

# Major Anxiety, Functional Dyspepsia Linked

BY MARY ANN MOON

In Sweden's general population, the subcategory of functional dyspepsia known as postprandial distress syndrome is associated with anxiety, Dr. Peretti Aro and his colleagues reported in an article appearing in the July issue of *Gastroenterology*.

In contrast, the other subcategory of functional dyspepsia—epigastric pain

syndrome—is not associated with anxiety, wrote Dr. Aro of the Karolinska Institutet, Stockholm, and his associates.

The two distinct syndromes were delineated in the Rome III diagnostic criteria for functional dyspepsia. Postprandial distress syndrome includes one or more symptoms of bothersome postprandial fullness and early satiation, while epigastric pain syndrome includes unexplained epigastric pain and/or burn-

ing. Both occur in patients with no evidence of structural disease that could explain the symptoms.

Because little is known about the epidemiology of “these newly defined syndromes,” Dr. Aro and his associates undertook a population-based assessment of risk factors for them. They hypothesized that psychological distress (anxiety and depression) would be a risk factor for one or both subtypes of functional dyspepsia.

The Kalixanda study examined a representative sample drawn from 21,610 adults residing in Kalix and Haparanda, two neighboring communities in northern Sweden. A total of 1,001 people agreed to undergo esophagogastroduodenoscopy, including biopsy and *Helicobacter pylori* culturing, to rule out organic disease as the cause of their symptoms.

They also completed the extended Abdominal Symptom Questionnaire, the Hospital Anxiety and Depression Scale (HADS), and provided a complete medical history and demographic data.

At endoscopy, 157 subjects (15%) were deemed to have functional dyspepsia. A total of 52 had epigastric pain syndrome, 122 had postprandial distress syndrome, and 17 had both disorders.

Major anxiety (HADS score of 11 or higher) was associated with functional dyspepsia, but depression was not. When functional dyspepsia was broken down into the two subtypes, anxiety was associated with postprandial distress syndrome but not with epigastric pain syndrome.

In addition, another 157 subjects were found to have “uninvestigated” dyspepsia, a category separate from functional dyspepsia. Both minor anxiety (HADS scores of 8-10) and major anxiety, but not depression, were associated with this form of dyspepsia.

“Whether antianxiety agents have any role in management of dyspepsia is unknown but worthy of further testing,” the researchers wrote.

“To our knowledge, this is the first population-based study in a randomly selected adult population to evaluate risk factors for functional dyspepsia using the Rome III definition, with careful exclusion of organic disease by upper endoscopy,” they said.

The question of whether psychological factors cause functional dyspepsia is a controversial one. Some studies have found that psychological illness not only is associated with but also is a predictor of such a diagnosis, and one study reported that treatment with a combination of an anxiolytic and an antidepressant provided short-term improvement in dyspepsia symptoms.

However, other studies have found no such link or have reported that antianxiety medications have no effect on functional dyspepsia.

“Our results are consistent with the hypothesis that functional dyspepsia is causally linked to anxiety but not to depression. ... However, it is also conceivable that having upper gastrointestinal symptoms drives increased anxiety.

“Alternatively, another factor such as a common genetic link could explain the coexistence of anxiety and dyspepsia in the population. ... The search for common pathways that induce anxiety and dyspepsia now needs greater attention,” Dr. Aro and his colleagues wrote.

This study was supported in part by AstraZeneca Research and Development, Mölndal, Sweden. ■

## Top Specialist journal in the field of Schizophrenia

Editors-in-Chief: H.A. Nasrallah, M.D. & L.E. DeLisi, M.D.

Official journal of the Schizophrenia International Research Society

*Schizophrenia Research* is THE journal of choice for international researchers and clinicians to share their work with the global schizophrenia research community.

### Online submission and fast decision and publication

*Schizophrenia Research*'s time to first decision is as fast as **39 days** and its publishing speed is as fast as **7 weeks** until online publication (corrected proof/Article in Press) after acceptance and **16 weeks** from acceptance until publication in a printed issue during the first quarter of 2009.

### Extensive coverage

*Schizophrenia Research* publishes novel papers that really contribute to understanding the biology and treatment of schizophrenic disorders; the journal brings together biological, clinical and psychological research in order to stimulate the synthesis of findings from all disciplines involved in improving patient outcomes in schizophrenia.

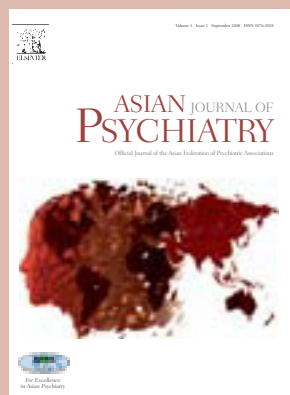
### Large readership

Over 4,000 institutes have online or print (or both) access to this journal and **95 articles** from *Schizophrenia Research* are downloaded **every hour!**



Submit your article at <http://ees.elsevier.com/schres>

## Asian Journal of Psychiatry – CALL FOR PAPERS



**Focus on psychiatric research pertinent to Asia produced either within or from outside the continent.**

Editor-in-Chief: Professor Matcheri Keshavan, Harvard University, USA

The journal aims to bridge a knowledge gap of the application and transfer of research findings and clinical practice through Asia to and from the rest of the world.

The focus of the journal is on **psychiatric research pertinent to Asia produced either within or from outside the continent**. This may include preclinical, clinical, service system and policy development research relevant to psychiatry and will highlight the socio-cultural diversity of the region as it pertains to mental health.

Submit your article online at <http://ees.elsevier.com/ajp>

It is comprehensive journal of psychiatry for psychiatrists, mental health clinicians, neurologists, physicians, students of mental health and those involved in mental health policy development.

### Also check out our personal subscription offer!

For just US\$ 140 you will receive your personal print issues and in addition online access to the journal from its first, launch issue to present!

[www.asianjournalofpsychiatry.com](http://www.asianjournalofpsychiatry.com)