Somatization 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 most often the result of an involuntary 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 take two forms although they are more similar than different.

Conversion disorder (also known as Functional Neurological Disorder or FND)

Conversion disorder is a condition in which parts of the nervous system do not work properly. Symptoms of conversion disorder tend to be 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 (SSD)

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

- ☐ Pain all over the body or in specific parts such as the arms, legs, joints, muscles, chest, back, pelvis, genitals, face, and/or jaw; 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?

FND/SSD are not intrinsically life threatening, but they cause much suffering and make it very hard for people to live normal lives. The disorders may be so demoralizing that they can lead to suicidal thoughts and attempts. The 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 as many as 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 FND/SSD. 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 that are caused by FND/SSD.

What causes them?

FND/SSD may occur in milder forms including common stress reactions such as headaches, neck and shoulder muscle tension, mild stomach or bowel problems, tremor, and fatigue. The process of emotional distress occurring physically is universal, with some people experiencing it to a much higher degree than others. Mild symptoms typically go away as the stress eases. Physicians understand the symptoms as 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 or these problems are often linked to more serious underlying psychiatric or neurological conditions. Most patients are not aware of
their distress or of the illness that lies behind their physical problems. This is because the process is unconscious or involuntary. 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 misattribute physical symptoms commonly and understandably to disease and not emotional distress.

Since patients with undiagnosed FND/SSD do not know what is causing their symptoms, they look to their family doctors, specialists, or alternative practitioners for explanations. This may lead to unnecessary procedures, investigations, and treatments. These treatments put patients at higher risk for side effects or other complications, and they delay the correct treatment of the real problem.

Some patients are very sensitive to changes in their bodies. These patients are more likely to misinterpret sensations caused by strong emotions and stressful events. These patients often have difficulty recognizing and expressing their feelings.

Stressful life situations may contribute to the onset of these disorders. For example, people who have been hurt emotionally, physically, or sexually are at higher risk. Those who struggle with loss or close interpersonal relationships are vulnerable.

FND/SSD not infrequently also follow accidents, surgery, side effects of medications, or illnesses.

Do depression and anxiety cause FND/SSD?

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

How is the diagnosis confirmed?

To ensure 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 FND/SSD. The first step toward a diagnosis involves looking for clues that the process is in fact emotionally based and not due to disease, and at the same time ruling out any physical causes of the symptoms. This is done through

- ☐ Talking and analyzing the problems and symptoms
- ☐ A physical examination
- ☐ A review of tests

FND/SSD can be made worse by 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 issue, new symptoms often appear. The family doctor and psychiatrist will address these symptoms promptly to figure out whether they are due to FND/SSD 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 at the beginning. When chronic, disabling, 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 it may be enough to cause the symptoms to go away.

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 improve symptoms—sometimes dramatically.

Opiates (narcotic pain killers such as morphine) and other habit-forming medications will not cure these disorders.
These medications 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 FND/SSD.

While medications and biological interventions rarely reverse the symptoms completely, behavioural therapies (activating despite temporary symptom worsening), cognitive strategies (reversing self-perpetuating biases such as “if I take a chance on….then I will only suffer more…”), and psychological interventions (opening up to a therapist and taking a greater mastery over difficult emotions) are associated with complete remission a significant proportion of the time.

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 them deal more effectively with stress

Do people with these disorders get better?

FND/SSD that has been present for a few weeks or months and is not associated with complex psychological or interpersonal problems or severe psychiatric conditions, tends to go away on its own or with simple treatments. Symptoms of FND/SSD that have lasted for many months or years and are associated with the above underlying conditions 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 disappear. 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, because a greater understanding of the condition leads to quick and appropriate treatment or interventions.

This brochure was developed by the BC Neuropsychiatry Program.