From Digestive Difficulties to a Severe Depressive Episode – A Case of Somatic Illness Transitioning into Psychological Collapse

Hamara K[1]
Slovak Society of General Practice, Bratislava, Slovakia

Anxiety and depressive disorders represent a major and increasing public health burden, significantly affecting quality of life, functional status, and suicide risk. General practitioners are often the first healthcare professionals able to recognize these conditions and initiate early intervention.

Introduction

Depressive disorders may initially manifest through somatic symptoms, contributing to delayed diagnosis. Gastrointestinal complaints are frequent in clinical practice and are commonly investigated as primary organic conditions, although they may represent an early manifestation of underlying psychiatric pathology.

Case Report

A 42-year-old male patient presented with nonspecific gastrointestinal symptoms. Comprehensive diagnostic evaluation, including laboratory testing, abdominal ultrasonography, endoscopic examinations, and computed tomography, revealed no significant organic pathology.

A presumptive diagnosis of small intestinal bacterial overgrowth (SIBO) was established, and dietary modification with antibiotic therapy led to transient clinical improvement. The patient was repeatedly advised to undergo psychiatric evaluation, which he declined, stating that he did not consider it necessary.

Subsequently, the patient developed severe insomnia, anxiety, affective instability, progressive functional decline, and suicidal ideation. At that point, his wife became involved in the management process. Urgent psychiatric assessment confirmed a severe depressive episode requiring inpatient psychiatric hospitalization.

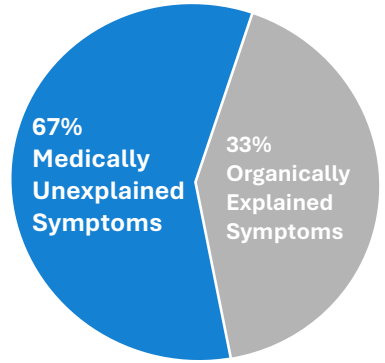
Discussion

This case illustrates that somatic symptoms may precede and obscure the onset of depressive disorder. Repeated somatic investigations without parallel psychosocial assessment may delay diagnosis and increase the risk of progression to severe psychiatric decompensation.

Conclusion

Patients with chronic unexplained somatic symptoms require both somatic and psychiatric evaluation.

Persistent unexplained gastrointestinal complaints should prompt consideration of depressive and anxiety disorders. Early psychosocial screening and interdisciplinary collaboration may facilitate timely diagnosis, appropriate treatment, and prevention of severe psychiatric outcomes.



Approximately two thirds of symptoms presented in primary care may be medically unexplained, highlighting the importance of psychosocial assessment alongside somatic evaluation.

Slovak Society of General Practice
Dr. Kristián Hamara, General Practice
Polianky 5, 841 01 Bratislava, Slovakia

E-mail: hamara.kristian@gmail.com
Phone: +421 904 120 664
Website: *www.ssvpl.sk*