

Case Report:

DIAGNOSIS AND TREATMENT OF PSYCHOSOMATIC GASTRITIS AT A PRIMARY HEALTH CLINIC IN WEST SURABAYA, INDONESIA

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ABSTRAK

Indonesia memiliki jumlah penduduk yang sangat banyak, yaitu 238.452.952 jiwa. Dari jumlah populasi tersebut, terdapat 274.396 kasus gastritis. Namun, psikosomatis gastritis hanya dilaporkan dari sangat sedikit pasien. Karena kasus gastritis banyak di Indonesia dan dengan berjalannya BPJS kesehatan, maka pelayanan kesehatan primer harus melakukan diagnosa dan menangani kasus tersebut. Studi ini bertujuan menentukan diagnosis dan penanganan psikosomatis gastritis pada sebuah klinik kesehatan pratama di Surabaya Barat. Ini merupakan studi kasus terhadap psikosomatis gastritis. Kasus ini terjadi pada wanita usia 45 tahun, berpendidikan Sekolah Menengah Atas, status menikah dan memiliki seorang anak. Wanita ini mengalami reflux gastritis dan kondisi dengan kelainan depresi dan cemas. Ia mendapat terapi dari seorang psikiatris pada pertama kali dan mengobati sendiri sakit gastritisnya. Setelah tidak berkunjung ke psikiatris, ia mengalami masalah gastritis tersebut selama empat bulan. Kemudian, wanita tersebut dirujuk ke spesialis penyakit dalam dan mendapat pemeriksaan Ultra Sonography abdominal dengan hasil normal. Terdapat metode konvensional untuk menentukan psikosomatis gastritis yang terdiri dari assesmen gaya hidup, faktor psikologis, faktor sosial factor, dan perilaku. Pasien ini adalah migran lokal yang berjuang untuk memperoleh kehidupan yang lebih baik di kota, mempunyai trigger atas kematian ayahnya, mempunyai keadaan sosioekonomi yang relatif rendah dan tinggal di kamar kos bulanan, serta merupakan seorang pekerja paruh waktu. Pelayanan kesehatan tingkat pertama harus menetapkan diagnosis psikosomatis gastritis dan memberi terapi gangguan psikologis bersama dengan kelainan somatisnya. Maka, pelayanan kesehatan tingkat pertama harus memberikan pelayanan holistik yang terdiri dari aspek fisik, psikologis dan sosial. (FMI 2018;54:155-160)

Kata kunci: Psychosomatic gastritis; pelayanan primer; terapi; distress psikologis; kelainan somatis

ABSTRACT

Indonesia is highly populated of a total 238,452,952 people with 274,396 gastritis cases. However, psychosomatic gastritis was just reported by very few patients. Because of the common gastritis cases in Indonesia and with the act of Healthcare and Social Security Agency or BPJS, so primary health cares should diagnose and manage the cases. This study aimed to determine the diagnosis and management of psychosomatic gastritis at a primary health clinic in West of Surabaya. It was a case study. It was a case on a woman aged 45 years old. She was high school graduate, married and had a child. She experienced reflux gastritis and psychiatric condition of depression and anxiety disorders. She was treated by psychiatrist at the first time and self-medicated for the gastritis. After stopping visiting the psychiatrist, she had problems of gastritis in four months. Then, she was referred to internist and examined Ultra Sonography of abdominal organs with normal result. There was a conventional method to determine psychosomatic gastritis that consisting of life styles, psychologic factor, social factor, and behavior assessment. This patient was a local migrant who struggled to gain a better life in the city, had a trigger for his father's death, had a relatively low socioeconomic state and lived in a monthly boarding house, and was a part-time worker. First-line care should establish a psychosomatic diagnosis of gastritis and treat psychological disorders together with their somatic abnormalities. Thus, the first level of health services must provide holistic services consisting of physical, psychological and social aspects. (FMI 2018;54:155-160)

Keywords: Psychosomatic gastritis; primary care; treatment; psychologic distress; somatic disorders

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INTRODUCTION

Gastritis is one of health problems that frequently happens. World Health Organization estimates the incidence of gastritis about 1.8 to 2.1 million people in the world each year. Meanwhile in Southeast Asia, there

are 583,635 gastritis cases each year. Indonesia is a highly populated with a total population of 238,452,952 people, and there were 274,396 gastritis cases. The percentage of new gastritis cases in Indonesia was 40.8% (WHO 2014). The Indonesia Health Profile in 2011 showed that dyspepsia was the sixth of 10 leading

causes of inpatient at hospitals as many as 24.719 cases with the proportion of women was 61,18% (Ministry of Health the Republic of Indonesia 2011).

