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VI Somatoform Disorder

A Introduction

- DSM IV TR deals with conditions in which there are physical symptoms in the absence of physical disease. Many of the bodily complaints that physicians are asked to treat suggest physical pathology, but no actual impairment can be found. Medically unexplained symptoms accounts for approx 25% to 50% of the problems confronted by ~~phys~~ physicians.

- Although failure to diagnose a cas[e] medically might be due to a doctor's lack of knowledge or to a faulty ~~pathology~~ laboratory test, in a large group of cases psychological factors play importan[t] even crucial role. These cases, which do not seem to be produced consciously are characterised as Somatoform Disorder.

- There are five types of Somatoform Disorder under DSM IV :-

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- Pain Disorder
- Somatization Disorder
- Conversion Disorder
- Hypochondriasis
- Body Dysmorphic Disorder.

PAIN Disorder.

What is pain?

- In twentieth century, clinicians noted that similar bodily injuries resulted in widely differing reports of pain depending upon characteristics of the patients and circumstances.
- A person's emotional state and secondary gain (benifit he or she might recieve from being sick or in pain) were identified as contributing to many cases of pain in the absense of physical condition.

Although a bio psychological modes of pain is now widely accepted that reflects the movement away from the traditional descriptions of pain in purely physical terms, the ways in which psychological and social factors trigger the sensation of pain and how people cope with it have not been worked out. One barrier to the treatment of pain is the difficulty people have describing it objectively.

- Severe, prolonged pain, either without organic symptoms or greatly in excess of what might be expected to accompany organic symptoms, is classified as a pain disorder.

- Some times there seems to be a temporal relationship between the occurance of an actual, threatened or fantasized interpersonal loss and complaints of pain. The complaints may be used to ~~evote~~ evoke social responses, such as attention, from others.

- Important factor that appear to assist recovery from pain disorder are the individual's participation in regularly scheduled activities despite the pain, and resistance toward allowing the pain to become the determining factors in his / her life.

- Pain disorder can be acute or chronic: acute pain has a duration of less than 6 months and chronic pain has a duration of 6 months or longer.

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Criteria of Pain Disorder

- Pain exist in one or more anatomical sites of sufficient intensity to warrant ~~clinal~~ clinical attention

- The pain causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

- Psychological factors are judged to have an important role in the onset, seneority, exacerbation, or maintanence of the pain.

- The pain and deficits related to it are not intentionally produced or feigned.

Causes of Pain Disorder

- Trauma & Abuse
- Learning Theory
- Social influences - families & cultures, distress may be expressed in physical terms
- Emotions and Communications - Childrens show distress the only way they can physical symptoms, when the lack ability to speak or express their thoughts
- Psycho dynamic theory.

Treatment of Pain Disorder.

- The treatment of an acute pain disorder, one that is relatively recent and related to a specific event (such as surgery), is generally aimed at reducing the patients anxiety through trusting doctor-patient relationship and perhaps also through the use of medication for anxiety and depression.

- A number of treatment approaches have been found useful in chronic cases.

• Operant Conditioning
Clinicians who have operants conditioning in treating pain focus on pain ~~focus~~ pain behaviours ~~and~~ (eg: complaing about pain) and the conditions that strengthen and weaken these behaviours.

• Cognitive Behavioural Theerapy
From the conditioning perspective pain is a learned a response. The Cognitive behavioural perspective recognizes that the acquisition of pain behaviours also occurs by means of observational ~~do~~ learning and

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modelling. That is expectancies regarding pain intensity and actual behavioural responses to pain are based at least partially, on prior learning history (children's observation of how parents respond to pain).

Psychotherapy

A large no. of patients with chronic pain disorders are not psychologically oriented, and for them insight psychotherapy is not useful. However supportive psychotherapy may be helpful in reassuring and couraging patients suffering from pain to comply with recommended rehabilitation programs.

Medication

Pain relieving medication is often prescribed for pain. However some of the drugs that relieve pain are addictive, and patients may demand increasingly larger dosages of them. Many clinicians explain to their patients that medications ~~on an as needed basis~~ are often not helpful in the long run in relieving pain, and other ~~often engage in pain~~ relieving medication techniques are preferable. Patients who are prescribed pain relieving medications on an as-needed basis often engage in pain behaviour to indicate the need for medication. However, antidepressants medications can be helpful to pain patients when indications of depressions are present.

