



ORAL CANCEROPHOBIA ; THE MOST PREVALENT PSYCHOSOMATIC DISORDERS ENCOUNTERED IN DENTAL OPD AT TERTIARY CARE CENTRE

Dr. Nimmi Singh	Associate Professor, Department Of Dentistry, Igims, Patna
Dr. Devika Singh*	Senior Resident, Department Of Dentistry, Igims, Patna *Corresponding Author
Dr. Sonal Lahoti	MDS Oral Pathology And Microbiology
Dr. A. K. Sharma	Professor & HOD, Department Of Dentistry, Igims, Patna

ABSTRACT **AIM;** The aim of this study was to evaluate the prevalence of different psychosomatic disorders in dental opd at tertiary care centre.

OBJECTIVES; To diagnose Cancerophobia and advice appropriate treatment. To recognize such patients as to avoid repeatedly, unnecessary investigations and treatment procedures

MATERIALS AND METHODS ; A total of 45 patients were selected who reported with complaints of oral psychosomatic symptoms, with in the duration of 3 months from the dentistry department of our tertiary care centre. Demographic details of such patients were recorded on a structured Performa

RESULTS ; Total 45 patients who were enrolled were diagnosed with various types of psychosomatic disorders. The most typical oral symptoms of psychosomatic disorders are burning mouth syndrome (BMS) and atypical odontalgia (AO), myofacial pain dysfunction syndrome (MPDS), recurrent aphthous ulcer (RAS), Cancerophobia. Out of 45 patients, 40.0% were diagnosed with Cancerophobia. Statistically most prevalent psychosomatic disease was Cancerophobia

CONCLUSION; Psychosomatic disorders are among the most common psychiatric disorders found in general practice. It account for 10% of the global burden of disease, and this is expected to rise to 15% by 2020. The high prevalence rates for Cancerophobia as psychosomatic disorder was found in our sample.

KEYWORDS : Psychosomatic Disorders, Cancerophobia, Burning Mouth Syndrome (BMS)

INTRODUCTION

Psychological disorders are defined as disorders characterized by physiological changes that originate at least in part, from emotional factors.¹ The German psychiatrist, Heinroth was first to use this term "Psychosomatic" in 1818 by.² The term psychosomatic is derived from the Greek words psyche and soma. "Psyche" means "soul or mind", "Soma" refers to "physical organism of the body."^{2,3} Certain diseases which affect the oral mucosa may be the direct or indirect expression of emotions or conflicts.⁴ Psychosomatic disorders may be due to several biochemical disorders involving neurotransmitters in the brain, incomplete connections with in the oral region and undefined complaints due to cognitive processes in higher centers of the brain.⁵ This study was conducted to determine the prevalence of psychosomatic disorders in out patient department of Dentistry of our Institute.

AIM AND OBJECTIVES;

AIM:

- The objective of this study was to evaluate the prevalence of different psychosomatic disorders in dental opd at tertiary care centre.
- Objectives;
- To diagnose Cancerophobia and advice appropriate treatment.
- To recognize such patients as to avoid repeatedly, unnecessary investigations and treatment procedures

MATERIALS AND METHOD

A total of 45 patients were selected who reported with complaints of oral psychosomatic symptoms, with in the duration of 3 months from the dentistry department of our tertiary care centre. A thorough history with detailed clinical examination of the oral cavity was done. Informed consent was taken from the patients diagnosed with psychosomatic disorders. Demographic details of such patients were recorded on a structured Performa. Ethical approval for the study was obtained from the Ethical Committee of Our Institution. The results were statistically evaluated by simple frequency table format by EpiInfo software.

RESULTS

Total 45 patients who were enrolled were diagnosed with various types of psychosomatic disorders. Demographic data showed that out of total 100.0%(45), 57.8%(26) females and 42.2%(19) males were found in our study. Table 1

Table 1; Psychosomatic Disorders; Gender Group Wise Distribution

Psychosomatic Disorders	Male	GENDER Female	Total
MYOFACIAL PAIN DYSFUNCTION SYNDROME	8.9% (4)	2.2% (1)	11.1% (5)
ATYPICAL ODONTOGENIC PAIN	4.4% (2)	4.4% (2)	8.9% (4)
BURNING MOUTH SYNDROME	0%(0)	4.4% (2)	4.4% (2)
ORAL LICHEN PLANUS	0%(0)	15.6% (7)	15.6% (7)
RECURRENT APHTHOUS ULCER	13.3% (6)	6.7% (3)	20.0% (9)
CANCEROPHOBIA	15.6% (7)	24.4% (11)	40.0% (18)
Total	42.2%(19)	57.8%(26)	100.0%(45)

All enrolled subjects were divided into 3 age groups namely young (15-30 years), Middle (31-45 years), Old (46 and above). In our study maximum patients who were diagnosed with MPDS, Atypical Odontogenic Pain and Recurrent aphthous ulcer belonged to younger age group (15-30 yrs). Maximum patients diagnosed with OLP were of middle age group (31-45) with few of older age group. Maximum patients diagnosed with BMS and Cancerophobia were of older age group (46>).

