

What Is Somatic Symptom Disorder?

Mobin Maghsoomi

Researcher Student, Farabi High School, Boukan, Iran (Corresponding author)

mobinmaghsoomi40@gmail.com

Faryad Jafari

Physical therapy student, Karatekin University, Cankiri, Turkey

Faryadjafari75@gmail.com

Abstract

Somatic symptom disorder is a disease in which a patient presents with physical symptoms to a physician but no physical problem is seen on examination or laboratory testing. In this type of disease, the physician considers the cause of the patient's problems not physical but mental. Somatic symptom disorder can affect the quality of life. This disorder has received a lot of attention from the physicians, psychiatrist and even medical services centers around the world. Recurrent visits of these cases in outpatient clinics or hospitals and the vicious cycle of unnecessary investigations that reinforce "sick role" and somatic complaints, cause many problems for the patients, as well as the physicians and health services. The aim of this study was to investigate the symptoms, epidemiology and etiology of somatic symptom disorder.

Key words: Somatic symptom, Medically unexplained symptoms, Psychosomatic disorders

Introduction

Somatic symptom disorders are a group of disorders, all of which fit the definition of physical symptoms similar to those observed in physical disease or injury for which there is no identifiable physical cause. As such, they are a diagnosis of exclusion [1]. A somatic symptom disorder, formerly known as a somatoform disorder, [1] is any mental disorder that manifests as physical symptoms that suggest illness or injury, but cannot be explained fully by a general medical condition or by the direct effect of a substance, and are not attributable to another mental disorder (e.g., panic disorder).[2] Somatization disorder was first described by Paul Briquet in 1859 and was subsequently known as Briquet's syndrome. He described patients who had been sickly most of their lives and complained of multiple symptoms from different organ systems. Symptoms persist despite multiple consultations, hospitalizations and investigations [3]. Somatic symptom disorders, as a group, are included in a number of diagnostic schemes of mental illness, including the Diagnostic and Statistical Manual of Mental Disorders [4]. (Before DSM-5 this disorder was split into somatization disorder and undifferentiated somatoform disorder [5]).

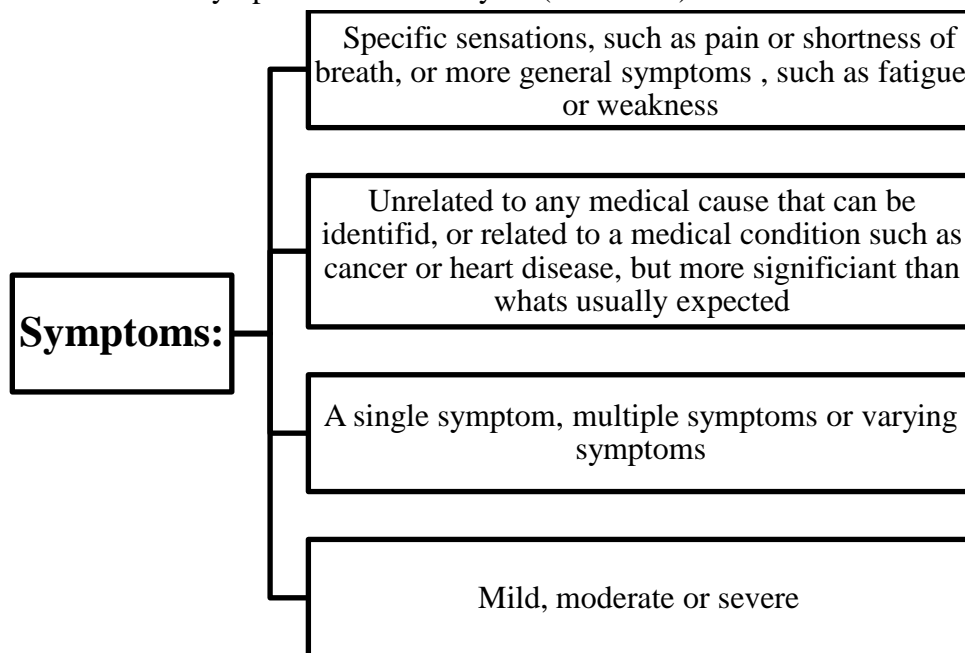
In people who have been diagnosed with a somatic symptom disorder, medical test results are either normal or do not explain the person's symptoms, and history and physical examination do not indicate the presence of a known medical condition that could cause them, though the DSM-5 cautions that this alone is not sufficient for diagnosis [6]. The patient must also be excessively worried about their symptoms, and this worry must be judged to be out of proportion to the severity of the physical complaints themselves [7]. A diagnosis of somatic symptom disorder requires that the

subject have recurring somatic complaints for at least six months [8]. Somatic symptom disorders are a group of disorders, all of which fit the definition of physical symptoms similar to those observed in physical disease or injury for which there is no identifiable physical cause. As such, they are a diagnosis of exclusion [9].

