertiary Care Hospital at Puducherry. It was designed as a hospital-based cross-sectional study, carried out over a period of 18 months from June 2023 to November 2024 (IEC No: Ref No:169/SVMCH/IEC-Cert/Nov.24). The study population comprised adult patients attending the Psychiatry outpatient department who were diagnosed with somatoform disorders by a consultant psychiatrist. The sample size was 73, and participants were recruited using consecutive sampling until the required sample size was achieved.

The study comprised patients aged 18 to 60 who gave their informed consent and met the diagnostic criteria for somatoform disorders (ICD-10). Individuals with severe cognitive impairment, bipolar disorder, active psychotic illnesses, substance dependence (apart from nicotine and caffeine), factitious disorder, malingering, or symptoms that could be adequately explained by a medical condition were not included.

A standardized sociodemographic and clinical proforma was used to gather data, and then the duration of untreated illness (DUI) and quality of life (QoL) were evaluated. The WHOQOL-BREF scale, which assesses the physical, psychological, social, and environmental dimensions, was used to measure quality of life. Validated Indian versions of the scale were given to participants in their choice language. Other data was also gathered, such as the quantity of medical consultations, pre-psychiatric referral investigations, comorbid conditions, psychiatric history, and health care consumption.

Data collection was carried out by trained investigators under the supervision of a consultant psychiatrist. Interviews were conducted in a private setting, taking approximately 30-40 minutes. To minimize recall bias in DUI estimation, participants were guided with life events and major calendar references, and information was cross-verified with available records. Quality control was ensured through inter-rater reliability checks and periodic data audits.

Data was entered into a secure database with double-entry verification. Statistical analysis was performed using SPSS.

RESULTS

A total of 73 participants were recruited for the study. Of these, 52.1% were female (n=38) and 47.9% were male (n=35), with no statistically significant gender difference (p=0.287). The mean age of participants was 35.8 years (SD \pm 11.2), with the largest proportion belonging to the 30-39 years age group (34.2%), followed by 18-29 years (27.4%), 40-49 years (24.7%), and \geq 50 years (13.7%). (Table 1)

Table 1: Socio-demographic Characteristics

Variable	n (%) / Mean \pm SD
Gender (Female)	38 (52.1%)
Gender (Male)	35 (47.9%)
Mean Age (years)	35.8 \pm 11.2
18-29 years	20 (27.4%)
30-39 years	25 (34.2%)
40-49 years	18 (24.7%)
\geq 50 years	10 (13.7%)

Table 2: Duration of Untreated Illness (DUI)

DUI Category	n (%)
< 6 months	15 (20.5%)
6-12 months	21 (28.8%)

> 12 months	37 (50.7%)
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Table 3: Mean DUI by Gender

Gender	Mean DUI (months) \pm SD	p-value
Female	18.3 \pm 6.7	< 0.05
Male	15.2 \pm 5.8	

More than half of the patients (50.7%, n=37) reported a DUI > 12 months, while 28.8% (n=21) had a DUI of 6–12 months, and only 20.5% (n=15) sought treatment within 6 months of symptom onset. Females had a significantly longer mean DUI (18.3 \pm 6.7 months) compared to males (15.2 \pm 5.8 months). (Table 2, 3)

Table 4: Clinical Diagnosis Distribution

Diagnosis	n (%)
Undifferentiated Somatoform Disorder	27 (37.0%)
Persistent Somatoform Pain Disorder	21 (28.8%)
Somatization Disorder	19 (26.0%)
Somatoform Disorder Unspecified	6 (8.2%)

The most common diagnosis was Undifferentiated Somatoform Disorder (n=27, 37.0%), followed by Persistent Somatoform Pain Disorder (n=21, 28.8%), Somatization Disorder (n=19, 26.0%), and Somatoform Disorder Unspecified (n=6, 8.2%). (Table 4)

Table 5: Quality of Life Scores

Domain	Mean \pm SD	p-value
Physical	4.2 \pm 0.9	< 0.05
Environmental	4.0 \pm 1.0	< 0.05
Social	3.9 \pm 1.0	< 0.05
Psychological	3.7 \pm 1.1	< 0.05

