Ophthalmic psychoneurosis: natural history

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SUMMARY The status of 18 patients presenting with ocular psychosomatic symptoms is reviewed 10 to 18 months after presentation. All the patients had been discharged after the examination and reassurance given at the initial interview. In 8 patients symptoms had completely ceased, but 10 patients retained their symptoms. Transitory, self-limiting symptoms were more commonly associated with anxiety and occurred in the younger patients. Persistent symptoms were more commonly associated with depression and occurred in the older patients. Pain of the eyes, face, and head is conspicuous in both groups.

Among patients presenting with ophthalmic symptoms are some whose symptoms are psychosomatic.^{1,2} It has been shown that such patients score on the Middlesex Hospital Questionnaire³ more highly for anxiety and/or depression than a control group of ophthalmic patients. They were also found more likely to have psychosomatic symptomatology of a type characteristic of patients attending psychiatric outpatient clinics (a higher psychosomatic score on the Middlesex Hospital Questionnaire). The natural history of ophthalmic psychosomatic conditions has not been studied. This analysis attempts to define some of the parameters, evident after a 10-18-month follow-up, which may be of help in the prognosis and management of these patients.

Material and methods

Twenty-three patients with psychosomatic eye symptoms presenting at the ophthalmic clinic of the University Hospital of Wales formed the basis of the study. Full ophthalmic, medical, and social histories were taken prior to the ophthalmic examination. A psychiatric history relevant to the previous findings³ was then undertaken. The interview, examination and reassurance concerning the health of the eyes were the only potentially therapeutic procedures.

Patients were discharged after the first appointment. Ten months after the presentation of the final patient in the series a questionnaire was sent to all 23 patients. There were 18 replies. The questionnaire

asked whether patients still had their symptoms, if there was any change in status from the time of examination, and what the time interval was prior to the cessation of symptoms. The records of the 18 patients were then analysed by age, sex, ocular symptomatology, duration of symptoms prior to examination, associated psychogenic status, and awareness of current conscious stress.

Results

In 8 patients there had been a complete cessation of symptoms (group A, Table 1). In 10 patients symptoms remained unchanged (group B, Table 1). Table 1 also records the duration of symptoms prior to examination in each group and the duration of symptoms persisting in group A after examination. The tendency towards a younger age in those patients whose symptoms had disappeared is shown. All patients in group B had symptoms for 6 months or longer prior to presentation. Six of the 8 patients in group A had a similar duration of symptoms.

Table 2 summarises the symptomatology of the 2 groups. The frequency of pain or discomfort in the eyes or head is evident in most patients. Table 3 summarises the associated psychiatric status of all patients. It appears that anxiety was commonly associated with the psychosomatic symptoms in the patients of group A. The symptomatology of group B was most associated with depression or was without any associated mood change. Thirteen of the patients at interview could identify undue current conscious stress in their lives.

Table 1 Time course of ocular symptoms

Group A					Group B			
No.	Age	Sex	Durations of symptoms		No.	Age	Sex	Duration of symptoms prior to examination
			Prior to examination	After examination				
1	61	F	12 months	1 week	1	62	F	18 months
2	56	F	6 months	3 months	2	51	M	12 months
3	27	M	6 months	Few weeks	3	72	F	8 years
4	32	M	18 months	Few weeks	4	30	M	12 months
5	53	M	4 months	3 months	5	77	M	6 months
6	32	M	12 months	4 months	6	73	F	6 months
7	18	F	1 week	1 week	7	54	F	6 months
8	24	F	12 months	1 week	8	67	F	2 years
					9	39	M	6 months
					10	71	F	6 months

Table 2 Ocular symptoms

Group A		Group B	
Case no.	Symptoms	Case no.	Symptoms
1	Aching eyes 'like needles'	1	Aching behind eyes
2	Lump upper left lid, headache, left lid slow to open	2	Grittiness, discomfort, aching eyes, migraine
3	Irritable eyes and pain in neck	3	Pain, flashing lights, puffy lids, headache
4	Irritable eyes, intolerance to contact lens, headache	4	Photophobia and blurring
5	Pain in eyes, eyes closing in warmth	5	Eyes feel wet, pain, floaters, diplopia
6	Floaters, headache, stinging eyes	6	Itching, eyes closing, diplopia
7	Pain, difficulty with close print	7	Headache, itching, grittiness
8	Red and painful eyes, pain behind eyes	8	Aching, watering irritation, migraine
		9	Diplopia, difficulty seeing inferiorly
		10	Blurring, headache, morning crusting

Table 3 Associated psychogenic status

Group A		Group B	
Case no.	Psychiatric status	Case no.	Psychiatric status
1	Anxiety with insomnia/depression and weeping	1	Depression and insomnia
2	Anxiety	2	Obsessional temperament
3	Anxiety	3	Depression and anxiety
4	Obsessional temperament	4	Clinically normal
5	Anxiety with insomnia/depression and weeping	5	Anxiety and obsessional temperament
6	Anxiety with insomnia	6	Depression
7	Anxiety	7	Clinically normal
8	Anxiety and depression	8	Clinically normal
		9	Clinically normal
		10	Anxiety

Discussion

The salient finding in this follow-up study of psychosomatic ophthalmic symptoms is that half (8 out of 18) of the patients have no symptoms within a few months of examination. When patients are not old, and acknowledge an associated anxiety or 'nervous tension,' the prognosis is even more favourable

(Table 1). The most common presentation in medicine as a whole is the transient anxiety state, showing a spontaneous remission within 6 months. The patients in group A may belong to this broader grouping. As 4 of these 8 patients and symptoms for 12 months prior to presentation, it suggests that the examination and reassurance had some beneficial effect at least on these 4.

There remains a small majority of patients whose symptoms remain unchanged at 10 months from the ophthalmic examination. These tend to be older (group B, Table 1), with attendant depression, or no associated mood change, rather than anxiety. The prominence of pain or discomfort in the eyes or head is notable in this series and the prevalence of psychogenic pain in the ophthalmic area has been recorded previously.⁴ This prevalence may be contrasted with the rarity of 'textbook syndromes' such as Sluder's and Costen's neuralgias.

It would seem likely that the pain of group A patients is allied to or a variant of the common 'tension headache' of an anxiety state, occurring in younger age groups and for a limited duration. The more refractory pain in group B patients, despite its occurring in an older people, would appear to be most related to 'atypical facial pain'⁵ or the unremitting depression headache sometimes coexistent with migraine. Both of these types of pain may be associated with depression, are chronic and refractory, but sometimes alleviated by antidepressants.

It is in the latter group of patients that further measures may be necessary to ameliorate any mood

change and terminate unpleasant symptomatology. The total clinical picture is rarely severe enough to invoke the aid of a psychiatrist. A family physician knowledgeable in the environmental circumstances of the patient and familiar with his personality type and past history is usually more appropriate. Thirteen of the 18 patients could identify undue current conscious stress, in its broadest interpretation,⁶ quite possibly amenable to the general psychotherapy of a family physician. He could if necessary selectively refer patients for psychiatric help.

References

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