

Somatoform Disorder

Definition: Somatoform disorders are characterized by physical symptoms suggesting medical disease but without demonstrable organic pathology or a known pathophysiological mechanism to account for them.

Types of Somatoform Disorders

- **Somatization disorder.** Somatization disorder is a chronic syndrome of multiple somatic symptoms that cannot be explained medically and are associated with psychosocial distress and long-term seeking of assistance from health-care professionals.
- **Pain disorder.** The essential feature of pain disorder is severe and prolonged pain that causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- **Hypochondriasis.** Hypochondriasis is an unrealistic preoccupation with the fear of having a serious illness.
- **Conversion disorder.** Conversion disorder is a loss of or change in body function resulting from a psychological conflict, the physical symptoms of which cannot be explained by any known medical disorder or pathophysiological mechanism.
- **Body dysmorphic disorder.** This disorder, formerly called dysmorphophobia, is characterized by the exaggerated belief that the body is deformed or defective in some specific way.

Causes:

Genetic. Studies have shown an increased incidence of somatization disorder, conversion disorder, and hypochondriasis in first-degree relatives, implying a possible inheritable disposition.

Biochemical. Decreased levels of serotonin and endorphins may play a role in the etiology of pain disorder.

Psychodynamic. Some psychodynamics view hypochondriasis as an ego defense mechanism; the psychodynamic theory of conversion disorder proposes that emotions associated with a traumatic event that the individual cannot express because of moral or ethical unacceptability are “converted” into physical symptoms.

Family dynamics. Some families have difficulty expressing emotions openly and resolving conflicts verbally; when this occurs, the child may become ill, and a shift in focus is made from the open conflict to the child’s illness, leaving unresolved the underlying issues that the family cannot confront openly.

Sociocultural/familial factors. Somatic complaints are often reinforced when the sick role relieves the individual from the need to deal with a stressful situation, whether it be within the society or within the family.

Past experience with physical illness. Personal experience, or the experience of close family members with serious or life-threatening illness can predispose an individual to hypochondriasis.

Cultural and environmental factors. Some cultures and religions carry implicit sanctions against verbalizing or directly expressing emotional states, thereby indirectly encouraging “more acceptable” somatic behaviours.

Clinical Manifestations

Symptoms of somatoform disorder include:

- **Pain symptoms.** Complaints of headache, pain in the abdomen, head, joints, back, chest, rectum; pain during urination, menstruation or sexual intercourse.
- **Gastrointestinal symptoms.** There is nausea, bloating, vomiting (other than during pregnancy), diarrhoea or intolerance of several foods.
- **Sexual symptoms.** Sexual indifference, erectile or ejaculatory dysfunction, irregular menses, excessive menstrual bleeding and vomiting through pregnancy.
- **Pseudo neurologic symptoms.** Conversion symptoms such as impaired coordination or balance, paralysis or localized weakness, difficulty swallowing or lump in throat, aphonia, urinary retention, hallucination, loss of touch or pain sensation, double vision, blindness, deafness, and seizures.

Diagnostic Findings

- **Thyroid function studies.** Thyroid stimulating hormone (TSH) at 0.4-10 mIU/L and thyroxine at 5.0-12.5 ng/dL.
- **Pheochromocytoma screen.** Urine catecholamines, homovanillic acid (HVA) 2-12 mg per 24 hours, vanillylmandelic acid (VMA) 2-7 mg per 24 hours, metanephrines less than 1.6 mg per 24 hours, and norepinephrine plus epinephrine less than 100 mcg per 24 hours.
- **Urine drug screen.** Including cannabis, amphetamine, hallucinogens, cocaine, opioids, and benzodiazepines.
- **Blood studies.** To screen for occult alcoholism.
- **Psychological testing.** Minnesota Multiphasic Personality Inventory (MMPI) may provide insight into the likelihood of a somatic symptom disorder.

Medical Management:

- **Cognitive-behavioral psychotherapy.** Cognitive-behavioral psychotherapy strategies may be specifically helpful in reducing distress and high medical use.
- **Psychosocial therapies.** Psychosocial interventions directed by physicians form the basis for successful treatment; a strong relationship between the patient and the primary care physician can assist in long-term management.
- **Supportive psychotherapy**
- **Relaxation therapy**

- **Pharmacologic Management**

Based on studies of somatoform disorder, medication approaches rarely are successful for this condition.

- **Antidepressants:** SSRIs are greatly preferred over the other classes of antidepressants; because the adverse effect profile of SSRIs is less prominent, improved compliance is promoted.

Nursing Interventions

The nursing interventions for somatoform disorders are:

- **Providing health teaching.** The nurse must help the client establish a daily routine that includes improved health behaviours.
- **Assisting the client to express emotions.** Clients may keep a detailed journal of their physical symptoms; the nurse might ask them to describe the situation at the time such as whether they were alone or with others, whether any disagreements were occurring, and so forth.
- **Teaching coping strategies.** Emotion-focused strategies include progressive relaxation, deep breathing, guided imagery, and distractions such as music or other activities; problem-focused coping strategies include problem-solving methods, applying the process to identified problems, and role-playing interactions with others.

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