Considering that the most of the studies conducted outside of Iran have comprehensively examined somatic symptom, there are a few papers in Iran that have specifically studied this disorder. The aim of this study was to review the symptoms, epidemiology and etiology of somatic symptom.

Symptoms

Symptoms of somatic symptom disorder may be (Column 1):



Column 1. Main symptoms of somatic symptom disorder

Pain is the most common symptom, but whatever your symptoms, you have excessive thoughts, feelings or behaviors related to those symptoms, which cause significant problems, make it difficult to function and sometimes can be disabling [10].

These thoughts feelings and behaviors can include (Column 2):

Prevalence and Epidemiology

Somatic symptom disorder is relatively common, affecting about 5-7% of the population of the United States [11]. It can affect children, teenagers and adults. Its prevalence is far higher in women than in men, and the female to male ratio of patients is about 10:1 [12].

According to the American Psychiatric Association's guidebook, the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the diagnostic criteria for somatic symptom disorder are (Column 3)

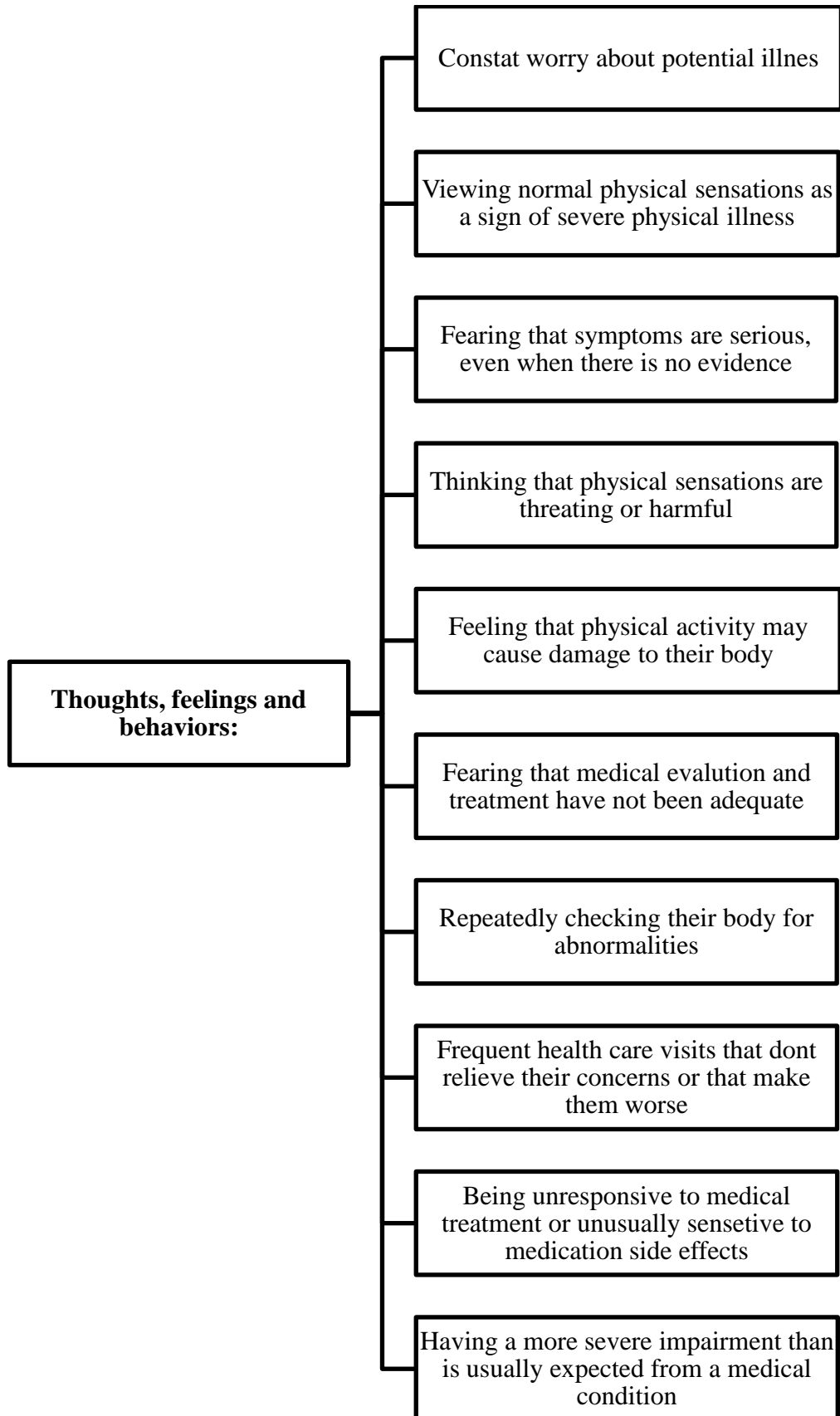
:

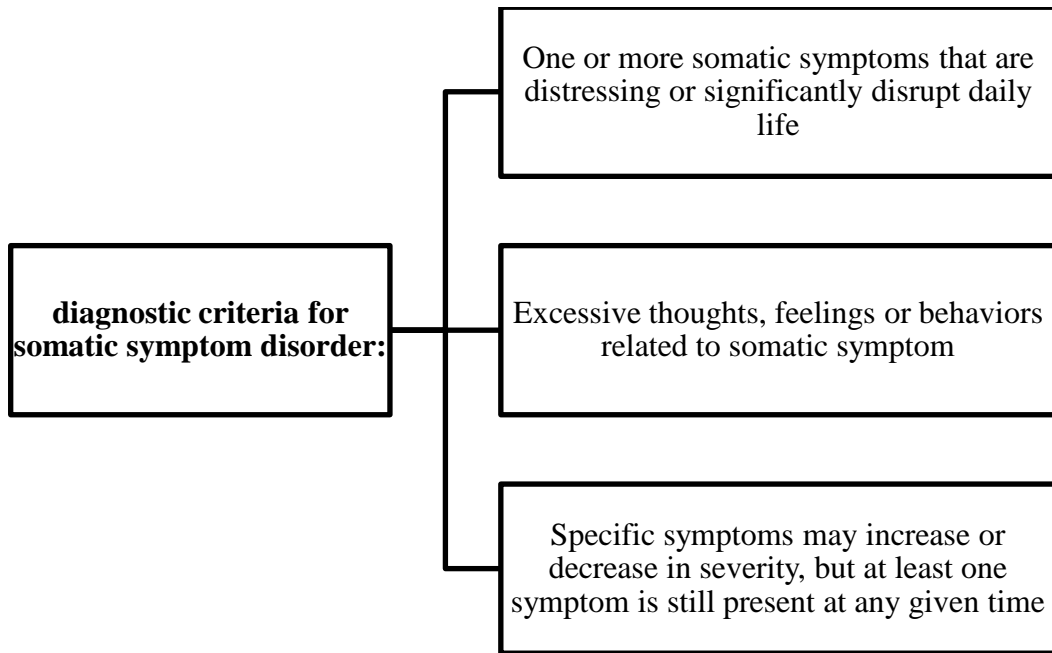
Etiology

The exact cause of somatic symptom disorder isn't clear, but any of these factors may play a role (Column 4).