The prevalence of gastritis di Indonesia is very high of about 274% from the total population. Whereas, the percentage of new gastritis cases in cities is varied. There was 50% cases in Jakarta, 32.5% in Bandung, 31.2% Surabaya and 46% in Denpasar (Departement of Health the Republic of Indonesia 2011). In general, gastritis attacks reproductive ages. It is suspected due to hectic life and lack of attention toward health accompanied by stress caused by environment. Maulidiyanah showed 57.68% respondents aged 40 years and above with the majority 77.8% were females (Maulidiyanah 2006). A study among students of Medicine Faculty in Surabaya showed that 70% of gastritis respondents were females (Yunita 2010). Generally, gastritis attacks older age group in developed countries (Hoffman & Cave 2001).

The prevalence of emotional disorders in Indonesia was 6.0% among 37,728 subjects with the highest prevalence of 11.6% in Central Sulawesi and the lowest was 1.2% in Lampung. Whereas, the prevalence of emotional disorders in East Java was 6.5% or above the national level (National Institute of Health Research and Development 2013). The estimated population of East Java in 2015 based on national census in 2010 by Center of Data and Information, the Ministry of Health the Republic of Indonesia were 38,847,561 people or the second populated after West Java Province (Center of Health Data and Information 2010). Emotional disorder in Indonesia is common among older people, women, ever married, lower education, no occupation, living in urban areas and with lower economic or lower household expenditures (Fryers et al 2005). Neurosis studies at reproductive ages in Europe, United States and other developed countries showed that the neurosis disorders were associated with proxy low socio-economic indicators, as low education, low properties and unemployment (Roosierhermatie et al 2010).

Meanwhile, psychosomatic gastritis was just reported by very few patients. The Food and Drugs Administration reported 2 cases of psychosomatic and gastritis in 2009 and 2010. The patients were in their 20 – 29 years. The gastritis comorbidities are mainly for preventive cares, as with nasopharyngitis, bacteriosis, dan Crohn's disease. Medication for such patients usually are povidone iodine, pentasa, humira dan famotidine. The general symptoms increase platelet, decrease haemoglobin and hematocrit, Crohn's disease, and also distress (eHealthMe 2017).

Gastritis (gastric inflammation) could be treated by omeprazole, nexium, prilosec, prevacid, protonix (the last report from 30,581 gastritis cases). Meanwhile, psychosomatics or conditions that influence the body indicated by severity or complication are multiple sclerosis, depression, family planning, schizophrenia, rheumatoid arthritis patients (latest report from 44 psychosomatic patients) (eHealthMe 2017).

Gastritis is frequently associated with stress. Harrison's Principles of Internal Medicines showed the pathophysiology of stress is regulated by Hypothalamus-Pituitary-Adrenal (HPA) Axis. The abnormality of neuroendocrine which is consistent with neurovegetative signs and symptoms of depression are 1) Increased cortisol secretion, 2) Increased the size of adrenal gland, 3) Decreased inhibition response of glucocorticoid to dexamethasone, 4) The response of Thyroid-Stimulating Hormone that influences Thyroid Releasing Hormone. Less supporting evidences are 1) Changed pituitary response to Corticotropin Releasing Hormone, 2) Decreased growth hormone secretion and response to Growth Hormone-Releasing Hormone, 3) Decreased gonadotropin response to Gonadotropin-Releasing Hormone. Changing HPA axis regulation showed that depression is possibly a representation of adaptive dysregulation from the response to stress, either genetic or secondary from significant stress as chronic diseases (Fauci 1989).

In the era of national health scheme, the first level of health care as main gate of services should provide qualified health services to achieve health for all as stated in act of Healthcare and Social Security Agency or *Badan Penyelenggara Jaminan Sosial (BPJS)* on the Health BPJS that operated since the first of January year 2014 (The House of Representative Republic of Indonesia 2013).

Because of the common gastritis cases in Indonesia and with the act of Healthcare and Social Security Agency or BPJS, so primary health cares should diagnose and manage gastritis cases. Hence, this study reported a case to determine the diagnosis and treatment of psychosomatic gastritis at a primary health clinic in Surabaya in 2015.

CASE REPORT

A woman who was aged 45 years old, Senior High School education, married and just had one child, a girl, student aged 18 years old. The family lived in west of Surabaya City. The case had reflux gastritis and experienced psychiatric condition of depression and anxiety disorder. She was treated by psychiatrist at the first time

and selfmedicated for the gastritis. Then, she stopped visit the psychiatrist as she felt having no stress anymore.

