Psychiatry department

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OTHER SOMATOFORM DISORDERS AND DISSOCIATIVE DISORDER

SOMATOFORM DISORDERS

- Symptoms suggest a physical disorder
- Symptoms cannot adequately be explained physiologically
- Symptoms are often (but not always) described in dramatic ways
- Other disorders, such as anxiety disorders, mood disorders, and personality disorders, often co-exist

TYPES OF SOMATOFORM DISORDERS

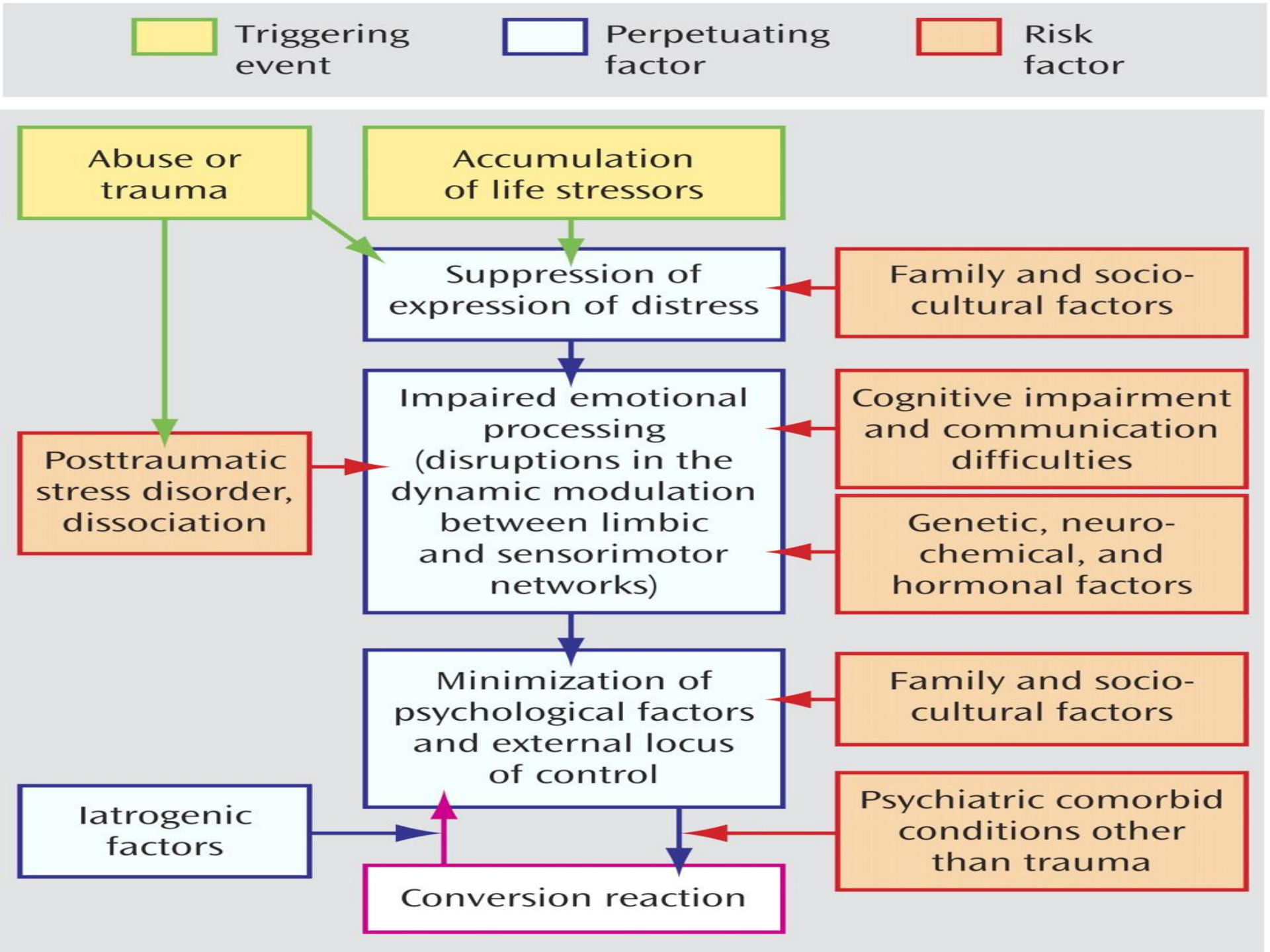
- Somatization (Briquet's syndrome) (discussed in comparison with psychosomatic disorders)
- Conversion disorder
- Pain and Hypochondriasis
- Body Dysmorphic Disorder
- Malingering
- Factitious disorder

