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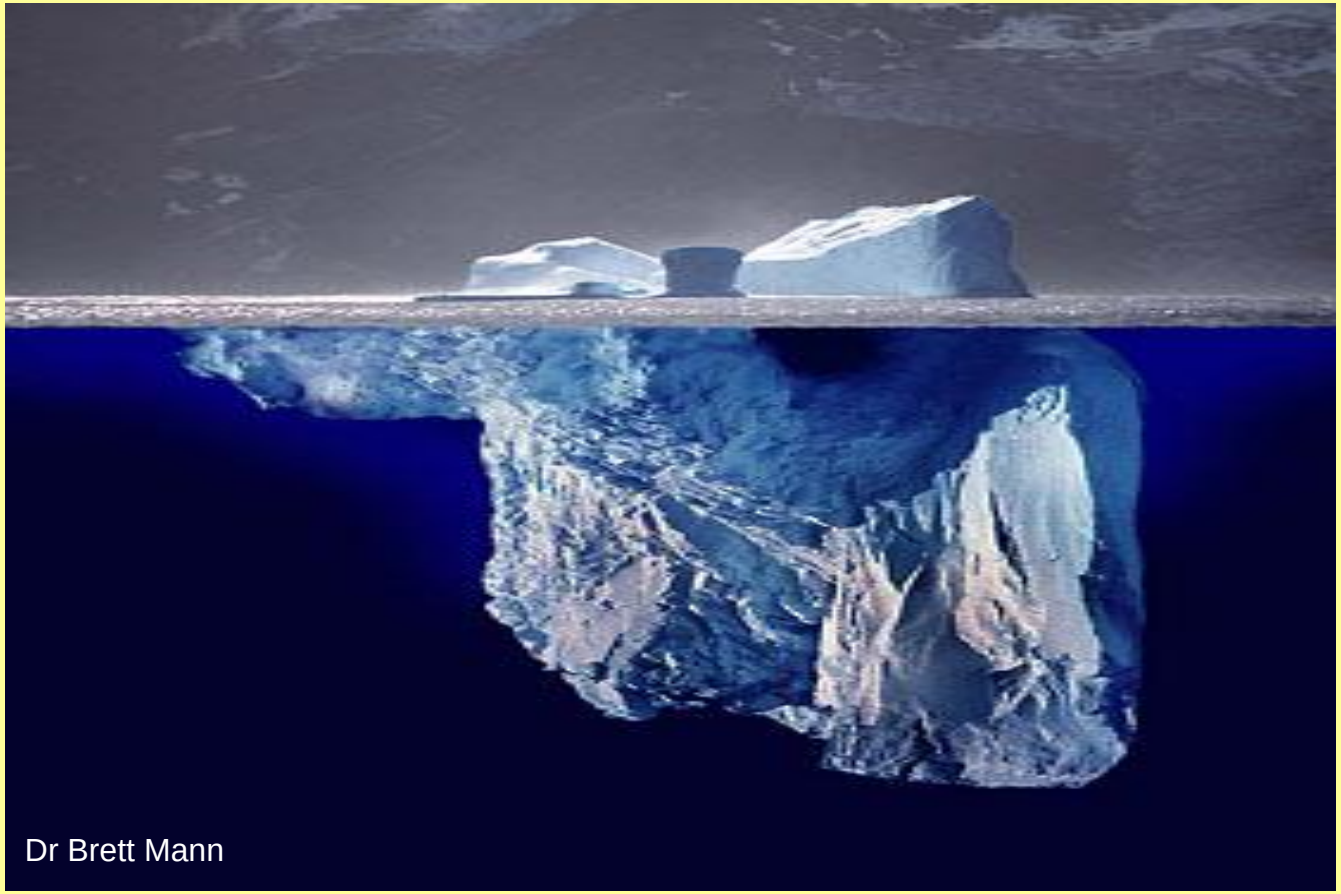
Managing Somatisation in GP - Pre-Conference Workshop Repeated

