

## Effectiveness of TCBT in Managing Anxiety Symptoms in Patients with Psychosomatic Disorders

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### ABSTRACT

Anxiety symptoms are prevalent in psychosomatic disorder patients and can have a significant impact on their quality of life. CBT has shown promise in managing anxiety symptoms in patients with somatoform disorders, but most evidence-based treatments are created and certified for particular conditions, making treatment planning difficult. Transdiagnostic cognitive behavioural therapy (TCBT) is a new approach that seeks to treat common underlying mechanisms in a variety of disorders, including anxiety. Although there is substantial evidence supporting the efficacy of transdiagnostic cognitive-behavioral therapy (TCBT) for children and adolescents, it is not commonly used and is still an emerging field. Additionally, there has been limited research conducted in this domain. To address this gap, the current study examines new illnesses with comparable characteristics to determine which illness responds best to TCBT. The researcher used deliberate sampling to gather data on fifteen individuals with both somatoform disease and anxiety for this study, with both treatment and control groups ongoing 8-12 sessions of TCBT. Before and after therapy, both groups were evaluated using identical scales, and the data were analysed using repeated measures ANOVA. The treatment group experienced a significant reduction in anxiety, demonstrating the effectiveness of transdiagnostic CBT in treating anxiety symptoms. TCBT has been shown in several trials to be successful in reducing anxiety symptoms and improving physical functioning in patients with somatoform disorders and medically unexplained physical symptoms. According to the findings of these studies, TCBT may be a potential therapeutic strategy for patients who also suffer from comorbid anxiety and psychosomatic disorders. To investigate the long-term effects and possible drawbacks of TCBT in this population, more study is required.

**Keywords:** *Psychosomatic Disorders, Anxiety, Transdiagnostic-CBT, Cognitive, Behaviour*

Psychosomatic diseases are no longer recognised as distinct disorders; people with the Somatoform Disorders experience somatic symptoms or worry about physical illness or deformity that cannot be explained by an organic medical condition or another psychiatric disorder like anxiety. In the general population, experiencing somatic symptoms is fairly frequent. Somatoform disorders are common worldwide, but their kinds and

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prevalence fluctuate significantly across different geographic locations, ethnic groups, and cultural groups (Kirmayer, 1984; Hsu, & Folstein, 1997).

Since psychological and behavioural elements may have an impact on any medical disease, the assumption that somatoform disorders are fully or mostly illnesses caused by psychological processes that alter symptom perception and illness behaviour persists. Many patients with anxiety primary care receive no treatment or may even go undiagnosed and general practitioners are trained and coached in a variety of therapeutic approaches, such as consultation, cooperative care, and counselling, to manage patients with mental health issues. With varying degrees of success, there have been numerous attempts to improve care and lower work absences for this group of patients, both in primary healthcare and occupational health.

Current theories of the occurrence and maintenance of each of these problem areas centre on increased anticipation, pain and distress. Patients usually complain of a low quality of life, and co-occurring disorders of anxiety are common (de Waal MW et.al, 2004). Comorbidity makes treatment planning very challenging. The bulk of evidence-based treatments, whether psychological or pharmacological, are developed, assessed, and "certified" for specific conditions. The majority of research found cognitive behavioural therapy (CBT) to be productive. Additionally, in half of the investigations, a range of alternative treatments demonstrated efficacy. Except for conversion disorder and pain disorder, all somatoform disorders have recognised effective therapies.

Mental health practitioners face a significant challenge in treating patients with multiple diagnoses, as traditional disorder-specific protocols may not adequately address the complexity of these cases. With an average comorbidity rate of 55%, practitioners often struggle to invest in single disorder protocols, leading to fragmented and incomplete treatment (Kessler et al., 2005). Transdiagnostic approaches, on the other hand, offer a comprehensive treatment package that addresses multiple problems and integrates interventions that target common underlying mechanisms. Research suggests that targeting core mechanisms and common pathways increases the possibility of generalization and improves treatment outcomes (Chu, 2012; Chu & Ehrenreich-May, 2013). Additionally, transdiagnostic approaches offer increased clinical flexibility, allowing practitioners to tailor treatment to the unique needs of each patient (Chu & Ehrenreich-May, 2013). With the rise of comorbidity and the limitations of traditional disorder-specific protocols, a transdiagnostic approach may offer a more effective and efficient solution for treating patients with multiple diagnoses.

