



## Chapter 103 – Somatoform disorders

### Episode overview

1. List 5 somatic symptom and related disorders
2. List 5 common presentations of conversion disorders
3. List 6 ddx of somatic symptom disorder

### Wisecracks

1. List 6 organic diseases that may be mistaken for somatoform disorders
2. Describe the treatment goals of somatoform disorders

---

Somatoform disorders as a diagnosis has been eliminated from the DSM-5!

The patient with functional neurological symptom disorder, what was termed conversion disorder previously, requires a careful and complete neurological examination. Rather than miss the subtle presentation of a neurological disorder, it may be appropriate to perform imaging and obtain neurological and psychiatric consultation. Do not assume that the patient with neurological deficits has a psychiatric disorder.

**Success with the SSD patient depends on establishing rapport with the patient and legitimizing their complaints to avoid a dysfunctional physician-patient interaction.**

- Avoid telling the SSD patient “it is all in your head” or “there is nothing wrong with you.” These patients are very sensitive to the idea that their suffering is being dismissed.
- A useful approach is to discuss recent stressors with the patient and suggest to them that at times our bodies can be smarter than we are, telling us with physical symptoms that we need assistance. This approach alone may transform the ED visit from a standoff between physician and patient, to a grateful patient who develops greater insight and is amenable to referral.
- Avoid prescribing unnecessary or addictive medications to the SSD patient.
- If you suspect a diagnosis of SSD, refer the patient to primary care or psychiatry for further evaluation and treatment.
- Evaluate and refer appropriately for any concurrent anxiety or depression; psychiatric consultation is needed in the setting of acute decompensation.
- Patients with SSD are best cared for by establishing an ongoing relationship with a primary care provider, and it is appropriate to stress this with the SSD patient.



## Rosen's In Perspective

*“Somatic symptom disorders (SSDs), formerly known as somatoform disorders, are described as the borderland between psychiatry and medicine and are responsible for some of the most frustrating and the least understood patient encounters in the emergency department (ED).*

*SSD patients present with multiple physical symptoms in the absence of detectable physical disease, and harbor excessive health concerns that are expressed emotionally, cognitively, and behaviorally.*

*These patients perceive a wide range of severe symptoms including pain, gastrointestinal, cardiovascular, sexual, and pseudo-neurological symptoms, which cause inappropriate and persistent worry, distress, and social dysfunction.” - Rosen's 9<sup>th</sup> Edition, Chapter 103*

The major diagnosis in this diagnostic class, of which SSD is the most prominent, hinges on the existence of the patient's distinctive abnormal thoughts, feelings, and behaviors in response to somatic symptoms.

The diagnosis of SSD is made when there are persistent and clinically significant physical complaints that are accompanied by excessive and disproportionate health-related thoughts, feelings, and behaviors regarding these symptoms. Recent publications refer to “medically unexplained physical or somatic symptoms,” rather than somatization.

## Core questions

### 1) List 5 somatic symptom and related disorders

The definition of somatic symptom disorders is... *“the experience of physical symptoms associated with significant distress and impairment that cannot be adequately explained by demonstrable physical pathology despite appropriate medical investigation...” - Rosen's 9<sup>th</sup> Edition, Chapter 103*

Here's a list of some of these disorders. See Rosen's Box 103.1 for full details.

#### **Somatic Symptom and Related Disorders**

Conditions manifested by abnormal thoughts, feelings, and behaviors in response to distressing somatic symptoms causing impairment:

- Somatic symptom disorder (SSD)
- Illness anxiety disorder (formerly hypochondriasis)
- Functional neurological symptom disorder (formerly conversion disorder)
  - weakness/paralysis, abnormal movements, swallowing symptoms, slurred speech, seizures/attacks, anesthesia, sensory disturbances
- Factitious disorder
- Psychological factors affecting other medical conditions
- Other specified somatic symptom and related disorders
- Unspecified somatic symptom and related disorders



## 2) List 5 common presentations of conversion disorders

Subcategorized into

- (1) weakness or paralysis;
- (2) abnormal movements;
- (3) swallowing symptoms;
- (4) dysphonia or slurred speech;
- (5) attacks or seizures;
- (6) anesthesia; and
- (7) visual, olfactory, or hearing disturbances.

Typically, there is a sudden dramatic onset of a single symptom, simulating some non-painful neurologic disorder for which there is no pathophysiologic or anatomic explanation.

## 3) List 6 ddx of somatic symptom disorder

See Rosen's Box 103.2 for full details.

- Differential Diagnosis of Somatic Symptom Disorder
- Major depressive disorder
- Anxiety disorders
- Multiple sclerosis
- Porphyria
- Hyperparathyroidism
- Systemic lupus erythematosus
- Thyroid disease
- Wilson's disease
- Substance abuse disorder
- Personality disorder
- Malingering

## Wisecracks

### 1. List 6 organic diseases that may be mistaken for somatoform disorders

So, to recap! There are several medical diagnoses that can have very subtle presentations with multiple physical symptoms, including multiple sclerosis, porphyria, hyperparathyroidism, systemic lupus erythematosus, thyroid disorders, Wilson's disease.

Testing should only be performed for diagnoses that are supported by a carefully performed history and physical examination.



## 2. Describe the treatment goals of somatoform disorders

*The major diagnosis in this diagnostic class, somatic symptom disorder, SSD, emphasizes that the diagnosis is made on the basis of distressing somatic symptoms plus maladaptive thoughts, feelings, and behaviors in response to these symptoms.*

Us ER docs focus on patients' symptoms because we want to diagnose and treat life threats, but recognizing "recurrent unexplained symptoms" as potential SSD may help avoid unnecessary, unhelpful and sometimes dangerous diagnostic testing.

*After developing a sound rapport, legitimize the patient's complaints and then limit diagnostic investigations to address only clear-cut findings of medical illness that are based on a careful history and physical examination.*

*One should avoid confronting or challenging the SSD patient and instead, agree that there is a problem, and work with the patient to formulate a plan of care and referral.*

*The priority is to listen and communicate an understanding of what the patient is feeling and the extent of the functional impairment that they are experiencing.*

If you made it through this podcast you're a hard-core ER doc!

Excellent communication is crucial to helping patients with somatoform disorders and having a fulfilling ER career. PLEASE check out these amazing podcasts:

- <https://emergencymedicinescases.com/episode-49-patient-centered-care/>
- <https://emergencymedicinescases.com/episode-51-effective-patient-communication-managing-difficult-patients/>