CONVERSION DISORDER

- Conversion disorder is a disorder involving one or more **neurological sensory or motor symptoms** (e.g., paralysis, blindness or parasthesia) that cannot be explained by a known medical or neurological disorder.
- It is associated with psychological stresses (conflict, frustration or loss) with the onset or exacerbation of the symptoms.

CONVERSION DISORDER

- The symptoms are unconsciously produced to alleviate the anxiety caused by the stress and to gain sympathy, attention or relief from responsibility.
- The psychological conflict is in the patient's unconscious mind, and the physical symptom is not under voluntary control.
- The patient is abnormally calm despite the seriousness of symptoms (la Belle Indifference).
- It was previously called Conversion Hysteria.


Triggering event
Perpetuating factor
Risk factor
Abuse or trauma
Accumulation of life stressors
Suppression of expression of distress
Family and socio-cultural factors
Posttraumatic stress disorder, dissociation
Impaired emotional processing (disruptions in the dynamic modulation between limbic and sensorimotor networks)
Cognitive impairment and communication difficulties
Genetic, neuro-chemical, and hormonal factors
Minimization of psychological factors and external locus of control
Family and socio-cultural factors
Iatrogenic factors
Psychiatric comorbid conditions other than trauma
Conversion reaction

CONVERSION DISORDER

- Epidemiology
- * The life time prevalence may reach up to 33% of the general population.
- * It is more common in females.
- * High incidence in rural population, with low socio-economic group and among the illiterates.

CONVERSION DISORDER

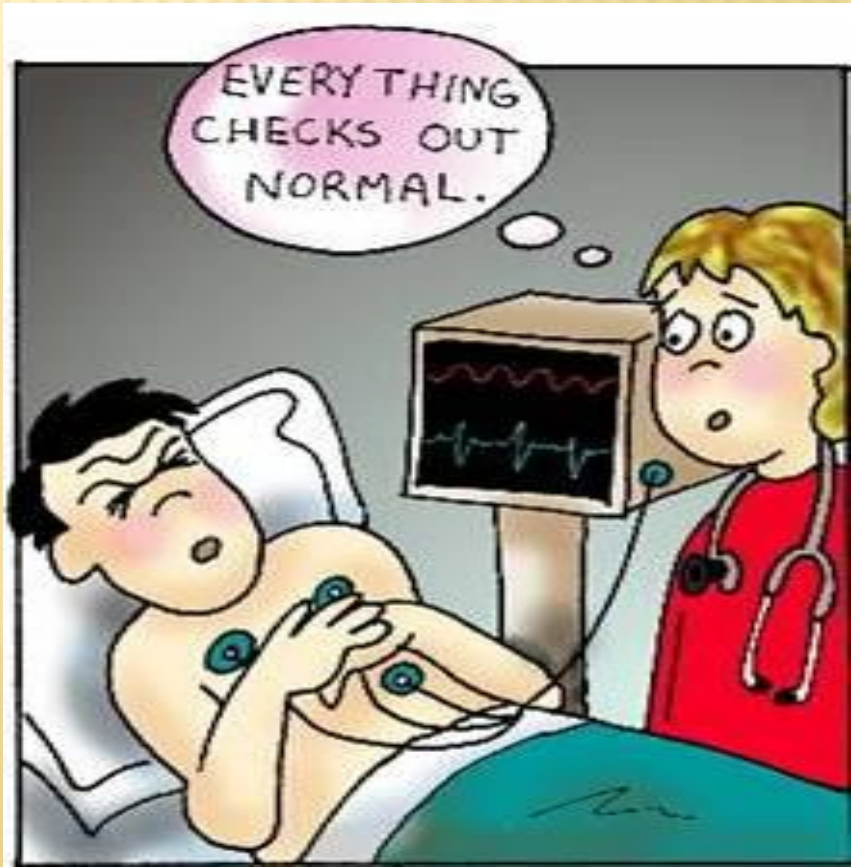
- Treatment
- * Telling such patients that their symptoms are imaginary often makes things worse
- * Short term psychotherapy, including family education
- * Conscious solving of the stress
- * Minimal dose of anxiolytics