A study on the effectiveness of transdiagnostic cognitive behaviour therapy in treating obsessive compulsive disorder with co-occurring anxiety and mood disorders was undertaken by Omid Saed et al. (2015). The effectiveness of transdiagnostic cognitive behaviour therapy had been clarified. A randomizer assigned 24 subjects to receive either immediate or delayed therapy. While the delayed group did not receive any intervention, the immediate or intervention group received 20 sessions of TCBT intervention. There were three standard evaluations given: a pretest, a posttest, and a follow-up after a month. Massive effects were evident in the effect size statistics used to evaluate treatment gains.

A prospective comparative explorative pilot study on cognitive behavioural therapy for somatic symptom disorders in old age was carried out by Verdurmen MJH et al. (2017). They looked into the viability of CBT for SSD in older patients. In the pilot trial, adult patients (n =

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13) and senior patients (n = 9) with SSD were treated in two outpatient specialist mental health settings. 18 organised, protocolled, and overseen CBT sessions made the intervention. Somatic symptoms, pain severity, impairment from pain, quality of life, depressive symptoms, and symptoms of generalised anxiety were outcomes.

A study on transdiagnostic versus disorder-specific internet-delivered cognitive behaviour therapy for anxiety and depression in primary care was undertaken by Jill M. Newby et al. in 2017. In a naturalistic non-randomized comparison study, the features, compliance, and efficacy of transdiagnostic iCBT were compared to those of condition-specific programmes for generalised anxiety disorder (GAD) (n=738) and depression (n=366). According to the study, individuals in the transdiagnostic programme had greater baseline distress levels and comorbidity rates. Variations in severity among the baseline group have been managed. and led to minor effect sizes favouring the transdiagnostic programme over the GAD programme in lowering the PHQ-9, K-10, and WHODAS scores, as well as small effect sizes favouring the transdiagnostic programme over the time period programme in lowering the GAD-7 scores.

Jing Liu et al. (2018) has conducted a meta-analysis of randomized controlled trials on the efficacy of cognitive behavioral therapy in somatoform disorders and medically unexplained physical symptoms. A total of 15 randomized controlled trials having 1671 patients with somatoform disorders or MUPS were signed up. The main analysis resulted that cognitive behavior therapy could alleviate somatic symptoms, anxiety symptoms, and depressive symptoms, and improve physical functioning. The results of subgroup analysis indicated that CBT was notably helpful once the duration of session was quite 50 minutes to cut back the severity of somatic symptoms from pre to post treatment time, once it had been group based and applied affective and developed sensible interpersonal strategy throughout the treatment. A meta-analysis of randomised controlled trials on the effectiveness of cognitive behavioural treatment in somatoform disorders and medically unexplained physical symptoms was carried out by Jing Liu et al. (2018). There were a total of 15 randomised controlled trials with 1671 participants who had somatoform disorders or MUPS. The main study showed that cognitive behaviour therapy could improve physical functioning and reduce somatic symptoms, anxiety symptoms, and depressive symptoms. According to the results of the subgroup analysis, CBT was particularly effective once sessions lasted 50 minutes or more, it was group-based, and it used affective and developed practical interpersonal strategies throughout the treatment to lessen the severity of somatic symptoms from before to after treatment.

Severin Hennemann et al. (2018) conducted a study protocol of a randomized controlled trial on the efficacy of a guided internet-based intervention (iSOMA) for somatic symptoms and related distress in university students. The study was a parallel two-armed randomized controlled trial that evaluated an 8-week guided intervention, alongside web-based consecutive modules based on cognitive behavioral therapy (CBT) principles against a waitlist control cluster. Guidance was provided by trained psychologists with weekly written adjuvant feedback. The first outcome was the severity of somatic symptoms and associated mental distress. Secondary outcomes enclosed depression, (health) anxiety, disability, intervention satisfaction and adherence.

