•> CASE 38

A 28-year-old woman presents to her primary care physician with a chief complaint of a headache that "will not go away." The patient states that she had a headache every day for the past month and that she obtained relief only by lying down in a darkened room. The pain radiates through her head to the back. Tylenol with codeine helps somewhat but does not completely alleviate the pain. The patient notes that she had these headaches for "at least a decade," along with frequent chest pains, back pains, and abdominal pains. She reports vomiting and diarrhea, most commonly occurring with the abdominal pain but sometimes in isolation. She notes that she vomited throughout her one and only pregnancy at age 24. The patient states that along with the headaches and abdominal pains she sometimes experiences numbness and tingling in her upper arms. She has been to see neurologists, obstetricians, and other primary care physicians, but no one has found the cause of any of her problems. The patient underwent one prior surgery, for a ruptured appendix at age 18. She has one 4-year-old child. She has been unable to work for the past 5 years because of her symptoms and claims that they have "destroyed her life." A mental status examination is notable for the patient's depressed mood and affect.

- **What is the most likely diagnosis for this patient?**

+ **What is the best treatment?**

- **What is the most likely prognosis?**

ANSWERS TO CASE 38: Somatization Disorder

Summary: A 28-year-old woman presents with a chief complaint of **a** headache every day for the past month. Lying down in a dark room and taking Tylenol with codeine help somewhat. The pain radiates through her head to the back. Her headaches have occurred for 10 years, along with chest pain, back pain, and abdominal pain. Associated symptoms include numbness and tingling in the upper arms, vomiting, diarrhea, and "continual" vomiting throughout her pregnancy 4 years ago. No physical abnormalities have been found. The patient is disabled by her symptoms, and they are distressing to her. A mental status examination reveals a depressed mood and a dysphoric affect.

^ **Most likely diagnosis:** Somatization disorder (Diagnostic criteria in Table 38-1).

\+ **Best treatment:** Identify one physician as the primary caregiver and schedule regular, brief, usually monthly visits. Psychotherapy is useful if it is acceptable to the patient.

• **Prognosis:** Patients with somatization disorder generally have a chronic disease that is often debilitating. Rarely does a patient with this disease go for longer than 1 year without medical attention.

Analysis

Objectives

1. Recognize somatization disorder in a patient.
2. Understand the treatment recommendations for this disorder.
3. Be aware of the prognosis for this disorder.

Table 38-1
DIAGNOSTIC CRITERIA FOR SOMATIZATION DISORDER

1. The patient has a history of many physical symptoms that began before age 30. have persisted over several years, and cause considerable distress and impairment in function.
2. The patient's symptoms have met the following criteria over the course of ihe illness:
   a. Four pain symptoms (involving four different sites or body systems)
   b. Two gastrointestinal symptoms (nausea, vomiting, abdominal pain)
   c. One sexual or reproductive symptom
   d. One pseudoneurologic symptom, such as localized weakness or sensory loss
3. The symptoms cannot be explained by a medical condition or a substance.
4. If there is a known medical condition, the complaints and decreased functioning cannot be explained by this condition.
5. The patient does not intentionally produce the symptoms.

Considerations

This patient has a long history, **beginning before the age of 30,** of numerous physical complaints that cannot be accounted for by any physical illness. She complains of **pain symptoms** (headaches and abdominal, back, and chest pains), **gastrointestinal symptoms** (vomiting and diarrhea), sexual symptoms (vomiting throughout pregnancy), and **pseudoneurologic symptoms** (pain and tingling in her upper arms). She is significantly impaired by these complaints. There is no evidence that the symptoms are feigned or intentionally produced. A brief physical examination should be performed to address each new complaint. Laboratory and diagnostic procedures should generally be avoided unless there are clear, objective signs that they are needed. If the patient can be convinced that psychological factors might be contributing to her problems, a referral for psychotherapy can be made, which can be helpful in decreasing health care expenditures.

