MASSACHUSETTS GENERAL HOSPITAL
PSYCHIATRY ACADEMY

Somatic Symptom Disorder & Illness Anxiety Disorder

Theodore A. Stern, MD
Chief Emeritus, Avery D. Weisman, MD Consultation Service,
Director, Office for Clinical Careers,
Massachusetts General Hospital;
Ned H. Cassem Professor of Psychiatry in the field of Psychosomatic Medicine/Consultation, Harvard Medical School;
Editor-in-Chief, *Psychosomatics*

Disclosures

"Neither I nor my spouse/partner has a relevant financial relationship with a commercial interest to disclose."

Objectives

- Differentiate somatic symptoms from somatic symptom and related disorders
- Define the DSM-5 criteria for:
  - Somatic Symptom Disorder
  - Illness Anxiety Disorder
- Discuss the evaluation and treatment

Definitions

- Main Entry: **so·mat·ic**
  Function: *adjective*
  Etymology: Greek *sOmatikos,* from *sOmat-, sOma*
  1 : of, relating to, or affecting the body especially as distinguished from the psyche
  2 : of, or relating to the wall of the body

Miriam-Webster Dictionary

Definitions

- Somatizing:
  - Tendency to experience somatic stress in response to psychosocial stress
  - Distress is attributed to physical illness—
    - Patients present to PCPs and specialists (not psychiatrists)
  - Patients seek medical help for their symptoms

Impact

- Somatizers account for a disproportionate share of:
  - Medical care
  - Laboratory tests
  - Procedures
  - Hospital stays
  - Total health care costs (up to $30 billion per year)
    - 90% of costs are billed to top 10% of patients

Differential Diagnosis

- Consider a medical cause
  - Initial workup looks for medical conditions
  - Consider illnesses that present with symptoms from a variety of organ systems
    - e.g., multiple sclerosis, lupus
  - Don't be fooled by unusual presentations or strange affect
    - A medical etiology may still be present

Differential

- Functional somatic symptoms
  - *symptoms* not a *syndrome*
- Symptoms without identifiable medical etiology may be manifestations of psychiatric illness
  - e.g., palpitations with panic; fatigue with depression)
  - These are much more common than is a Somatic Symptom Disorder

Functional Somatic Symptoms: Differential Diagnosis

- Depressive disorders
- Anxiety disorders
- Substance abuse disorders
- Psychotic disorders
- Personality disorders
- Voluntary symptom production
  - Malingering
  - Factitious disorders

Functional Somatic Symptoms

- Depression
  - Insomnia
  - Fatigue
  - Anorexia
  - Weight loss
- Anxiety
  - Dyspnea
  - Palpitations
  - Chest pain
  - Choking
  - Dizziness
  - Paresthesias
  - Sweating

Evaluation

- Rule-out as medical causes of symptoms:
  - General medical condition
  - Functional symptoms
  - Voluntary production of symptoms
    - i.e., factitious disorder or malingering
- Then consider Somatic Symptom Disorder or Illness Anxiety Disorder

Somatic Symptom Disorder: Criteria

-One or more distressing somatic symptoms that disrupt daily life.

-Excessive thoughts, feelings, or behaviors related to the somatic symptoms or health concerns with at least one of:

1. Disproportionate and persistent thoughts about the seriousness of ones symptoms.
2. Persistently high anxiety about health symptoms.
3. Excessive time and energy devoted to these health concerns.

-A somatic symptom may not be present continuously, but being symptomatic is persistent

usually more than 6 months

predominantly persistent pain

DSM-5, 2013

Somatic Symptom Disorder

- Symptoms may not be associated with another medical illness
  - SSD and concurrent medical illness are not mutually exclusive
- These individuals often think the worst about their health
  - In severe cases, symptoms dominate all aspects of life

Somatic Symptom Disorder: Epidemiology

- Prevalence
  - Adults: 5-7%
  - Female > male
- Co-morbid psychiatric diagnoses are common:
  - Major depression
  - Anxiety disorders
  - Panic disorder
  - Substance abuse
  - Personality disorders

Somatic Symptom Disorder: Epidemiology

- Negative affectivity (neuroticism) is often present
- More common with:
  - Lower socioeconomic status
  - Lower levels of education
  - Recent stressful events
  - A history of sexual abuse
- Consequences:
  - Marked impairment of health status

Illness Anxiety Disorder: Criteria

-Preoccupation with having or acquiring serious illness

-Anxiety about health is high.

-The individual performs excessive health-related behaviors or exhibits maladaptive avoidance.

-Care-seeking type and care-avoidant type

-Illness preoccupation for at least 6 months.

-Illness preoccupation not better explained by another mental disorder.

DSM-5 2013

Illness Anxiety Disorder

- Most with hypochondriasis have SSD, however, some have Illness Anxiety Disorder
- Prevalence in primary care clinics: 3-8%
- If physical signs/symptoms present, they are usually normal physiologic sensations (e.g., dizziness)
- When medical conditions occur, worry is out of proportion
- Concerns about illness don't respond to usual medical reassurance
- Examine themselves repeatedly
- Voracious internet searchers
- Often doctor shop, but don't seek mental health care

Illness Anxiety Disorder: Course

- Onset in early and middle adulthood
- Sometimes develops after (benign) threat to health
- History of serious childhood illness may predispose
- Chronic and relapsing
- Significant decrements in quality of life
  - Concerns often:
    - interfere with interpersonal relationships
    - disrupt family life
    - damage work performance

Treatment Approaches

- Develop a long-term relationship with PCP
- Allow them to maintain the sick role
- Schedule regular appointments with a set length
- Set an agenda for the visit & set limits
- Seek to “maintain vs cure”
- Inquire about stress during the physical examination
- Consider psychiatric referral as adjunct
  - treat co-morbid psychiatric illnesses
- **Avoid iatrogenesis
  - e.g., unnecessary procedures

Treatment Approaches

- Experiential
  - Decrease somatic sensations
    - biofeedback, hypnosis, massage, meds for concomitant diagnoses
  - Physical reactivation & Physical therapy
- Cognitive
  - Re-attribute sensations to benign causes
  - Distraction
- Behavioral
  - Contract to “save” symptoms for regular visit rather than emergency visit

Treatment Approaches

- Use suggestion and reassurance
  - Say: “the weakness in your legs really laid you up; the good news is that you don’t have MS….”
  - Avoid: “it’s all in your head.”
- Dynamic therapy
- Marital therapy
- Group therapy

Conclusion

- For SSD, distinguish between somatic symptoms and a medical etiology
- Differentiate functional somatic symptoms from somatic symptom and related disorders
- Look for and treat co-morbid psychiatric illnesses
- SSD and IAD are often chronic conditions
  - Seek to “care rather than cure”
- Both cause significant decrements in quality of life
- Avoid iatrogenesis

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