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Original Research Article

A psychological aspect of globus pharyngeus

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ABSTRACT

Background: Several psychological factors are included in globus pharyngues. The study aims to analyze psycho-social correlates of globus pharyngeus.
Method: This study is an observational study in individuals taken from various Delhi and NCR ENT clinics like Krishna Nagar ENT specialist Clinic (Delhi), Hargobind Enclave ENT specialist Clinic (Delhi), Santosh Medical Hospital (Delhi), Brij Vihar ENT specialist Clinic. (UP). ENT specialist has diagnosed individuals and they have undergone Endoscopies, treatment for Reflux for 3 weeks at least and still not recovered were taken for the testing. The adults 1from the age range of 18 years to 64 years according to National Institute of Health had participated in this study. After data collection Person Correlation was applied through SPSS.
Result: Total 100 Adults have participated in the research, results of correlation indicated that globus and depression found to be having no correlation ($r = -0.115$), Globus and Anxiety has an negative correlation ($r = -0.330$, $p<0.01$), Globus and Stress has an correlation ($r=0.198$, $p<0.05$) , Globus and Psychoticism has an correlation ($r=0.282$, $p<0.01$), Globus and Neuroticism it found to be having no correlation ($r=0.139$), Globus and Extraversion it found to be having no correlation ($r=-0.196$), globus and social support has an correlation ($r=0.220$, $p<0.05$).
Conclusion: Patients with Globus complain of pain without any physical illness these patients also have psychosocial problems. To concluded from the study, it shows that globus has high levels Anxiety, Stress, Psychoticism and low Social Support.

Keywords: Globus pharyngues, Depression, anxiety, Stress, Psychoticism, Neuroticism, Extraversion and social support

INTRODUCTION

Globus pharyngeus is a well-defined clinical symptom that can be intermittent or persistent, difficult to cure and prone to reoccur. Around 2500 years ago, Hippocrates made the first record of globus pharyngeus. The ailment was first accurately described by Purcell in 1707. He believed that globus was caused by pressure on the thyroid cartilage as a outcome of contraction of the neck's strap muscles.[1] Previously globus was described as "globus hystericus" because of its frequent link to psychogenic causes no significant physical findings. It was Malcomson who coined the more accurate term "globus pharyngeus" in 1968. The aetiology behind this pathology is still unknown and appears to multifactorial.[2]

The afflicted person feels like a lump of foreign mass in the throat. It is a symptom that gets better when someone eats and it usually doesn't come with dysphagia which means a difficulty in solving or odynophagia which is defined as painful swallowing. The prevalent illness that affects about 4% of newly diagnosed patients who attend ENT clinics. Middle- aged people make about 46% of healthy persons the most frequent of the condition.[3] Mostly

Physical illnesses have biological pathologies at their root and physicians are accountable for provide medical attention to these patient's certain illnesses are psychopathology in nature meaning that they cannot be supported by organic evidence. Instead by determining the etiology we may ascertain the psychological component responsible for both to predict predisposition, precipitating elements. Even it is necessary to rule out protective factors in for the welfare of the patients.

In ICD-10 it is under the category of "Other Somatoform Disorder" code F45.8.[4] While in DSM-5 which comes under "Conversion Disorder" with swallowing symptoms.[5] A substantial evidence of psycho-social correlates such as anxiety, depression and psychological discomfort have been found.[6] There has been studies which reports that up to 64.28% of patients like globus sensation exhibit psychiatric co-morbidities, with major depressive disorder and anxiety disorder are being common. Thus, these patients typically desired to get more attention from the doctor because they were overly aware of their concern and discomfort because of physical symptoms. Psychogenic issues have frequently been assumed to create or initiate the globus impression. Personality researchers have found that higher levels of alexithymia, neuroticism and psychological discomfort including anxiety, low mood and somatic problems.

Personality traits may play a vital in the development and the management of globus pharyngeus. Ones who are more vulnerable anxiety, neuroticism, and hypochondriasis maybe more probable to occur the symptoms of globus pharyngeus. Researchers has revealed that people with Globus frequently have greater anxiety and neuroticism scores and might have higher chance of engage in health-related behaviours such as visit to the doctor or the hospital frequently.[7]

Anxiety and depression are comorbidities in patients with globus pharyngeus. The development of globus pharyngeus symptoms is significantly influenced by psychological and stress variables. Social Support also plays an initiating or maintaining globus. Major depressive disorder or anxiety disorder was found in patients with globus.[8]

There are several investigations that have come to conclusion that an individual with globus may be greatly impacted by a number of crucial elements including personality traits, social support, anxiety, stress, and depression.[9] It is important to comprehend the potential effects of these variables affect people who have globus since some individuals have found to kept swinging between general physician and ENT specialist and ultimately there are no physical findings so they are sent to an psychologist. By that time, they make prolonging the life aimlessly. We can say the agony or hardship life such people who can't find the substantial treatment for such pathology. This exercise will answer for these sufferings in more authenticated and objective manner.[10] The objective of the is to examine the correlation between globus pharyngues and some psychological factors like anxiety, stress, psychoticism, and social support and to investigate the psychosocial profile of patients with globus pharyngues and determine significant psychological characteristics of the disorder.

