

occur

when psychological conflicts become translated into physical problems or complaints.

I think I'm dying... hypochondriac.info

The fear or idea is based on the misinterpretation of bodily signs and sensations as evidence of disease.	
Hypochondriasis A person with this disorder tends to	
misinterpret <u>normal sensations</u> as a sign of a serious illness.	
octions inness.	
<u> </u>	
They are not pretending for attention.	
They are not precenting for accention.	
<u>More Defining</u>	
■Almost any physical sensation may become	
the basis for concern. Some may focus on heart rate, perspiration, pain, or something minor, like a cough.	
ininoi, inc a coagii.	
- "I have a headache, I must have a brain tumor!"	

Does the medical assurance from doctors reduce this worry? People with Hypochondriasis often see many doctors, looking for someone to confirm the illness. Diagnosis ■To be diagnosed with this disorder, significant distress or impairment must be present, usually effecting personal relationships and work for a period of at least 6 months.

Who does this disorder affect?	
The prevalence of this disorder in the general population is not fully known, it is approximated that this effects of the population (Escobar, 1998).	
Throughout history this disorder was typically associated with women as a "hysterical" disorder.	
·	
Prevalence	
■Hypochondriasis may emerge at any time in life, with peak age periods in adolescence, middle ages (40-50's), and after 60 (Kellner, 1986).	
·	
Problems with Perception?	
■It is widely agreed that Hypochondriasis is a	
 Research in cognitive science have confirmed that patients with hypochondriasis show enhanced perceptual sensitivity to illness cues. 	
■They also tend to	
This causes them to become quickly aware and frightened of any possible sign of illness.	

Patients with hypochondriasis have a high rate]
of In one study, 88% of patients with hypochondriasis had one or more concurrent disorders.	
(71%)	
-Dysthymic disorder (45.2%) (42.9%)	
-Somatization disorder (21.4%) (16.7%)	
These patients are 3 times more likely to have a than the	
general population (Barsky, 1992).	
	_
What causes people to develop this?	
Hypochondriasis tends to run in families, suggesting a	
■BUTSome research suggests that this can also be aas seen evidenced in children with	
hypochondriasis who report the same	
concerns as family members (Kellner, 1985).	
	_
Research suggests that the following events increase the likelihood of developing	
hypochondriasis:	
Family history of hypochondriasis	
Recent stressful event, like a death of a close friend or family member	

Treatment focuses on identifying and challenging illness-related misinterpretations and showing patients how they can create symptoms by focusing attention on certain body parts. Medications but SSRI's may be considered.	
Conversion Disorder	
This term was made famous by Freud, who believed the anxiety resulted from	
Conversion Disorder	
<u>Conversion disorders</u> tend to be associated with	
^	
difficulty speaking	
Many conversion disorders tend to be part of a larger constellation of psychopathology.	

■Those who report blindness often can	
as well as those reporting paralysis of the legs might get up and run somewhere in an	
emergency and are astounded they were able to do this.	
Faker!	
Unlike conversion disorders that are not	
under the person's physical control, is	
the deliberate faking of physical symptoms for some form of gain.	
Why are you such a faker?	
Somewhere in between conversion and faking physical symptoms are	
People with this disorder knowingly fake physical or psychological symptoms to become	
a patient.	
 There is no apparent gain except sympathy and attention. 	

Patients with factitious disorders	
by a variety of methods: - contaminating urine samples with blood - taking hallucinogens - injecting themselves with bacteria to produce infections	
Munchausen Syndrome by Proxy This disorder is a factitious disorder,	
but really an The parent may resort to extreme tactics to create the appearance of an	
Usually establishing a positive relationship with the medical staff.	
_	1
The caregiver may exaggerate, fabricate, or induce symptoms.	
There are equal numbers of boys and girls, however, 98% of the perpetrators are female.	

Statistics	
Conversion disorders are relatively rare in mental health settings, often because people with these symptoms are more likely to consult a neurologist or specialists.	
■Conversion symptoms are more	
■ It was concluded that environmental stress, are	
common among children and adolescents with conversion disorder.	
Treatment	1
■Few systematic controlled studies have	
evaluated the effectiveness of treatment, but the principle strategy is to identify and	
attend to the traumatic/stressful life event, if it is still present	
— — — — — — — — — — — — — — — — — — —	
Next Class	
■Dissociative Identity Disorders	
,	