



Original Article

Feeling of fever is a feature of psychiatric illness in our patients

Nazmul Huda¹, Md Nure Alam Siddiqui¹, Md Zahirul Haque¹, Md Azizul Hoque², Khan MMR²,
MK Rahman², Md Rafiqul Islam³, Abdullah Al Mamun Hussain⁴, Jawadul Haque⁵

Abstract

The patients present to their physician with their somatic symptoms which are attributable to some medical illness. This is not always true. Sometimes a few patients present with the complaints of prolonged fever for months to year duration. As fever is an important vital sign it gains attention of the physician to work up and reveal the cause. In this study apparently healthy patients who complained of prolonged fever were clinically assessed, routine investigations were done and found normal. Then they were provided with a temperature chart to note down body temperature with a thermometer for one week from first visit.

Afebrile such fifty patients complaining of fever were referred to psychiatrist for evaluation. All patients showed some sort of psychiatric illness. 20 (40%) were of generalized anxiety disorder, 10 (20%) depression, 5 (10%) mixed anxiety and depression, 5 (10%) obsessive compulsive disorder, 10 (20%) somatoform disorder. The practicing physician may encounter many patients of prolonged fever which are not febrile at all so they need psychiatric assessment and treatment to relieve their distress.

TAJ 2014; 27: No-1: 01-03

Introduction

Every medical practitioner has to face patients complaining of febrile illness in his daily practice. Fever is a symptom as well as a sign. It is very common on the background of various types of illness like infection, inflammation, neoplastic disease, tissue destruction. Among other symptoms and signs fever is of utmost important and considered to be very significant. It is one of the important vital signs of our body. It is also supposed to be protective in nature. So fever gains the highest alertness, deserves attention of both patient and physician. Very often a febrile patient considers his symptoms to be unbearable and demands immediate relief of it. In clinical practice we encounter patients of fever of various duration.

Some patients come to us with prolonged fever sometimes even for several years duration but with no apparent infirmity and weight loss. Though they complain a lot of symptoms in addition to fever. Many of these patients when followed up without medication eventually found to be afebrile and suffering from some sort of psychiatric illness. The study was conducted among 50 patients complaining of prolonged fever. These patients were critically analysed and psychiatric assessment were done by a psychiatric physician.

Material and Methods

Every medical practitioner has to face patients complaining of febrile illness in his daily practice. Fever is a symptom as well as a sign. It is very

¹ Assistant professor of Medicine, Rajshahi Medical College.

² Associate professor of Medicine, Rajshahi Medical College.

³ Assistant professor of Medicine, Dhaka Medical College.

⁴ Professor of Psychiatry, Rajshahi Medical College.

⁵ Professor of Community Medicine, Rajshahi Medical College.

common on the background of various types of illness like infection, inflammation, neoplastic disease, tissue destruction. Among other symptoms and signs fever is of utmost important and considered to be very significant. It is one of the important vital signs of our body. It is also supposed to be protective in nature. So fever gains the highest alertness, deserves attention of both patient and physician. Very often a febrile patient considers his symptoms to be unbearable and demands immediate relief of it. In clinical practice we encounter patients of fever of various duration.

Some patients come to us with prolonged fever sometimes even for several years duration but with no apparent infirmity and weight loss. Though they complain a lot of symptoms in addition to fever. Many of these patients when followed up without medication eventually found to be afebrile and suffering from some sort of psychiatric illness. The study was conducted among 50 patients complaining of prolonged fever. These patients were critically analysed and psychiatric assessment were done by a psychiatric physician.

Results

Table- I : Age and sex distribution

Respondent			
Age group in years	Male	Female	Total
20-30 years	2 (04%)	5 (10%)	7 (14%)
31-40 years	3 (06%)	15 (30%)	18 (18%)
41-50 years	5 (10%)	20 (40%)	25 (50%)
Total	10 (20%)	40 (80%)	50 (100%)

Table- II : Feeling of fever with duration

Respondent			
Duration of feeling fever	Male	Female	Total
6 months- 1 year	5 (10%)	16 (32%)	21 (42%)
1 year – 2 years	3 (06%)	8 (16%)	11 (22%)
> 2 years	2 (04%)	16 (32%)	18 (36%)
Total	10 (20%)	40 (80%)	50 (100%)

Table- III : Result of psychiatric assessment

Disease	M	F	Total
GAD (generalized anxiety disorder)	3	17	20 (40%)
Depression	2	8	10 (20%)
Mixed AD (anxiety and depression)	2	3	5 (10%)
OCD (obsessive compulsive disorder)	1	4	5 (10%)
Somatoform disorder	2	8	10 (20%)
Total	10	40	50

Discussion and conclusion

This study showed that all selected 50 patients were suffering from some sort of psychiatric

illness. Among those generalized anxiety disorder was at highest place. The main question is that why our patients complained of fever in spite of clear cut documentation (temperature chart) against this. This study possibly was a unique in this aspect of scientific field. So very few references could be found in websites. In our country like Bangladesh as well as in this subcontinent people are to some extent simple, poor, culturally and educationally backward specially females. They can not express their desire in their own wish resulting in anxiety states. They can not even disclose their distress to attending doctors. So they describe their somatic symptoms simply with the term 'fever'. This may be the possible explanation or whatever else. Practically they are afebrile yet they complaint to their doctors to be suffering from prolonged fever. This study shows female preponderance of this unexplained symptoms. Also the more advanced chronological age shows increasing trend of such illness possibly facing more and more worries and anxieties of life in this age group.

There are some cases of psychogenic fever and benign habitual hyperthermia where the body temperature raises 1° to 2° above normal even there is no organic illness. Although psychogenic these are genuine febrile illness. So these cases were excluded. Here the patients themselves voluntarily noted their fever in temperature chart and brought it to their physician.

This study will bring awareness among the practicing physician that many of the patients complaining of prolonged fever are not febrile at all and deserves no exhaustive and invasive investigation. They require psychiatric evaluation and treatment to relieve their distress. This study will also give a clue as well as inspiration to future researchers who will show more interest in this fact.

References

- i) Tokakayu Oka and Kae Oka, Age and gender differences of psychogenic fever a review of literature.

All corresponds to
Dr. Md. Azizul Hoque
Associate professor
Dept. of Medicine
Rajshahi Medical College
Email: mdazizulhoquermc@gmail.com