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PSYCHIATRY BOARD REVIEW MANUAL

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Somatoform Disorders

Series Editor:

Jerald Kay, MD

Professor and Chair

Department of Psychiatry

Wright State University School of Medicine

Dayton, OH

Contributing Author:

Ann Kerr Morrison, MD

Assistant Professor

Director of Community Psychiatry

Department of Psychiatry

Wright State University School of Medicine

Dayton, OH

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INTRODUCTION

The somatoform disorders are characterized by physical symptoms that suggest but are not adequately accounted for by a physical disorder. The symptoms cause significant clinical distress or interfere with social or occupational function. Seven somatoform disorders are described in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)*: somatization disorder, undifferentiated somatoform disorder, conversion disorder, pain disorder, hypochondriasis, body dysmorphic disorder, and somatoform disorder not otherwise specified (NOS).¹ Somatization is common; in 25% to 50% of all primary care visits, no medical cause for the patient's complaint can be found.² However, diagnosing the somatizing patient can be difficult, as the process of somatization occurs not only in the somatoform disorders but also in other medical disorders and other psychiatric conditions.

The inability of primary care physicians to identify psychiatric disorders associated with somatization contributes to the lack of referral of these patients to psychiatrists and the lack of appropriate treatment of these patients by primary care physicians. Due to the potential harms posed by improper treatment, including unnecessary and possibly invasive workups, and the resulting high cost of overuse of resources,³ it is critical that somatizing patients be identified, correctly diagnosed, and appropriately treated.

APPROACH TO THE SOMATIZING PATIENT

Psychiatrists are seldom the first clinician to see the somatizing patient and are more likely to see patients referred by another physician. Patients who are referred to a psychiatrist are more likely to have severe somatoform disorders or to be a management challenge for the referring physician.

When psychiatrists initially encounter the somatizing patient, they must first be satisfied that no unrecognized physical ailment is causing the symptoms. Before ordering any tests, however, a thorough review of the medical record is required. Any clinical data that have been overlooked should be discussed with the referring physician, as these patients usually have had multiple negative diagnostic evaluations. Medical disorders that have a track record for missed diagnosis include multiple sclerosis, systemic lupus erythematosus, acute intermittent porphyria, and myasthenia gravis.

When the psychiatrist is satisfied that the patient's symptoms are not accounted for by a general medical disorder or substance, the next diagnosis to consider is a psychiatric disorder. Common psychiatric disorders that often present as prominent somatic symptoms include depression, panic disorder, generalized anxiety disorder, and post traumatic stress disorder. Patients with multiple somatic complaints in either the primary care or psychiatric setting are more likely to suffer from