prof. MUDr. Hana Papežová, CSc.

Department of Psychiatry, First Faculty of Medicine, Charles University and General University Hospital in Prague

SOMATOFORM DISORDERS

Characteristics

- ✓ Somatic complains of major medical maladies without demonstrable peripheral organ disorder
- ✓ **Psychological problems and conflicts** are important in initiating, exacerbating and maintaining the disturbance.
- ✓ **Physical and laboratory examinations** do not explain the vigorous and sincere patients´complaints.
- ✓ The **morbid preoccupation** interferes with and **anxiety** are frequently present and may justify specific treatment

Diagnostic guidelines
Somatization disorder F45.0

- **A definite diagnosis requires the presence of all of the following:**
- At least 2 years of multiple and variable physical symptoms with no adequate physical explanation has been found,
- Persistent refusal to accept the advice or reassurance of several doctors that there is no physical explanation for the symptoms,
- Some degree of impairment of social and family functioning attributable to the nature of symptoms and resulting behavior.

DSM- IV versus ICD

- Somatization disorders appeared first in DSM-III. Current diagnostic criteria (DSM-IV) are simplified and symptoms from each of four symptoms group (pain, 2 GIT, 1 sexual symptoms, 1 pseudoneurological) are required.
- Usually diagnosed in the primary care
- Difficult when the patient forgets (represses) or refuses (supresses) medically relevant information and critical events.
- In contrast with current DSM IV **the conversion disorder** is assigned in ICD 10 to the cluster of dissociative disorders.

Differential diagnosis

- **Medical conditions -** multiple sclerosis, brain tumour, hyperparathyroidism, hyperthyroidism, lupus erythematosus
- **Affective (depressive) and anxiety disorders** – 1 or 2 symptoms of acute onset and short duration
- **Hypochondriasis -** patient´s focus is on fear of disease not focus on symptoms
- **Panic disorder -** somatic symptoms during panic episode only

Differential diagnosis

- **Conversion disorder -** only one or two
- **Pain disorder -** one or two unexplained pain complaints, not a lifetime history of multiple complaints
- **Delusional disorders -** schizophrenia with somatic delusions or depressive disorder with hypochondriac delusions, bizzare, psychotic sy.
- **Undifferentiated somatization disorder -** short duration (e.g. less than 2 years) and less striking symptoms

Course of the illness

- Chronic relapsing condition, the cause remains unknown
- Onset from in adolescence to the 3th decade of life.
- Psychosocial and emotional distress

  coincides with the onset of new symptoms and health care-seeking behavior
- Clinical practice showed that typical episodes last 6

  to 9 months with a quiescent time of 9 to 12 months..

Therapy and Prognosis

- The somatization disorders considerably affects social life and working ability of patient.

- Focus on **management than treatment.**

- Management strategies undertaken by **primary care**

Therapy and Prognosis

- **The major importance for successful management**
- Trusting *relationship between the patient and one (if possible) primary care physician*
- Frequent changes of doctors are frustrating and countertherapeutic.
- Regularly scheduled visits every 4 or 6 weeks.
- Brief outpatient visits - performance of at least partial physical examination during each visit directed at the organ system of complaint.

Therapy and Prognosis

- Understand symptoms as **emotional message** rather than a sing of new disease
- **Avoid more diagnostic tests**, laboratory evaluations and operative procedures unless clearly indicated
- Set a goal to get selected somatization patients **referral-ready for mental health care.**
- **Group therapy** (time limited, behavior oriented and structured group: peer support, improvement of coping strategies, perception and expression of emotions and positive group experience

Case history

- 52yrs, w.f.referred to general internist for back pain and multiple other complaints
- Disabled from her job of machine operator
- History of 10 operations, in 5 hospitals and 7 different physicians in last 2 yrs.
- Physical examination: Obese, wearing transcutaneous el. nerve stimulation, cooperative, shows the various scars with certain enthusiasm.

