# Letters to the editors

## Unexplained clinical-neurological symptoms may indicate depressive syndromes

Dear Editor,

A high incidence of psychiatric disorders is ordinarily seen in neurological patients, especially somatoform, phobic, and depressive disorders.[1] Carson et al[2-3] have recently demonstrated that nearly one third of patients referred to neurological outpatient services showed clinical symptoms unexplained in organic terms. These patients presented with anxiety and depressive syndromes in a significantly higher degree (70%) than subjects with neurological symptoms secondary to their organic condition (32%).

During the first half of the year 2001, we have seen 54 patients (male/female: 16/38, mean age ± standard deviation: 36.4 ± 2.1 years) referred to the neurological outpatient setting of the Clinical Hospital of the UFMG by physicians of assistance units from the outskirts of the city of Belo Horizonte of the referral system of the National Health System (Sistema Único de Saúde). The clinical assessment included a semi-structured interview with questions from the Mini International Neuropsychiatric Inventory[4] to identify depressive syndromes according to the DSM-IV and to categorize the organicity of their symptoms.[2]

Ten patients (18.5%) were considered as having unexplained clinical symptoms in pathophysiological terms (Table). There were no statistically significant differences in terms of age and gender between the group of patients with unexplained symptoms and the other patients. The presence of diffuse pain was the most common clinical problem among patients with unexplained symptoms, being reported in 8 cases. Specific pain syndromes were observed in 19 out of the 44 other patients, especially under the form of migraine. Epilepsy was the second most frequent diagnosis among these patients (13 cases). Depressive syndromes were more frequently diagnosed in the group of patients with unexplained symptoms (5/10, compared to 7/44 in the group of the other patients, $p<0.05$, Fisher's test).

Despite the limitations of this study, which include the small size of the sample and the use of a semi-structured interview for the psychiatric diagnosis, our results are in accordance with the literature which shows high frequency of depressive syndromes among neurological patients with unexplained somatic symptoms.[2-3] Among these symptoms, pain syndromes stand out.[2]

Of note, these patients tend to pass through several medical specialties receiving different diagnoses.[5] In this sense, there is a considerable overlap between patients with diagnoses of fibromyalgia, chronic fatigue syndrome, temporal-mandibular dysfunction and tensional headache.[5] The management of these patients is often difficult, and antidepressive treatment and psychotherapeutical support should be considered. The study by Carson et al also demonstrated that most patients with unexplained symptoms remain with their clinical picture unaltered 8 months after neurological consultation,[3] reinforcing the need of specific therapeutical interventions in these cases.

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### *References*

*1. Fink P, Hansen MS, Sondergaard L, Frydenberg M. Mental illness in new neurological patients. J Neurol Neurosurg Psychiatry. 2003;74(6):817-9.*

*2. Carson AJ, Ringbauer B, Stone J, McKenzie L, Warlow C, Sharpe M. Do medically unexplained symptoms matter? A prospective cohort study of 300 new referrals to neurology outpatient clinics. J Neurol Neurosurg*

**Table – Clinical characteristics of patients with unexplained neurological symptoms**

| Age (years) | Gender | Symptoms | clinical comorbidities | Psychiatric diagnosis |
|---|---|---|---|---|
| 16 | F | Diffuse Pain | | |
| 21 | M | Diffuse Pain | | |
| 26 | F | Diffuse Pain, trembling | Epilepsy | |
| 33 | F | Diffuse Pain, fatigue | | |
| 40 | F | Diffuse Paintrembling, fatigue | | Dysthimia |
| 47 | F | Diffuse Pain | Hypertension | Major Depression |
| 52 | M | Memory deficit | | Minor Depression |
| 52 | F | Diffuse Pain, weakness | Hypertension | Minor Depression |
| 60 | F | Memory deficit | Hypertension | |
| 66 | F | Diffuse Pain, weakness | Hypertension | Major Depression |

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*4. Amorim P. Mini International Neuropsychiatric Interview (MINI): validação de entrevista breve para diagnóstico de transtornos mentais. Rev Bras Psiquiatr. 2000;22(3):106-15.*
*5. Aaron LA, Buchwald D. A review of the evidence for overlap among unexplained clinical conditions. Ann Intern Med. 2001;134(9 Pt 2):868-81. Review.*

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