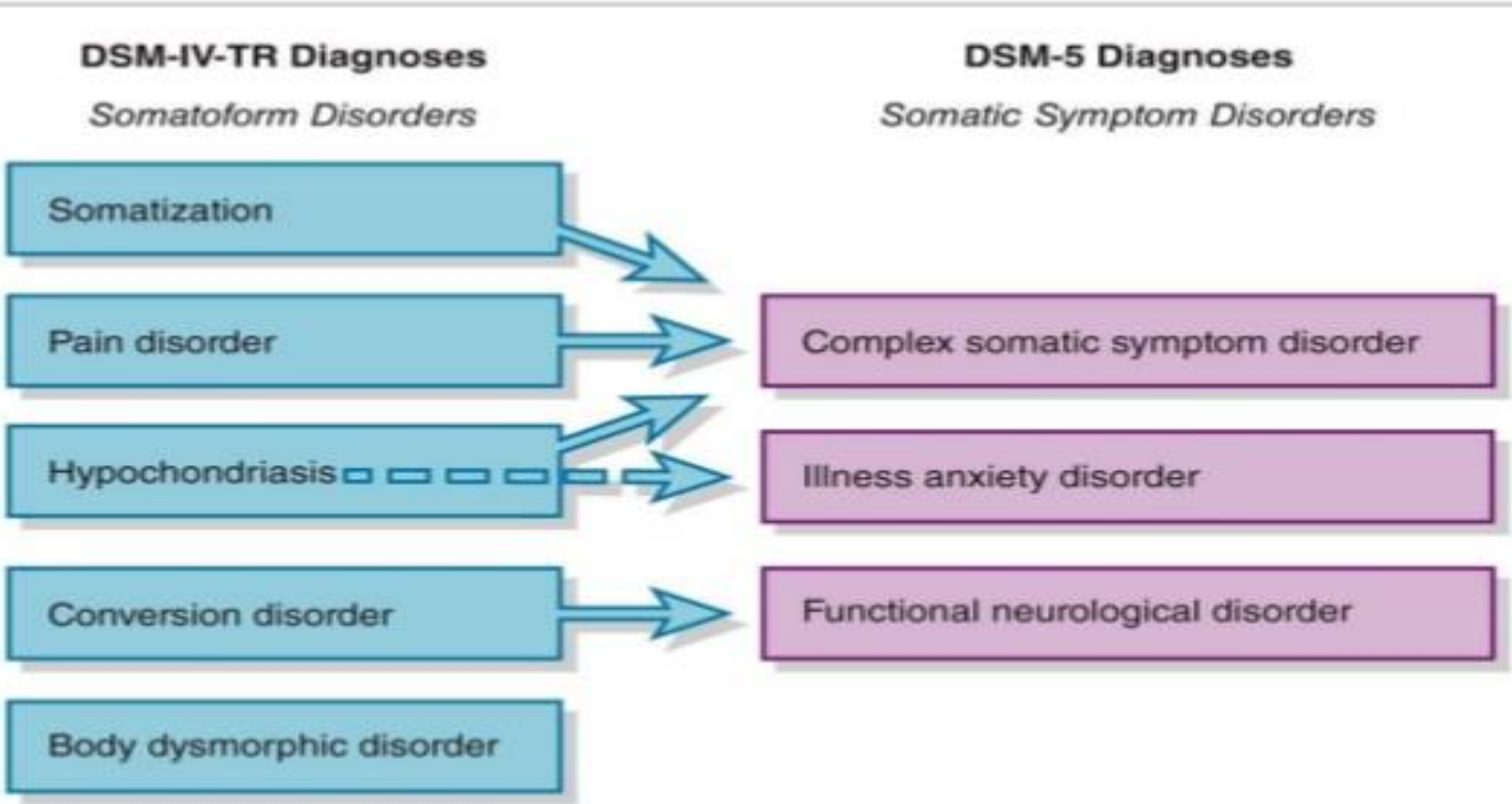
Somatoform disorders



DSM-IV-TR somatization, pain disorder, and hypochondriasis are combined into one catagory of complex somatic symptom disorder in DSM-5. A small proportion of people with hypochondriasis will meet criteria for illness anxiety disorder. Body dysmorphic disorder is placed in the desessive-compulsive and related disorders chapter in DSM-5.