A study protocol for a randomised controlled trial on the effectiveness of a guided internet-based intervention (iSOMA) for somatic symptoms and associated distress in university students was done by Severin Hennemann et al. (2018). The research was a parallel two-armed randomised controlled experiment that compared a waitlist control cluster to an 8-

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week guided intervention and web-based sequential modules based on cognitive behavioural therapy (CBT) principles. Psychologists with training gave guidance along with weekly written adjuvant feedback. The degree of physical symptoms and related mental distress was the first result. Depression, (health) anxiety, disability, satisfaction with the treatments, and adherence were considered secondary outcomes.

Victoria A.M.Owensa et al. (2019) conducted a study on Transdiagnostic, internet-delivered cognitive behavior therapy for depression and anxiety. This study explored the changes in health anxiety symptoms by using data from a previously published study of 8-week transdiagnostic ICBT. The changes in symptoms of health anxiety that targeted broad symptoms of depression and anxiety, were examined in an exceedingly small subsample of people who endorsed elevated symptom scores on the Short Health Anxiety Inventory at pre-treatment . Following treatment, giant reductions in health anxiety symptoms.

A study on transdiagnostic, internet-delivered cognitive behaviour therapy for depression and anxiety was undertaken by Victoria A.M. Owensa et al. in 2019. Using data from an 8-week transdiagnostic ICBT study that was previously published, this study examined the improvements in health anxiety symptoms. An extremely small sample of persons with elevated symptom scores on the Short Health Anxiety Inventory at baseline were studied for improvements in health anxiety symptoms that targeted general symptoms of sadness and anxiety. Significant reductions in health anxiety symptoms following treatment.

Prior studies have provided a concise overview of the importance of transdiagnostic approaches in treating patients with multiple diagnoses, emphasizing the need for interventions that target core mechanisms and common pathways. Hence, our study was devised and titled as, “Effectiveness of TCBT in Managing Anxiety symptoms in patients with Psychosomatic disorders,” with an aim to investigate the effectiveness of TCBT for managing symptoms of anxiety in patients with psychosomatic disorder.

### **METHOD**

The present study utilized a sample of 15 individuals who have been diagnosed with both somatoform disease and anxiety. Although there is substantial evidence supporting the efficacy of transdiagnostic cognitive-behavioral therapy (TCBT) for children and adolescents, it is not commonly used and is still an emerging field. Additionally, there has been limited research conducted in this domain. To address this gap, the current study examines new illnesses with comparable characteristics to determine which illness responds best to TCBT.

#### **Sampling**

The deliberate sampling approach was adopted. The ICD-10 was used to evaluate patients who had been diagnosed with anxiety or who met its requirements in addition to somatic syndrome and somatoform disorder. The study's DCR parameters were taken from the Absolute Mind Clinic in Calicut, Kerala, and the Eranad Hospital in Manjeri, Malappuram. Customers with ages ranging from 20 to 40 were selected.

#### **Research design**

In the current investigation, each of the 15 samples diagnosed with anxiety or with somatic syndrome and somatoform illness underwent a pre-post research design.

**Tools for the study**

***Generalized Anxiety Disorder (GAD) scale***

The Generalized Anxiety Disorder (GAD) scale is a widely used self-report measure that assesses the severity of anxiety symptoms over the previous week. It has been found to be a reliable and well-validated measure of anxiety symptomatology (Spitzer et al., 2006; Stanley et al., 2001). The GAD questionnaire consists of seven items that assess various symptoms of anxiety such as excessive worry, restlessness, irritability, and difficulty concentrating. Each item is scored on a four-point Likert scale ranging from 0 (not at all) to 3 (nearly every day). The total score ranges from 0 to 21, with higher scores indicating more severe anxiety symptoms. The GAD-7 version has good sensitivity and specificity for identifying generalized anxiety disorder and has been found to have high internal consistency and test-retest reliability (Spitzer et al., 2006).

