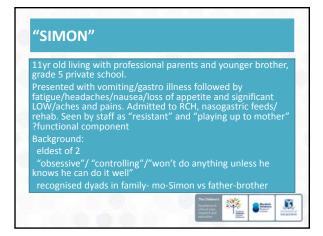
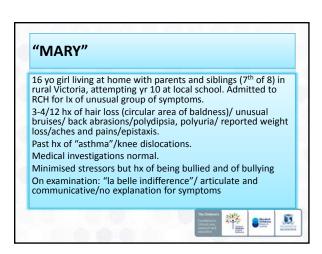


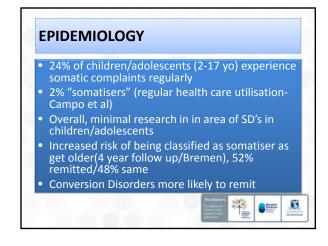


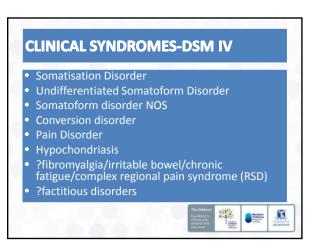


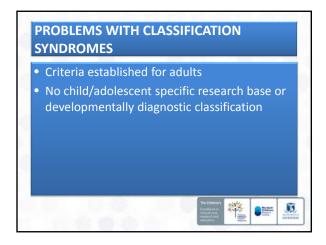
# "SAMANTHA" 15 yo girl living at home with mother and siblings. Admitted to RCH with Abdominal pain. Obese with fatty liver and biliary sludging. Mother reported to be busy, Samantha expected to care for siblings. Reported history of violence in past from father. Denies school issues/ denies any stress/won't go home until pain is fixed.







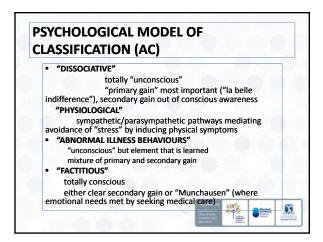


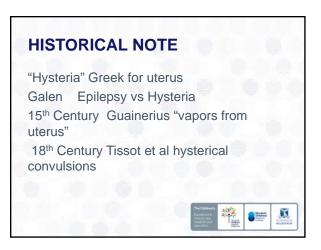


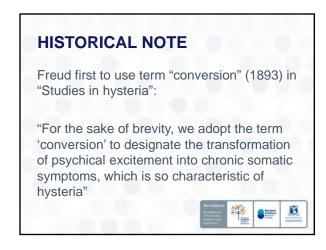
### DSM V COMPLEX SOMATIC SYMPTOM DISORDER

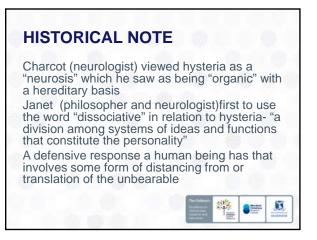
- Somatic symptoms causing significant distress or dysfunction in which psychosocial factors may initiate, aggravate or maintain the symptoms
- High levels of > 1 of misattributions/excessive concern/preoccupation with symptoms
- Increased pattern of health care utilisation
- At least 6 months duration

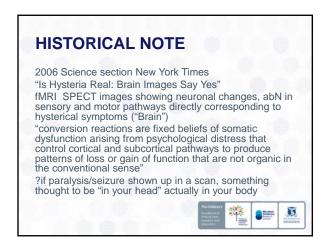






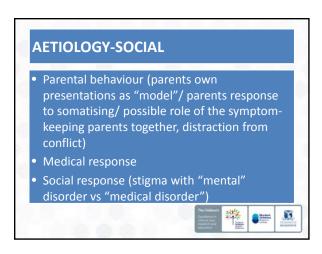


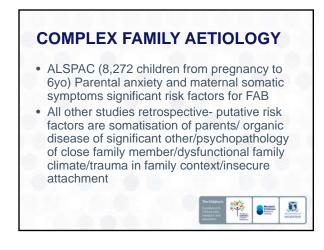


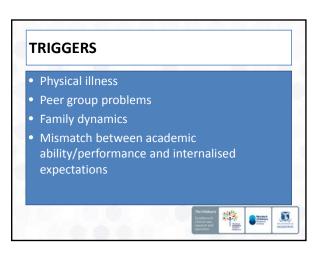


# Gender Genetic differences in neurotransmitter levels and responses (Serotonin-neuroticism,anxiety; Catecholamin-O-Methyl transferase-pain sensitivity; Tryptophan hydroxylase-somatic anxiety) Temperament (behavioural inhibition, harm avoidance)

# AETIOLOGY- PSYCHOLOGICAL Past trauma "alexithymia" not able to relate to psychological models of responses to difficulty "don't get stressed"/ avoid anxiety conscientiousness Poor coping/catastrophize Psychopathology such as anxiety/depression







### PRIMARY AND SECONDARY GAIN

- Primary gain is the avoidance of unpleasant and overwhelming affect (anxiety/anger/depression)
- Secondary gain is tangible and "rewarding" (avoidance of distressing environment, eg school/benefits of being ill/distraction from parental conflict)



# EARLY RECOGNITION (diagnosis NOT just by exclusion) Not corresponding to organic syndrome Not following normal pathway of recovery Fluctuates depending on observer Pt describes lack of fluctuation/lack of response to treatment "Protesteth too much"vehement denial of possible psychological role/ of any stressors Past somatising Temperamental factors Possible secondary gains

