

# **Somatic Symptom and Related Disorders**

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# Key Terms

- La belle indifference
- Malingering
- Primary gain
- Secondary gain
- Depersonalization
- Derealization
- Dissociation

# Somatic Symptom Disorders

**Psyche  
(mind)**



**Soma  
(body)**



**Psycho-  
somatic**

# **Mind - Body Connections**

- What are some illnesses that you identify that the emotional state influences?
- What are some somatic symptoms not necessarily related to a medical diagnosis?

# Historical Perspective

- Hysteria or hysterical neurosis: Somatic complaints unexplained by organic pathology
- Dissociation: Splitting off clusters of mental contents from conscious awareness

# Somatic Symptom & Related DOs

- Somatic Symptom DO- ***most common*** (previously Pain Disorder)
- Illness Anxiety DO (previously Hypochondriasis)
- Functional Neurobiological Symptom DO (Conversion DO)
- Psychological Factors Affecting Other Medical Conditions
- Factitious Disorder - ***uncommon*** (previously Munchausen Syndrome)

# Theories of Etiology

- Genetic and biologic vulnerability
- Environment
- Psychological theory
- Interpersonal model
- Decreased levels of serotonin & endorphins

# **Somatic Symptom Disorder**

# Risk Factors

- More common in females
- Decreased levels of serotonin & endorphins
- Comorbidities of depression, personality disorders, & anxiety disorders
- Childhood trauma, abuse, or neglect
- 1<sup>st</sup> degree relative with disorder
- Learned helplessness

# **KEY Features of Somatic Symptom DO**

- One or more somatic symptoms
- Excessive thoughts / feelings / behaviors r/t somatic symptoms (see next slide)
- State of being symptomatic is persistent while symptoms may vary

# Excessive Thoughts

- Out of proportion with seriousness of symptoms
- Client has high level of anxiety about symptoms/health
- Excessive time & energy given to symptoms

# **Somatic Symptom Disorder**

- Most common symptom is pain
- May be specific or nonspecific
- Appraisal of symptoms disproportionate
- May be associated with another medical condition

# **Additional Features of Somatic Symptom DO**

- Typical: long, complex medical history
- Disorders are chronic or recurrent
- Seek out multiple HCPs for answers /relief /diagnosis
- Often believe the HCPs are incompetent
- Lack of insight (except malingering)

# Treatment of Somatic Symptom DO

- Symptom & Pain Management
- Meds: NSAIDs, SSRIs
- Referral to pain clinic (pain disorder)
- Relaxation therapy & Visual imaging
- Group therapy: peer support, coping mechanisms, & expression of emotions
- Journaling
- Discourage “doctor shopping”

# **Desired Outcomes of Treatment**

- Fewer attention seeking somatic complaints
- Increased insight into dynamics of behavior
- Decreased ritualistic behaviors

# Self Awareness Issues

- Remember their pain is REAL to them
- Don't assume pain is ALWAYS r/t disorder
- Control your own emotional response; be nonjudgmental

# Case Study

This is the 5th visit to the emergency room for Mr. Davis. Each time he presents to the ED with a chief complaint of substernal chest pain. A cardiac workup is performed with each visit. Cardiac enzymes and troponin are negative. The ECG and chest x-rays are normal. Mr. Davis has been examined by a cardiologist, and his stress test is negative for ischemia. He has also been tested for GI dz. An EGD showed a mild gastritis. Yet Mr. Davis continues to miss work because of his symptoms.

## Case Study (cont)

Mr. Davis is told by his physicians that his symptoms are not cardiac related. He states to the ER doctor that he wants a 2nd opinion. Mr. Davis has already been examined by five ER physicians, a cardiologist, and gastroenterologist. Mr. Davis is convinced that all the doctors must be missing something. His primary care physician suggests that Mr. Davis see a psychiatrist. Mr. Davis doesn't think he needs a psychiatric workup and refuses to be assessed.

# Discussion

1. Which of the three key features of Somatic Symptom Disorder are evident in this case study? Classify as mild, moderate, severe?
2. What might be the outcome with Mr. Davis if he continues to refuse psychiatric care?
3. What is the primary gain for Mr. Davis?
4. What possible secondary gain might he be receiving?

