

# Somatoform disorders

Instructor Dr. Kareem R.

# Somatoform disorders

- Physical shape disorders are a wide range of diseases in which the patient complains of physical symptoms denies examinations and medical tests and there was no organic basis for the complaint.

Symptoms are severe degree cause of the patient functional disorder according to the Diagnostic and Statistical Manual IV average of Mental Disorders DSMIV is divided into:

1. Somatization disorder.
2. Conversion disorder.
3. Pain disorder.
4. Form of body dysmorphic disorder.
5. Hypochondria.

# Somatization disorder

- This disorder was first termed, Briquet's syndrome, after the man who defined the disorder in 1859. The key features are multiple somatic complaints presented in a vague, exaggerated way. The main difference from hypochondriasis is that there is less anxiety; indeed, it is remarkably absent.

- The focus is on the symptoms and not what they might mean. Notice the lack of interest in knowing. The disorder has an obsessive quality. Life is organized around symptoms.

# Statistical information

- Prevalence of somatization disorder about 2 . - 2 % in women and 2. % In men .

Most patients somatization disorder have personal attributes autism , doubt , whispers .

# Causative factors

- socio - psychological factors :  
There are several explanations , including that somatization disorder is :
  - try to suppress anger toward others and convert it to .
  - Suppression of desires and converted into physical symptoms .
  - Genetic factors :  
About 10-20 % of the first - degree relatives of patients with a history patients with the same disease.

## Characteristics according to the profile and Statistical Manual IV average DSMIV

- Many physical complaints may begin before the age of 30 and continue for several years and lead to resorting to therapy, or a significant imbalance in social or occupational performance or other important areas of life



- should the occurrence of :
- four pain symptoms : pain symptoms at least 4 different positions of the body (such as the head , abdomen , joints , limbs , chest ) , pain during menstruation , pain during intercourse, pain during urination ) .
- Presentations to the digestive system , at least except pain (such as vomiting in pregnancy , diarrhea , nausea , bloating ) .

- one sexual : sexual or at least genital pain ( ejaculation or erectile disorder , menstrual irregularity , vomiting during pregnancy , lack of desire for sex ) .
  - View nervous liar : ( transformative symptoms such as convulsions movement , paralysis or weakness of topical , sound retention , difficulty swallowing , urinary retention , double vision , blindness , designed , nonconformity symptoms such as memory loss , loss of sense of touch or pain ) .

- either ( 1 ) or ( 2 ) :
  - After making the necessary tests , the symptoms can not be interpreted ( as previously ) general medical condition known or because of misuse of substance ( drugs , for example ) or by ingestion of the drug .
- • When there is a medical condition related symptoms or social disruption job or be redundant from what is expected from physical examinations and tests and the story of the disease .

# Diagnosis Junctions

- to be the work of all examinations and tests to make sure there is no organic basis for the symptoms , one of the most important diseases that should be excluded SLE , AIDS , acute porphyria , diffuse sclerosis (DS).
- physical delusions : As happens in cases of schizophrenia or illusion disorder where different ideas delusions of being fixed and can not be changed when the patient and logic do not fit their culture while somatization disease patient responds to attempts at reassurance .
- Depression : accompanied by some physical symptoms but is dominated by depressive mood and other symptoms of depression .

# Course of the disease

- a chronic disease with periods occurring where the symptoms increase and show where new diseases remain about 6 to 9 months separated by intervals of less symptoms remain about 9-12 months.
- rarely remain patient for more than a year without resorting to the doctor , increase symptoms in case of stress.

# Treatment

- better treatment of somatization disorder by one doctor because the large number of physicians leads to the appearance of new symptoms and unnecessary tests .
- must avoid work tests and additional tests after being diagnosed with the disease.
- psychological therapy sessions : explain the absence of an organic basis for the disease , but the basis of psychological and support the patient psychologically in periods of stress .
- untold psychiatric drugs , except in cases of anxiety or depression .

# Conversion disorder

- Conversion disorder characterized by disorder in bodily functions does not match the description of the anatomical and functional central nervous system and sub , patient suffer from one or more symptoms of diseases of the nervous system , such as : ( paralysis , blindness , mute , ..... )

- which can not be interpret the presence of a disease of the nerves or medical diseases , in addition to the diagnostic needs of the presence of psychological factors at the start or increase symptoms. It should be noted that the symptoms reflect the conversion myself do not conflict and conscious .



# Statistical ratios

- Some studies suggest that 5-15 % of psychological counseling in public hospitals suffering from conversion disorder .  
Its incidence in women for men 1:2 more common in people with less education and less in terms of social status .

