Somatic Symptoms and Disorders

Stress, Behavior and Illness
Recall that stress plays a central role in mental disorders.
Stress also impacts general health.
(area of behavioral medicine)
When psychological factors significantly impact medical Sxs or conditions, the DSM and ICD refer to
“Psychological Factors Affecting Other Medical Conditions”

“Psychological Factors Affecting Other Medical Conditions”
DSM:
“psychological factors adversely impact medical conditions” to
affect the course of the medical condition
interfere with Tx
create health risks
exacerbate Sx or require more medical attention
controversial, because definition is overbroad... MANY patients could get this diagnosis! the focus is on what is meant by “ADVERSE”
many ICD V codes already cover psychological factors, which is their purpose

“Psychological Factors Affecting Other Medical Conditions”
in the ICD, the “factors” have to play a “major” part:
“This category should be used to record the presence of psychological or behavioural influences thought to have played a major part in the etiology of physical disorders which can be classified to other chapters. Any resulting mental disturbances are usually mild, and often prolonged (such as worry, emotional conflict, apprehension) and do not of themselves justify the use of any of the categories in this chapter.”
this is still confusing, since the ICD has V and Z definitions for this under “Factors influencing health status and contact with health services”
“Psychological Factors Affecting Other Medical Conditions”

this is a definitional/categorical problem.
The important issue is that this diagnosis can recognize the interplay between psychology, behavior, health and medical conditions.

Psychological factors affect many medical conditions ...

heart disease
headaches, esp. migraines
diabetes
asthma
drug use, tobacco use
pain control
obesity
healing after injury
Behavioral medicine has developed many interventions to assist with many of these conditions

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Psychoeducation
Cognitive and behavioral interventions
Hypnosis, desensitization, anxiety reduction strategies
Anti-anxiety medication
Psychological changes can result in improvements in a physical condition

The prior Dx concerned “real” illness”
But psychological factors can be mostly ... psychological!

some terms:
somatic: referring to physiological symptoms
somatic symptoms: Sx that suggest physical illness or injury (but which may be psychological)
psychosomatic” or “to somaticize”: to create or complain of physiological symptoms
hysteria: the tendency to be hypersensitive to pain and to complain of pain reactions, to have extreme anxiety and preoccupation with one's body
Somatic disorders

DSM somatic disorders:
- Body dysmorphic disorder
- Somatic Symptom Disorder
- Illness Anxiety Disorder
- Conversion Disorder

Usually accompanied by excessive worry and preoccupations
People with these disorders usually believe their problems are genuinely medical

BDD

Body dysmorphic disorder (also known as BDD, body dysmorphia, dysmorphic syndrome, or dysmorphophobia)
- Involves the belief that one’s own appearance is unusually defective and is worthy of being hidden or fixed. This belief manifests in thoughts that many times are pervasive and intrusive.
- About half of those diagnosed with BDD spend over three hours a day attempting to conceal or correct flaws that are perceived but often not reality.
- If the perceived flaw has any foundation in reality, it is typically minor, though severely exaggerated.

Somatic Symptom Disorder

DSM:
- Somatic symptoms with persistent excessive thoughts, feelings or behaviors related to the somatic Sx/health concerns
- Specifiers by severity and with pain
- Extreme form: “Briquet’s syndrome”

Somatic Symptom Disorder

ICD prefers this Dx to be severe:
- “The main features are multiple, recurrent and frequently changing physical symptoms of at least two years duration. Most patients have a long and complicated history of contact with both primary and specialist medical care services, during which many negative investigations or fruitless exploratory operations may have been carried out. Symptoms may be referred to any part or system of the body. The course of the disorder is chronic and fluctuating, and is often associated with disruption of social, interpersonal, and family behaviour. Short-lived (less than two years) and less striking symptom patterns should be classified under undifferentiated somatoform disorder” (= DSM Dx)
Illness Anxiety Disorder (‘hypochondriasis’)

DSM:
Preoccupation with having a serious illness
Somatic Sx mild or not present
high level of anxiety about health
excessive health-related behaviors

ICD: “Hypochondriacal disorder”
The essential feature is a persistent preoccupation with the possibility of having one or more serious and progressive physical disorders. Patients manifest persistent somatic complaints or a persistent preoccupation with their physical appearance. Normal or commonplace sensations and appearances are often interpreted by patients as abnormal and distressing, and attention is usually focused upon only one or two organs or systems of the body. Marked depression and anxiety are often present, and may justify additional diagnoses.

People with hypochondriasis unrealistically interpret bodily symptoms as signs of serious illness
almost always worried and preoccupied that they may be sick or have a serious disease or condition
Although some patients recognize that their concerns are excessive, many do not

Conversion Disorder

DSM:
One or more Sx of altered voluntary motor or sensory function incompatible with medical evidence
i.e., the symptoms of the disturbance cannot be explained by any physical disorder or any pathophysiological process.
Freud’s search for the “mental” features of disorder

- Symptoms: women with perceptions of having been abused, with loss of physical functioning that could not be medically explained
- “Hysterical neurosis” (now: conversion)

Conversion Disorder

- Extensive cultural variations:
  - Paresthesia, paralysis, abnormal movement, seizures and “attacks,” speech loss, aphony, headache, alexia, deafness, cough, pseudocyesis
- Often this is a reactive stress disorder

Factitious Disorder

“Imposed on self”

- Falsification of Sx, induction of injury or disease, associated with deception
- Individual presents self as ill
- External rewards not always evident

Factitious Disorder

- The ICD lists this as a personality problem (has specifiers of “hospital hopper syndrome,” “Munchausen syndrome,” and “peregrinating patient.”)
FACTITIOUS DISORDER

- People with a factitious disorders often go to extreme lengths to create the appearance of illness
- May give themselves medications to produce symptoms
- Sx are faked (often very knowledgeable about Sx)
- REWARD: behavior does seem to elicit much medical attention
- May undergo painful testing or treatment, even surgery

FACTITIOUS DISORDER
“IMPOSED ON ANOTHER”

- Factitious behavior in which another person is presented as ill
- Munchausen syndrome “by proxy”
  - parents make up or produce physical illnesses in their children

Conclusions

The somatic, illness anxiety, conversion disorders (even factitious disorders) are relatively rare, but are united in their
focused worries and preoccupations
demand for medical attention