HYPOCHONDRIASIS

- Hypochondriasis is an **excessive concern about disease** and preoccupation with one's health.
- Hypochondriasis is an unrealistic interpretation of physical symptoms and sensations; leading to preoccupation with the fear or belief that one has a serious disease.
- This fear or conviction of disease is disabling and persists despite appropriate medical reassurance.

HYPOCHONDRIASIS

- Epidemiology
- * It represents 3-14% of all patients in general medical practice
- * More common in men

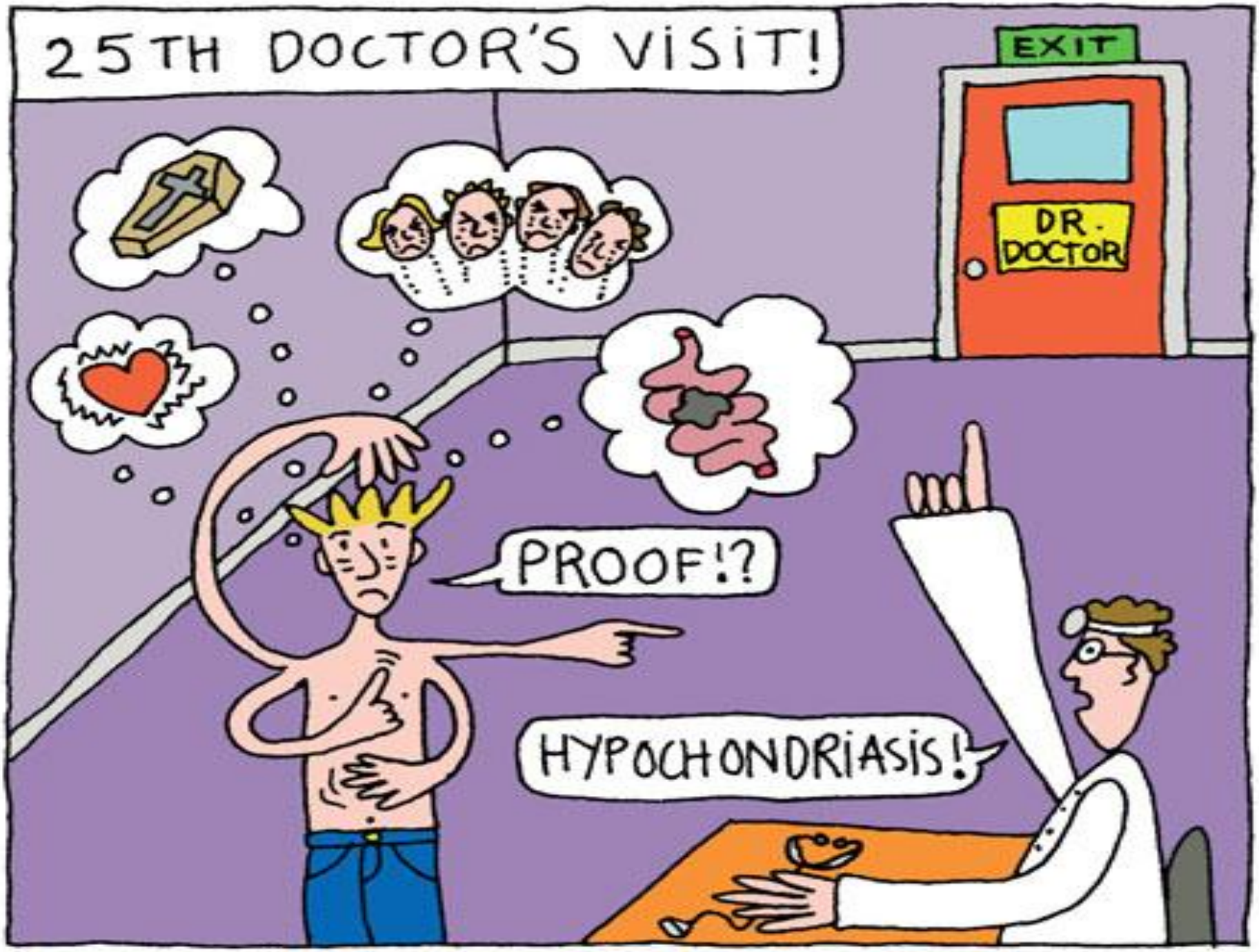


HYPOCHONDRIASIS

- Etiology
- * Hypochondriasis results from the augmentation of normal bodily sensations.
- * The patient learns the sick role that is reinforced through social gratification. The sick role then becomes a mean of receiving attention from others.
- * Hypochonidriasis represents an underlying depressive disorder, generalized anxiety disorder, or obsessive- compulsive disorder.

HYPOCHONDRIASIS

- **Course** and prognosis
- * it is a chronic, relapsing condition with waxing and waning symptoms.
- * Favorable prognosis is with stable socioeconomic status. acute onset, presence of a treatable anxiety or depression, and the absence of personality disorder.


25TH DOCTOR'S VISIT!
EXIT
DR. DOCTOR
PROOF!?
HYPOCHONDRIASIS!

HYPOCHONDRIASIS

- Treatment
- * Treat any comorbid psychiatric conditions, such as obsessive- compulsive disorder, panic disorder, and depressive disorder.
- * High doses of SSRI show promising results
- * Cognitive Behavioral therapy is very useful to change the patient's cognitive style.
- * Group psychotherapy

FACTITIOUS DISORDERS