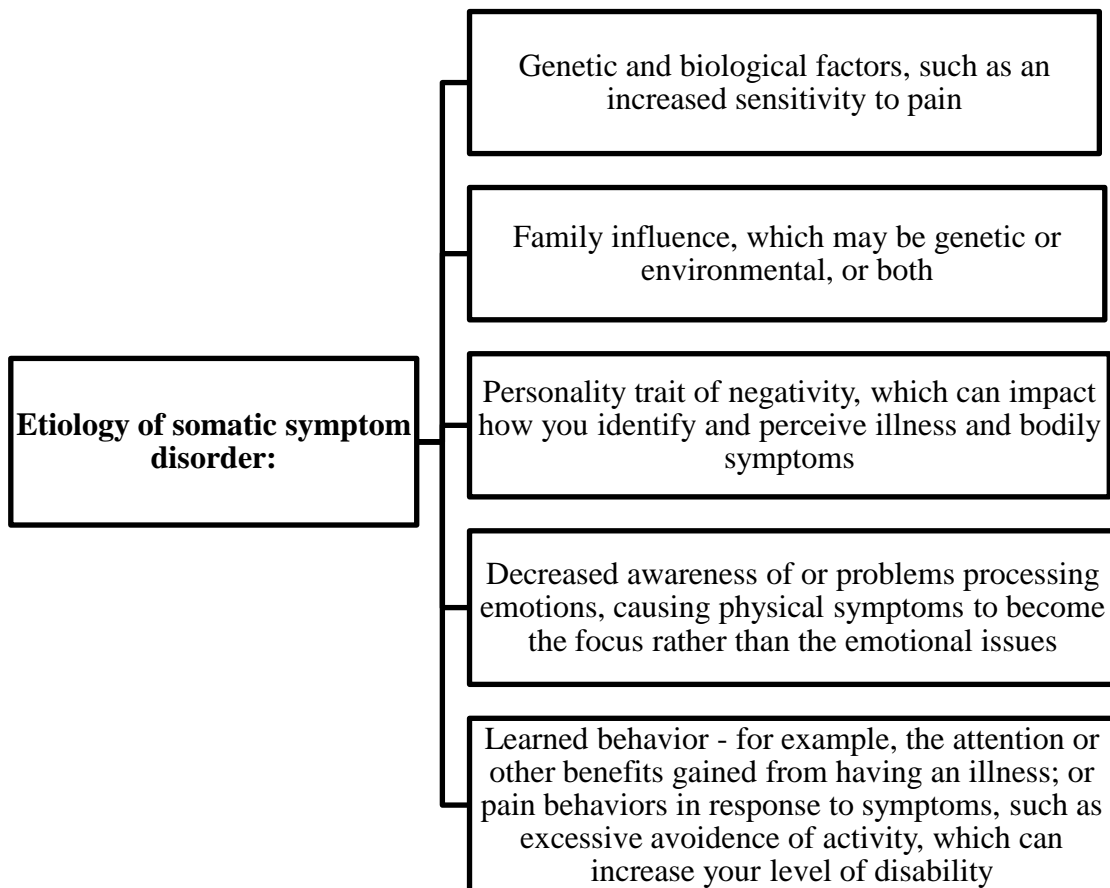
Risk factors for somatic symptom disorder include (Column 5):

Somatic symptom disorder can be associated with (Column 6):