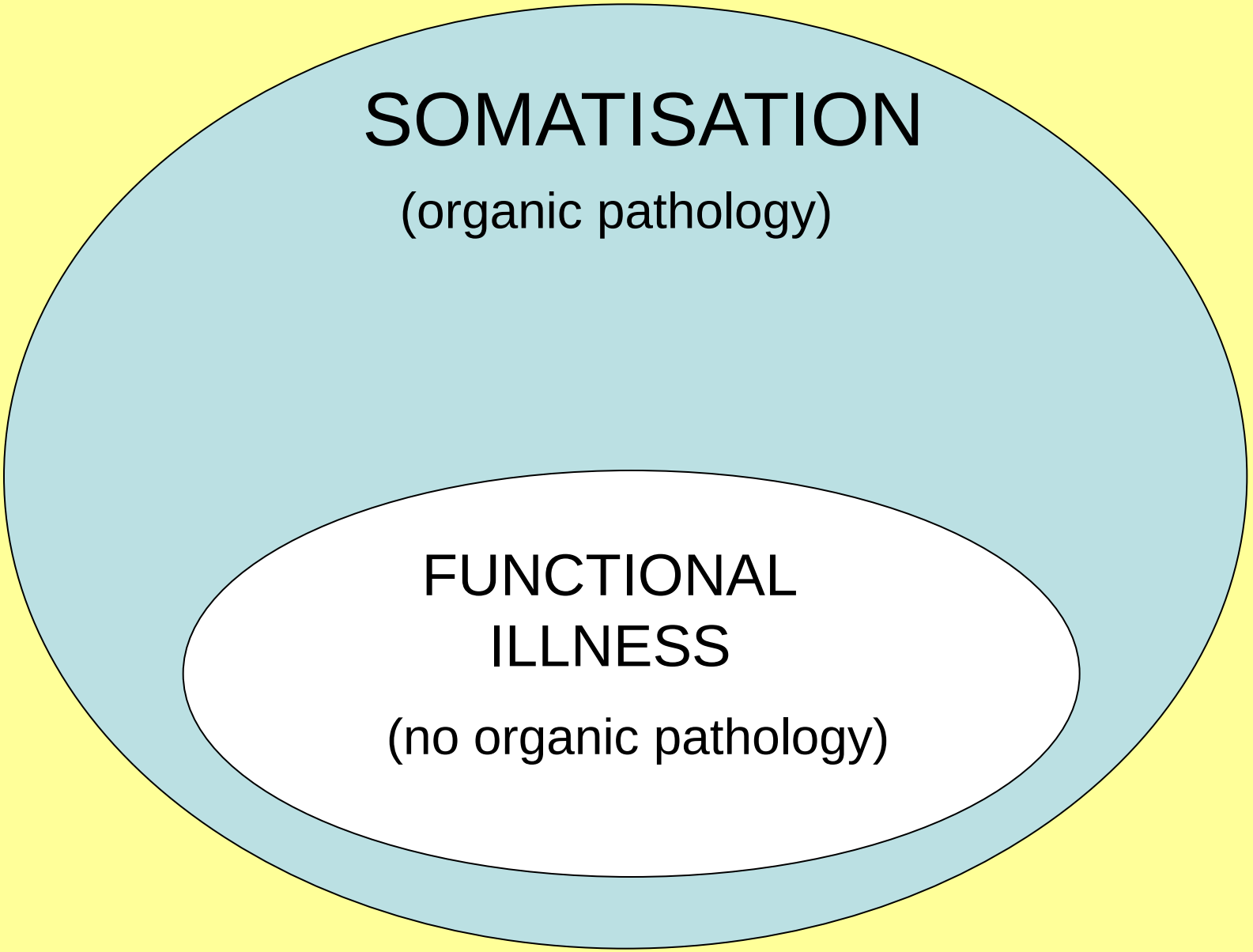
Thursday, 09 June 2011	Start 2:00pm	Duration: 120mins	Picasso
	Start 4:30pm	Duration: 120mins	Picasso

Generalism: The Challenge of Somatising Illness



Somatisation

the expression in physical symptoms of psychological or social distress


SOMATISATION
(organic pathology)
FUNCTIONAL
ILLNESS
(no organic pathology)

