

# Chapter 8

## **Somatoform and factitious Disorder**

# Introduction

- Characterized by physical symptoms suggesting medical disease, but no demonstrable organ pathology or no pathophysiological mechanisms.
- Better conceptualized by means of psychological constructs; associated with psychological factors or unconscious conflicts
- Somatization refers to mechanisms by which anxiety is translated in to physical illness

# Classification of somatoform d/o

- Somatization Disorder
  - undifferentiated somatoform disorder
  - Conversion disorder
  - pain disorder
  - Hypochondriasis
  - Body dysmorphic disorder
  - Somatoform disorder not otherwise specified (NOS)

# SOMATIZATION DISORDER

- A chronic syndrome of ***multiple somatic symptoms*** that ***can not be explained medically***.
- Associated with ***psychosocial distress*** and *long-term seeking assistance from health care professionals*.
- Symptoms may be vague, dramatized or exaggerated in their presentation.

- Usually runs in a fluctuating course, with periods of remission and exacerbation.
- Drug abuse and dependence are common complications of Somatization disorder.

# DSM-IV diagnostic criteria for somatization disorder

- A. History of many physical complaints beginning before the age of 30 years, occur over a period of several years and result in treatment sought or significant impairment in social, occupational or other important areas of functioning.
- B. Each of the f/g criteria must have been met with individual symptoms occurring at any time during the course of the disturbance.

**1. Four pain symptoms:-** history of pain related to at least 4 different sites or functions (e.g head, abdomen, back, joints, extremities, chest, rectum, during menstruation, during sexual intercourse, or during urination).

**2. Two gastrointestinal symptoms :-** history of at least 2 gastrointestinal symptoms other than pain (e.g nausea, bloating, vomiting other than during pregnancy, diarrheas, or intolerance of several different foods)

**3. One sexual symptom:-** a history of at least one sexual or reproductive symptom other than pain (e.g sexual indifference, erectile or ejaculatory dysfunction, irregular menses, excessive menstrual bleeding...)

#### **4. One pseudo neurological symptom:-**

a history of at least one symptom or deficit suggesting a neurological condition not limited to pain (conversion symptoms such as impaired coordination or balance, paralysis or localized weakness)

## C. Either (1) or (2)

1. After appropriate investigation each of the symptoms in criteria B cannot be fully explained by a known general medical condition or the direct effects of a substance, (e.g a drug of abuse, or medication)

2. When there is a related medical condition, the physical complaints or resulting social and occupational impairment are in excess of what could be expected from the history, physical examination or laboratory findings.

D. The symptoms are not intentionally feigned or produced (as in factitious d/o or malingering).

## • **Epidemiology**

- Life time prevalence in general population 0.1 – 0.5%
- more common in women than men
- Affects 1-2% of all women
- More common in less well-educated persons and low socioeconomic groups
- Usual onset is in adolescence and young adulthood

## DDX

- Somatic delusion occurs in schizophrenia
- **Panic attacks** -have cardiovascular symptoms, that are intermittent episodic.
- **Conversion disorder**- has few symptoms with clear symbolic meaning
- **Factitious disorder**- conscious faking of symptoms to achieve patient role; usually eager to be in hospital.
- **Pain disorder**- pain is usually the only complaint

# Treatment

- **Pharmacological:-** avoid psychotropic except under period of acute anxiety or depression, b/c patient's tend to become psychologically dependent.

Antidepressants are useful in secondary depressions.

- **Psychological:-** long term insight oriented or supportive psychotherapy is required to provide understanding of dynamics, support through distressing life events,

✓ patient follow up to prevent substance abuse, doctor shopping, unnecessary procedures or diagnostic tests.

# Undifferentiated somatoform d/o

- Residual category used to describe a partial picture of Somatization disorder.
- The patient may have multiple somatic complaints that are not severe enough or that are too vague to warrant a diagnosis of Somatization disorder.

# DSM-IV Diagnostic criteria for undifferentiated somatoform disorder

A. One or more physical complaints (e.g fatigue, loss of appetite, gastrointestinal or urinary complaints)

B. either (1) or (2)

1. After appropriate investigation the symptoms cannot be fully explained by a known general medical condition or the direct effects of substance (e.g a drug of abuse, a medication)

2. When there is a related medical condition, the physical complaints or the resulting social or occupational impairment is in excess of what would be expected from the history, physical examination or laboratory findings.

C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

- D. The duration of the disturbance is at least six months
- E. The disturbance is not better accounted for by another mental disorder (e.g. another somatoform disorder, sexual dysfunction, mood disorder, anxiety disorder, or psychotic disorder.)
- F. The symptom is not intentionally produced or feigned (as in factitious disorder or malingering)

# DDX

- Somatization disorder: multiple symptoms, several year's duration onset before 30 years of age
- Somatoform disorder not otherwise specified (NOS) symptoms for less than six months.
- Major depressive disorder, anxiety disorders, adjustment disorder frequently include unexplained symptoms.
- Factitious disorder and malingering symptoms intentionally produced or fabricated

# CONVERSION DISORDER

- Characterized by one or more neurological symptoms associated with psychological conflict or need, not physical, neurological or substance related disorder.

