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## INCIDENCE OF AXIS I AND AXIS II DUAL DIAGNOSIS IN HOSPITALISED PATIENTS WITH SOMATIZATION DISORDER

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**Introduction:** Somatization disorder is frequently associated in epidemiologic trials with depressive, anxiety, other somatoform or substance related disorders, as well as with personality disorders. An examination of psychiatric comorbidity in patients diagnosed with somatization disorder is strongly advised due to the impact of these associated conditions over the prognosis and treatment.

**Objective:** To establish the incidence of psychiatric dual diagnosis in hospitalized patients with somatization disorder.

**Methods:** A group of 37 patients, 22 female and 15 male, mean age 45.9, were evaluated using Structured Clinical Interview for DSM Axis I (SCID-I) and Axis II (SCID-II) disorders at the admission in our department for a diagnosis of somatization disorder. All patients included in this trial were known with somatization disorder for at least one year prior to this admission.

**Results:** Patients diagnosed with somatization disorder presented mostly depressive disorders (46%, n=17), anxiety disorders (37.8%, n=14), substance related disorders (16.2%, n=6) and personality disorders (67.5%, n=25). A more detailed analysis on axis I established major depressive disorder as the most frequent diagnosis (37.8%, n=14), followed by panic disorder (27%, n=10) and alcohol dependence (13.5%, n=5), while on axis II the histrionic (21.6%, n=8) and obsessive-compulsive (19%, n=7) personality disorders were the most frequently associated conditions. A number of 21 patients presented at least three axis I and/or II simultaneous diagnosis (64.8%).

**Conclusion:** The most frequently comorbidities in somatization disorder are major depressive disorder and panic disorder on axis I, as well as histrionic and obsessive-compulsive personality disorder on axis II.