Quality of life was assessed across four domains. The highest mean score was observed in the Physical domain (Mean = 4.2, SD = 0.9), followed by Environmental (Mean = 4.0, SD = 1.0), Social (Mean = 3.9, SD = 1.0), and Psychological (Mean = 3.7, SD = 1.1). One-way ANOVA revealed significant differences across all domains ($p < 0.05$), with the Psychological domain scoring lowest, indicating greater impairment. (Table 5)

Table 6: Correlation between DUI and QoL

QoL Domain	Correlation with DUI (r)
Physical	-0.22
Psychological	-0.15
Social	-0.19
Environmental	-0.17

DUI was found to be negatively correlated with QoL across all domains: Physical (-0.22), Psychological (-0.15), Social (-0.19), and Environmental (-0.17). This suggests that a longer duration of untreated illness is associated with a lower quality of life. (Table 6)

DISCUSSION

This study assessed the **Duration of Untreated Illness (DUI)** and **Quality of Life (QoL)** among patients with somatoform disorders. Over half of our patients (50.7%) experienced a DUI exceeding 12 months, demonstrating a significant treatment delay. This pattern is supported by Gangadhar et al., who highlight pervasive under-recognition and delayed referrals in Indian psychiatric practice.³ Sharma and Vohra reported similar gender trends in Vidarbha, noting that females experienced longer illness durations (4.48 years vs. 3.97 years) compared to males, mirroring our gender-based observations.⁴ Such prolonged delays reflect systemic barriers including stigma, lack of mental health awareness, and the predominant medical model of care, where symptoms are investigated repeatedly before psychiatric referral.

All QoL domains showed widespread damage, according to our findings, with the psychological domain suffering the most. The study by Garala et al., which found low QoL scores in the physical, psychological, social,

and environmental domains, provides strong evidence for this.¹ A cross-sectional Indian research of 100 people with somatoform disorder provides more support, showing that a lower quality of life across all domains was linked to a number of sociodemographic characteristics and a longer duration of illness.⁷ These consistent results across Indian samples underscore the need to incorporate psychosocial therapies into routine care and the intricate relationship between emotional health and physical symptoms.

Our findings indicated that family support is strongly linked to better physical and environmental QoL, while support from friends and significant others was associated with improved social and psychological QoL. This is supported by Das et al., who found a strong negative correlation between perceived social support and symptom severity in somatoform disorder patients.⁵ In Assam, another regional study reported that family support was the highest among all sources and that perceived support correlated positively with life satisfaction.⁸ These findings reinforce the protective role of familial and social networks in facilitating early care-seeking and enhancing psychosocial outcomes.

Our study, though not directly measuring these, likely reflects considerable functional impairment and caregiver stress, as documented in a study comparing somatoform disorder to schizophrenia. Disability scores (WHO-DAS 2.0) and caregiver burden were comparable between the two groups, underscoring the significant impact of somatoform disorders on families and functioning.⁹

The explanatory models of illness also play a critical role. A North Indian study found an average duration of illness of approximately 59 months, with persistent somatoform pain disorder being the most common diagnosis.^{10,11} This aligns with our cohort, highlighting the chronicity and pain-related presentations often accompanying somatoform disorders. Chaturvedi and colleagues discuss how somatization is frequently rooted in abnormal illness behaviours and reflects sociocultural illness narratives, contributing to repeated investigations and delayed psychiatric referral.¹²

LIMITATIONS

This was a single-center, cross-sectional study subject to recall bias in DUI estimation. The sample size was moderate, and comorbid psychiatric conditions were not exhaustively assessed. Multi-site, longitudinal studies incorporating measurements of disability, caregiver burden, and emotional processing would help clarify causal pathways.

CONCLUSION

Our findings of prolonged treatment delays, significant QoL impairment especially psychologically strong ties between social support and outcomes, and likely high functional burden align closely with Indian research. These insights emphasize the urgent need for holistic, culturally tailored approaches to improve early detection, emotional support, and treatment delivery for somatoform disorders in India.

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