

Somatoform disorders

Somatization disorder

Somatization disorder was described by P. Briquet as **a dramatic health problem with an unclear cause** . These are **repeated** changing physical symptoms, on the basis of which the patient **requires specialist treatment** . The patient presents impressive descriptions of various problems, including abdominal pain, gastrointestinal problems, vomiting and reflux of food, diarrhea. It can also be skin problems, rashes, pain in the limbs and joints, or deafness and other sensory disturbances.

Prevalence

The frequency of occurrence is around 2% in women, this disorder occurs much less often in men. Some of the symptoms are met by up to 10% of the population, but in these cases, somatization disorder is not usually classified. The disorder **begins in adolescence** and early adolescence, its course tends to be **chronic with fluctuating intensity** .

Complications

Complications occur as a result of frequent visits to the doctor. **Repeated operations , high doses of substances** with a tendency to addiction can be risky, social relations can also be **disrupted** .

Diagnostics

As a rule, several organ systems are affected , while the laboratory results remain negative even after a long-term examination. **For a correct diagnosis of somatization disorder, 6 symptoms** involving at least two organ systems are required , **while a period of at least 2 years has passed without any findings** . When diagnosing this disorder, it is often difficult to distinguish it from true somatogenic disorders. These are primarily systemic diseases (lupus erythematosus , multiple sclerosis , acute intermittent porphyria, hemochromatosis).

The syndromes described above also occur as part of other mental disorders:

- affective disorders (sleep disorder, libido, appetite),
- panic disorder (palpitations, chest pain, dizziness, sweating),
- schizophrenia.

Treatment

Somatization disorder is **difficult to treat** . The psychiatrist primarily informs about the relationship between physical and mental processes and thus tries to bring the patient **an overview of his illness** . It is also beneficial if the patient stays with the same doctor and is assured that it is **not a real physical problem** . New treatment methods of biofeedback , which is based on **muscle relaxation**, are also being introduced . In small doses, administration of antidepressants and anxiolytics may also be beneficial .

Hypochondriacal disorder

Hypochondriacal disorder is characterized **by the fear** that the sufferer is suffering from some **serious illness** , without symptoms being present. **For diagnosis , the presence of concerns about at least two serious diseases during the course of 6 months** is required , while the results of examinations related to the potential disease are **negative** . The prevalence is estimated to be 10-20% of patients visiting general practitioners.

When diagnosing, it is again necessary to distinguish from real somatic diseases. Symptoms may also be part of anxiety disorders or within schizophrenia and affective disorders .

In the treatment of hypochondriac disorder, psychotherapy is used , which is usually time-consuming. The doctor should primarily deal with the patient's social and interpersonal problems so that the patient **learns to manage his fears** . If the sufferer also suffers from deeper depression , the use of **antidepressants** can be useful

Somatoform autonomic dysfunction

Symptoms in **somatoform autonomic dysfunction** are similar to the previous disorders, but patients complain mainly about the functioning of the organs innervated by the autonomic nervous system.

Frequently affected systems:

- heart and cardiovascular system (cardiac neurosis, da Costa syndrome, neurocirculatory asthenia),
- upper GIT (psychogenic aerophagia, hiccups, gastric neurosis),
- lower GIT (psychogenic irritable bowel syndrome , psychogenic diarrhea and flatulence),
- respiratory system (hypoventilation),

- urogenital system (psychogenic pollakisuria and dysuria).

Persistent somatoform pain disorder

Persistent somatoform pain disorder is characterized by unexplained **pain of great intensity** that affects the patient's attention and causes problems lasting for **at least 6 months** . In the treatment, anxiolytics are administered , analgesics are inappropriate , even though they are required by the patient. **The use of antidepressants** in accordance with a comprehensive **psychotherapeutic approach** can also be useful .

Links

Related Articles

- Depression
- Schizophrenia
- Anxiety disorders

References

1. ZVOLSKÝ PETR and JIRÍ RABOCH. *Psychiatry* . 1st ed. Prague: Galén, c2001, xxvii, 622 p.

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