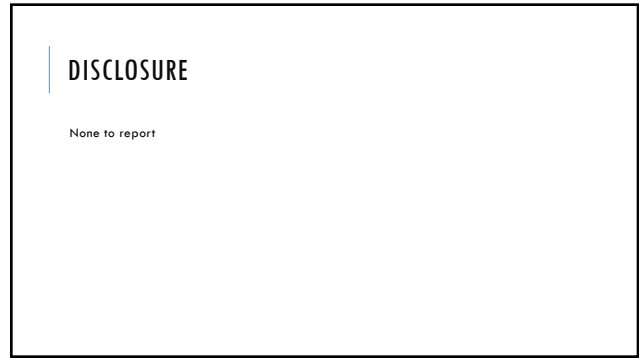
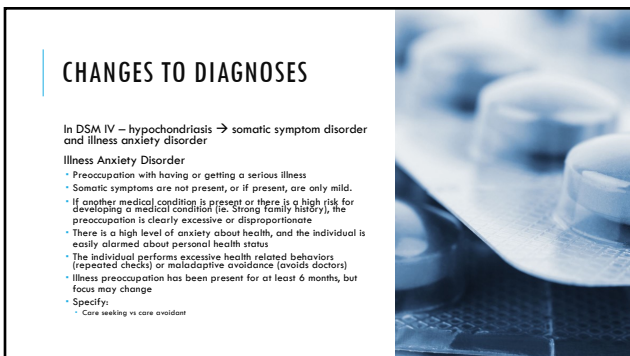




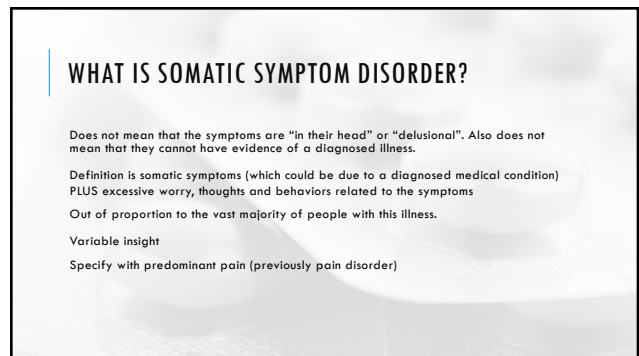
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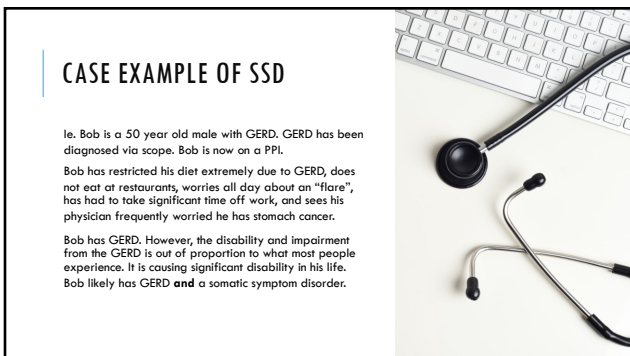
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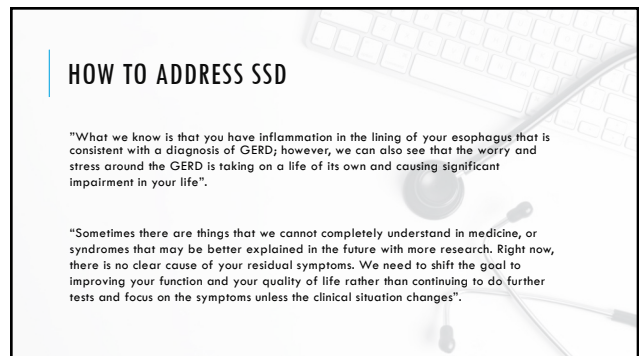
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NON-MEDICAL TREATMENT FOR SSD


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



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DIFFERENTIAL DIAGNOSIS

- 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

ie. "That RUQ pain is back. This might be the time that something ruptures and I die". → 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.



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TECHNIQUES TO MANAGE ANXIETY IN THE CLINIC

DBT techniques

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

- D – deep breathing
- I – ice
- A – aerobic exercise
- L – legs

Alternatively, creating a list of pleasurable activities for distraction.

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 the symptoms


Focus is on resilience of living a good life WITH physical sx



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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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CONSIDERATIONS FOR PHARMACOTHERAPY: TREATING COMORBIDITIES

- SSRIs**
 - Sertraline – cardiac-friendly, pregnancy
 - Escitalopram
- Mirtazapine**
 - Nausea, sleep, appetite
- SNRIs**
 - Venlafaxine, Desvenlafaxine
- Low-dose tricyclics**
 - Caution in suicidal patients
- Adjunct with oral/parenteral antipsychotics**
 - Quetiapine 150-500 mg
 - Quetiapine XR 25-50 mg up to 300 mg
 - Risperidone 2-5 mg
 - Risperidone 0.5 mg-1 mg
 - Risperidone 0.5-1 mg
- Pragolitin, Citalopram**

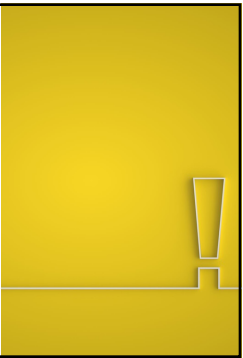
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THESE ARE NOT WORKING – WHAT NEXT?

Refer onward.

Discuss with the patient that a referral to psychiatry does not mean it is “all in your head” or that “you are crazy” or “We don’t believe you”.

Rather, we want to identify and treat any possible comorbid depression or anxiety to minimize any contribution or exacerbation this may have on their physical symptoms.



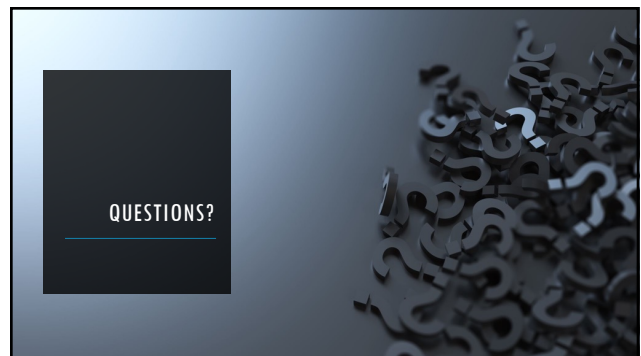
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WHAT RESOURCES CAN YOU REFER TO IN VICTORIA?

1. CBT skills group through the divisions of family practice
2. USTAT – wait time approx. 6 months – psychiatrist and 1:1 therapist, short term follow up, diagnosis and treatment
3. CARES clinic one-time psychiatric consultation diagnosis and clarification, medication suggestions.
4. Mental Health Recovery Partners – peer support, 12 free 1:1 support meetings. WRAP wellness-based recovery plan, crisis plan
5. Bounceback Program
6. BCALM – mindfulness
7. RAAC Clinic
8. WestShore Hub
9. RACE line for psychiatry

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QUESTIONS?



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BIBLIOGRAPHY

Levenson, JL. Somatic Symptom Disorder: Epidemiology and clinical presentation. In: UpToDate, Wolters Kluwer. (Accessed on September 22, 2024.)

Levenson, JL. Somatic Symptom Disorder: Treatment. In: UpToDate, Wolters Kluwer. (Accessed on September 22, 2024.)

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