Table 8.2 Diagnoses of Somatic Symptom and Related Disorders

Proposed DSM-5 Diagnosis	Description	Likely Key Changes in DSM-5
Complex somatic symptom disorder	Somatic symptom(s) Excessive thoughts, feelings, and behaviors related to somatic symptoms	• Symptoms do not have to be medically unexplained • Pain is now a specifier, not a separate diagnosis
Illness anxiety disorder	Unwarranted fears about a serious illness despite absence of any significant somatic symptoms	• New diagnosis
Functional neurological disorder	Neurological symptom(s) that cannot be explained by medical disease or culturally sanctioned behavior	• Name of disorder changed from conversion disorder • Removed criterion that the clinician establish that the patient is not feigning symptoms • Removed criterion that psychological risk factors be apparent • Emphasized the importance of neurological testing
Malingering	Intentionally faking psychological or somatic symptoms to gain from those symptoms	
Factitious disorder	Falsification of psychological or physical symptoms, without evidence of gains from those symptoms	

Table 8.2

Somatoform Disorders (DSM-IV)

- Significant diagnostic overlap
- "Somatoform" term confusing
- Focus on **lack of** medical explanations
- Stigma

What is it?

- Soma=body
- Somatoform=disorders with corporal manifestation as sole component

Somatic symptom disorder

- 6 or more month of non delusional preoccupation with fears of having or the idea that one has a serious disease based on the persons misinterpretation of bodily symptoms
- This preoccupation causes significant distress and impairment in ones life
- Prevalence estimated to be 4to6 percent but may be as high as 15 percent
- Commonly appears in persons 20 to 30 years of age
- Male=female
- Occurs in about 3 percent of medical students usually in the first two years

Somatic Symptom Disorder

Diagnostic Criteria — 300.82 (F45.1)

A. One or more somatic symptoms that are distressing or result in significant disruption of daily life.

B. Excessive thoughts, feelings, or behaviors related to the somatic symptoms or associated health concerns as manifested by at least one of the following:

   1. Disproportionate and persistent thoughts about the seriousness of one's symptoms.
   2. Persistently high level of anxiety about health or symptoms.
   3. Excessive time and energy devoted to these symptoms or health concerns.

C. Although any one somatic symptom may not be continuously present, the state of being symptomatic is persistent (typically more than 6 months).

Specify if:

With predominant pain (previously pain disorder): This specifier is for individuals whose somatic symptoms predominantly involve pain.

Specify if:

Persistent: A persistent course is characterized by severe symptoms, marked impairment, and long duration (more than 6 months).

Clinical features

- Patients believe that they have a serious disease that has not been detected and they cannot be persuaded the contrary
- As time progresses they may transfer their belief to another disease
- Their convictions persist despite negative laboratory tests
- Often accompanied by symptoms of depression and anxiety and commonly coexists with a depressive or anxiety disorder

Differential diagnosis

- Must be differentiated from other non-psychiatric medical conditions, especially disorders that show symptoms that are not easily diagnosed such as:
  - Aids
  - Endocrinopathies
  - Myasthenia graves
  - Multiple sclerosis
  - Sle
- It is differentiated from malingering and factitious disorder in that patients with this disorder actually experience and do not simulate the symptoms that they report

Prognosis

- The course of this disorder is usually episodic with episodes that last from months to years
- There may be an obvious association between exacerbation of somatic symptoms and psychological stressors
- A good prognosis is associated with:
  - High socioeconomic status
  - Treatment responsive anxiety or depression
  - Sudden onset
  - Absence of personality disorder
  - Absence of other non psychological medical condition
- Most children with the disorder recover by late adolescence or adulthood

Treatment

- Patients usually psychiatric treatment
- Frequent regularly scheduled physical examinations help reassure patients that their not abandoned and their complains are takes seriously
- Group psychotherapy provides the social support that seem to reduce their anxiety and their clinic visits
- Pharmacotherapy is useful only when a patient has an underlying drug responsive psychiatric condition

Illness anxiety disorder

IAD

- A new diagnosis in DSM 5 that applies to those who are preoccupied with being sick or with developing some kind of sickness
- Most individuals with hypochondriasis are now classified as SSD however a minority of cases now fall under IAD
- SSD is diagnosed when symptoms are present, while in IAD there are few or no symptoms at all
- This diagnosis also applies to those who if fact have a medical illness but their anxiety is out of proportion

Illness Anxiety Disorder

Diagnostic Criteria — 300.7 (F45.21)

A. Preoccupation with having or acquiring a serious illness.

B. Somatic symptoms are not present or, if present, are only mild in intensity. If another medical condition is present or there is a high risk for developing a medical condition (e.g., strong family history is present), the preoccupation is clearly excessive or disproportionate.

