



sonoma county

DEPARTMENT OF HEALTH SERVICES

BEHAVIORAL HEALTH DIVISION

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Somatization in Primary Care

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Somatization in Primary Care

- Setting the Stage
 - In the most general sense, somatization refers to the presence of medical complaints that appear to be driven by psychological processes more than physical processes.
 - In a dynamic sense, somatization represents experiential avoidance: turning away from painful thoughts or feelings, and redirecting focus onto physical complaints.

Somatization in Primary Care

- Setting the Stage
 - PCPs encounter ‘perplexing complaints’ in up to 40% of their patients (McCarron 2006).
 - There is a huge overlap in symptoms between patients who are primary depressed, anxious, and somatic.
 - There has been a common misconception that the diagnosis requires somatic symptoms without a known medical cause. In actuality, what matters is not the **absence** of a medical disorder, but rather the **presence** of overwhelming and/or disproportionately intense medical complaints—there **can** be a root medical cause.

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- Setting the Stage—continued.
 - Identification is important not only to minimize patient distress, but to prevent exposure to unnecessary and/or dangerous health care interventions.
 - The DSM 5 Drastically changed the layout for Somatic disorders:
 - Elimination of antiquated and confusing labels under the heading, Somatiform Disorders: somatization d/o, hypochondriasis, somatic pain disorder, body dysmorphic disorder. Substitution of the simpler, Somatic Symptom Disorder.
 - Aforementioned emphasis on positive symptoms.

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- The Categorical View:
 - DSM 5: Somatic Symptom and Related Disorders
 - Somatic Symptom Disorder (F45.1)
 - One or more somatic symptoms that are distressing or result in significant disruption of daily life, usually 6 mnths.
 - Excessive thoughts, feelings, behaviors related to these symptoms as manifested by:
 - Preoccupation with medical complaints
 - Anxiety
 - Excessive time/energy devoted to medical symptoms
 - The priority is not the absence of a medical explanation for physical symptoms, but rather the presence of overwhelming physical symptoms—a departure from DSM-IV.
 - The diagnosis of Somatic Symptom D/O and a concurrent medical condition are not mutually exclusive.

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- The Categorical View:
 - Somatic Symptom Disorder (F45.1)—continued:
 - Patterns vary culturally and linguistically.
 - Specific idioms of distress may be commonly invoked by distinct groups.
 - DDX:
 - Panic D/O
 - Generalized Anxiety D/O
 - Depressive D/O
 - Illness Anxiety D/O
 - Conversion D/O
 - Delusional D/O
 - Body dysmorphic D/O
 - OCD

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- The Categorical View:
 - Illness Anxiety Disorder (F45.21).
 - Preoccupation with having or acquiring a serious illness
 - Somatic symptoms are not primarily emphasized
 - Easily alarmed about any possible abnormality
 - Excessive health related behaviors—repeated tests, visits, or alternatively, maladaptive healthcare avoidance.
 - Conversion Disorder: one or more symptoms of altered motor or sensory function. (F44.x)
 - There is a recognized incompatibility between the symptom and any underlying neurological or medical condition.
 - Factitious Disorder: (F68.10)
 - Falsification of medical or psychological symptoms even in the absence of any external reward.
 - Psychological Factors Affecting Other Medical Conditions (F54)
 - Psychological factors—behaviors, expressions, plans of action— that adversely affect a medical condition.

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- The Dimensional View:
 - Quantitative: The PHQ-15—a brief, self-administered questionnaire assessing the severity of somatic symptoms
 - Qualitative: attempt to elicit from the patient any symptoms that seem to be functioning as a means of avoiding other unsettling thoughts, feelings.
 - Important to attempt to elicit the context of symptoms.

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- Treatment Considerations:
 - Abundant evidence for the efficacy of CBT
 - Very limited randomized controlled treatment studies on use of meds.
 - Antidepressants have been most studied, yielding mixed results.
 - There appears to be no specific studies supporting the use of Tricyclic antidepressants over safer, more recent antidepressants.