# Causative factors

- • express myself and not conflict conscious suppressed , characterized by personality traits autism and hysterical .
- Parity with a family member suffered from organic disease cause the same symptoms .
- according to the laws of Psychology it has to be there :

- • Primary gain : aims to reduce anxiety by suppressing unacceptable motivation and turn it into symbolic for the patient , for example , ( paralysis of the arm to suppress violence ) .
- Secondary gain : gain of the disease , such as sympathy for others , absence from work .
- Fine indifference (La Belle Indifference).
- lack of interest in the patient his pathological condition .

# Clinical characteristics

- • motility disorders : paralysis , dumbness , difficulty swallowing , convulsions movement , symptoms get worse when the attention of others , as they do not cause the fall of the patients . When examining the patient, the reflexes are normal and there is no muscle atrophy or arrest muscular, muscle is normal fee.

- sensory disorders : loss of pain sensation and deviation is the most common sense , especially in the parties , all the senses can be among the symptoms , but not in line with any disease of the central nervous system or peripheral . For example : a patient complains of loss of sensation in half of the body starts precisely at the mid- line of the body , can also be infected patient blindness or deafness . When a medical examination upon everything will be normal .

- • Symptoms of epileptic false : (not deliberate or possum ) , rarely biting tongue , urinary incontinence , or injuries in seizures false and when measuring blood concentration of a substance prolactin - which rises usually after seizures regular - it was found that no more than when these patients.

When injected patient Bamubaretal ( 100-500 g ) slowly leads to the disappearance of symptoms.

# Characteristics according to the Diagnostic and Statistical Manual Fourth Amended

DSM-IV

- View or more of the symptoms of motor or sensory which suggests the presence of a neurological condition or medical condition .
  - Display start or increase be accompanied by psychological factors and psychological pressure .
  - offer is not deliberate or different ( as in artificial disturbance or Altmark ) .

- After appropriate testing can not explain fully display the existence of a general medical condition or using property or as acceptable behavior .
- cause disorder symptoms in social functions and professional and academic .
- symptoms are not limited to pain or sexual function disorder and does not occur exclusively during the course of somatization disorder and not Evsarhama another mental disorder .



# Course of the disease

- Disturbance tends to repeat episodes separated by periods where there is no any symptoms .

# Treatment

- must explain to the patient no organic cause of the symptoms , but caused myself and try to reassure him that these patients it easy to suggest them .
  - patient should be encouraged to return to normal activity and does not use , for example wheelchair in a state of paralysis .
- distract attention from the symptoms and directed to the cause of the disease problem and trying to solve them .

- ◦ psychiatric drugs only in the presence of depression or anxiety accompanying symptoms .
- Cognitive psychotherapy .
- treat myself to increase the analytical Clairvoyance .

# Pain disorder

- Happening in pain disorder pain control in the absence of any organic disease to explain the intensity and not subject to what is known of the laws of neuroanatomy , psychological stress and associated initiate or increase pain

# Statistical information

- Pain disorder begins at any age , but especially in the thirties and forties and it is more common in women than men

# Causative factors

- Psychological factors :  
These patients may be expressing internal conflict through the body , some of them had severe pain does not respond to treatment because they are convinced that they deserve to suffer , pain can also be a way to get love or punishment as a result of a sense of guilt

- behavioral factors :

Pain behavior strengthens the growing interest of others or avoid undesirable activities and less ignored

# Characteristics according to the Diagnostic and Statistical Manual Fourth Amended DSMIV

- 1. Pain in one or more of the anatomical placement is the focus of clinical symptoms and strongly enough to draw attention clinical .
- 2. Causes pain disorder social and professional jobs .
- 3. Psychological factors play a big role in the beginning , the intensity , the survival of the pain .
- 4. Symptoms are not deliberate.
- 5. Symptoms can not be explained by the presence of disorder moody , anxiety , psychosis and does not meet the characteristics of dyspareunia



# Clinical characteristics

- Patients complain of pain disorder numerous complaints including lower back pain, headaches, facial pain, and chronic pelvic pain.

These patients visit several doctors, asking a lot of treatment, or even conducting surgery, and they deny the existence of any source of psychological suffering only pain 25-50 % of patients suffering from depression

# Treatment

- 1. Has to be explained to the patient the importance of psychological causes in the presence of pain .
- 2. Drugs : antidepressants are the most effective drugs in the treatment of pain disorder , whether due to improved mood or that have a direct analgesic effect remains controversial .
- 3. Psychotherapy , Cognitive behavior therapy .