APPROACH TO SOMATIZATION DISORDER

Definitions

Somatization disorder: A syndrome in which the individual has **multiple physical symptoms** that cannot be explained on the basis of a medical evaluation. **It** is a **chronic condition** that usually begins before the age of 30 and consists of complaints involving **multiple organ systems:** pseudoneurologic. pain, gastrointestinal, and sexual symptoms. The patient is distressed and repeatedly seeks medical attention. The condition causes marked impairment in functioning in the social and occupational areas.

Clinical Approach

Differential Diagnosis

Some medical illnesses are characterized by diverse symptoms such as those present in somatization disorder—multiple sclerosis, acquired immunodeficiency syndrome (AIDS), lupus erythematosus, porphyria, hyperthyroidism, hyperparathyroidism, and myasthenia gravis. The clinician must rule out these disorders in making an evaluation.

Many patients with depression have somatic symptoms, including gastrointestinal and neurologic complaints, however, these symptoms are found from the patient's history to **have begun *after* the mood symptoms.** Patients with psychotic disorders can have somatic delusions that are expressed as physical symptoms, but other symptoms such as hallucinations, bizarre delusions, or negative symptoms are present as well. Patients can misinterpret the sympathetic hyperarousal of anxiety as various physical symptoms, although these symptoms usually consistently involve one body area (e.g., a stomachache)

rather than being spread throughout the body and its systems as in somatization disorder. Other somatoform disorders must be ruled out as well: Hypochondriasis is distinguished by the patient's having a conviction that he or she has a particular illness, and pain disorder by the prominence of the pain symptoms. In conversion disorder, the patient's complaints are limited to neurologic symptoms.

Comorbidity with other axis I disorders is very common in somatization disorder as well, particularly with depressive disorders, and can further cloud or complicate the diagnosis.

Treatment

The **course of somatization disorder is often chronic, and the prognosis is guarded to poor;** patients with this disorder often "doctor-shop." The most important intervention is establishment of an ongoing treatment relationship with one physician, usually a primary care doctor. Regular, brief visits should be scheduled for the patient to discuss concerns. The physician should avoid excessive diagnostic testing and consider the patient's symptoms expressions of emotions. If affected patients are willing to engage in psychotherapy, they can gradually learn lo live with their symptoms more adaptively and learn to be aware of, and express their emotions directly instead of developing physical symptoms.

Comprehension Questions

[38.11] In order to fulfill the criteria for somatization disorder, symptoms must be present in which of the following areas?

A. Gastrointestinal
B. Cardiac
C. Urinary
D. Musculoskeletal
E. Respiratory

[38.2] A 35-year-old woman with somatization disorder comes to see a new doctor. Prior to seeing this physician, she obtained complete evaluations from at least four clinics. The most important pail of the treatment plan for this patient is which of the following?

A. A trial of analgesics
B. Intensive psychodynamic psychotherapy
C. Antidepressant medication
D. Establishing a schedule for regular visits

[38.3] For a diagnosis of somatization disorder, which of the following criteria must be met?

A. Symptoms began prior to age 30.
B. Symptoms last less than 6 months.
C. Patient is without significant impairment.
D. Symptoms are intentionally feigned or produced.

Answers

[38.1] A. Gastrointestinal symptoms(2) are required in the diagnosis of somatization disorder.

[38.2] D. Analgesics are generally not helpful in treating these patients, and they probably cannot be relied on to take psychotropic medications. Patients with somatization disorder have difficulty recognizing affects and so are not candidates for dynamic therapy, especially early in their treatment. The most important treatment intervention is establishing a relationship with one clinician and scheduling brief, regular visits.

[38.3] A. The symptoms must have occurred prior to age 30 and be present for several years.

CLINICAL PEARLS

For somatization disorder the prognosis is generally poor. The clinician should set very modest goals, establishing an ongoing therapeutic relationship and the scheduling of regular appointments as the foundation of treatment.

Even when a diagnosis of somatization disorder is established, the patient can still develop a medical illness over time. The clinician must keep an open mind and at the same time try to avoid unnecessary tests.

REFERENCES

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