

## What clinicians assess is not what patients feel in functional gastrointestinal disorders

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In the current issue of *Psychotherapy and Psychosomatics* a report attempts a correlation between clinician's judgement and patient's self-report in functional gastrointestinal disorders.

103 patients with chronic, severe and unexplained gastrointestinal symptoms admitted to a highly specialized digestive unit of a public university hospital were included in the study after the exclusion of organic lesions and mechanical obstruction by a thorough work-up. All patients underwent body mass index (BMI) measurement, evaluation of small bowel motility by manometry, Rome III criteria and psychiatric assessment.

Patients with suspected gastroparesis underwent a scintigraphic gastric emptying test. The Karnofsky Performance Status (KPS) was used by gastroenterologists to assess levels of functioning. This clinician-administered scale covers a range running from 0 (death) to 100 (full level of functioning).

Results of the study showed not only incongruence between clinician-assessed and patient self-reported levels of functioning but also that such incongruence was related to higher psychopathology among patients admitted for evaluation of gastrointestinal motor function. Somatization showed statistically significant correlations with incongruence in both diagnostic groups (this interaction seems to be related to severe medical conditions only in the GMD group), while the remaining psychopathological domains correlated with incongruence to a greater



extent in the FGD group. These findings highlight the importance of considering the contrasts between subjective and clinical evaluations in digestive <u>patients</u>.

**More information:** Amanda Rodriguez-Urrutia et al. Incongruence between Clinicians' Assessment and Self-Reported Functioning Is Related to Psychopathology among Patients Diagnosed with Gastrointestinal Disorders, *Psychotherapy and Psychosomatics* (2016). DOI: 10.1159/000443899

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