Case history

- **Mental status examination**:
- Cooperative and pleasant, somewhat seductive, no pressure in her speech, euthymic, affect little shallow,no problems with discussing of intimate details of her life. The remainder of MSE within normal limits.
- Disallowing all back-related symptoms (some degeneration of vertebral bodies L2-5 revealed by spinal radiographs) positive for 8 pain symptoms: 2 sexual, 4 GIT, 2 pseudoneurological onset at 26 yrs.
- Diagnosis of somatization illness made in the presence of comorbid medical condition.

Somatization disorder undifferentiated F45.1

- Includes unspecified psychophysiological or psychosomatic disorder in patients whose symptoms and associated disability **do not fit the full criteria for other somatoform disorders.**
- The **treatment and the outcome** however do not considerably differ.

Hypochondriac disorder F45.2

- Characterised by a **persistent preoccupation** and **a fear** of developing or having one or more serious and progressive physical disorders.
- Patients **persistently complain** of physical problems or are persistently preoccupied with their physical appearance. The fear is based on the misinterpretation of physical signs and sensations.
- Physician physical examination does not reveal any physical disorder, but the **fear and convictions persist despite the reassurance.**

Diagnostic guidelines

A definite diagnosis requires presence of both of the following criteria:

- Persistent belief in the presence of at least one serious physical illness despite repeated negative investigations and examinations or persistent preoccupation with presumed deformity or disfigurement.
- Persistent refusal to accept the advice and reassurance of several different doctors that there is no physical illness or abnormity underlying the symptoms.
- **Includes:** Body dysmorphic disorder, Hypochondriasis, Dysmorphophobia (non delusional), Hypochondriacal neurosis, Nosophobia

DSM - IV and ICD - 10

- In DSM IV criteria for hypochondriacal disorder are essentially the same as those of ICD-10
- Since DSM-I
- In DSM-IV addition of poor insight during the current episode

Differential diagnosis

- Ruling out **organic disease**, usually completed by the primary care physician.
- **Somatization disorder -** in somatization disorder concern about symptoms indifference about diseas

x

the preoccupation with 1 or 2 physical illness persistent, no sex differences, no special familial context

Differential diagnosis

- **Signs of malingering-** actually experienced symptoms reported rather simulate them.
- **Somatic delusions in psychotic disorders**, depressive disorder schizophrenia and delusional disorders-the more serious disorders.
- **Anxiety and panic disorders-somatic symptoms** of anxiety sometimes interpreted as signs of serious physical illness but the conviction of presence of physical illness do not develop.

Therapy and prognosis

- To date **no evidence-based treatment** has been described.
- The **comorbid psychiatric symptom** may facilitate the referral to psychiatrist and improve frequently the hypochondriasis
- Otherwise patients **strongly refuse the mental health care** professionals and remain in primary health care.
- **Similar management and group therapy** strategy as in somatization disorder may be useful.

Course of the illness

- The illness is usually **long-standing, with episodes lasting moths or years**.
- Frequently recurrences occurs after **psychosocial distress** and induce impairment in psychosocial functioning and work abilities.
- that approximately **50 % of patients show improvement**, in other cases a chronic fluctuating course remain.
- Higher socio-economic status, presence of other treatable condition, anxiety and depression, an acute onset, absence of personality disorder or comorbid organic disease **predict better outcome**.

Somatoform autonomic disorder F45.3

- **The somatoform autonomic disorder** has been similar chronic relapsing condition as the **somatisation disorder.**
- **Patients report worse health** than do those with chronic medical condition and their report of specific symptoms
- **If they meet the severity criteria** is sufficient and need not to be considered legitimate by the clinician.

Somatoform pain disorders F45.4

- **Persistent severe and distressing pain** that cannot be explained fully by a physiological process of physical illness.
- It occurs **in association with emotional conflicts** or psychosocial problems.
- Chronic pain **-** a **way of seeking human relationship**, attention and support
- Sometimes dissipate when an accompanying psychiatric disorder is treated.

Somatoform pain disorders (2)

- It has been always **difficult to specify** to which extend the chronic pain is associated with a given lesion.
- The **expression of chronic pain may vary** with different personalities and cultures.
- It has been clinically accepted that **the patient is not malingering** and the complaints about the extend of the pain are to be believed.