Are antidepressants effective in treating somatoform disorders?

Evidence-Based Answer
Therapy with antidepressants reduces symptom severity in somatoform pain disorders and multisomatoform disorder. (SOR: A, based on consistent findings of RCTs and meta-analysis.)

A meta-analysis of 11 RCTs examining psychogenic and somatoform pain among 832 patients showed that tricyclic antidepressants decreased pain intensity significantly more than placebo. To compare each study, standardized effect sizes were calculated using the mean difference between treatment and placebo groups, with an effect size of 0.2 considered small, 0.6 moderate, 1.2 large, and 2.0 very large. Effect sizes in 10 of the 11 studies were between 0.22 and 0.91, with mean effect size 0.48. The authors reported that it was highly unlikely that publishing bias accounted for the combined effect.¹

Eight of the 11 individual studies found a significant difference between treatment and placebo, with no significant heterogeneity among the 11 P values. A subset of 6 studies that were not headache-related included 267 patients and showed a significant decrease in pain with antidepressants compared with placebo (mean effect size 0.39).¹

A 12-week, double-blind RCT of 51 patients in South Africa with multisomatoform disorder examined the efficacy of escitalopram in reducing somatic symptom scores as measured by the Patient Health Questionnaire 15 (PHQ-15).² The PHQ-15 is a validated measure of somatic symptoms with a maximum score of 30 and a score less than 10 considered low severity.

After 12 weeks of escitalopram 10 to 20 mg/d, PHQ-15 total scores were significantly lower than placebo (mean 5.6 vs 12.5, P<.0001). In the escitalopram group, mean PHQ-15 scores decreased by 9 (from baseline 14.6 to week 12 mean 5.6), compared with a decrease in the placebo group of 5.3 (from baseline 17.3 to week 12 mean 12.5). More patients treated with escitalopram attained PHQ-15 scores <5 than patients treated with placebo (80% vs 27%; P<.05). The number needed to treat with escitalopram to be in the low-severity group by week 12 was 1.9.³

Another 8-week, double-blind RCT of 80 Chinese patients meeting criteria of the International Classification of Diseases 10th revision (ICD-10) for persistent somatoform pain disorder measured Medical Outcomes Study Pain Measures (MOSPM) scores after treatment with fluoxetine 20 mg/d.³ The MOSPM is a validated, 5-question measure of pain, with a maximum score of 75 signifying highest pain.

After 8 weeks, MOSPM scores were significantly lower in the fluoxetine group than in the placebo group (33 vs 55; P<.001; from baseline scores 59 vs 66, P=.246); MOSPM scores decreased by 26 in the fluoxetine group compared with 11 in the placebo group. A significant difference was seen between the fluoxetine and placebo group by the second week of the study.³


In patients with celiac disease, what is the prognosis?

Evidence-Based Answer
Compared with the general population, patients with celiac disease have roughly a 2% higher mortality rate largely due to an increased incidence of malignancy, primarily enteropathy-associated T-cell lymphoma (EATL). Response to a gluten-free diet reduces the risk. (SOR: B, based on individual cohort studies.)

A 2003 cohort study of 381 patients (64% female, mean age at diagnosis 44 years) at a celiac disease center at New York-Presbyterian Hospital compared the incidence of malignancy in the celiac disease population with the incidence of malignancy in the general population.¹

Researchers found an increased risk of all malignancies in patients with celiac disease (RR=1.5; 95% CI, 0.5–7.5). There was a significantly higher incidence of melanoma (RR=5.0; 95% CI, 2.1–12), small bowel adenocarcinoma (RR=34; 95% CI, 24–42),