Somatization Disorder

- Somatization disorders have been defined in many ways, but the elements common to all the definitions is the presence of somatic symptoms that cannot be adequately explained by organic findings. Unexplained illness is a challenge to the ~~physical~~ physician and distressing for the patient.

- Somatisation disorders are marked by multiple somatic complaints that are recurrent and chronic. This condition is often referred as Briquet's syndrome because a physician by the name Briquet described it in detail in 1859.

- The most common complaints include headaches, fatigue, heart palpitations, fainting spells, vomiting, nausea, abdominal pains, bowels troubles, allergies, and mensual and sexual problems.

- Patient with this disorder believe that they are sick, provide long and detailed histories in support of their belief and take large quantity of medicines.

Symptoms

DSM IV TR's criteria includes 4 ~~pain~~ symptoms in different bodily sites

- two ~~gan~~ gastrointestinal symptoms without pain
- One sexual symptom without pain
- ~~de~~ one symptoms or deficit suggesting a neurologic symptom.

Causes of Somatization Disorder

- Illness allows a socially a isolated person to receive nurturance and support from family, friends and physicians that otherwise would not be forthcoming

- The sick role can be used as a rationalisation for occupational, social and sexual failures.

- Illness can be used to manipulate other people or social situations.

- Somatic symptoms can represent behaviour learned in childhood. (eg. some parents may provide more attention to children during illness).

Treatments of Somalization Disorder.

It has ~~for~~ frequently been said that patients with somalization disorder are unsuitable for psychotherapeutic treatment because they are not psychologically minded and are poorly minded

- However both Cognitive and psychodynamic therapies may be effective in treating these disorders
- Most somatizating patients believes that their complaints are caused by an organic disease
- Somalisation is often a chronic condition and a cure is rare.

★★ This disorder seems to occur mainly in women, approx 1% of women have this condition.

★★ It is not common for a family to have more than one somatizer.

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Conversion Disorder

People with conversion disorders report that they have lost part or all of some basic bodily functions. The disturbance does not seem to be under voluntary control and cannot be explained in terms of the principles of medical science. Paralysis, blindness, deafness and difficulty in walking are among the symptoms reported by this patients

- Conversion symptoms often seem to appear for no obvious reason, although the can frequently be traced to specific precipitating events. Complicating lack of diagonasing conversion disorder is the fact that at times they cannot be easily be distinguished from somatically rooted symptoms.

- Clinical conversion cases usually involve a single disturbance during any one period. Different bodily sites might be affected in subsequent episode

- ~~Secondary~~ g This disorder were considered to be one type of a broader category called hysteria or hysteric a disorder.

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The concept of ~~hy~~hysteria can be traced back to at least the Middle Ages when it referred to disorder of the uterus, which were then believed to be related to what are now conversion disorder.

Hysteria was somehow viewed as a condition caused by a defect in the female reproduction system. In modern times, the broad category of hysteria included individuals who showed emotional immaturity and affective instability as predominant traits.

Symptoms of Conversion ~~of~~ Disorder

Some of the symptoms of conversion disorder include:
- Weakness
- Paralysis of the arms or legs
- loss of balance
- Seizures
- episodes of unresponsiveness
- diffulty swallowing and walking
- a feeling of a ~~lup~~ lump in the throat
- Shakes and tremors
- slurred speech or loss of speaking ability

- difficulty hearing or loss of hearing
- numbness or loss of the touch sensation
- ~~do~~ double vision, blurred vision or episodes of blindness

Causes of Conversion Disorder

The causes of Conversion Disorder includes:-

- Stressful event
- Emotional or Physical Trauma
- Changes in brain function at the structural, cellular, or metabolic level.

Conversion disorder may also occur when there is no clear cause. The exact cause however, varies from person to person.

Treatment of Conversion Disorder

Treating any underlying mental health conditions such as depression
Cognitive Behavioural Therapy
Psychotherapy
Relaxation therapy such as meditation or yoga.
Physical Therapy
Maintaing healthy work and life balance
Seeking additional support from family friends and community.

Hypochondriasis

- Hypochondriasis is diagnosed if a person has a persistant belief (lasting 6 months or longer) that he or she has a serious illness despite medical reassurance, a lack of physical finding and failure to develop the disease. Such person show poor insight and they do no recognise that their concern is excessive.