C. There is a high level of anxiety about health, and the individual is easily alarmed about personal health status.

D. The individual performs excessive health-related behaviors (e.g., repeatedly checks his or her body for signs of illness) or exhibits maladaptive avoidance (e.g., avoids doctor appointments and hospitals).

E. Illness preoccupation has been present for at least 6 months, but the specific illness that is feared may change over that period of time.

F. The illness-related preoccupation is not better explained by another mental disorder, such as somatic symptom disorder, panic disorder, generalized anxiety disorder, body dysmorphic disorder, obsessive-compulsive disorder, or delusional disorder, somatic type.

Specify whether:

Care-seeking type: Medical care, including physician visits or undergoing tests and procedures, is frequently used.

Care-avoidant type: Medical care is rarely used.

Clinical features

- Patients believe that they have a serious disease that has not been detected and they cannot be persuaded the contrary
- As time progresses they may transfer their belief to another disease
- Their convictions persist despite negative laboratory tests
- They are often addicted to internet searches about their illness
- Often accompanied by symptoms of depression and anxiety and commonly coexists with a depressive or anxiety disorder

Prognosis

- Because this disorder has only recently been described, there are no reliable data
- One may extrapolate from the course of hypochondriasis that a good prognosis is associated with
  - High socioeconomic status
  - Treatment responsive anxiety or depression
  - Sudden onset
  - Absence of personality disorder
  - Absence of other non psychological medical condition

Treatment

- Patients usually psychiatric treatment
- Frequent regularly scheduled physical examinations help reassure patients that their not abandoned and their complains are takes seriously
- Group psychotherapy provides the social support especially with a homogenous group with patients with the same disorder
- Other forms of psychotherapy might be useful such as hypnosis and CBT
- Pharmacotherapy is useful to alleviate the anxiety generated by the fear especially when it's a lifethreatning illness

Functional neurological symptom disorder
Conversion disorder

Conversion disorder

- The conversion of psychological energy to a corporal symptom
- An illness of symptoms or deficits that affect voluntary motor or sensory functions
- It suggests another medical condition but that is judged to be cause by psychological factors because the illness is preceded by conflicts or other stressors

Epidemiology

- Reported rates vary from 11 in 100000 to 300 in 100000 of general population samples
- The ratio between adult women to men is at least 2:1
- An even higher predominance is seen in girls at younger ages
- The onset is generally from late childhood to early adulthood and is rare before 10 or after 35
- Most common among rural populations, low IQ, low socioeconomic groups
- Commonly associated with MDD SZC and social anxiety disorder

Etiology

- **Psychoanalytic factors:** repression of unconscious intrapsychic conflict and conversion of anxiety into a physical symptom
- **Learning theory:** a classically conditioned learned behavior ; symptoms of illness, learned in childhood are called forward as means of coping with an impossible situation
- **Biological factors:** hypometabolis of dominant hemisphere and hypermetabolism in non-dominant hemisphere

Clinical features

Table 13.4-1
Common Symptoms of Conversion Disorder

Motor Symptoms	Sensory Deficits
Involuntary movements	Anesthesia, especially of extremities
Tics	Midline anesthesia
Blepharospasm	Blindness
Torticollis	Tunnel vision
Opisthotonos	Deafness
Seizures	**Visceral Symptoms**
Abnormal gait	Psychogenic vomiting
Falling	Pseudocyesis
Astasia-abasia	Globus hystericus
Paralysis	Swooning or syncope
Weakness	Urinary retention
Aphonia	Diarrhea

(Courtesy of Frederick G. Guggenheim, M.D.)

Treatment

- Resolution Is usually spontaneous
- The most important feature of the therapy is the relationship with a caring and confident therapist
- Telling such patients that their symptoms are imaginary often makes them worse
- Hypnosis anxiolytics and behavioral relaxation exercises are effective in some cases
- Psychoanalysis and insight oriented psychotherapy help explore intrapsychic conflicts