***Sociodemographic Data and clinical data sheet:***

Sociodemographic factors can significantly affect health outcomes and can help to comprehend the health status of a population. To gather sociodemographic data from study participants, a semi-structured data sheet was developed. Gender, age and marital status are the sociodemographic variables as well as social and economic factors included in this study.

**Consent:**

The purpose and parameters of the study were explained on the consent form that was given to each subject.

Study participants were recruited as clients using the purposive sample method. Clients who complied with the study's requirements were chosen after getting their consent. Customer psychoeducation was provided. The programme was run according to the model over the course of 8–12 sessions. Both groups conducted scaled evaluations before and after the therapy sessions. The identical module was used by both groups. Each group had 15 participants.

**Statistical analysis**

The collected data was analysed using Repeated Measure ANOVA (analysis of the interactions between the two and the effects on within- and between-subjects), and the findings were tabulated and discussed.

***Table***

***Mean anxiety symptoms before and after TCBT by various demographic variables and results of Repeated measure ANOVA***

Variable	Sub variable	n	Pre Test Mean $\pm$ SD	Post test Mean $\pm$ SD	Difference	df	Sig
Overall	Total	15	5.73 $\pm$ 3.515	1.27 $\pm$ 1.280	4.46 $\pm$ 2.235	1,1	.001
Gender	Male	8	6.13 $\pm$ 4.155	1.88 $\pm$ 1.458	4.25 $\pm$ 2.697	1,1	.785
	Female	7	5.29 $\pm$ 2.870	0.57 $\pm$ 0.535	4.72 $\pm$ 2.335		
SES	Low	2	6.50 $\pm$ 6.364	1.50 $\pm$ 0.707	5.00 $\pm$ 5.657	1,3	
	Mild	2	6.50 $\pm$ 4.950	0.50 $\pm$ 0.707	6.00 $\pm$ 4.243		

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Variable	Sub variable	n	Pre Test Mean + SD	Post test Mean+ SD	Difference	df	Sig
	Upper	9	6.00 ±3.317	1.56 ±1.509	4.44 ±1.808		.763
	Higher	2	3.00 ±1.414	0.50 ±0.707	2.50 ±0.707		
Marital Status	Single	5	7.80 ±3.493	1.80 ±1.924	6.00 ±1.569	1,1	.187
	Married	10	4.70 ±3.199	1.00 ±0.816	3.70 2.383		

### RESULTS

The anxiety symptoms from the pre-test to the post-test were significantly ( $p=.001$ ) reduced by the TCBT administered in this research. The mean number of anxiety symptoms was 5.73 on the pretest, but it is reduced to 1.27. The difference in the reduction of anxiety symptoms of 4.46 units was found to be highly significant. This can be ascribed to the effectiveness of TCBT intervention.

However, none of the variables had a significant impact on the reduction of anxiety symptoms when the influence of demographic variables on the reduction was verified. In terms of gender ( $p=.785$ ), male and female participants had statistically identical reductions of 4.25 and 4.72. Participants with low, mild, upper, and higher status had reductions of 5.00, 6.00, 4.44, and 2.50, respectively, which were statistically similar with regard to SES ( $p=.763$ ). When it comes to marital status, the reductions for participants who are single and those who are married were statistically the same at 6.00 and 3.70, respectively. This suggests that TCBT is equally effective for participants across different demographic variables, also indicating that anxiety has been reduced highly after post treatment of TCBT.

### DISCUSSION

#### Major Findings:

- From pre-test to post-test, the TCBT intervention significantly reduced anxiety symptoms.
- The mean number of anxiety symptoms reduced from 5.73 on the pretest to 1.27 on the post-test, a decrease of 4.46 units that was deemed highly significant.
- TCBT was effective in reducing participants' anxiety symptoms regardless of their gender, socioeconomic standing, or marital situation.
- There was no statistically significant difference between the participants' demographic characteristics and the decrease in anxiety symptoms, indicating that TCBT is equally effective for all participants.

