

# Somatic symptoms during COVID-19 lockdown in a Central London Emergency Department

P. Cohen, J. King, R. Ashroff, S. Sawh

University College London Hospital Emergency Department, London, United Kingdom

## Background

Somatic symptoms, the **physical instantiation of psychological distress**, are common in the Emergency Department.

Estimates suggest around **15-20%**<sup>1,2</sup> of adult patients present with medically unexplainable physical symptoms, often repeatedly and with known psychiatric diagnoses<sup>3</sup>, despite substantive appropriate follow-up. A large portion of these are thought to represent somatisation.

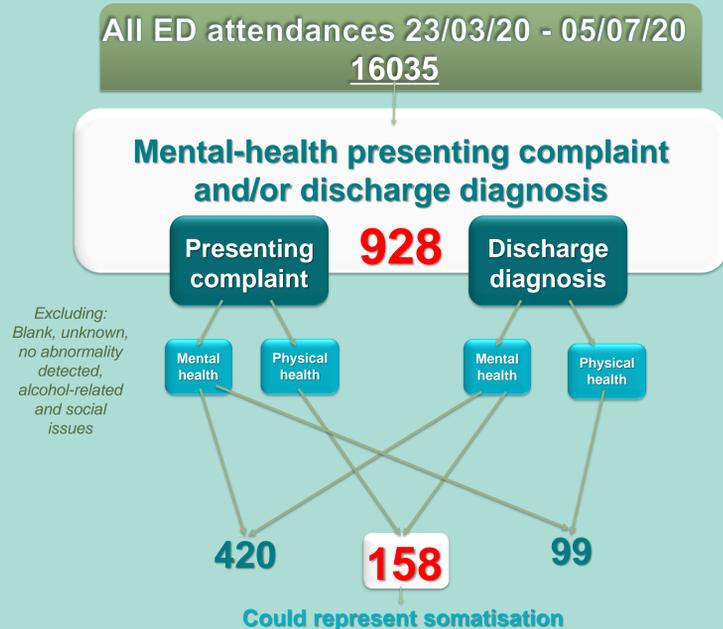
Getting an accurate sense of this patient group is difficult for various reasons:

- Lack of awareness and understanding amongst clinicians
- Nebulous nomenclature
- Frequent need for over investigation to achieve diagnosis
- Practical considerations including limitations in hospital coding systems



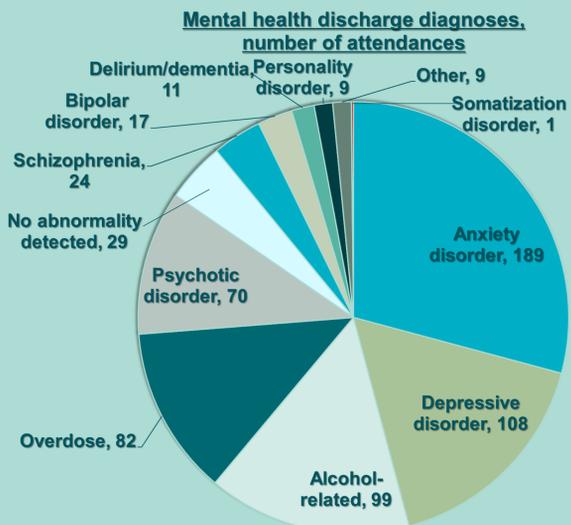
## Methods

- We retrospectively collected data for all ED attendances with either a mental health (MH) 'presenting complaint' and/or a mental health discharge diagnosis (SNOMED coding) during COVID-19 lockdown in England from 23/03/20 to 05/07/20
- Using local electronic patient healthcare records system
- Excel spreadsheet with analysis via pivot tables



## Results

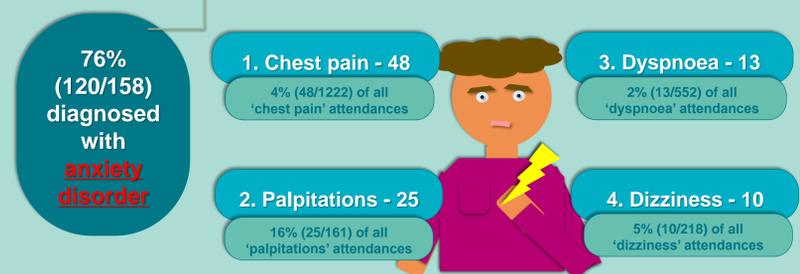
- 779 patients made up 928 MH-related attendances
- 88 patients (11%) who attended more than once contributed to 237 attendances (26%)
- 'Anxiety disorder' (189/928) was the most common mental health diagnosis on discharge



**17% of (158/928) mental health-related attendances presented with physical symptoms but then had a mental health discharge diagnosis**

1% (158/16035) of all attendances

Top presenting complaints diagnosed as anxiety:



- 5 patients attended more than once, making up 17 total attendances, all repeatedly diagnosed with anxiety

Patient	Presenting complaint for repeat attenders diagnosed with anxiety on every visit									
	Chest pain	Palpitations	Backache	Dyspnoea	Dizziness	Headache	Limb weakness	Anxiety	Foreign body in mouth	Total
A	3	1						2		6
B	2		1					1	1	5
C	1			1						2
D		1			1					2
E						1	1			2
Total	6	2	1	1	1	1	1	3	1	17

- 29/712 attendances (4%) with a MH presenting complaint had 'No abnormality detected' as the diagnosis
- 1 attendance diagnosis was coded as somatisation

## Conclusions

- This is the first study of which authors are aware to approach likely somatic symptoms by identifying them from those with a mental health discharge diagnosis.
- Our findings suggest **somatising symptoms** have been an issue in our ED during COVID-19, despite a MH walk-in service locally – we plan to compare this data to last year and re-evaluate information given about MH at the front door of ED.
- Methodological barriers at multiple levels impede the ability to capture the true extent of somatisation in the emergency department including **inconsistency among clinicians' identification** of likely somatic symptoms and approach to discharge coding.
- We plan to establish a **teaching session for ED staff on somatisation** and take steps to improve coding.
- Improved identification of this patient cohort prevents duplication of investigations, frequent ED attendances, thereby reducing crowding within ED, and allows for more appropriate referral for ongoing further management.

## References

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2. Knockaert, D.C. et al. (2002). Chest pain in the emergency department: the broad spectrum of causes. *European Journal of Emergency Medicine*, 9, 1, 25-30.
3. Williams, E. et al. (2001). Psychiatric status, somatisation, and health care utilization of frequent attenders at the emergency department: A comparison with routine attenders. *Journal of Psychosomatic Research*, 50, 3.