- Hypochondriasis have an obsessive preoccupation and concern with the condition of their bodily organs and continually worry about their health. Because they fear developing a disease, they carefully track all the potential symptoms by keeping themselves attuned to even the most minute changes in bodily functioning. They tend to misunderstand the nature of the significance of physiological activity and to exaggerate symptoms when they occur

The ~~dg~~ diagnosis of hypochondriasis is considered when the individual
(1) persistently believes that a serious illness underlies the symptoms presented to the physician.
(2) disregards the physician's advice that no serious physical illness or abnormality is underlying the symptoms

Hypochondriasis individuals have three major characteristics:
(1) Physiological arousal
(2) a bodily focus
(3) behaviours designed to avoid or check for physical illness

The physiological arousal is often reflected in increased tension and anxiety and sleep disturbances.

Treatment strategies for hypochondriasis will vary from one individual to the next depending on the particular problems presented. Generally, however, these are components of most therapeutic approaches used for this disorder

(1) Establish a therapeutic relationship. This step is important because many individu-als are reluctant to view their problems as being caused by anything other than

a medical condition

(2) Acknowledge the distress caused by the individual's concern

(3) Elicit the individual's fear and beliefs about his or her physical health.

(4) Present alternative rational explations and explain why the individual's ideas may be mistaken.

- Reassurance, support therapy and Cognitive - behavioural therapy may be especially helpful in treating hypochondriasis. However, most of the therapy effectiveness studies on this topic have used small samples, and more extensive research efforts are needed to determine treatment effectiveness.

- There is evidence that patients with hypochondriasis have histories of adverse early experiences -

→ occurance of traumatic event (eg. deaths of the family)

→ Substance abuse by parents and family members

→ Neglect

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Bodily Dysmorphic Disorder

- Dissatisfaction with one's appearance is common, but generally fails to significantly affect a person's life. One study found that about 75% of American students have concerns about their appearence, but only a minority of these concerns approach the level of serious preoccupation.

- Individuals with body dysmorphic disorder (BDD) have a difinite preoccupation with an imagined defect, or a morbidly excessive concern about a minor ~~unma~~ unwanted feature of their physical appearence.

- Acne, hair thinning, wrinkles, scars and excessive facial hair are some examples of the unwanted features. Other common preoccupations include the shape, size or some other aspect of the nose, eyes teeth or head.

- Most individuals with this disorder experience marked distress over their supposed disformity, often describing their preoccupations as " intensly painf-ul" and "devastating". Feeling of self-consciousness about their defect may lead to avoidance of work or public situations.

One study found that when patients with BDD consult mental health professionals, they often emphasize their feeling of depression phobias, obsessions and compulsions but fails to mention their bbdily preoccupation. This seems to result from strong feeling of embarresment and the belief that other people will not understand the concern or take it seriously

The essential feature of BDD is belief in an imagined defect in appearence. If a slight physical anomaly is present, the person's concern is excessive. Unlike normal concerns about appearance the preoccupation with appearence in BDD is time consuming and causes significant distress or impairment is social situations

Causes of BDD

- Environmental factors
Growing up in a household with parents or carigivers who are heavily focused on appearence or diet may increase risk for this condition

BDD has also been associated with a history of abuse and bullying

- Genetics
Some studies suggest that BDD is more likely to run in families. One study found that 8% of people with BDD also have a family member diagnosed with it

- Brain Structure
There's some evidence that brain abnormalities may contribute to BDD in some people.

Treatment of BDD.

Since BDD is a recently identified condition research on effective treatments is just getting under way.

- Cognitive behavioural therapy seems to be a promising approach. This type of therapy usually begins by providing the patient with basic information on the psychology or physical appearance. The concept of body image, and the development of BDD. Most patients believe that their "defect" has been eliminated. The therapist typically responds to this by stressing that the problem in BDD is how patients view themselves, and that therapy is designed to change body image, not appearance.

- ~~To overcome distress~~. The first line of medicinal treatment for BDD is Serotonin reuptake inhibitor (SRI), antidepressants like fluoxetine (Prozac) and escitalopram (Lexapro). SRI can help reduce obsessive thoughts and behaviour.

- Studies shows approx ~~2/3~~ to two third or three quarters of people of people who take SRI will experience a 30% of greater reduction in BDD symptoms.

- It is somtimes helpful to use exposure therapy by having patients look at their bodies at home and encouraging them to question their evaluations of their bodies.

- The treatments of BDD can be expected to improve as it becomes better understood.