Facultative somatisers

present with physical symptoms but readily accept psychosocial explanations if the doctor asks

appropriate questions and provides adequate explanation

Patterns of ‘functional illness’

1. Worse with pressure/responsibility/relationship challenges/stress.
2. Usually absent at night and first thing on waking, better when more relaxed e.g. weekends and holidays, during or after exercise.
3. Often poor fit to biomedical patterns, sometimes atypical, unique, hard to describe sx.
4. Often ‘triggered’ by stressful event but sx persist due to other minor day to day pressures/ responsibilities/ stresses even though the initial event has resolved.
5. Multiple sx in different organ systems. When one sx is prominent others usually recede.

Four consultation skills

- Empathise
- Normalise: ‘We all get physical symptoms with stress…I get…’
- **‘This is not necessarily any reflection on how well you are coping…’**
- Explain

Four Standard Questions

1. **‘What was going on in your life around the time the (symptoms) started?’**

   If the patient says, ‘Not much,’ say

   ‘There may not have been much going on but can you tell me what was happening?’

2. ‘Are your (symptoms) ever related to stress?’

3. ‘Are there any times you don’t have (symptoms) or when the (symptoms) are better?’

   e.g. immediately on waking, weekends, holidays (note time of last holiday), exercise.

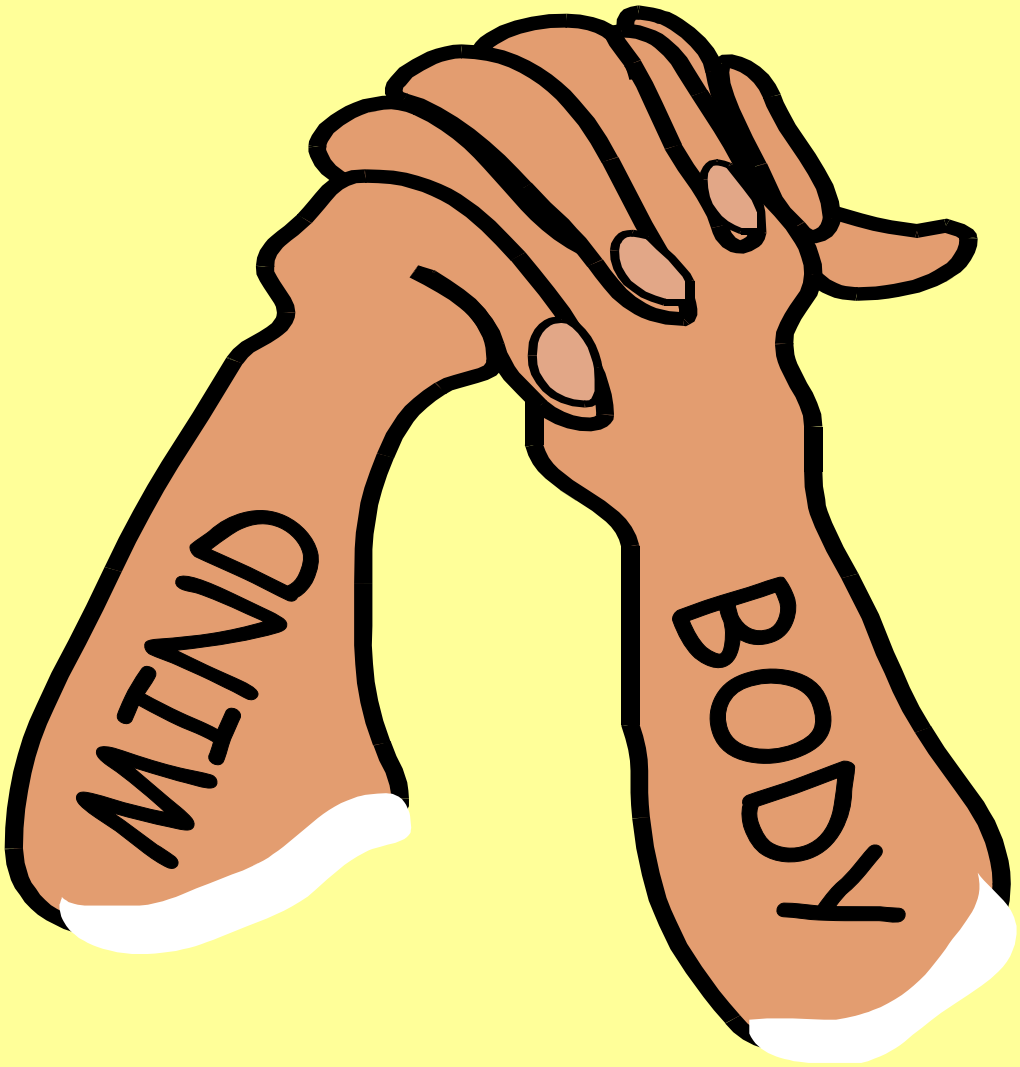
4. ‘Are there any times when you are very likely to have the (symptoms) or when the (symptoms) are worse?’

