

Somatic Symptom Disorders

Soma = body



Defining Characteristics:

- characterized by **thoughts, feelings, or behaviors** related to **somatic (bodily) symptoms**.
- This category represents psychiatric conditions because the somatic symptoms are excessive for any medical disorder that may be present.



Somatic Symptom Disorder

- Somatic Symptom Disorder (SSD):
 - Somatic symptoms that are...
 - Somatic symptoms are physical symptoms that resemble an injury or illness but can't **typically** be explained by something physical (roots seem to be in the mind)
 - For 6 months
 - Usually involves symptoms of **pain**
 - Very distressing (*anxiety about having a disease*)
 - Disrupt functioning
 - Excessive thoughts/feelings/behaviors regarding those symptoms
 - Adapted from dsm5.org

Changes from DSM IV to DSM V

- SSD used to be:
 - Hypochondriasis – now Illness Anxiety Disorder
 - Pain disorder
 - Undifferentiated somatoform disorder
- Symptoms don't have to be medically unexplained...you can have a medical condition *and* SSD

Diagnosis

- Controversial diagnosis:
 - Does the absence of a medical condition make a mental illness?
 - (DSM V has updated and changed wording to say this isn't the ONLY way to be diagnosed)
 - Could unrealistically categorize a bunch of people as “mentally ill”



Types of Disorders

- Somatic Symptom Disorder
- Illness Anxiety Disorder
- Conversion Disorder (Functional Neurological Symptom Disorder)
- Factitious Disorder (Munchausen syndrome by proxy)
- Psychological Factors affecting other medical conditions

Prevalence

- SSD may affect 2% of the female population
- Female-to-male ratio is 10:1
- May begin in childhood/adolescence
- Rare to see in older adults,
 - the symptoms typically have a medical explanation or are a result of depression.