She had problem of dyspepsia/gastritis in combination with Upper Acute Respiratory Infection. As in four months, she still experienced gastritis and 4 years before she seek treatment at general hospital then she was referred to internist. She got Ultra Sonography examination with result of the normal abdominal organs. She also mentioned that she had endoscopy 4 years ago,

with the result of gastric inflammation. The clinic was located at the western part of the city Surabaya. had about 6,000 members of social scheme insurance. The clinic is open from 7 am to 9 pm from Monday to Saturday. It provides health services of General and Dental Clinics. The General Clinics was done by two medical doctors and the dental clinics was by a dentist at afternoons. There were two staffs supporting for administrative, nursing cares and drugs in day and afternoon shifts, respectively.

Table 1. The management of a psychiatric case with gastritis at a primary health clinic in west of Surabaya, January to June 2015

Date	General/ Dental Policlinics	Symptoms	Examination	Diagnosis	Therapy	Refer	Referral Diagnosis	Referral Therapy
5 th Jan 2015	Dental Poli clinics	Aches of upper incisious teeth	Crowned of upper incisious teeth by teeth higienist).	Gingival abcess at upper incisious teeth Secondary from Sinusitis.	Amoxyllin			
15 th Jan 2015	General Poli clinics	Headache, Pain at left part of chest (Scheduled for upper incisious teeth extraction)	T: 130/80, N:72x per minute Lower part of chest pain	Non spesific angina		Cardiologist	Disorder of inferior the cardiac.	
16 th Jan 2015	General Poli clinics	Control for pressure	P: 130/80 Trigger: Dec 2014 Her father aged 80 years died from digestive cancer	Normotension For evaluation				
	Dental Poli clinics			Extraction of left upper incisious tooth				
2 nd March 2015	General Poli clinics	Headache				Psychiatrist	Mixed depression and anxiety disorder.	Alprazolam 2x 0,5 mg, Amitriptyli ne 0-0-25 mg, Folic acid 1-0-0. Idem
6 th April 2015						Control Psychiatrist	Idem	(Selfmedica tion of Omeprazol, Ranitidine) Idem
4 th May 2015						Control Psychiatrist	Idem	Idem
10 th June 2015						Control Psychiatrist	Idem	Idem

Table 2. The management of a gastritis case at a primary health clinic in West of Surabaya, June to October 2015

Date	General/ Dental/ Polyclinics	Symptoms	Examination	Diagnosis	Therapy	Refer	Referral Diagnosis	Referral Therapy
17 th June 2015	General Polyclinics	Flu, cough, Abdominal pain		Acute Upper Respiratory Infection and Dyspepsia	Demacolin, Glycerin Guaiacolat, Antacida- before meal (3x 1tab)			
3 rd Augst 2015	General Polyclinics	Still flu, cough, Abdominal pain		Better of Acute Upper Respiratory Infection and Dyspepsia	Antacida, Demacolin, GG (3x 1tab)			
2 nd Sept 2015	General Polyclinics	Abdominal pain, flu No vomitting, feces: normal	Blood pressure: 120/80 mmHg Epigastric pain	Gastritis, Common Cold	Cimetidine, Antacida- Demacolin (3x1tab) Multivit1x1 tab			
5 th Sept 2015	General Polyclinics	Present Abdominal pain	Lesser epigastric pain	Dyspepsia	Cimetidine, Antacida (3x 1 tab)			
9 th Sept 2015	General Polyclinics	Abdominal pain	Lesser epigastric pain	Dyspepsia	Antacida 3x 1 tab, Vit 1x1 tab			
19 th Oct 2015	General Polyclinics	Abdominal pain	Present lesser epigastric pain	Gastritis	Cimetidine, Antacida, Omeprazol a (3x1 tab)			
26 th Oct 2015	General Polyclinics	Abdominal pain	Lesser epigastric pain	Chronic Gastritis, Common Cold	Cimetidine, Antacida, Demacolin a (3x1 tab), Vit 1x1 tab	Internist	USG Examination	Results: Normal

DISCUSSION

As common gastritis patients, the psychosomatics gastritis patient was a woman but her age was 45 years or relatively older than the majority of gastritis cases in developed countries (Hoffman & Cave 2001). After graduated high school, she moved to work in Surabaya, the capital of East Java Province, because there are many factories. Actually, she wanted to continue to study but lack of fund. Since her father was a farmer with relatively moderate socioeconomic conditions, so it was just her brother who continued to study at a collage.

As a high school graduate, she was accepted as one of administrative staffs at a factory. She worked at the factory for 4 years, then resigned after delivering her first child. She mentioned the administrative position caused problems because as newly high school graduate and still young, but labours under her supervision were at older ages and had longer work experiences. More-

over, the labours had many interests which made her stressfull. As the factory staff, she had to bridge between the factory and the labours interests.