METHODS

This is a study observational study across Delhi/NCR clinics Krishna Nagar, Hargobind Enclave, Santosh Medical, Brij Vihar (UP). Diagnosed by ENT with endoscopy; on reflux treatment for ≥3 weeks with ongoing symptoms. Participants: adults 18–64 (NIH), N=100. Data collected September 2023–September 2024.

Inclusion criteria

Adults 18–64 (NIH), globus pharynges diagnosed by ENT (clinical exam+ endoscopy). Reflux treatment ≥3 weeks with no relief. Delhi/NCR clinics: Krishna Nagar, Hargobind Enclave, Santosh Medical, Brij Vihar. Informed consent

Exclusion criteria

Throat symptoms with identifiable physical/organic causes, psychiatric illness affecting responses, other serious medical/ENT/neurological throat conditions, current/past psychiatric treatment for depression, anxiety, or stress, outside 18–64, unwilling/unable to consent

Data collection tools

In this particular excersie for demographic details the data of preliminary identification was developed afterwards a consent was taken after which the tools were applied as follow

Glasgow-Edinburgh throat scale[11]

An instrument to describe the type and intensity of globus sensation which is also helpful in keeping in mind the progression of the symptoms over the time. 10 item questionnaires about throat system consisting of three sub skills in relation to dysphasia, Globus sensation and pain/swelling in throat. In which patient would subjectively grade their symptoms for each question on a 8-point scale, with 0 being "none" and 7 being "unbearable". The get score is calculated by summing the score much question the highest possible score is 70. The higher the score the more severe the global symptom.

Reflux symptom index[12]

An instrument to assess so symptoms associated with laryngopharyngeal reflux. It is 9 item questionnaires about reflux severity a 5-point rating scale with 0 "no problem" ,1 "very mild problem", 2 "moderate or slight problem", 3 "moderate problem", 4 "severe problem", 5 "problem as

bad as it can be". The score is calculated by summing the score the greater than or equal to 13 is clinically significant.

Depression anxiety and stress scale[13]

The Dass-42 is a 42-item questionnaire which includes three self–report scale designed to measure the negative emotional states of depression, anxiety, and stress. On all the three scales contains 14- items. The questions under 3 subscales depression, anxiety and stress are differently calculated by summing the scores of the relevant items.

Eysenck personality questionnaire-revised[14]

The EPQ-R is a 90-item questionnaire measures the traits of personality: Psychoticism (P), Extraversion (E), Neuroticism (N), and Lie (L) these are the 4 categories in which the scale has been divided. Scoring can be done through manually or help of the stencil 1 mark for each correct response according to the scoring key of EPQ-R. The raw score is then converted into the sten score.

Multidimensional scale of perceived social support[15]

The MPSS is a 12-item measure of perceived adequacy of social support from three sources family, friends and significant others using 5-point Likert scale. To calculate the scores, sum all the 3 subscales separately and divide them by 4 for the total score some all the 12 items and divide them by 12.

Data analysis

It will be put in excel sheet and then SPSS16 is used for correlation between variables.

RESULTS

In this research, a total of 100 participants data was collected. Table 1 shows the descriptive data which is M & SD of sample. Globus M & SD were (M= 49.86, SD= 7.25). Depression in globus patients were (M= 12.75, SD=6.07), anxiety in globus patients were (M=20.88, SD=3.11), stress in globus patients were (M=25.82, SD= 8.08) psychoticism in globus patients were (M=6.57, SD=3.31), neuroticism in globus patients were (M=3.38, SD=2.85), extraversion in globus patients were (M=6.9, SD=2.93), social support in globus patients were (M=4.59, SD=2.46).

Correlation between globus and depression it found to be having no correlation (r=-0.115), globus and anxiety has an negative correlation (r=0-.330, p<0.01), globus and stress has an correlation (r=0.198, p<0.05), globus and psychoticism has an correlation (r=0.282, p<0.01), globus and neuroticism it found to be having no correlation (r=0.139), globus and extraversion it found to be having no correlation (r= -0.196), globus and social support has an correlation (r=0.220, p<0.05).

Table 1: Descriptive data.

Variable	N	Mean	SD
Globus	100	49.86	7.25
Depression	100	12.75	6.07
Anxiety	100	20.88	3.11
Stress	100	25.82	8.08
Psychoticism	100	6.57	3.31
Neuroticism	100	3.38	2.85
Extraversion	100	6.9	2.93
Social support	100	4.59	2.46

Table 2: Correlation.