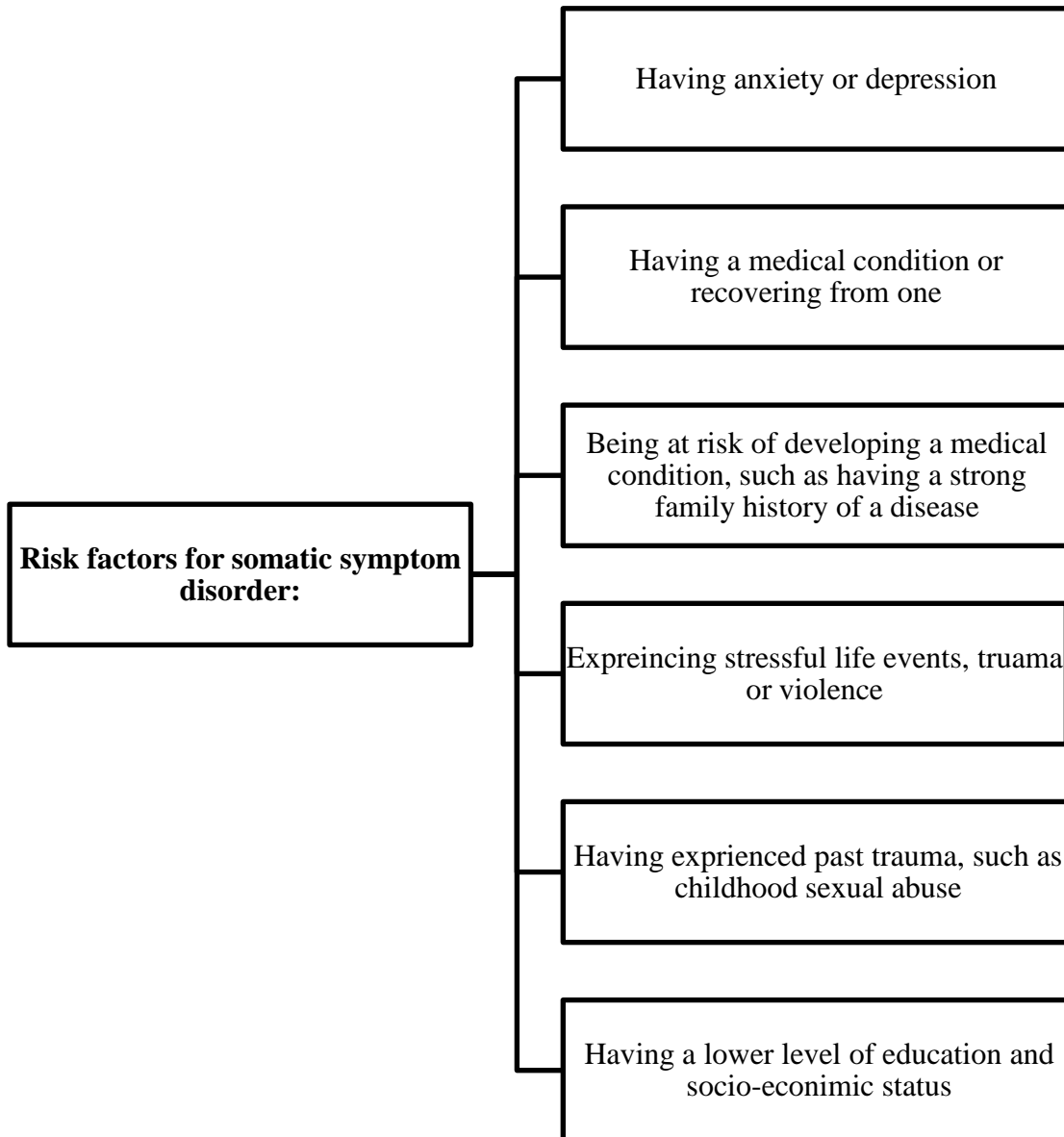




Column 3. diagnostic criteria for somatic symptom disorder



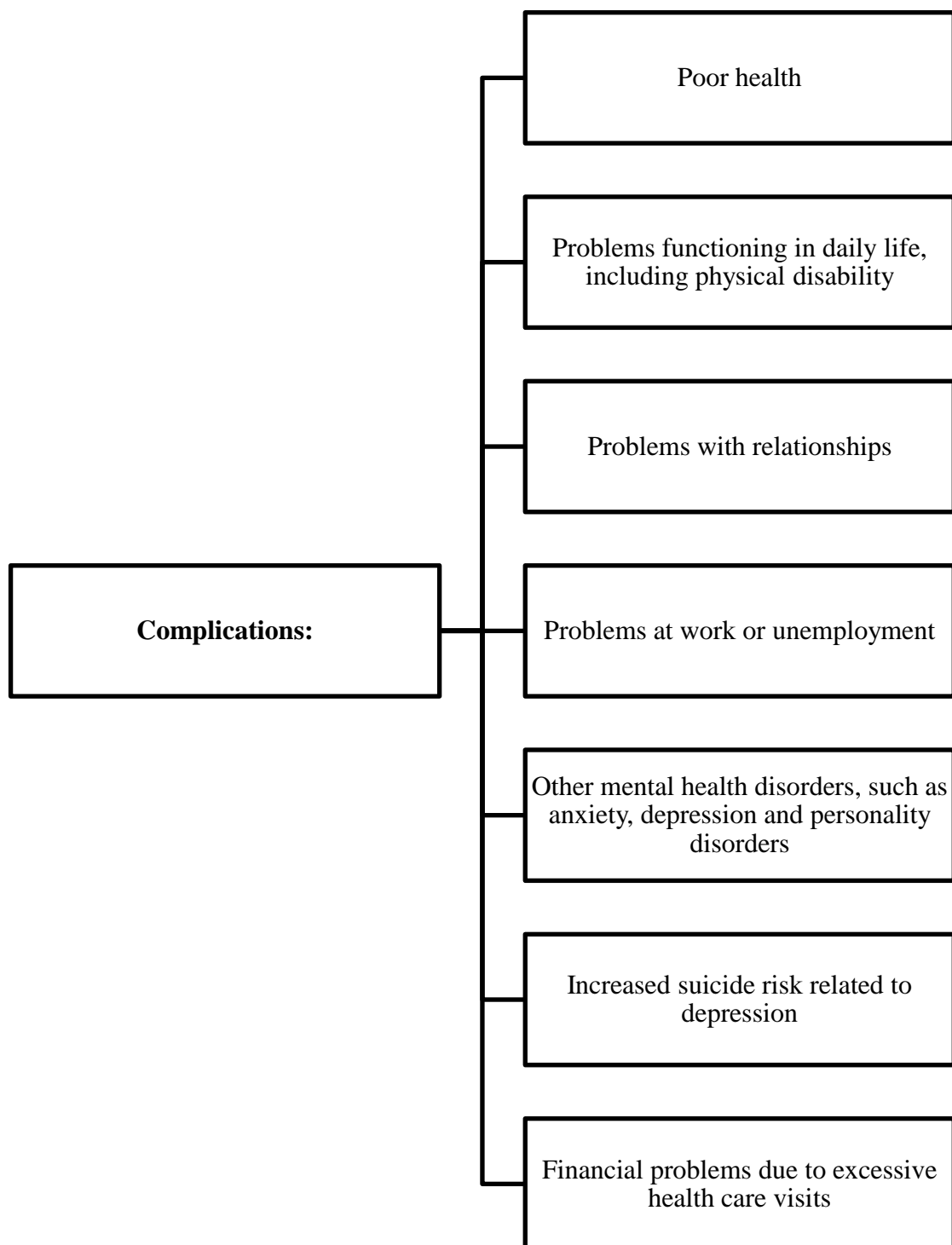
Column 4. Etiology of somatic symptom disorder