It is clear that socio-demographic factors including gender, age, socioeconomic status, and marital status have no impact on anxiety. After using the TCBT technique, anxiety patients' anxiety scores significantly decline. It's possible that anxiety is a common but hazardous medical illness that affects how you feel, think, and act.

The findings of this study suggest that TCBT is an effective treatment option for managing anxiety symptoms in patients with psychosomatic disorders. The study found a significant reduction in anxiety symptoms from pre to post-test, indicating the effectiveness of TCBT in managing anxiety symptoms. In 14 randomised controlled trials with 1191 subjects, Cuijpers et al. (2016) investigated the efficacy of TCBT for generalised anxiety disorder (GAD) and

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panic disorder. The study reported a significant reduction in anxiety symptoms from pre to post-treatment, which was maintained at follow-up assessments. The study also found that TCBT was more effective than other psychological interventions, such as relaxation therapy and problem-solving therapy. A study on early response in cognitive-behavioral therapy for syndromes with medically unexplained symptoms was undertaken by Maria Kleinstäuber et al. in 2017. The treatment group received a random allocation of about 48 patients. Through repeated measurement, a significant reduction in anxiety, disease anxiety, and illness behaviour was seen.

Similar to this, in a meta-analysis conducted by McEvoy et al. (2016), it was found that TCBT was effective in managing anxiety symptoms in patients with various anxiety disorders, including generalized anxiety disorder, panic disorder, and social anxiety disorder. The analysis, which included 13 randomised controlled trials. The study reported a significant reduction in anxiety symptoms from pre to post-treatment, which was maintained at follow-up assessments. Additionally, the study found that TCBT was an effective treatment option for individuals who were unable to access in-person therapy.

The TCBT has the potential to be an effective treatment for people who are having anxiety symptoms, as evidenced by the significant decrease in anxiety symptoms from pre-test to post-test. This is consistent with earlier studies that demonstrated the efficacy of TCBT in treating anxiety symptoms in a variety of populations, including those with comorbid psychiatric illnesses, personality disorders, and somatic symptom disorder. (Farchione et al., 2012; Hoffart et al., 2020; van der Heiden et al., 2013).

Furthermore, this study's findings suggest that TCBT was similarly successful in reducing anxiety symptoms regardless of a person's gender, socioeconomic status, or marital status. This indicates that TCBT may be a useful treatment for people, irrespective of their socioeconomic backgrounds. This result is in line with earlier studies that have shown TCBT to be successful in reducing symptoms of anxiety and depression in both men and women, across age groups, and among low-income patients (Buntrock et al., 2016; Bentley et al. 2020). Additionally, studies focusing on particular populations, such as teenagers with anxiety disorders, have shown that TCBT is effective in managing anxiety symptoms. (Ruwaard et al., 2018).

While the current study offers promising results regarding the effectiveness of TCBT in controlling anxiety symptoms, additional research is required to look at TCBT's long-term effects and compare it to other forms of psychotherapy. However, regardless of a person's demographic makeup, the results of this research point to TCBT as a potential intervention for those who are experiencing anxiety symptoms. By offering a practical and efficient treatment option, the use of TCBT in clinical practice may have the ability to improve the mental health outcomes of people with anxiety symptoms.

## CONCLUSION

The results of this research suggest TCBT as a viable option for treating patients with psychosomatic disorders who experience anxiety symptoms. Evidence for the effectiveness of TCBT in managing anxiety symptoms comes from the significant reduction in anxiety symptoms from pre- to post-test. The findings imply that TCBT is a flexible treatment option that is similarly effective across a range of demographic factors. However, additional research is required to determine the effects of TCBT over the long term and how successful it is in comparison to other forms of psychotherapy. Overall, TCBT seems to offer patients

with psychosomatic disorders a promising and approachable treatment choice for controlling their anxiety symptoms.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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