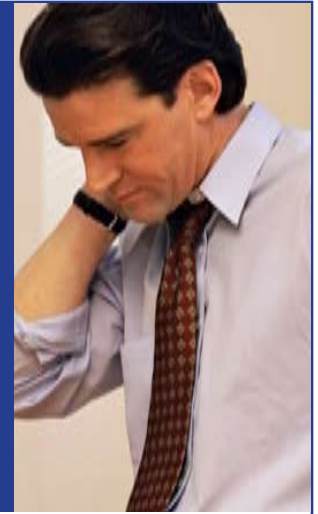




SOMATOFORM DISORDERS

Coping with chronic, disabling, unexplained physical symptoms



What are Somatoform Disorders?

Thousands of British Columbians have long-term, disabling, unexplained physical symptoms. These symptoms may be caused by conditions called somatoform disorders. The symptoms may last for years despite the opinions and recommendations of many doctors. There are three main types of somatoform disorders: **somatization disorder**, **conversion disorder**, and **undifferentiated somatoform disorder**.

Somatization disorder

Somatization disorder is a collection of long-lasting, unexplained physical problems in *multiple systems in the body*. These symptoms can include pain, stomach and bowel trouble, urinary difficulties, and nervous system problems.

Conversion disorder

Conversion disorder is an illness in which parts of the *nervous system* do not work properly. Symptoms of conversion disorder can include paralysis, loss of vision or sensation, convulsions and spells of altered consciousness, involuntary movements, or problems with walking, speech, or swallowing.

Undifferentiated somatoform disorder

Undifferentiated somatoform disorder refers to all other chronic, disabling, unexplained physical symptoms that do not fall under somatization disorder or conversion disorder. These symptoms commonly include:

- Pain all over the body or in specific parts such as the arms, legs, joints, muscles, chest, back, pelvis, genitals, face, and/or jaw; may include headaches
- Gastrointestinal tract dysfunction, such as
 - Nausea with or without vomiting
 - Diarrhea or constipation
 - Bloating
 - Food intolerance
- Fatigue
- Dizziness
- Breathlessness or rapid breathing
- Stronger, faster, or irregular heartbeat
- Difficulty urinating

What causes them?

Somatoform disorders are caused by somatization, a process in which a person's mental and emotional distress shows up as bodily symptoms. Mild forms include common stress reactions such as headaches, neck and shoulder muscle tension, mild stomach or bowel problems, and fatigue. These symptoms typically go away as the stress eases.

When symptoms are more long-term and disabling, the patient's psychological problems may be much more complex. These problems are often linked to more serious underlying psychiatric conditions. Most patients are not aware of their distress or of the illness that lies behind their physical problems. This is because the process is unconscious. These patients do not choose to be ill, and they are not "faking it."

Since patients with undiagnosed somatoform disorders do not know what is causing their symptoms, they look to their family doctors, specialists, or alternative practitioners for explanations. This may lead to unnecessary procedures, investigations, and treatments. These treatments put patients at higher risk for side effects or other complications, and they delay the correct treatment of the real problem.

Some patients are very sensitive to changes in their bodies. These patients are more likely to misinterpret sensations caused by strong emotions and stressful events. These patients often have difficulty recognizing and expressing their feelings.

Stressful life situations may contribute to the onset of somatoform disorders. For example, people who have been hurt emotionally, physically, or sexually are at higher risk.

Somatoform disorders may also follow accidents, surgery, side effects of medications, or illnesses.

Do depression and anxiety cause somatoform disorders?

Stress and/or a chemical imbalance in the brain can cause impaired brain function, which can lead to depression and anxiety. If depression and anxiety are not treated, a somatoform disorder may develop.

How serious are they?

Somatoform disorders are not life threatening, but they cause much suffering and make it very hard for people to live normal lives. The disorders may be so frustrating that they can lead to suicidal thoughts. The other major risks patients face are side effects or complications from fruitless and possibly harmful attempts to diagnose and treat their symptoms.

How common are these disorders?

At least 35 percent of the population at some point will have physical problems that remain unexplained despite all appropriate examinations and investigations by physicians. Most of these symptoms are temporary and go away on their own.

By contrast, research has shown that at least 3 in 1000 people (and as many as 3 in 100) will suffer from chronic, persistent, disabling physical problems for which no specific cause can be identified. Most of these cases turn out to be the result of somatoform disorders. Studies suggest that these disorders may run in families.

Up to one-third of patients with a previously diagnosed medical or neurological problem (such as multiple sclerosis or epilepsy) may repeatedly show symptoms that are not part of that medical problem.

How is the diagnosis confirmed?

To ensure there are no other serious health problems, the psychiatrist, together with the family doctor and other specialists, will complete an in-depth assessment. There is no specific test for somatoform disorders. The first step toward a diagnosis involves ruling out any physical causes of the symptoms. This is done through

- Talking and analyzing the problems and symptoms
- A physical examination
- A review of tests

Somatoform disorders can be made worse by difficulties with thinking and processing emotional information. For this reason, patients may be referred to a psychologist for testing. With our current medical knowledge, proper psychiatric evaluation, and advanced testing techniques (e.g., CT and MRI scans), it is very rare for a serious physical illness to be overlooked.

In these disorders, as with any other health issue, new symptoms often appear. The family doctor and psychiatrist will address these symptoms promptly to figure out whether they are part of the somatoform disorder or due to a new health problem.

What will the doctor recommend?

Experience suggests that a supportive doctor who understands the complexity of the problem should see patients regularly. When chronic, disabling, unexplained physical symptoms develop, a referral to a psychiatrist should be made.

The first goal is an in-depth understanding of the nature and origin of the symptoms. This may be the most important intervention, and it may be enough to cause the symptoms to go away.

Medications are often of great benefit. Studies show that antidepressants and other medications that improve the function of the brain and the nervous system can reverse symptoms—sometimes dramatically.

Opiates (narcotic pain killers such as morphine) and other habit-forming medications will not cure these disorders. These medications mask the psychiatric symptoms and produce disabling side effects such as constipation, sleepiness, and memory problems.

What else can be done?

Most people will improve with talk therapies (i.e., psychotherapy). Psychotherapy helps patients

- Understand the nature of their condition
- Correctly identify bodily signals caused by strong emotions
- Build their emotional ability to recover from difficult events
- Build their problem-solving skills to help them deal more effectively with stress

Even though patients do not play an active role in the development of the illnesses, there is much they can do to aid in their recovery. Activities such as regular exercise and social events, occupational therapy, physiotherapy, massage therapy, acupuncture, and biofeedback may be helpful. These options should be discussed with the doctor.

Do people with these disorders get better?

Somatoform symptoms that have been present for a few weeks or months tend to go away on their own or with simple treatments. Symptoms that have lasted for many months or years are much more difficult to treat.

No matter how long the symptoms last, most patients will benefit from treatment. With treatment, some can expect their symptoms to disappear. Others may still have symptoms but will be able to function better.

At times, these disorders may come back months or years later. Fortunately, symptoms rarely return to their previous level, because a greater understanding of the condition leads to quick and appropriate treatment.



British Columbia
Neuropsychiatry Program



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