Somatoform & Factitious Disorders

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Somatoform Disorders

- Key Feature: Presenting complaint cannot be explained by any known medical condition; unconscious/involuntary symptom production
- Types
  - Conversion Disorder
  - Somatoform Pain Disorder
  - Hypochondriasis
  - Somatization Disorder
  - Body Dysmorphic Syndrome
  - Undifferentiated Somatoform Disorder

Factitious Disorder

- Key Feature: Physical or psychological symptoms are intentionally produced to assume sick role; conscious/voluntary symptom production

Somatization Disorder: Diagnostic Features

- Key feature: Multiple, unexplained symptoms
- Criteria
  - Four pain symptoms, *plus*
  - Two GI symptoms, *plus*
  - One sexual/reproductive symptom, *plus*
  - One pseudoneurological symptom
  - If within a medical condition, excessive symptoms
  - Lab abnormalities absent
  - Cannot be intentionally feigned or produced

Somatization Disorder:
Associated Features

- Colorful, exaggerated terms
- Inconsistent historians
- Depressed mood and anxiety symptoms
- Occurs rarely in men in U.S.
- Chronic, rarely remits completely
- Lifetime prevalence: 0.2% - 2% F
  < 0.2% among men

Hypochondriasis:
Diagnostic Features

- Key feature: Excessive preoccupation with fear of disease or strong belief in having disease due to false interpretation of a trivial symptom
- Criteria
  - Unwarranted fear or idea persists despite reassurance
  - Clinically significant distress
  - Not restricted to appearance
  - Not of delusional intensity

Hypochondriasis:
Associated Features

- Medical history often presented in great detail
- Doctor-shopping common
- Patient may believe s/he is not receiving proper care
- Patient may receive cursory PE; med condition may be missed
- Negative lab/physical exam results
- M = F
- Primary care prevalence: 4 - 9%
- May become a complete invalid

Conversion Disorder:
Diagnostic Features

- Key Feature: Patient complains of isolated symptoms that seem to have no physical cause, e.g., blindness, deafness, stocking anesthesia
- Criteria
  - Symptoms are preceded by stressors
  - Symptoms are not intentionally feigned or produced
  - No neuro, medical, substance abuse or cultural explanation
  - Must cause marked distress

Conversion Disorder:
Associated Features

- In 10 - 50% of these patients, a physical disease process will ultimately be identified
- Significant lab findings absent or insufficient
- More frequent in F vs. M (varies from 2:1 to 10:1)
- Symptoms do not conform to known anatomical pathways and physiological mechanisms
- Prevalence ranges from 11/100,000 to 300/100,000
  - Outpatient mental health: 1 - 3%
- May show “la belle indifference” or histrionic

Somatoform Disorders

- Hypochondriasis is most common (M = F)
- Somatization disorder lifetime risk for F <3%
- Conversion and somatoform pain d/o F > M, but found in <1% of population
- Higher incidence in medical settings (?50%)
- 10% of med-surg patients have no physical evidence of disease
- Costs of evaluating and treating = $30 billion in 1991

Factors that Facilitate Somatization

- Gains of illness
- Social isolation
- Amplification
- Symptoms used as communication
- Physiologic concomitants of psych d/o
- Cultural attitudes
- Religious factors
- Stigmatization of psych illness
- Economic issues
- Symptomatic treatment

Ford (1992)

Factitious Disorder

- Key Feature: Physical or psychological symptoms are intentionally produced to assume sick role

Factitious Disorder:
Associated Features

- More common in men than women
- Most frequently in hospital/healthcare workers
- External incentives are absent
- Intentionally produce signs of medical and mental disorders
- Distinguished from somatoform d/o by voluntary production of symptoms
- Distinguished from malingering by lack of external incentive

BODY DYSMORPHIC DISORDER

- Body dysmorphic disorder focuses on the patient's feelings of dislike or even loathing for some aspect of the body's appearance.
- Patients with body dysmorphic disorder have a pervasive subjective feeling of ugliness of some aspect of their appearance despite a normal or nearly normal appearance.
- ***The core of the disorder is the person's strong belief or fear that he or she is unattractive or even repulsive.***

- This ***fear is rarely alleviated by reassurance or compliments***
- ***The typical patient with the disorder*** is quite normal in appearance in most cases.
- A minority of patients with the disorder do have a minor defect, and ***the patient's concern*** is ***disproportionate to the degree of defect***.

- Body dysmorphic disorder is not uncommon as a comorbid condition in patients with
  - major depressive disorder (current rate of 60 percent; lifetime rate of 80 percent),
  - obsessive-compulsive disorder, and
  - social phobia.

- Facial flaws are the most common defect in body dysmorphic disorder.
- Other body parts that sometimes become a focus include
  - hair,
  - breasts, and
  - genitalia.