- From physio-pedia.com



Conversion Disorder

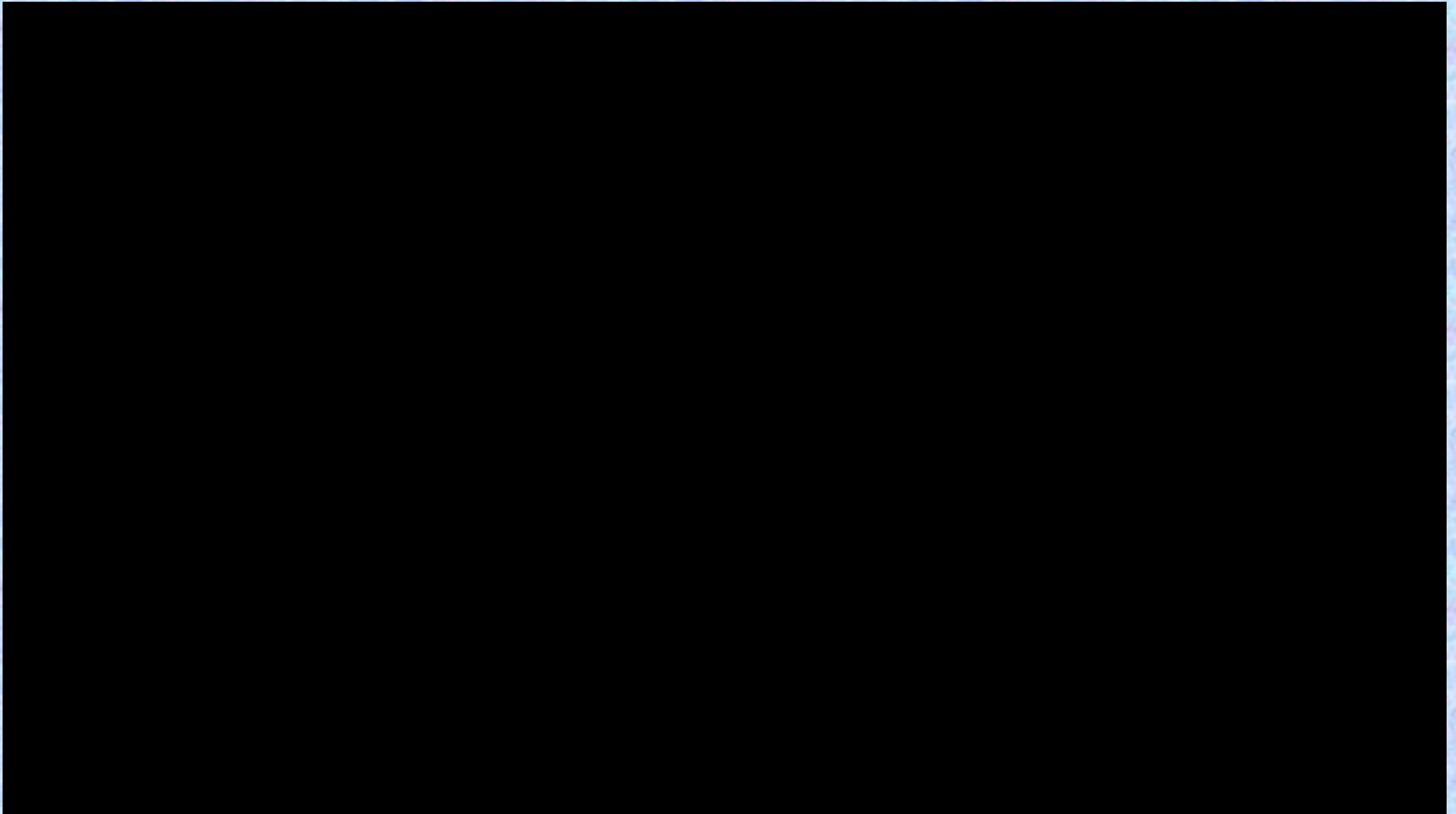
- When your psychological stress shows up in real **neurological** ways
- It starts as mental stress, then ***converts*** to physical symptoms
- Conversion disorder risk factors include:
 - Recent significant stress or emotional trauma
 - Being female
 - Having a mental health condition, such as mood or anxiety disorders, dissociative disorder or certain personality disorders
 - Having a neurological disease that causes similar symptoms, such as epilepsy
 - Having a family member with conversion disorder
 - A history of physical or sexual abuse and neglect in childhood

To be diagnosed with Conversion Disorder:

- Have symptoms you can't control that affect your body movements or senses (and aren't explained by a medical condition)
- You aren't "faking" the symptoms
- Symptoms cause you significant distress
- You may have experienced a stressful event/trauma
- Your symptoms may be related to a stressful event or trauma, either physical or psychological, even though that may not always be the case.

What is Conversion Disorder

- a group of teens in the same school all started developing tics



A Teen with Conversion Disorder Video



Treatment of Conversion Disorder

- Psychotherapy/Counseling/medication to help treat underlying stress that may have caused the disorder



- Physical therapy to regain strength/mobility



- **Transcranial magnetic stimulation (TMS).** Some reports show that people with conversion disorder may benefit from this type of treatment, but research is still in the early stages.



- Adapted from Mayo Clinic Online

Case Study of SSD

Ms. J is a 37-year-old woman who presents to the emergency department with abdominal pain. She reports that she has suffered from chronic pain since her adolescence. She has a history of multiple abdominal surgeries, the most recent was for pain felt due to adhesions. These operations have failed to reduce her complaints of pain. Her physical examination, vital signs, and laboratory examination, including CBC, urinalysis, and chemistry profile, are within normal limits. She is referred back to her primary care physician.

- Ms. J's primary care physician has followed her for many years and has made the diagnosis of somatic symptom disorder. The treatment plan includes regular frequent visits to monitor her chronic pain complaints. Use of medication with addictive potential is restricted. Physical symptoms are monitored with limited use of invasive diagnostic procedures. Outpatient visits focus on identifying sources of stress and encouraging healthy coping mechanisms.