Variable	Globus
Globus	1
Depression	-0.115
Anxiety	-0.330**
Stress	0.198*
Psychoticism	0.282**
Neuroticism	0.139
Extraversion	-0.196
Social support	0.220*

** Significant at p<0.01, * Significant at p<0.05

DISCUSSION

In this research we assessed the relationship of globus with various psychological aspects like depression, anxiety, stress, psychoticism, neuroticism, extraversion and social support. Result of correlation suggested that globus has important relation with anxiety, stress, some personality traits like psychoticism and extraversion and lastly with stress. For which certain study proves that same results like a study by Deary et al showed that low levels with extraversion and high levels of anxiety was shown in the that study.[17]

The current results add depth to the mounting literature that globus pharyngeus is better explained by a biopsychosocial model than by a strictly structural or acid reflux-only model. While our data followed some previous findings, some subtleties were seen that warrant close examination. The most robust correlation seen was a moderate negative correlation between globus severity and anxiety (r =–0.330, p <0.01). This is a replication of Deary et al and Barlow's et al early classic and more recent cohorts demonstrating that anxious arousal increases interoceptive vigilance and makes patients extremely sensitive to harmless laryngopharyngeal sensations.[18,19]

Neurophysiologically, chronic anxiety increases limbic activation and autonomic outflow to pharyngeal musculature, facilitating minor cricopharyngeal spasms to be felt as a "lump".[19] Clinically, this highlights the importance of combining cognitive-behavioural or mindfulness-based therapy with acid-suppressive treatment since anxiety reduction per se can weaken

globus symptoms despite unremarkable laryngoscopy. In accordance with functional gastrointestinal studies perceived stress was positively correlated with globus ($r=0.198$, $p<0.05$).[20] Acute stress stimulates the hypothalamic–pituitary–adrenal (HPA) axis, elevating cortisol and sympathetic tone, which may temporarily disrupt oesophageal motility and upper-oesophageal sphincter pressure.[21]

The results indicate that patients experiencing chronic occupational or caregiving stress might complain of globus more commonly, and thus reinforce the need for standard stress-screening questionnaires in otolaryngology clinics. Of particular interest is the positive relationship between psychoticism and globus ($r =0.282$, $p<0.01$). Although psychoticism in Eysenck's system is indicative of aggressiveness and impulsivity and not of psychosis itself, elevated scores tend to be linked with somatosensory amplification and alexithymia.[22] These individuals are likely to externalise tension through bodily symptoms, making psychoticism a possible risk marker. In contrast to some previous research, neuroticism was not significantly related ($r=0.139$, n.s.). This discrepancy may be due to sampling factors: whereas Deary & Barlow's ENT sample had high levels of neuroticism, our community sample included greater personality variability, potentially attenuating trait influences. Extraversion showed a non-significant negative trend ($r=–0.196$). Previous literature indicates that introverts who tend to over-think and have lower social disclosure may internalise and perceive more readily bodily unpleasantness.[23] Although non-significant in this case, the direction is consistent with that hypothesis and could reach significance with larger samples.

Social support was modestly but significantly correlated with reduced globus severity ($r=0.220$, $p<0.05$), a replication of the traditional "buffering hypothesis".[24] Proper support groups should reduce stress and lessen maladaptive attentional concentration on throat sensations. Interventions like structured support groups or family counselling may thus provide symptomatic relief, especially in chronically affected persons.

Depressive symptoms failed to correlate with globus ($r=–0.115$). Although some functional somatic research finds depression as a co-morbidity, the feeling of globus could be more directly related to autonomic arousal than to the psychomotor retardation characteristic of depression.[25] Or, the largely mild depressive scores in our sample could have limited variance, obscuring possible effects. The signs and symptoms of globus pharyngeus may be lessened by having a network of friends and family who are supportive. Stress and worry can be reduced in this way. For those who have globus pharyngeus, however, finding social support can be challenging since it can be reluctant to understand the symptoms with others or might think which no one is paying attention to them.[26] More likely some people have less access to a network of support, which might make it more challenging for them to manage their symptoms.

Limitations

Lack of large-scale India studies

Few large studies on globus pharyngeus in India limit understanding of prevalence, risk factors, and treatments.

Treatment variation

Management varies by provider/region—conservative approaches (reassurance, speech therapy) to medications or other interventions.

Patient burden

Discomfort and anxiety affect quality of life; mental health (anxiety/depression) needs more attention and research.

CONCLUSION

Furthermore, to psychological issues, patients with globus syndrome report discomfort when there is no medical sickness. The study concludes that, people with globus exhibit significant levels of stress, anxiety, psychoticism, and low social support. In conclusion, the psychological aspect of globus pharyngeus vital function in overall well-being of individuals. It is essential to further explore and comprehend psychological distress and psychosocial correlates of this condition for which to develop comprehensive interventions and support strategies for affected individuals. By integrating psychological considerations into the management of globus pharyngeus, healthcare provide will enhance patients' life

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