- are conditions in which a person acts as if he or she has an illness by deliberately producing, feigning, or exaggerating symptoms.
- **Münchausen syndrome**, a severe form of factitious disorder, was the first kind identified, and was for a period the umbrella term for all such disorders.[1]

Playing Sick?

Untangling the Web of Munchausen Syndrome, Munchausen by Proxy, Malingering, and Factitious Disorder

Marc D. Feldman, M.D.

FACTITIOUS DISORDERS

- People with this condition may produce symptoms by contaminating urine samples, taking hallucinogens, injecting themselves with bacteria to produce infections, and other such similar behaviour.
- They might be motivated to perpetrate factitious disorders either as a patient or by proxy as a caregiver to gain any variety of benefits including attention, nurturance, sympathy, and leniency that are unobtainable any other way.

FACTITIOUS DISORDERS

- **Treatment**
- No true psychiatric medications are prescribed for factitious disorder. However, selective serotonin reuptake inhibitors (SSRIs) can help manage underlying problems. Medicines such as SSRIs which are used to treat mood disorders can be used to treat FD, as a mood disorder may be the underlying cause of FD. Some authors (such as Prior and Gordon 1997) also report good responses to antipsychotic drugs such as Pimozide. Family therapy can also prove to be of assistance. Psychotherapy

MÜNCHAUSEN SYNDROME BY PROXY

- Factitious disorder by proxy is a condition in which a person deliberately produces, feigns, or exaggerates symptoms in a person who is in their care.
- The word 'proxy' means 'substitute.
- Münchausen by proxy is the involuntary use of another individual to play the patient role.

