

## Dysfunctional breathing: an emerging trend in somatization

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**Introduction** Somatization usually refers to symptoms that may occur in the absence of organic pathology. However, it can also be used in a broader form to describe situations where there is underlying structural pathology that is affected significantly by psychological factors. Symptoms consistent with somatization are often vague, transitory, involve multiple sites or systems and do not fit well with symptoms and signs of recognized conditions. Somatization is also understood as a cultural way of expressing psychological distress.

**A case history** A 23-year-old, unmarried girl with neurotic personality traits, who had a long history of bronchial asthma, repeatedly presented to the medical ward with complaints of chronic cough and difficulty in breathing during the past year. Most of the time, though her complaints were perceived as non-infective exacerbation of underlying asthma, her respiratory signs and relevant investigations (immunoglobulin E, spirometry, high-resolution computed tomography, rapid antigen test for COVID -19 and echocardiogram) were found to be within normal limits. A diagnosis of dysfunctional breathing was made by the respiratory physician, and a referral was made to the psychiatrist.

The detailed psychiatry assessment, including a collateral history from her mother and the mental state examination, revealed the underlying inner conflict she was suffering from in the background of continuous relationship problems with her romantic partner.

She was educated and explained about Mind-Body connection, a vicious cycle of anxiety and healthy ways of handling her emotions. She was trained on a simple breathing exercise and asked to practice regularly. She did adhere to the management plan and made a quick recovery.

**Discussion** Dysfunctional breathing is a term which describes a group of breathing disorders where chronic changes in breathing patterns result in dyspnoea and other symptoms in the absence or in excess of the magnitude of physiological respiratory or cardiac disease. It was estimated that dysfunctional breathing is prevalent among 8% of the general population. It is also highlighted that dysfunctional breathing pattern often coexists with respiratory diseases, particularly bronchial asthma. Around 20-80% of asthmatics present with dysfunctional breathing when they are psychologically distressed.

**Conclusion** It has been widely observed that breathing-related symptoms are emerging as a common manifestation of somatization, even among young people. People with underlying medical illnesses do somatize with symptoms related to their underlying medical conditions. Physicians need to be vigilant but proactive in the diagnosis of somatization.