Column 5. Risk factors for somatic symptom disorder

Conclusions:

This review study examined the symptoms, epidemiology and etiology of somatic symptom disorder. According to research on somatic symptom disorder, this disorder impairs person’s mental function and also it can affect the quality of life. Due to the significant increase in the number of patients with somatic symptom in the community, the high cost of care and treatment of these patients, the training of applied methods of psychotherapy is necessary. Therefore, psychotherapists are advised to pay attention to the subtle diagnostic points in evaluating this disorder.



Column 6. Complications of somatic symptom disorder

References

- 1.Lipowski ZJ. Somatization: the concept and its clinical application. Am J Psychiatry 1988; 145(11): 1358-68.
2. Verhaak PF, Tjhuis MA. Psychosocial problems in primary care: some results from the Dutch National Study of Morbidity and Interventions in General Practice. Soc Sci Med 1992; 35(2): 105-10.

3. Ormel J, VonKorff M, Ustun TB, Pini S, Korten A, Oldehinkel T. Common mental disorders and disability across cultures. Results from the WHO Collaborative Study on Psychological Problems in General Health Care. *JAMA* 1994; 272(22): 1741-8.
4. Bridges KW, Goldberg DP. Somatic presentation of DSM III psychiatric disorders in primary care. *J Psychosom Res* 1985; 29(6): 563-9.
5. Gulbrandsen P, Fugelli P, Hjortdahl P. Psychosocial problems presented by patients with somatic reasons for encounter: tip of the iceberg? *Fam Pract* 1998; 15(1): 1-8.
6. Page LA, Wessely S. Medically unexplained symptoms: Exacerbating factors in the doctor-patient encounter. *J R Soc Med* 2003; 96(5): 223-7.
7. Peveler R, Kilkenny L, Kinmonth AL. Medically unexplained physical symptoms in primary care: A comparison of self-report screening questionnaires and clinical opinion. *J Psychosom Res* 1997; 42(3): 245- 52.
8. Kawanishi Y. Somatization of Asians: An artifact of Western medicalization. *Transcultural Psychiatry* 1992; 29(1): 5.
9. Kroenke K, Rosmalen JG. Symptoms, syndromes, and the value of psychiatric diagnostics in patients who have functional somatic disorders. *Med Clin North Am* 2006; 90(4): 603-26.
10. Simon G, Gater R, Kisely S, Piccinelli M. Somatic symptoms of distress: an international primary care study. *Psychosom Med* 1996; 58(5): 481-8.
11. Pennebaker W. Cultural similarities and differences regarding emotion disclosure. *Emotion, disclosure, and health*. New York: American Psychological Association; 1995. p. 293-309.
12. Mobarki GH, Ahmadzadeh GH, Shishehforonsh SH. Sommatization among Iranian psychiatric patients. *Actas Espanola's de Psiquiatri* 2001; 29(1): 125.