# **Illness Anxiety Disorder**

# **KEY Features of Illness Anxiety DO**

- Preoccupation with having or acquiring a serious illness (for 6 months or longer)
- Somatic symptoms absent or very mild
- High level of anxiety about health
- Excessive health related behaviors
- (Not better explained by another diagnosis)

# Illness Anxiety DO

- Often co-morbid with depression & anxiety
- May have obsessive-compulsive traits
- Will fall into one of two categories: care seeking type or care avoidant type
- Overly sensitive to body sensations & changes

# Illness Anxiety DO: Example

Mrs. Jones was watching TLC, a local cable channel. The program was about someone who developed a rare, but life threatening disease. Mrs. Jones began researching this disease on the WWW and discovered several other case studies. Although Mrs. Jones has a small likelihood of developing this disease, she becomes fearful she might be one of the few who develop this disease. She begins monitoring herself for the symptoms and talking often about the disease to anyone who will listen. She begins to fixate on the disease and expresses a great deal of anxiety related to the possibility she will contract this disease.

**Functional  
Neurological  
Symptom DO  
(Conversion DO)**

# **KEY Features of Functional Neurological Symptom DO (Conversion DO)**

- One or more symptoms of altered voluntary motor or sensory function
- Unable to substantiate a neurological or medical condition causing the symptoms
- Causes impaired functioning in social, occupational, or other areas of functioning

# Functional Neurological Symptom DO (Conversion DO)

- **Examples:**
- Paralysis or akinesia
- Aphonia
- Seizures
- Difficulty swallowing
- Urinary Retention
- Blindness, deafness, double vision
- Anosmia
- Hallucinations
- Pseudocyesis

# **Functional Neurological Symptom DO (Conversion DO): Example**

A young male who is being raised by very conservative and religious parents views an X-rated film when spending the night with his friends. Several weeks later, he spontaneously becomes blind. He seems unconcerned about the sudden loss of vision (*la belle indifférence*). After a thorough medical work-up, the diagnosis of Conversion Disorder is made.

**Psychological  
Factors Affecting  
Other Medical  
Condition**

# KEY Features of Psychological Factors Affecting Other Medical Condition

- Occurs in the ***presence*** of disease or somatic symptom
- Psychological and /or behavioral factors adversely affect the condition
- Not better explained by another mental disorder (i.e. Anxiety DO, PTSD, MDD)

# **Psychological Factors Affecting Other Medical Condition: Example**

An adolescent female takes anticonvulsant medication for a seizure disorder. She stops taking her medication due to the stigma she believes her friends attach to her disorder. She hides the fact that she is not taking her medication from her family. She consequently begins to have seizures.

# **Factitious Disorder**

# KEY Features of Factitious Disorder

- ***Purposefully*** causing injury or disease to oneself (or another)
- Presents self (or other) to others as ill, impaired, or injured
- Deceptive behavior evident even in the **absence** of obvious external rewards
- Not better explained by another mental disorder (Delusional DOs or Psychotic DOs)

# Factitious Disorder

- Factitious Disorder Imposed on Self (Munchausen syndrome)
- Factitious Disorder Imposed on Other (Munchausen syndrome by proxy)

## **Factitious Disorder: Example**

A woman who is 7 months pregnant ruptures her amniotic membranes by using a sharp object and goes into labor. The baby is born prematurely and with many problems associated with prematurity.

Couple more...

- Body identity integrity disorder (BIID)-rare
- Malingering

# Comparison of Select Disorders

<b>Disorder</b>	<b>Symptom Production</b>	<b>Motivation</b>
Malingering	Conscious	Conscious
Factitious Disorder	Conscious	Unconscious
Conversion Disorder	Unconscious	Unconscious

# **Dissociative Disorders**

# Theory of Etiology

- Biological Factors
- Genetic Factors
- Psychosocial Factors

# **KEY Features**

## **Depersonalization/Derealization Disorder**

- Recurrent periods of feeling unreal, detached, and outside the body
- Numbness
- Dreamlike state
- Distortions in sense of time and visual perception

# **KEY Features Dissociative Amnesia & Dissociative Amnesia w/Fugue**

- Inability to recall specific information about the self typically regarding a traumatic event
- Recall may be lost for a particular time period or selective for a traumatic event or even the entire life history
- May include a fugue state

# KEY Features Dissociative Identity Disorder

- Most severe of these disorders
- Disruption of identity by two or more distinct personality states
- Loss of time
- Changes in affect, behavior, memory & functioning during disruption of “self”
- Disruption of self hinders social & occupational functioning & interpersonal relationships
- Exists in 1% of population