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Editorial: Clinical application of psychiatric assessment and treatment in Psychosomatic diseases

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Editorial on the Research Topic
Clinical application of psychiatric assessment and treatment in Psychosomatic diseases

Introduction

Psychosomatic diseases are widely regarded as a result of the complex interplay between both psychological factors and physiological conditions. As such, in the field of healthcare the diagnosis and treatment of such disorders have become a significant challenge, which would necessitate collaborations among multiple disciplines and professions (Zhong et al., 2023b), as well as close cooperation among physicians, psychologists, and other healthcare professionals (Settineri et al., 2019).

This Research Topic presents a collection of 10 original articles, comprising seven studies utilizing psychological scales and psychotherapy in patients with Psychosomatic diseases and three studies investigating the neuroimaging mechanisms underlying mood/cognitive function using resting-state functional magnetic resonance imaging and psychological scales. Among the seven studies on psychological scales and therapy, four primarily focused on assessing the disease status of Psychosomatic diseases encompassing substance use disorder (SUD), breast cancer, orofacial pain, and infertility; two studies evaluated treatment efficacy for bipolar disorder (BD) and Psychosomatic diseases; and one study explored psychotherapy for chronic pelvic pain. Among the three studies on the neuroimaging mechanism, two studies examined major depressive disorder (MDD); and one study investigated generalized anxiety disorder (GAD).

Psychological scales and psychotherapy

Psychological assessment involves the collection of psychological information from individuals using various measurement tools and techniques to understand their cognitive

abilities, emotional states, and behavioral manifestations (Grassi et al., 2014; Figueiredo-Ferraz et al., 2021). It is commonly used in clinical practice for diagnosing psychosomatic disorders, assessing their severity, and developing personalized intervention plans and treatment strategies. Two studies utilized psychological scales to evaluate disease severity and assist diagnosis. Huang G. et al. employed neuroimaging techniques along with Natural History Interview (NHI) and Barratt Impulsiveness Scale (BIS-11) to study the cognitive performance and neurofunctional impairments related to psychiatric conditions in methamphetamine (MA) abusers. Their research revealed a correlation between attentional bias in MA addicts and the N200 component, which can be used to detect psychiatric factors in abstinent MA abusers. Li et al. utilized the Somatic Symptom Disorder B Criteria Scale (SSD-12), Whiteley Index-8 (WI-8), and other measures to quantitatively assess patients' perceptions and coping strategies related to bodily discomfort, as well as the distress level of somatic symptoms. They also employed the Fear of Cancer Recurrence-4 (FCR-4) and Functional Assessment of Cancer Therapy-Breast (FACT-B) scales to evaluate the magnitude of fear of cancer recurrence and the quality of life in breast cancer patients. These assessments can help breast cancer patients understand their psychological factors and improve their quality of life.

Two studies used psychological scales to assess treatment efficacy. Schmidt et al. evaluated the effectiveness of biofeedback therapy using anonymous quantitative self-report questionnaires and qualitative semi-structured interviews. Jing et al. utilized efficacy scales to assess the treatment outcomes of bipolar disorder.

Additionally, international standardized psychological assessment scales need to be culturally adapted to be more scientifically applicable to the local population (Phillips et al., 1991; Shi et al., 2017). Ou-Yang et al. developed the Chinese version of the Biopsychosocial Impact Measurement-Short Form (BPIm-S), which demonstrated good psychometric quality and can be used to assess functional limitations and psychosocial distress in patients with orofacial pain in China. Mubashir et al. developed the Social Comparison Scale (SCS) and Submissive Behavior Scale (SBS), which exhibited acceptable psychometric properties in Pakistani women with primary infertility, as confirmed by confirmatory factor analysis with good model fit indices.

Psychological therapy, by modulating the bio-psycho-social factors, offers a new perspective on appropriate treatment for mind-body disorders (Hilbert et al., 2019). Huang J. et al. reported a case of chronic pelvic pain syndrome in which the patient achieved effective relief through a combination of medication and psychological therapy.

Psychological scales and brain imaging

Neuroimaging techniques combined with psychological scales, have been extensively employed in investigating structural and functional brain disorders (Gao et al., 2022, 2023; Wang et al., 2022; Zhong et al., 2023a). Meng et al. found that abnormal connectivity patterns were observed in the left middle temporal gyrus in GAD, underscoring the significance of GAD pathophysiology.

Zhou et al. found that adolescent MDD with a history of suicidal attempts exhibited reductions in the amplitude of low-frequency fluctuations in the bilateral medial superior frontal gyrus and bilateral precuneus, potentially serving as indicators of MDD and suicidal attempts. Additionally, Wang et al. discovered that decreased regional homogeneity in the salience network may contribute to cognitive impairments in patients with MDD.

Summary

Psychological scale assessment involves expertise from various fields, including medicine, psychology, and sociology. These assessment scales can be combined with multiple research techniques to study psychosomatic disorders. The treatment of psychosomatic disorders requires the integration of knowledge from medicine, psychology, and sociology, among other disciplines. We advocate for enhanced interdisciplinary collaboration among experts in the medical, psychological, and sociological fields to collectively address the challenges posed by psychosomatic disorders and provide patients with improved assessment, treatment, and management approaches. Interdisciplinary collaboration can also facilitate prevention and early intervention of psychosomatic disorders, thereby reducing incidence rates and minimizing long-term negative impacts.

Author contributions

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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