Diagnosis: Somatoform Disorders

Criteria:

Hypochondriasis
- Misinterpretation or amplification of bodily symptoms
- Unreasonable fears or expectations of disease
- 6 months
- Impairment of functioning

Somatization Disorder
- Symptoms begin before age 30
- 4 pain
- 2 GI
- 1 sexual
- 1 pseudoneurological

Undifferentiated Somatoform Disorder
- 1 or more unexplained somatic symptom
- 6 month duration

Somatoform NOS
- Pseudocyesis
- Hypochondriacal symptoms less than 6 months
- Unexplained somatic complaint of less than 6 months

Conversion Disorder
- 1 or more symptom affecting motor or sensory functioning that suggests a neurological or general medical disorder
- Association with psychological stressor

Pain Disorder
- 1 or anatomical site of pain symptoms
- Psychological factors more important than physiological factors
- Functional impairment

Epidemiology:

Hypochondriasis
- Male=female
- Depression and Somatization d/o
- 3-5% of primary care patients
- Starts in 20s

Somatization disorder
- Female>male
- Rare (almost never seen in specialty mental health)
- Comorbid Axis I
Conversion Disorder
2-5 Female > male
Onset in any age, tends toward younger
Associated with rural, low IQ, and lower educational level
Associated with Axis I

Etiology:
Biological:

Psychological:
Hypochondriacal: sick role
Conversion: discovery of stressor

Differential Diagnosis:
Medical:
Keep mind open to genuine medical problem
25-50% of Conversion d/o end of with neurological disease
Rationally limit medical work up
MS, myastenia gravis, AIP, parathyroid, chronic infections (HIV, NS)

Psychiatric:
Delusional d/o, depression, anxiety disorders (panic, OCD, PTSD)
Factitious d/o, malingering

Work-up:

Treatment:
Bio:
“Primum non nosere”
Treatment of comorbid psych diagnosis
Symptomatic treatment of somatic complaint

Psycho:
Validation of somatic complaint
Deemphasis sick role (visits not based on symptoms)
Group works pretty well

Social:
Psychoeducation
Nonmedication and nonpsychotherapy treatments for somatic complaints
(sleep hygiene, nutrition, meditation, relaxation, exercise)

Prognosis:
1/3 of Hypochondriasis remit over time
Improvement associated with treatment of comorbid Axis I
Conversion d/o: 90-100% resolve in a few days to one month
75% never recur
good prognosis with good premorbid functioning and no Axis I