MÜNCHAUSEN SYNDROME BY PROXY

- For example, false symptoms are produced in children by the caregivers or parents (almost always mothers), to produce the appearance of illness, or they may give misleading medical histories about their children.
- The parent may falsify the child's medical history or tamper with laboratory tests in order to make the child appear sick.
- Occasionally, in Münchausen by proxy, the caregiver will actually injure the child to ensure that the child will be treated.
- Such parents enjoy the attention that they receive from having a sick child.

TREATMENT OF MÜNCHAUSEN BY PROXY

- FD (especially proxy) can prove to be very detrimental to an individual's health—if they are, in fact, causing true physiological illnesses.
- Even faked illnesses/injuries can be dangerous and might be monitored for fear that unnecessary surgery may subsequently be performed.
- Physicians who suspect the disorder should notify authorities immediately.
- Authorities will then initiate steps for immediate protection of the proxy (i.e. victim). Criminal charges may be deemed necessary.

MALINGERING

- is a medical term that refers to fabricating or exaggerating the symptoms of mental or physical disorders for a variety of "secondary gain" motives, which may include financial compensation (often tied to freud); avoiding school, work or military service; obtaining drugs; getting lighter criminal sentences; or simply to attract attention or sympathy.

MALINGERING

- Malingering is different from somatization disorder and factitious disorder.
- Failure to detect actual cases of malingering imposes a substantial economic burden on the health care system

GANSER SYNDROME

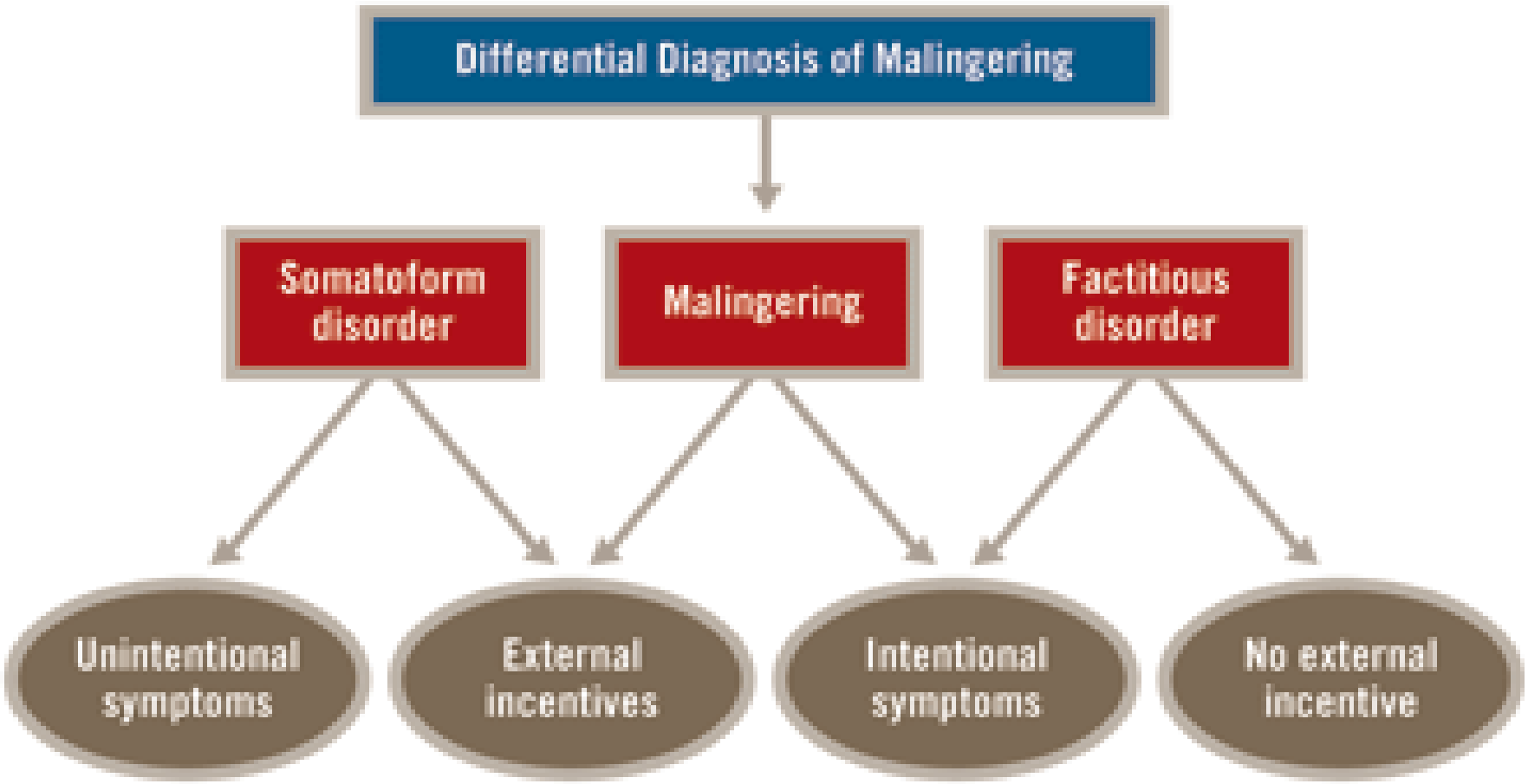
- was in the past regarded to be a separate factitious disorder.
- It is a disorder to extreme stress or an organic condition; the patient suffers from approximation or giving absurd answers to simple questions.
- The syndrome is sometimes diagnosed as merely malingering; however, it is more often defined as a Factitious disorder.
- prisoners following solitary confinement, and the symptoms are consistent in different prisons, though the patients do not know one another.

