

DISCLOSURE

None to report

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# CHANGES TO DIAGNOSES

In DSM IV – hypochondriasis  $\Rightarrow$  somatic symptom disorder and illness anxiety disorder

- Illness Anxiety Disorder

  Preoccupation with having or getting a serious illness

  Somatic symptoms one ono present, or if present, are only mild.

  If another medical condition, placegation other is only high fish for preoccupation is clearly excessive or disproportionate

  There is a light level of anxiety doots health, and the individual is eatily alarmed about personal health status
- easily alarmed about personal health status

  The individual performs excessive health related behaviors
  (repeated checks) or maladaptive avoidance (avoids doctors)

  Illiness preoccupation has been present for at least 6 months, but
  focus may change

  Specify:

  Core seeking vs core avoidant

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### WHAT IS SOMATIC SYMPTOM DISORDER?

Does not mean that the symptoms are "in their head" or "delusional". Also does not mean that they cannot have evidence of a diagnosed illness.

Definition is somatic symptoms (which could be due to a diagnosed medical condition) PLUS excessive worry, thoughts and behaviors related to the symptoms

Out of proportion to the vast majority of people with this illness.

Specify with predominant pain (previously pain disorder)

### CASE EXAMPLE OF SSD

le. Bob is a 50 year old male with GERD. GERD has been diagnosed via scope. Bob is now on a PPI.

Bob has restricted his diet extremely due to GERD, does not eat at restaurants, worries all day about an "flare", has had to take significant time off work, and sees his physician frequently worried he has stomach cancer.

Bob has GERD. However, the disability and impairment from the CERD is out of proportion to what most people experience. It is causing significant disability in his life. Bob likely has GERD and a somatic symptom disorder.



# **HOW TO ADDRESS SSD**

"What we know is that you have inflammation in the lining of your esophagus that is consistent with a diagnosis of GERD, however, we can also see that the worry and stress around the GERD is taking on a life of its own and causing significant impairment in your life".

"Sometimes there are things that we cannot completely understand in medicine, or syndromes that may be better explained in the future with more research. Right now, there is no clear cause of your residual symptoms. We need to shift the goal to improving your function and your quality of life rather than continuing to do further tests and focus on the symptoms unless the clinical situation changes".

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## NON-MEDICAL TREATMENT FOR SSD

TV metaphor

The symptoms that have not changed with medications or surgery, despite our greatest efforts, are like a TV stuck on a FRIENDS re-run — you cannot change the channel.

You can, however, gain greater control over the volume knob or the sensitivity of the antenna.

This is akin to identifying factors – ie. Exercise, light, healthy eating, therapy, control of anxiety/depression – that can decrease symptoms.

It is also identifying triggers or factors that worsen symptoms – ie. Black coffee, fatty foods, or stress



DIFFERENTIAL DIAGNOSIS

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Panic Disorder

Generalized Anxiety Disorder

Body Dysmorphic Disorder

Obsessive Compulsive Disorder

Delusional Disorder, somatic type

Conversion Disorder

Factitious Disorder

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TECHNIQUES TO MANAGE ANXIETY IN THE CLINIC

CBT thought logs around maladaptive cognitions RE health

le. "That RUQ pain is back. This might be the time that something ruptures and I die".  $\rightarrow$  Panic and hyperfocus on the pain.

Alternative thought: "I have had this pain many times. In the past, nothing has come from it. If this pain has changed and is more sinister, it is likely that my symptoms will evolve."

Handouts provided in package.

Review of thinking traps that can be extrapolated to symptoms.



TECHNIQUES TO MANAGE

CLINIC

**ANXIETY IN THE** 

When the pain/nausea/symptoms intensify, try the DIAL techniques

D — deep breathing

DBT techniques

I – ice

A – aerobic exercise

Alternatively, creating a list of pleasurable activities

Handouts provided in package.

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ACCEPTANCE AND **COMMITMENT THERAPY** 

Quicksand Metaphor

Sometimes more struggle = more stuck

Radical acceptance of the chronic illness

"Clean" symptoms = sx of IBD

"Dirty symptoms" = suffering from trying to control

Focus is on resilience of living a good life WITH



GENERAL TREATMENT **PRINCIPLES** 

- Regular outpatient visits (4-8 weeks) pre-scheduled, not dependent on symptoms
- Stop the cycle of the sick role
- Goal is function, not symptom relief
- SMART goals can be utilized



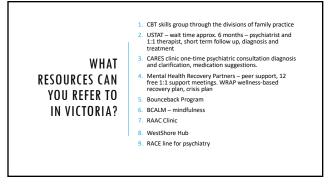
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