

Module 8: Somatic Symptom and Related Disorders

Module 8 Outline

- 8.1. Clinical Presentation
- 8.2. Epidemiology
- 8.3. Comorbidity
- 8.4. Etiology
- 8.5. Treatment
- 8.6. Psychological Factors Affecting Other Medical Conditions

Module 8 Learning Objectives

- Describe how somatic symptom disorders present.
- Describe the epidemiology of somatic symptom disorders.
- Describe comorbidity in relation to somatic symptom disorders.
- Describe the etiology of somatic symptom disorders.
- Describe treatment options for somatic symptom disorders.
- Describe psychological factors affecting other medical conditions in terms of their clinical presentation, diagnostic criteria, common types of psychophysiological disorders, and treatment.

8.1 Clinical Presentation

Section 8.1 Learning Objectives

- Describe how Somatic symptom disorder presents.
- Describe how Illness anxiety disorder presents.
- Describe how conversion disorder presents.
- Describe how factitious disorder presents.

Section 8.1 Key Terms

Conversion disorder: When an individual presents with one or more symptoms of voluntary motor or sensory function; common motor symptoms include weakness or paralysis, abnormal movements (e.g., tremors), and gait abnormalities (i.e., limping).

Factitious disorder: In this disorder, commonly referred to as Munchausen syndrome, there is deliberate falsification of medical or psychological symptoms of oneself or another, with the overall intention of deception for secondary gain (e.g., attention, sympathy, or disability benefits).

Illness anxiety disorder: Previously known as hypochondriasis, this disorder involves an excessive preoccupation with having or acquiring a serious medical illness.

Somatic symptom disorder: Involves a person having a significant focus on physical symptoms, such as pain, weakness or shortness of breath, that results in major distress and/or problems functioning.

Section 8.1 Key Takeaways

- Somatic symptom disorder is characterized by the presence of multiple somatic symptoms, whether localized or diffused and specific or nonspecific, at one time which impact daily functioning.
- Illness anxiety disorder is characterized by concern over having or acquiring a serious illness, and not the actual presence of somatic symptoms. Individuals spend a great deal of time scanning and analyzing their body for “clues” of potential ailments.
- Conversion disorder is characterized by one or more symptoms of voluntary motor or sensory function, which are either functional or psychogenic.
- Factitious disorder is characterized by deliberate falsification of medical or psychological symptoms of oneself or another, with the overall intention of deception.

Section 8.1 Review Questions

1. What are some commonly shared features of somatic disorders?
2. Which somatic disorder usually accompanies a medical diagnosis?
3. What are the key distinctions between illness anxiety disorder and somatic symptom disorder?
4. Define functional and psychogenic symptoms?
5. What are the key differences between factitious disorder and the other somatic disorders?

8.2 Epidemiology

Section 8.2 Learning Objectives

- Describe the epidemiology of somatic disorders.

Section 8.2 Key Terms

N/A

Section 8.2 Key Takeaways

- Though prevalence rates for somatic symptom disorders are hard to determine, it is believed that between 1 and 10% of the population suffer from one of these disorders.
- Females are more likely to be diagnosed with somatic symptom disorder and are as likely as males to be diagnosed with illness anxiety disorder.

Section 8.2 Review Questions

1. Create a table of the prevalence rates across the various somatic disorders. What are the differences between the disorders? Which prevalence rates are higher in children? Adolescents? Women?

8.3 Comorbidity

Section 8.3 Learning Objectives

Describe the comorbidity of somatic disorders.

Section 8.3 Key Terms

N/A

Section 8.3 Key Takeaways

- Anxiety and depression have a high comorbidity with somatic symptom disorders.
- Conversion disorder frequently occurs with personality disorders.
- Central sensitivity syndrome also has high comorbidity with somatic disorders.

Section 8.3 Review Questions

1. In general, what other disorders often occur with somatic disorders?

8.4 Etiology

Section 8.4 Learning Objectives

- Describe the psychodynamic causes of somatic disorders.
- Describe the cognitive causes of somatic disorders.
- Describe the behavioral causes of somatic disorders.
- Describe the sociocultural causes of somatic disorders.

Section 8.4 Key Terms

N/A

Section 8.4 Key Takeaways

- Psychodynamic causes of somatic disorders include primary and secondary gain.
- Cognitive causes of somatic disorders include negative beliefs or exaggerated fears of physiological sensations.
- Behavioral causes of somatic disorders include reinforcers such as attention gained from others or receiving disability.
- Sociocultural causes of somatic disorders include familial influence and culture.

Section 8.4 Review Questions

1. How does catastrophizing contribute to the development and maintenance of somatic disorders?
2. How do somatic disorders develop according to behavioral theorists? Does this theory also explain how the symptoms are maintained? Explain.
3. What does the sociocultural model suggest regarding somatic disorders across cultures?

8.5 Treatment

Section 8.5 Learning Objectives

- Describe treatment options for somatic disorders.

Section 8.5 Key Terms

N/A

Section 8.5 Key Takeaways

- The biopsychosocial model of treatment is one of the most effective for somatic disorders as it takes into account the various biological, psychological, and social factors that influence the illness and presenting symptoms and includes a multidisciplinary approach.
- Psychotherapy options include interpersonal psychotherapy, CBT, and behavioral.
- Psychopharmacological interventions are rarely used for somatic disorders due to the side effects of the medication producing more harm than good. When used, they deal with comorbid disorders such as depression or anxiety.

Section 8.5 Review Questions

1. Discuss the difference between multidisciplinary and interdisciplinary approaches to treatment of somatic disorders.
2. What is the biopsychosocial model for treatment of somatic disorders? What are the three main components of this treatment?
3. Are there any treatments that are not effective in treating somatic disorders? If so, why?

8.6 Psychological Factors Affecting Other Medical Conditions

Section 8.6 Learning Objectives

- Describe how psychological factors affecting other medical conditions presents.
- List and describe the most common types of psychophysiological disorders.
- Describe treatment options for psychological factors affecting other medical conditions.

Section 8.6 Key Terms

N/A

Section 8.6 Key Takeaways

- Psychological factors affecting other medical conditions has as its primary focus the physical disorder, and not the mental disorder.
- The most common types of psychophysiological disorders include headaches to include migraines and tension, gastrointestinal to include ulcers and IBS, insomnia, coronary heart disease, and hypertension.
- Common treatments for these other medical conditions include relaxation training, biofeedback, hypnosis, traditional CBT treatments, and group therapy.

Section 8.6 Review Questions

1. What are the most common types of psychophysiological disorders?
2. Discuss the differences between the different types of headaches.
3. What is the difference between ulcers and irritable bowel syndrome?

4. What are the identified predictors to coronary heart disease and other cardiac events?
5. What are the most effective treatment options for psychophysiological disorders?