### **ASSESSMENT TOOLS**

- Postilnik et al (algorithm-'sick,somatisers,well',limitations)
- · Rask et al (medical record interview)



### **MEDICAL RECORD INTERVIEW**

- Headache
- Syncope/collapse
- Dizziness
- Pain in limb
- Abdominal pain
- Constipation
- · Functional diarrhoea



### **MEDICAL RECORD INTERVIEW**

- "Organic" vs "Functional"
- · More likely functional if:

not following defined physical illness (duration and severity)

personal or family history of somatising

social or family history of reinforcement

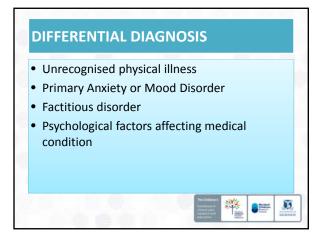
temporal relationship to

nevehosocial stressor

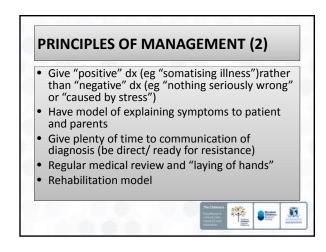
# POSSIBLE SCREENING TOOL "MADISON"

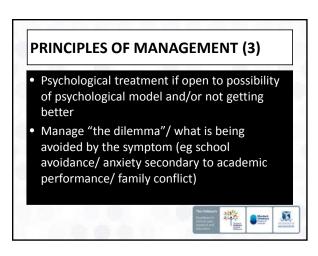
- Multiple symptoms
- Authenticity (need to authenticate the symptom)
- Denial (of possible stressors)
- Interpersonal (variation of symptom with different observers)
- Singular presentation (not in keeping with known organic illness)
- · Only you (can help)
- Nothing works

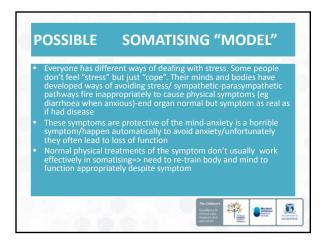


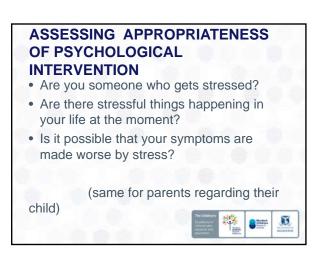












# PSYCHOLOGICAL INTERVENTION (THEORETICAL TAILORED)

- "DISSOCIATIVE" (more likely to be open to psychological intervention-? interpretive/dynamic understanding of symptoms)
- "PHYSIOLOGICAL" (possibility of psychological intervention-?CBT techniques, symptom relief)
- "ABNORMAL ILLNESS" (unlikely to take up psychological intervention, work with parents towards rehabilitation"
- "FACTITIOUS" (overt it, unlikely to take up psychological intervention)



### FORMULATION AND MANAGEMENT OF "SALLY"

- Conversion symptoms only way of dealing with overwhelming distress associated with inability to meet internalised academic expectations and (as discovered over time) with repressed sexual desires
- Individual therapy addressing above issues
- Regular medical review and support
- Vocational/ School review and liaison
- Family meetings and psychoeducation



# FORMULATION AND MANAGEMENT OF "ELIZABETH"

- Young woman who has compliantly looked after sick mother/ felt abandoned by father and had sister favoured over her/ been sexually assaulted and unable to appropriately have this addressed and then had serious medical condition. Overwhelmed with anger, but compliant, superficially "sweet" temperament=> conversion disorder
- Support and gradual sharing of formulation with her
- Addressing sexual assault both with her and with sister
- Special consideration regarding VCE result



## FORMULATION AND MANAGEMENT OF "SIMON"

- Initial gastro illness in young boy who had obsessive fear of vomiting/ temperamental need for control=> controlled eating, sensitivity to anxiety(in turn caused by lack of control) with ongoing symptoms and then exacerbated by mother-son dynamic with need to control mother/ express anger at mother by resistance
- Single paediatrician (clear medical message of recovery)/ rehabilitation model with physiotherapy/ individual therapy (support and gradual disclosure of formulation) and mother-son work with recognition of dynamic and more functional ways of addressing each others anger at each other/ liaison with school and agreement that school avoidance not an option



# FORMULATION AND MANAGEMENT OF "SAMANTHA"

- Unclear formulation, complex social background, number of primary and secondary gains from symptoms.
   Impossible to engage.
- Discussed diagnosis of "Somatising" and that no medical/organic aetiology to her symptoms. Discharged herself (with mothers consent)



# FORMULATION AND MANAGEMENT OF "MARY"

Unclear formulation.

Diagnosis of factitious disorder.

Possibility openly discussed with her and with family (given "honorable" ways out-"unusual medical illness that has resolved/ "somatisation" or factitious disorder)

Discussion with GP. Need for single treating doctor/psychological follow-up if ongoing symptoms



### SUMMARY

- Somatisation should be a "positive" diagnosis (not one of exclusion)
- Early recognition is important
- Guiding principle of management should be rehabilitation (as a "positive" treatment) with added need to address what is being avoided
- Mental Health likely to have a role with assessment of severe end of spectrum/ treatment of targeted patients

