

## TREATMENT APPROACHES IN GERIATRIC PATIENTS PRESENTING WITH SOMATIC SYMPTOMS

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**BACKGROUND AND AIM:** Somatic symptoms (SB) are common in the geriatric population. While the world population is aging rapidly, older adults constitute 10.0% of the world population and 10.3% of the population of Turkey. Considering the sociodemographic data of the increasing elderly population in our country, treatment options and follow-up for cognitive or somatic symptoms were analysed.

**METHODS:** Ethics Committee approval has been made (2025-YÖNP-0100). The symptoms of patients over 65 years of age with primary complaint of SB who applied to the geriatric psychiatry outpatient clinic of COMU Hospital between 2024- 2025 were evaluated with DSM-5- oriented psychiatric interview and their data were analysed as retrospective archive review. Diffuse body aches, headaches with no organic cause, numbness and gastrointestinal symptoms were accepted as SB. Patients diagnosed with Alzheimer's dementia, bipolar disorder, psychotic disorders and depression with psychotic features and patients with no SB were excluded from the study. Due to exclusion criteria, 271 patients over 65 years of age who applied to the outpatient clinic were not included in the study. A total

of 60 patients were included in the study and their subsequent outpatient clinic visits were recorded.

**RESULTS:** Follow-ups were performed for a mean of  $5.00 \pm 4.14$  months and patients had a mean of  $3.00 \pm 2.67$  follow-up visits. SSRIs were used in 69.4%, SNRIs in 33.2%, antipsychotics in 6% and atypical antidepressants in 18.3% of the patients. When the diagnoses of the patients were analysed, 55.7% were diagnosed with depressive disorder, 32.7% with anxiety disorder. Dementia accompanying depressive symptoms was considered in 8.4% of the patients.

**CONCLUSIONS:** Somatic complaints are the main symptom of depression and anxiety disorders in geriatric patients. It is important to evaluate geriatric patients with SB as their primary complaint from a psychiatric point of view, not to overlook these symptoms in CLP applications, and to screen these complaints routinely even if the patient doesn't report somatic complaints.

**Keywords:** Somatic symptoms, geriatric patients, depressive disorders, anxiety disorders