## Diagnosis, signs and symptoms

- **Motor abnormalities:-** paralysis, ataxia, dysphagia, vomiting, aphonia...
- **Disturbance of consciousness:-** pseudo seizures, unconsciousness...
- **Sensory disturbances or alterations:-** blindness, deafness, anosmia, anesthesia, analgesia, diplopia, glove and stocking anesthesia (does not follow known sensory pathways)

- Close temporal relationship b/n symptoms and stress or intense emotion.
- Left-sided symptoms are more common than right-sided symptoms.
- The person is not conscious of intentionally producing those symptoms.
- The symptom is not culturally sanctioned response pattern and after appropriate investigation cannot be explained by a known physical disorder

# Epidemiology

- Incidence and prevalence – 10% of the hospital inpatients and 5-15% of all psychiatric outpatients.
- Age – early adulthood, but can occur in middle or old age.
- The male-to-female ratio is 1:2
- Family history-higher in family members.
- More common in low socioeconomic groups and less educated persons.

## **Differential diagnosis**

- Paralysis
- Blindness
- Deafness
- sensory loss
- Seizure disorder

## Treatment

- Pharmacological; benzodiazepines for anxiety and muscular tension, antidepressants or serotonergic agents for obsessive rumination about symptoms
- Psychological
  - i. Insight-oriented therapy is useful in understanding dynamic principles and conflicts behind symptoms. Patient learns to accept sexual or aggressive impulses and not to use conversion disorder as a defense.

- ii. Behavioral therapy to induce relaxation
- iii. Hypnosis
  - in uncomplicated situations
- iv. Do not accuse patient of lying to get attention or of not wanting to get better

# Pain disorder

- Somatoform pain d/o is a *preoccupation with pain in the absence of physical disease to account for its intensity.*
- Stress and conflict may closely correlate with the initiation or exacerbation of the pain.

# DSM-IV DIAGNOSTIC CRITERIA FOR PAIN DISORDER

- A. Pain in one or more anatomical sites is the predominant focus of the clinical presentation and is of sufficient severity to warrant clinical attention.
- B. The pain causes clinically significant distress or impairment in social, occupational or other important areas of functioning.

- C. Psychological factors are judged to have an important role in the onset, severity, exacerbation or maintenance of the pain.
- D. The symptoms or deficit is not intentionally produced or feigned (as in factitious disorder or malingering)
- E. The pain is not better accounted for by a mood, anxiety, or psychotic disorder and does not meet criteria for dyspareunia:

***Specify if;***

Acute;less than 6 month

Chronic; more than or equal to 6 months

# Hypochondriasis

- Morbid fear or belief that one has a serious disease even though none exists.

## **Diagnosis, Signs and symptoms**

- A. Any organ or functional system can be affected. Gastrointestinal (GI) and cardiovascular (CV) systems are most commonly affected.
- B. Patient believes that disease or malfunction is present.

c. Negative physical examination or lab test reassures patient but only briefly, then symptoms return (in somatic delusion patient cannot be reassured).

D. Disturbance lasts at least six months.

E. The belief is not of delusional intensity.

## **Epidemiology**

- Prevalence 10% of all medical patients.
- Men and women are equally affected.
- Occurs at all ages; peaks in 30s for men and 40s for women.
- Seen in monozygotic twins and in first degree relatives.

# DDX

- Depression
- Anxiety
- Somatization disorder
- Pain disorder
- Malingering
- Factitious disorder

## Treatment

- **Pharmacological:-** pharmacological targeting of symptoms, anxiolytics and antidepressant drugs for anxiety and depression.
- **Psychological**
  - insight- oriented psychotherapy
  - hypnosis :-Artificially induced alteration of consciousness.

# Body dysmorphic disorder

- characterized by a **false belief or exaggerated perception** that a body part is defective
- preoccupation with an imagined defect in appearance that causes clinically significant distress or impairment in important areas of functioning.
- If a slight physical anomaly is actually present, the person's concern with the anomaly is excessive and bothersome

# DSM-IV-TR Diagnostic Criteria for Body Dysmorphic Disorder

- A. Preoccupation with an imagined defect in appearance. If a slight physical anomaly is present, the person's concern is markedly excessive.
- B. The preoccupation causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- C. The preoccupation is not better accounted for by another mental disorder (e.g., dissatisfaction with body shape and size in anorexia nervosa).

# Factitious disorder

- **Definitions:** Symptoms are deliberately and consciously simulated by patient. May be psychological or physical. e.g hallucinations , pain

# Diagnostic Criteria for Factitious Disorder

- A. Intentional production or feigning of physical or psychological signs or symptoms.
- B. The motivation for the behavior is to assume the sick role.
- C. External incentives for the behavior (such as economic gain, avoiding legal responsibility, or improving physical well-being, as in malingering) are absent.

- *Code* based on type:
- ❖ **With predominantly psychological signs and symptoms:** if psychological signs and symptoms predominate in the clinical presentation
- ❖ **With predominantly physical signs and symptoms:** if physical signs and symptoms predominate in the clinical presentation
- ❖ **With combined psychological and physical signs and symptoms:** if both psychological and physical signs and symptoms are present but neither predominates in the clinical presentation

## **Differential diagnosis**

- Physical illness: physical examination and laboratory work up should be done, results will be negative.
- Somatization disorder:- symptoms are voluntary in factitious disorder and not caused by unconscious or symbolic factors.
- Malingering: most difficult differential diagnosis Malingers have specific goals, eg insurance payments, avoidance of jail term.
- Ganser's syndrome found in prisoners who give approximate answers to questions and talk past the point. Classified as a dissociative disorder NOS

## Treatment

- Avoid unnecessary investigation or medical procedures
- Psychopharmacological therapy is useful with associated anxiety or depression, substance abuse should be treated if present