Table 2 Psychosomatic Disorders; Age Group Wise Distribution

Psychosomatic Disorders	15-30	Age 31-45	Group 46>	Total
MYOFACIAL PAIN DYSFUNCTION SYNDROME	11.1% (5)	0%(0)	0%(0)	11.1% (5)
ATYPICAL ODONTOGENIC PAIN	6.7% (3)	2.2%(1)	0%(0)	8.9% (4)
BURNING MOUTH SYNDROME	0% (0)	2.2%(1)	2.2%(1)	4.4% (2)
ORAL LICHEN PLANUS	0% (0)	13.3%(6)	2.2%(1)	15.6% (7)
RECURRENT APHTHOUS ULCER	20.0%(9)	0%(0)	0%(0)	20.0% (9)
CANCEROPHOBIA	2.2% (1)	24.4%(11)	13.3%(6)	40.0%(18)
Total	40.0%(18)	42.2%(19)	17.8%(8)	100.0%(45)

Statistical analysis was done for prevalence of various Psychosomatic diseases. Out of 45 patients , 40.0% were diagnosed with Cancerophobia , 20.0% with Recurrent aphthous ulcer , 15.6% with Oral lichen planus (OLP), 4.4% with Burning mouth syndrome (BMS). , 8.9% with Atypical Odontogenic pain and 11.1% with Myofascial pain dysfunction syndrome (MPDS). Table 3. Statistically most prevalent psychosomatic disease was Cancerophobia.

Table 3 Prevalence of Psychosomatic Disorders

Psychosomatic Disorders	Frequency	Percent
MYOFASCIAL PAIN DYSFUNCTION SYNDROME	5	11.1
ATYPICAL ODONTOGENIC PAIN	4	8.9
BURNING MOUTH SYNDROME	2	4.4
ORAL LICHEN PLANUS	7	15.6
RECURRENT APHTHOUS ULCER	9	20.0
CANCEROPHOBIA	18	40.0
Total	45	100.0

Discussion

A wide spectrum of psychosomatic disorders shows various oral manifestations, which have a definite psychosomatic cause, but unfortunately they remain unrecognized because of the common and limited nature of their presenting features.

The present study evaluated the prevalence of psychosomatic disorders among a sample of 45 patients. The prevalence of BMS reported from various international studies ranges from 0.6% to 15%, respectively⁶. A consistent gender effect in the prevalence of common mental disorder was evident, women having higher rates. Our study showed similar gender effect, male 42.2%(19)and female 57.8%(26)⁷. In our present study female were 4.4% with BMS. This study was similar to Prashant B Patil et al who reviewed and stated that Women are 2.5 to 7 times more common affected than men¹.

MPDS showed more prevalent in younger age group. This study was coherent to Garg, Nirupama who stated that it occurs commonly between 15-35 years of age^{8,9}. In present study, maximum subjects of BMS belonged to the middle and older age group.¹⁰. BMS is basically a disorder of middle-aged and elderly individuals with an age range of 38-78 years. Akira Toyofuku 2016 stated that the mean age of patients with AO is significantly lower than the mean age of BMS patients. Our study showed similar result.¹¹ The high prevalence rates for Cancer ophobia as psychosomatic disorder was found in our sample.

Conclusion-

Cancerophobia is a persistent fear in the patient's mind that they are suffering from oral cancer. Cancerophobia is often seen to be associated with depression. Oral Physician should have knowledge of psychosomatic disorders and their oral manifestation. Best treatment with interdisciplinary approach involving the oral physician and psychiatrist should be advised. A better understanding of the nature of cancer fear would help to identify such sufferers.

No conflict of interest

REFERENCES

1. Prashant B Patil and Anusuya G Savalagi et al. / American Journal of Oral Medicine and Radiology. 2015; 2(2):96-102.
2. Tripathi RM Psychosomatic disorders affecting the oral cavity: A review article; The Pharma Innovation Journal 2018; 7(8): 327-332.
3. Ankit Dhimole et al, Psychosomatic Disorders Affecting the Mouth: A Critical Review; British Journal of Medicine & Medical Research 14(5): 1-9, 2016, Article no.BJMMR.24743.
4. Kumar NN et al.: Psychosomatic disorders: An overview for oral physician. jiaomr.in on Friday, April 12, 2019, IP: 157.35.245.218]
5. Thorakkal Shamim, The Psychosomatic Disorders Pertaining to Dental Practice with Revised Working Type Classification; Korean J Pain. 2014 Jan; 27(1): 16-22.
6. Zakrzewska JM, Hamlyn PJ. Facial pain. In: Crombie IK, editor. Epidemiology of Pain. Seattle, WA: IASP Press; 1999. pp. 175-82.
7. Zachary Steel The global prevalence of common mental disorders: a systematic review and meta-analysis 1980-2013; International Journal of Epidemiology, Volume 43, Issue 2, April 2014, Pages 476-493
8. Garg, et al. : Myofascial Pain Dysfunction Syndrome : An Overview-Heal talk, July-August 2013; Volume 05 Issue 06: Page 12-14
9. Nirupama. S ARC Journal of Dental Science. Volume-3 Issue-3, 2018, Page No: 1-4, Myofascial Pain Dysfunction Syndrome: A Review
10. R. Aravindhan, Burning mouth syndrome: A review on its diagnostic and therapeutic approach; J Pharm Bioallied Sci. 2014 Jul; 6(Suppl 1): S21-S25
11. Akira Toyofuku, Psychosomatic problems in dentistry; Toyofuku BioPsychoSocial Medicine (2016) 10:14