Her husband was a permanent worker at a private factory. Both came from outside the capital of East Java Province. With her husband is paid by the standard of Regional Minimum Wage, she sells goods for additional income as traditional ice and adding selling cloths or snacks but the traditional ice is continued until now. Up to present, the family were still living at monthly room rent. Although many families from other districts worked at private factories were also living at monthly room rent. But the condition bother her because could not participate muslim reciting quran with neighbors because when her turn she could not receive a lot of guests because her place was small. As known, stress is common among low sosioeconomics people (Fryers et al 2005).

She experienced upper gastric discomfort and slightly increased of blood pressure from normal of 120/70 mmHg to 130/80 mmHg. The symptom of upper gastric discomfort was alike of non specific angina so that she was referred to a cardiologist. With the diagnose as the inferior of cardiac from the cardiologist, it was likely gastrointestinal reflux (Bradley et al 1993). Among children it was reported that *Helicobacter pylori* chronic gastritis, physiological trauma and somatization disorder (Andreica-Sandica 2011). Psychosomatic disease had comorbidities as rhinitis allergica, sinusitis that associated to decrease of immunity (Locatelli et al 2016), depression (Goodwin et al 2013) and anxiety (Sana et al 2013).

The trigger of the stress was death of her father. Then, she was referred to a psychiatrist for trauma of the lost of her father. During visiting the psychiatrist for 3 months, she got tranquilizer and antidepressant medications. Folic acid as nerve vitamin was also given. She complained of insomnia to the psychiatrist. She said that the psychiatrist was listening her disturbance, advised to be patient with the trauma and developed a relax conversation. Besides, she took Ranitidine and Omeprazole for the gastritis as previously given. She said that seven years ago she had endoscopic examination with result of gastric inflammation. This endoscopy result was in accordance to a study among 200 psychosomatic gastritis patients that all showed of gastric inflammation (Levenstein 2002). Then, she managed to eat regularly and avoided acid foods. She also did not use to consume free drugs.

She mentioned that she was so traumatic with her father's death due to digestive cancer conditions. At the age of 80 years, he had a strong body, but suffering from the severe cancer, he became so thin and weak at the end of his life. Her father always supported her in every condition. Moreover, she was so close to her father because she was the youngest from 4 siblings. It seemed that she had not a good coping with her father's death as she was in deep sadness.

During March to May 2015, she was treated by a psychiatrist and self-medicating her gastritis. Then, she stopped to visit the psychiatrist because she thought that the treatment was enough. Furthermore, she visited the clinics more frequently because of worsened gastritis (Selviana 2015). In June and August 2015, she visited the clinic for gastritis once in each month. Then, she visited twice in September and three times in October. Before experiencing gastritis, she frequently could not sleep well, felt sick and had stomachache. At the time, she could not sleep well, and sometimes it happened for two days long. It was ulcerogenic stress.

Besides providing medication, health clinic provides counseling for the treatment, determines the diagnosis of gastritis, including chronic gastritis as she had the gastritis for four months since the symptoms of gastritis causes emerged because chronic gastritis is similar to cancer of abdominal organs. Health clinic also has a role as a support in communicating with patient and family members.

Then, she was referred to an internist. Results of further examination by abdominal Ultra Sonography showed that her abdominal organs were normal. In gastritis, stress could stimulate brain and sympathetic nerve to release cortisol hormone secretion that causes patients to be anxious or depressed. For somatic organs, it stimulates autonomous nerve to release gastric acid secretion (Fauci 1989).

Indonesia is the fourth highly populated country in the world and with the social scheme for all Indonesian since 2014 (The House of Representative Republic of Indonesia 2013), so the primary health care should provide qualified health services. The challenge is that psychosomatic gastritis is very few in comparison to gastritis cases. There is a conventional method to determine the psychosomatic gastritis that consisting of life styles, psychologic factor, social factor, and behavior assessment which are varied among individuals (Nakai & Fukunaga 2003). This patient was a local migrant who struggled to gain a better life in the city, had a trigger due to his father's death, had a relatively low socioeconomic state and lived in a monthly boarding house, and was a part-time worker. Thus, the patient's condition filled the requirement of having psychosomatic gastritis.

The primary health care should diagnose psychosomatic gastritis to treat psychological distress together with the somatic disorders, so as to be in accordance to the management of chronic diseases that should be integrated with multidisciplinary approach (Shahady 2006) by treating the diseases and psychology conditions by the psychiatrist. Furthermore, the first level of health care should provide holistic cares consisting of physical, psychological and social aspects to provide support to the patients.

CONCLUSION

First-line care should establish a psychosomatic diagnosis of gastritis and treat psychological disorders together with their somatic abnormalities. Thus, the first level of health services must provide holistic services consisting of physical, psychological and social aspects.

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