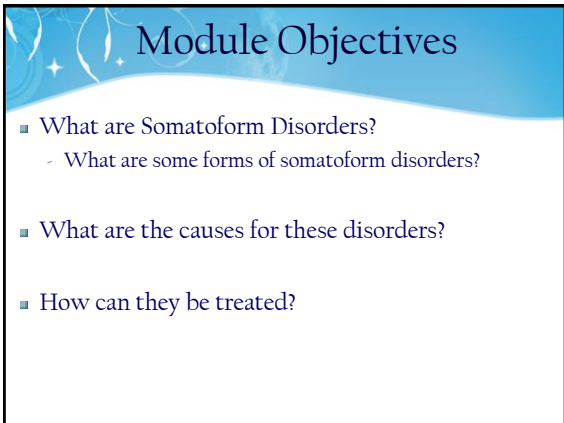




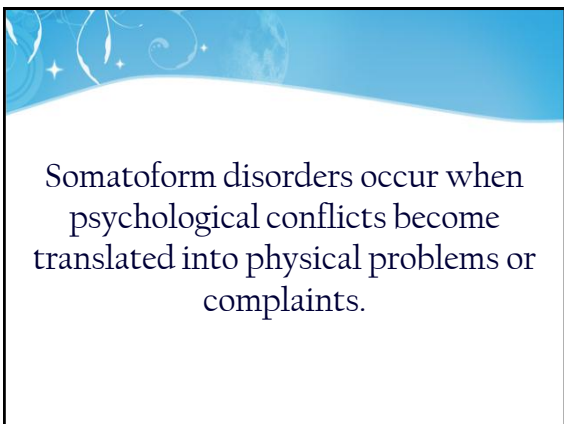
Somatoform Disorders

Ch.5- Somatoform and Dissociative Disorders




Module Objectives

- What are Somatoform Disorders?
 - What are some forms of somatoform disorders?
- What are the causes for these disorders?
- How can they be treated?



Somatoform disorders occur when psychological conflicts become translated into physical problems or complaints.

I think I'm dying...



Hypochondriasis is a persistent fear of having a serious medical illness.

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 normal sensations as a sign of a serious illness.
- People with Hypochondriasis have no real illness, but they are overly preoccupied with normal bodily functions.
 - They are not pretending for attention.

Misinterpretation

- Almost any physical sensation may become the basis for concern. Some may focus on heart rate, perspiration, pain, or something minor, like a cough.

- "I have a headache, I must have a brain tumor!"

Does the medical assurance from doctors reduce this worry?



NO...Reassurance from physicians does not provide much relief, it may provide a short-term reduction in anxiety, but increases it long-term.



People with Hypochondriasis often see many doctors, looking for someone to confirm the illness.

Who does this disorder affect?

- The prevalence of this disorder in the general population is not fully known, it is approximated that this effects about 3% of the population (Escobar, 1998).
- Throughout history this disorder was typically associated with women as a "hysterical" disorder.
 - However, the sex ratio is actually 50/50 (Kirmayer, 2003).

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).
 - This disorder tends to be episodic, with hypochondriacal periods lasting from months to years

Problems with Perception?

- It is widely agreed that Hypochondriasis is a *disorder of cognition or perception with strong emotional contributions* (Adler et al., 1994).
 - Research in cognitive science have confirmed that patients with hypochondriasis show enhanced perceptual sensitivity to illness cues.

People with this disorder also tend to interpret ambiguous stimuli as threatening. This causes them to become quickly aware and frightened of any possible sign of illness.

Patients with hypochondriasis have a high rate of comorbidity. In one study, 88% of patients with hypochondriasis had one or more concurrent disorders.

- Generalized Anxiety Disorder (71%)
- Dysthymic disorder (45.2%)
- Major depression (42.9%)
- Somatization disorder (21.4%)
- Panic disorder (16.7%)

These patients are 3 times more likely to have a personality disorder than the general population (Barsky, 1992).

What causes people to develop this?

- Hypochondriasis tends to run in families, suggesting a genetic vulnerability (Kellner, 1985).
- BUT...Some research suggests that this can also be a learned behavior as 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:

- Witnessing or experiencing a prolonged childhood illness.
- Family history of hypochondriasis
- Recent stressful event, like a death of a close friend or family member

Treatment

- CBT focuses on identifying and challenging illness-related misinterpretations and showing patients how they can create symptoms by focusing attention on certain body parts.
 - CBT showed a 76% improvement rate (Warwick et al., 1996)
- Medications are seldom used, but SSRI's may be considered.

Conversion Disorder

This term was made famous by Freud, who believed the anxiety resulted from unconscious conflicts that was "converted" into physical symptoms.

Conversion Disorder

■ Conversion disorders tend to be associated with physical malfunctioning without any physical pathology.

- Paralysis
- Blindness
- Difficulty speaking



■ Those who report blindness often can avoid objects in their visual field, 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.

- This can account for some who are miraculously “cured” during religious ceremonies.

You're a Faker!

Unlike conversion disorders that are not under the person's physical control, Malingering 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 factitious disorders
 - Patients with this disorder knowingly fake symptoms, but do so for psychological reasons.
- People with this disorder fake physical or psychological symptoms to become a patient.
 - no apparent gain except sympathy and attention.

- Patients with factitious disorders produce or exaggerate the symptoms of a physical or mental illness 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 atypical form of child abuse.
- The parent may resort to extreme tactics to create the appearance of an illness in the child.
 - Usually establishing a positive relationship with the medical staff.

The caregiver may exaggerate, fabricate, or induce symptoms.



Children effected are typically preschool age, although there have been reported cases in children up to 16 years old.



Review and reflect...
watch the following video and
reflect on the disorder

Who does this disorder effect?

Statistics

- There are equal numbers of boys and girls, however, 98% of the perpetrators are female.
- Conversion disorders are relatively rare in mental health settings, often because people with these symptoms are more likely to consult a neurologist or specialists.
- It was concluded that environmental stress, especially sexual abuse, are common among children and adolescents with conversion disorder (Roelofs et al., 2002).

Treatment

- Few 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 and remove the sources of secondary gain.

What's Next?

- Dissociative Identity Disorders
