Symposium | Community care：[Symposium 87] General Hospital Psychiatry

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[Symposium 87] General Hospital Psychiatry

Moderator: Sergio Armando Covarrubias-Castillo (Universitary Center for Health Sciences; University of Guadalajara), Naoko Satake (National Kohnodai Medical Center, Japan Institute for Health Security)

[SY-87-04] Toward an Optimal Treatment for Somatic Symptom Disorder in General Hospital

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Background: Since the DSM-5 introduced Somatic Symptom Disorder (SSD) in 2013, it has provided a more precise diagnostic framework for patients with persistent somatic complaints. This has facilitated collaboration between psychiatry and general medicine. However, SSD remains underdiagnosed, and its clinical burden—including comorbid depression, anxiety, and increased healthcare utilization—requires further investigation.
Objectives: This study aims to examine the prevalence, clinical characteristics, and psychological profiles of SSD patients in Taiwan. Additionally, it evaluates healthcare access barriers, the impact of comorbid mental disorders on SSD outcomes, and the distinct subtypes of SSD to inform targeted intervention strategies.
Method: A series of epidemiological and neuropsychological studies were analyzed, utilizing nationwide surveys, cohort studies, and insurance claims data. Key assessments included the Patient Health Questionnaire-15 (PHQ-15), Health Anxiety Questionnaire (HAQ), and structured clinical interviews. Statistical models examined medical utilization, quality of life (QOL), psychiatric comorbidities, and healthcare costs.
Results: SSD prevalence in Taiwan is 5.00%, with higher rates in women and middle-aged adults. Comorbid depression and anxiety are common, significantly impairing QOL and functioning. Depression is the primary driver of disability, while anxiety increases medical visits. Only 27% of depressed individuals seek care, highlighting a significant mental health access barrier despite universal healthcare. Cluster analysis identified distinct SSD subtypes, with pain-fatigue syndromes exhibiting the most psychiatric distress. SSD patients have higher hospitalization rates, medical costs, and suicide risk, emphasizing the need for early intervention.
Discussion: Integrated psychiatric care in general hospitals is essential for SSD management. Addressing depression, early detection, and tailored interventions for SSD subtypes can improve patient outcomes and reduce healthcare burdens.