GANSER SYNDROME

- Symptoms include a clouding of consciousness, somatic conversion symptoms, confusion, stress, loss of personal identity, echolalia, and echopraxia.
- Individuals also give approximate answers to simple questions such as, "How many legs on a cat?" "Three"; "What's the day after Wednesday?" "Friday"; and so on.
- The disorder is extraordinarily rare with fewer than 100 recorded cases.
- While individuals of all backgrounds have been reported with the disorder, there is a higher inclination towards males (75% or more).
- The average age of those with Ganser syndrome is 32 and it stretches from ages 15–62 years old.

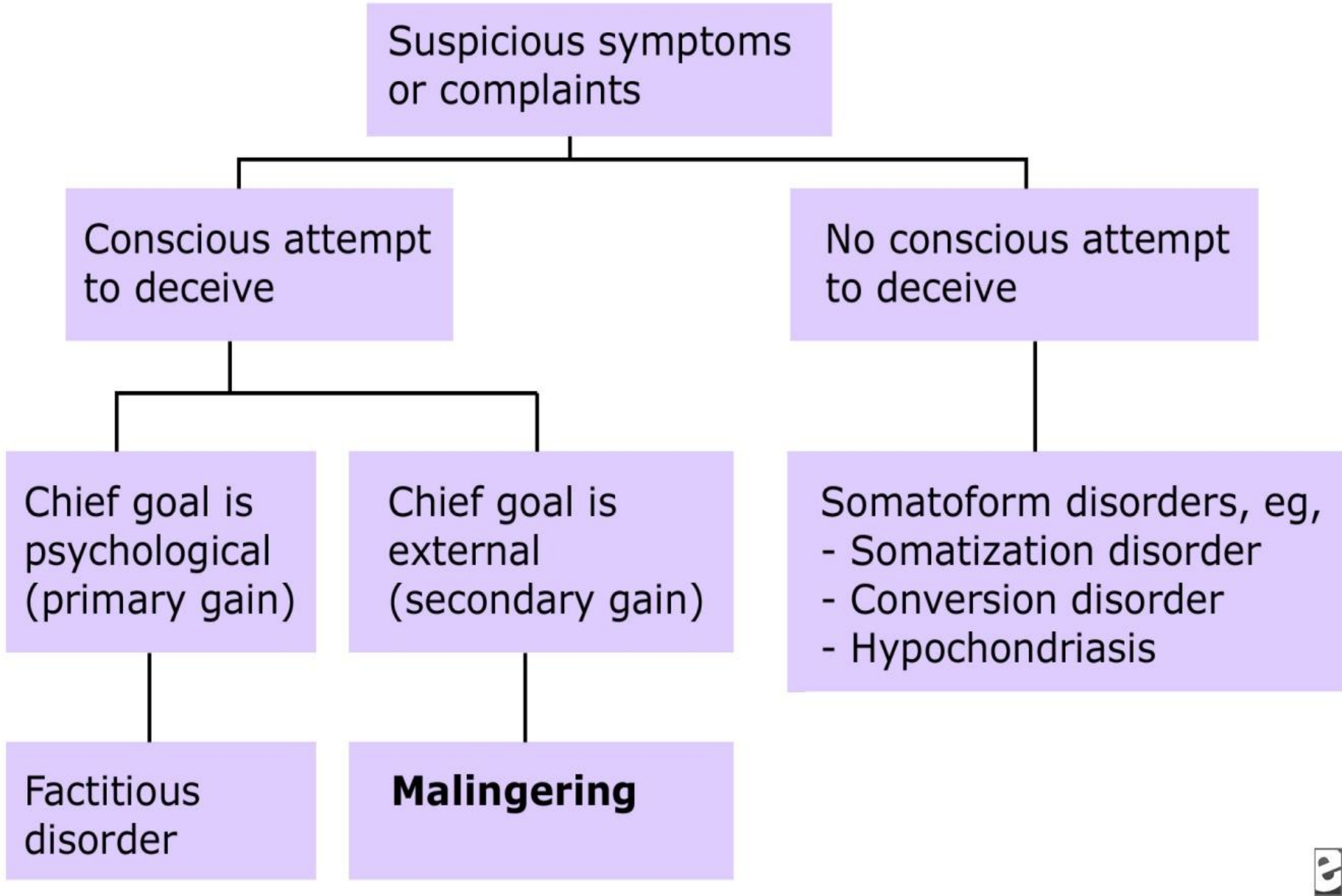
FIGURE

DIFFERENTIAL DIAGNOSIS OF MALINGERING



Adetunji B, Basil B, Mathews M, Williams A, Osinowo T, Oladinni O. *Primary Psychiatry.* Vol 13, No 1. 2006.

Flow Chart for Suspicious Symptoms



DISSOCIATIVE DISORDERS

- In dissociative disorders, there is state of disrupted consciousness. memory, identity, or perception of the environment.
- "there is association in time between the onset of symptoms and stressful events, problems or needs.
- There is no evidence of a medical or neurological disorder.
- Dissociation arises as a defense against trauma.

DISSOCIATIVE DISORDERS

- Dissociation arises as a defense against trauma.
- It performs the function of helping victims remove themselves from trauma at the time it occurs.
- Dissociative disorders are more common in females than in males.
- It is more seen in younger individuals and decreases with age.

DISSOCIATIVE DISORDERS

- Similarly to conversion disorder, dissociative symptoms are produced unconsciously in order to alleviate the anxiety caused by the stress and to gain sympathy, attention or relief from responsibility.
- They were previously called Dissociative Hysteria.
- Dissociative symptoms may co- exist with conversion symptoms.

DISSOCIATIVE DISORDERS

- Clinical Types
- 1. Dissociative Amnesia:
- (localized amnesia), or (generalized amnesia)
- 2. Dissociative Stupor:
- 3. Dissociative Fugue
- 4. Dissociative Identity Disorder
- 5. Dissociative Trance and Possession Disorder
- * Trance & Possession

DISSOCIATIVE DISORDERS

- Treatment:
- * Anxiolytics can be used together with antidepressants.
- * Psychotherapy is used to help the patient gain insight and develop better coping skills to face stresses.
- * Psycho-education to families is essential to improve the social environment of the patient.

THANK YOU