# Body Dysmorphic Disorder

- Thought disorder patients distort the shape of the body of a defect in their outer form , whether in whole or in part , although they are free from any defect . This disease was identified by Emile Krpleyn (Emil Kraeplin) since more than a hundred years and called "Dysmorphophobia" and considered it a kind of compulsive neuroses

- Pierre Janet called " Pierre Janet " and the shame of the body obsession  
And is also famous for the man who was busy with his nose .  
Following Guy Diagnostic and Statistical Manual Fourth Amended (DSMIV) word "Dysmorphophobia" because it involves avoidance behavior that characterizes disorder phobias and replace it with " the form of the body dysmorphic disorder "

# Statistical information

- Disease has not been studied adequately because most patients turn to dermatologists, internists or cosmetic doctors rather than psychiatrists. Available information shows that begins between 15-30 years and women slightly more than men.

# Causative factors

- Psychological factors :  
Unconscious conflict associated with a portion of the body which the patient feels the presence of the deficiency .  
Includes the following defensive psychological tricks : repression , projection , coding.
- Biological agents:  
Respond to drugs that raise serotonin refers to the possibility to have a role in disease

## Characteristics according to the Diagnostic and Statistical Manual Fourth Amended DSMIV

1. Busy imagined a shortage in appearance in the case of a simple defect, the preoccupation with the individual is exaggerated.
2. Causes concern disorder social and professional jobs.
3. Concern can not be explained by any another psychiatric illness, such as (busy body size in sickle anorexia nervosa)

# Diagnosis Junctions

- 1. Body image disorder occurs in " sickle anorexia nervosa ."
- 2. Sexual identity disorder , certain types of brain damage .
- 3. Physical delusions : be fixed and not subject to change , and then the diagnosis disorder توهمی , physical style



# Track

- The onset of the disease often be gradual , the degree of interest in the problem over sometimes and less at other times , although the disorder is chronic if left untreated

# Treatment

- 1. Try to remedy the shape of the body dysmorphic disorder surgery or by dermatologists , dental or other medical procedures to repair the defect imagined not making any success .
- 2. Drugs , which raise the level of serotonin , such as Chloe Mbr Amin or fluoxetine reduce symptoms in 50 % of cases.
- 3. Should treat any associated mental illness .
- 4. Psychotherapy :  
Is used to try to detect the conflict associated with symptoms and a sense of inferiority

# Hypochondriasis

- Is a belief that one is suffering from a serious illness despite the lack of it. This fear arises as a result of misinterpretation of symptoms and bodily functions .  
The word is derived from the medical word " gravity "  
"Hypochondriasis" reflects the prevalence of organic complaints .

# Statistical information

- Prevalence of the disease 15% of all patients .  
Equal in men and women .  
Occurs in all ages but is highest in the thirties in men and forties in the ladies .

# Causative factors

- Psychological factors :  
According to the laws of Psychology it an attempt to suppress the anger toward others and to convert to organic or complaints is a punishment for the same motives unacceptable result of guilt
- According to cognitive theory , hypochondria reflects a misinterpretation of physical symptoms These patients are exaggerating the physical sensations and a few degrees hold them to feel uncomfortable , for example : what people see pressure in the abdomen considers these abdominal pain .

- **Behavioral factors :**

The behavioral theory , she believes that hypochondria is the desire to play the role of the patient as a result of exposure to the problems can not be solved .

Play the role of the patient is allowed to escape patient exemption from compulsory things painful .

Another theory believes that shed a different picture of other psychiatric diseases mainly anxiety and depression .

# Characteristics according to the Diagnostic and Statistical Manual Fourth Amended DSMIV

- preoccupation with fears of having a serious illness Building on a misinterpretation of physical symptoms .
  - remain busy despite appropriate medical evaluation and attempts at reassurance .
- belief in the property ( a ) has no severity Dilalah ( as is the case in التوهمى turmoil , physical type ) and is not limited to appearance ( such as the form of the body dysmorphic disorder ) .

- cause concern disorder social and professional jobs.
  - The length of the turmoil at least 6 months.
- • can not be explained busy generalized anxiety disorder, compulsive obsession , a bout of depression , separation anxiety or any physical disorder last .



# Track

- A chronic disease with periods occurring over periods where symptoms and less symptoms

.

## **Treatment**

Drugs : use in cases of depression and anxiety .

- **Psychotherapy**
  - Cognitive behavioral therapy.
  - treat myself to increase the analytical Clairvoyance.