Somatic Symptom and Related Disorders

Imagine what it would be like to break your right leg. The pain could be difficult to endure until you had a cast or support placed. You would likely need physical therapy once the bone healed. It would be difficult if not impossible to drive a car and walking to your classes would become time consuming and challenging. You might respond to your broken leg by wondering if it will heal properly, feeling frustrated by your mobility issues, and researching tips on walking with crutches or taking public transportation. These types of responses are typical and understandable given the situation. But what if you had a much stronger and longer lasting reaction?

Individuals with **somatic symptoms and related disorders** experience one or more somatic (i.e., physical) symptoms along with distressing thoughts, feelings, and behaviors that are significantly *atypical* in response to the symptoms. What distinguishes disorders in this category compared to other categories is the focus on a medical issue in conjunction with a disrupting psychological response (American Psychiatric Association, 2013; Rief & Isaac, 2014). Thus, someone who is very anxious [disrupting psychological response] about being embarrassed in social situations [non-medical issue] would be categorized under anxiety disorders (namely, social anxiety disorder) while someone who was very anxious [disrupting psychological response] about recurring back pain or frequent urinary tract infections [medical issues] would be categorized under somatic symptoms and related disorders. Since a person is much more likely to initially visit a medical facility for the somatic symptom, medical professionals will see individuals with somatic symptoms and related disorders more than mental health professionals.

DSM-5 recognizes seven types of somatic symptom and related disorders. In this section, we review 2 of the most common ones:

- Somatic Symptom Disorder
- Illness Anxiety Disorder

Somatic symptoms and related disorders is a category that underwent major revision for the DSM-5 (Rief & Isaac, 2014). There are four primary changes for the DSM-5 from the previous edition: First, the name was changed from *somatoform disorders* to somatic symptoms and related disorders in order to decrease confusion. Diagnosticians found the title somatoform disorder to be too vague (American Psychiatric Association, 2013; Dimsdale, et al., 2013; Rief & Isaac, 2014). Second, there are fewer disorders in this category in an effort to improve diagnoses. Previously, the disorders under the category had too much overlap in criteria, making accurate diagnosing difficult. Third, the central criteria were revised to state that there only needs to be a presence of at least one somatic symptom along with the atypical distressful response. The *DSM-IV* overemphasized a criterion that the somatic symptom be *absent* of a medical explanation, leading many with actual medically explained conditions without any help for their distressful reactions. Finally, the previously titled disorder *hypochondriasis* has been removed. Most of the cases now fall under the main disorder of somatic symptom disorder while a smaller percentage fall under a new disorder called illness anxiety disorder.

Somatic Symptom Disorder

If a person suffers a mild heart attack, a typical response might be to worry about one's overall health, to research what changes are needed to prevent another attack, and to feel scared that the event happened. Someone with somatic symptom disorder would have a longer lasting and more intense response to the same situation. **Somatic symptom disorder** is a disorder where one or more physical symptoms cause distress and disrupt one's daily life, across a time period exceeding six months. In other words, the somatic issue overly burdens them. Symptoms include:

- At least one somatic symptom that is distressing or that causes interference in daily life.
- Thoughts, feelings, or behaviors about the somatic symptom or related health concerns that are excessive and atypical, such as constantly thinking about the somatic symptom, feeling very high levels of anxiety about one's health, and acting in ways that show too much emphasis on the symptom.

It is the primary disorder under the somatic symptoms and related disorders category. The physical symptoms may or may not be associated with an actual medical diagnosis. In severe cases, the focus on health issues becomes a central part of the person's identity, interpersonal relationships, and focus. Since it is a new diagnosis, prevalence rates are not known. Females report more somatic symptoms than males, possibly leading to a higher rate of diagnoses for females (American Psychiatric Association, 2013). Cases in older adults may go undiagnosed due to the increase in physical issues affecting that population and the assumption that concern over illness is *typical* (American Psychiatric Association, 2013).

Illness Anxiety Disorder

Ex-smokers may worry about acquiring lung cancer or some other medical condition based on their prior habit. This response may be considered natural and not diagnosable as long as it is not excessive or interfering with daily life. But if a person becomes overly preoccupied with having or contracting a serious illness, particularly when no illness is present, then they may have illness anxiety disorder. For example, a person gets a headache and thinks he has brain tumor or another person insists on numerous visits to the emergency room to test for cancer that "must be somewhere." **Illness anxiety disorder** is a disorder where there is a preoccupation and irrational fear of suffering from or acquiring a medical condition when somatic symptoms are either minimal or not present and where preoccupation has lasted at least six months.

Symptoms include:

- Worry about having or getting a serious medical condition
- Mild or no presence of somatic symptoms
- Intense feelings of anxiety related to one's health
- Either engaging in excessive behaviors related to one's health, such as frequently checking blood pressure on a home monitor system, or displaying extreme

avoidance of health-related behaviors, such as refusing to see a doctor despite complaints

Someone with illness anxiety disorder has a great deal of anxiety. Why, then, is it not classified under the category of anxiety disorders? Recall that the central component of somatic illnesses and related disorders is the focus on a medical issue in conjunction with a disrupting psychological response. Although a medical condition may not exist at all for someone with illness anxiety disorder, he or she is still overly concerned about a medical issue. If the focus were not on something medical, then this condition would be categorized elsewhere.

Life with this disorder can be debilitating. The excessive worry over a possible medical disease usually results in constantly discussing these worries in social relationships, frequently checking for any signs of illness, and spending too much time and energy researching possible illnesses. Relationships become strained as a consequence (American Psychiatric Association, 2013).

Reference list:

American Psychiatric Association (APA). (2013a). *DSM-5: Diagnostic and statistical manual of mental disorders* (5th ed). Washington, DC: Author.

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