

# SOMATOFORM DISORDERS

## Coping with chronic, disabling, unexplained physical symptoms

### What are they?

Thousands of British Columbians have long-term, disabling, unexplained physical symptoms. These symptoms are caused by a process referred to as “somatization”. This is when the nervous system under significant emotional duress manifests physical symptoms. The symptoms may last for years despite the opinions and recommendations of many doctors. The conditions (known as “*somatoform disorders*”) are currently classified into two major types although they are more similar than different.

#### Conversion disorder

“Conversion disorder” is an illness in which parts of the nervous system do not work properly. Symptoms of conversion disorder remain chronic and unexplained and can include paralysis, loss of vision or sensation, convulsions and spells of altered consciousness, involuntary movements, or problems with walking, speech, or swallowing.

#### Somatic symptom disorder

“Somatic symptom disorder” refers to all symptoms that cause intense distress and preoccupation, but are not neurological per se. These symptoms commonly include:

- Pain affecting the whole body or in specific parts such as the arms, legs, joints, muscles, chest, back, pelvis, genitals, face, and/or jaw. Pain may include headaches.
- Gastrointestinal tract dysfunction, such as:
  - Nausea with or without vomiting
  - Diarrhea or constipation
  - Bloating
  - Food intolerance
- Fatigue
- Dizziness
- Breathlessness or rapid breathing
- Stronger, faster, or irregular heartbeat
- Difficulty urinating

### How serious are they?

Somatoform disorders are not life threatening, but they cause much suffering and make it very hard for people to live normal lives. The disorders may be so frustrating that they can lead to

suicidal thoughts. Other major risks patients face are side effects or complications from futile and possibly harmful attempts to diagnose and treat their symptoms.

#### How common are these disorders?

At least 35 percent of the population at some point will have physical problems causing undue duress that remain unexplained despite all appropriate examinations and investigations by physicians. Most of these symptoms are temporary and go away on their own.

By contrast, research has shown that at least 3 in 1000 people (and up to 3 in 100) will suffer from chronic, persistent, disabling physical problems for which no specific cause can be identified. Most of these cases turn out to be the result of somatoform disorders. Studies suggest that these disorders may run in families.

Up to one-third of patients with a previously diagnosed medical or neurological problem (such as multiple sclerosis or epilepsy) may repeatedly show symptoms that are not part of that medical problem.

### What causes them?

Somatoform symptoms may occur in milder forms including common stress reactions such as headaches, neck and shoulder muscle tension, mild stomach or bowel problems, and fatigue. The process of emotional distress occurring physically is universal, with some people experiencing it to a much higher degree than others. For example, some individuals are very sensitive to changes in their bodies and are more likely to misinterpret sensations caused by strong emotions and stressful events. These patients often have difficulty recognizing and expressing their feelings. The majority of mild symptoms typically go away as the stress eases. Physicians understand that the symptoms are due to dysregulated and excessive autonomic (automatic and involuntary) nervous system activity.

When symptoms are more long-term and disabling, the patient’s psychological problems may be much more complex and are often linked to more serious underlying psychiatric conditions. In these situations, highly stressful life events may contribute to the onset of somatoform disorders. For example, people who have been hurt emotionally, physically, or sexually are at higher risk. Somatoform disorders may also follow physical trauma, surgery, side effects of medications, or illnesses.

Patients are typically unaware of their distress or of the illness that lies behind their physical problems. This is because the process is unconscious. These patients do not choose to be ill, and they are not “faking it.” They don’t recognize the connection between their emotional and physical experiences and understandably misattribute physical symptoms to disease rather than emotional distress.

Since patients with undiagnosed somatoform disorders do not know what is causing the symptoms, they look to their family doctors, specialists, or alternative practitioners for explanations. This may

lead to unnecessary procedures, investigations, and treatments. Some treatments may put patients at higher risk for side effects or other complications, and could delay the correct treatment of the underlying issues.

### **Do depression and anxiety cause somatoform disorders?**

Stress and/or a chemical imbalance in the brain can cause impaired brain functioning, which can lead to depression and anxiety. If depression and anxiety are not treated, somatoform symptoms may develop.

## **How is the diagnosis confirmed?**

To ensure that there are no other serious health problems, the psychiatrist, together with the family doctor and other specialists, will complete an in-depth assessment. There is no specific test for somatoform disorders. The first step toward a diagnosis involves looking for clues that the process is in fact emotionally based and not due to disease, while at the same time ruling out any physical causes of the symptoms. This is done through:

- Talking and analyzing the problems and symptoms
- Physical examination
- Review of investigations

Somatoform disorders can be made worse when there are difficulties with thinking and processing emotional information. For this reason, patients may be referred to a psychologist for testing. With our current medical knowledge, proper psychiatric evaluation, and advanced testing techniques (e.g., CT and MRI scans), it is very rare for a serious physical illness to be overlooked.

In these disorders, as with any other health conditions, new symptoms often appear. The family doctor and psychiatrist will address these symptoms promptly to determine whether they are due to a somatoform symptom or due to a new health problem.

## **What will the doctor recommend?**

Experience suggests that a supportive doctor who understands the complexity of the problem should see patients regularly. When chronic, disabling, and unexplained physical symptoms develop, a referral to a mental health professional should be made.

The first goal is an in-depth understanding of the nature and origin of the symptoms. This may be the most important intervention, and by itself may be enough to relieve the symptoms.

Medications are often of great benefit. Studies show that antidepressants and other medications that improve the proper function of the brain and the nervous system can reverse symptoms - sometimes dramatically.

Opiates (narcotic pain killers such as morphine) and other habit-forming medications will not cure these disorders. These medications typically mask the psychiatric symptoms and produce disabling side effects such as constipation, sleepiness, and memory problems, in addition to making it more challenging for individuals to identify and manage the emotional distress causing the somatoform distress.

## **What else can be done?**

Even though patients do not play an active role in the development of the illnesses, there is much they can do to aid in their recovery. Activities such as regular exercise and social events, occupational therapy, physiotherapy, massage therapy, acupuncture, and biofeedback may be helpful. These options should be discussed with the doctor.

Most people will improve with talk therapies (i.e., psychotherapy). Psychotherapy helps patients:

- Understand the nature of their condition
- Correctly identify bodily signals caused by strong emotions
- Build their emotional ability to recover from difficult events
- Build their problem-solving skills to help manage stress more effectively

## **Do people with these disorders get better?**

Somatoform symptoms that have been present for a few weeks or months tend to go away on their own or with simple treatments. Somatoform symptoms that have lasted for many months or years are much more difficult to treat.

No matter how long the symptoms last, most patients will benefit from treatment. With treatment, some can expect their symptoms to completely resolve. Others may still have symptoms but will be able to function better.

At times, these disorders may come back months or years later. Fortunately, symptoms rarely return to their previous level of severity since better understanding of the condition will typically lead to earlier access to appropriate treatment.

**This brochure was developed by:  
BC Neuropsychiatry Program  
Vancouver, Canada**

**(October 5, 2019)**