Explain

Connections Between

Mind and Body

Clasped Hands



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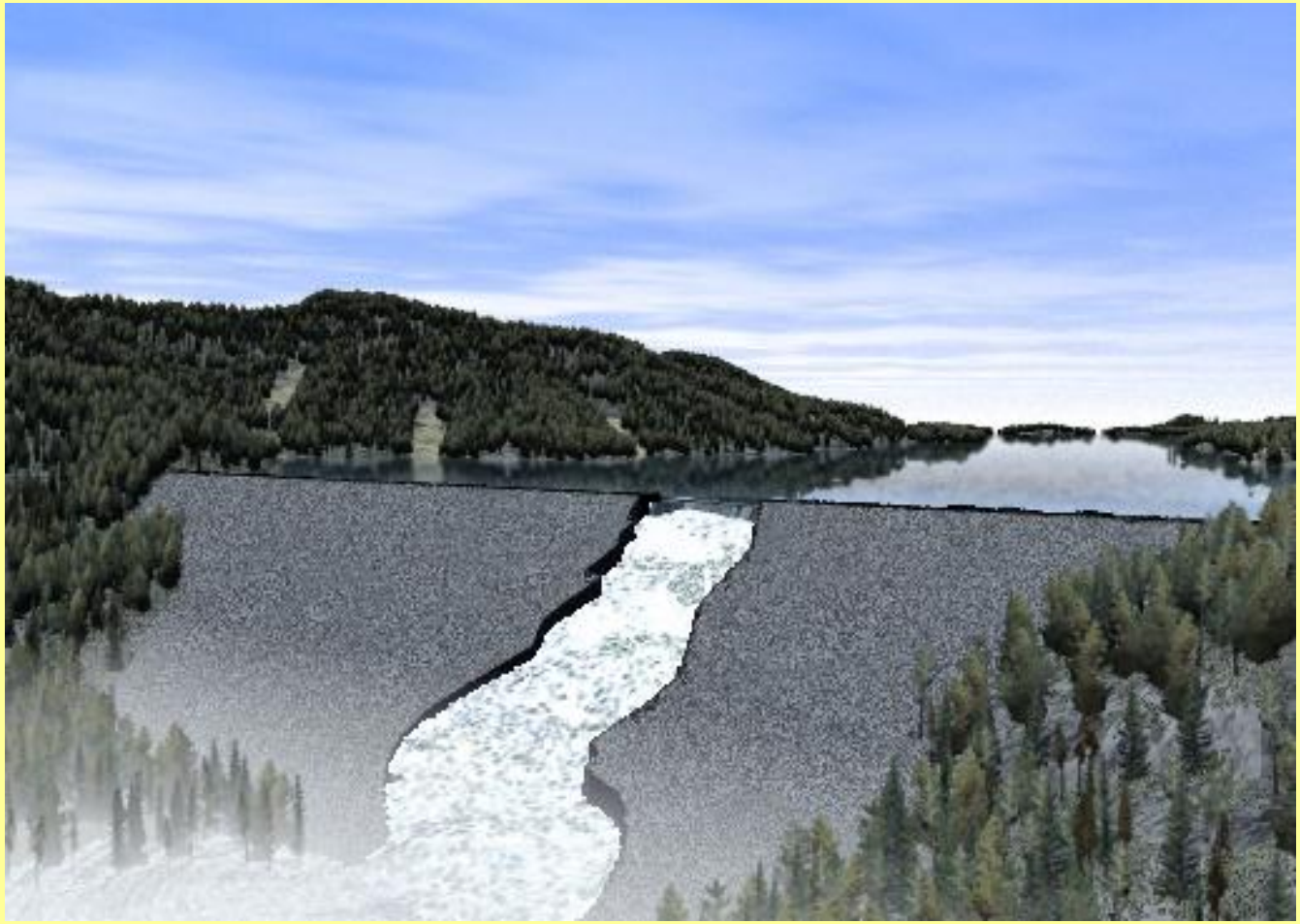
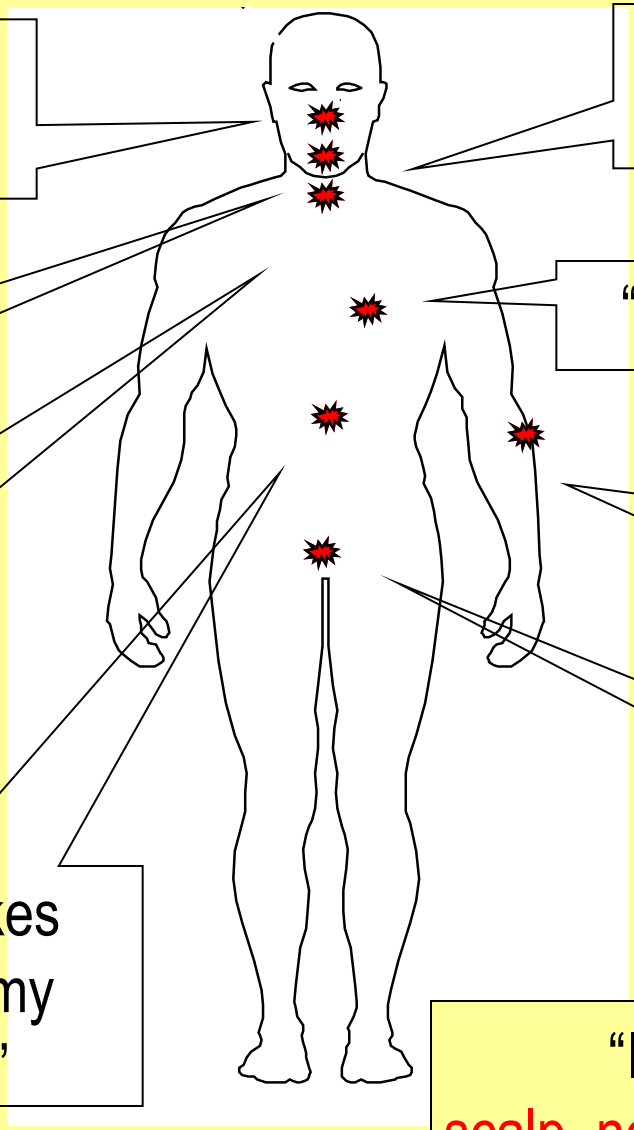


‘**The** (gut, skin, nose/sinuses, breathing…) **is a very emotional organ.’**

- ‘Most people have had the experience of butterflies in the stomach, being upset and going off their food...’ (gut)
- ‘When we get embarrassed we go red, when we get a fright we go pale...’ (skin)
- ‘When we cry the nose blocks and runs but that is just one end of a spectrum…’ (nose/sinuses)
- ‘When we cry we sob, when we get a fright we gasp, when we are anxious we breathe quickly.’ (breathing)

Common Mind-Body Expressions



"... gets right up my nose."

"It's a pain in the neck… "

"... a lump in my throat."

"My heart goes out..."

"… a bad taste in my mouth."

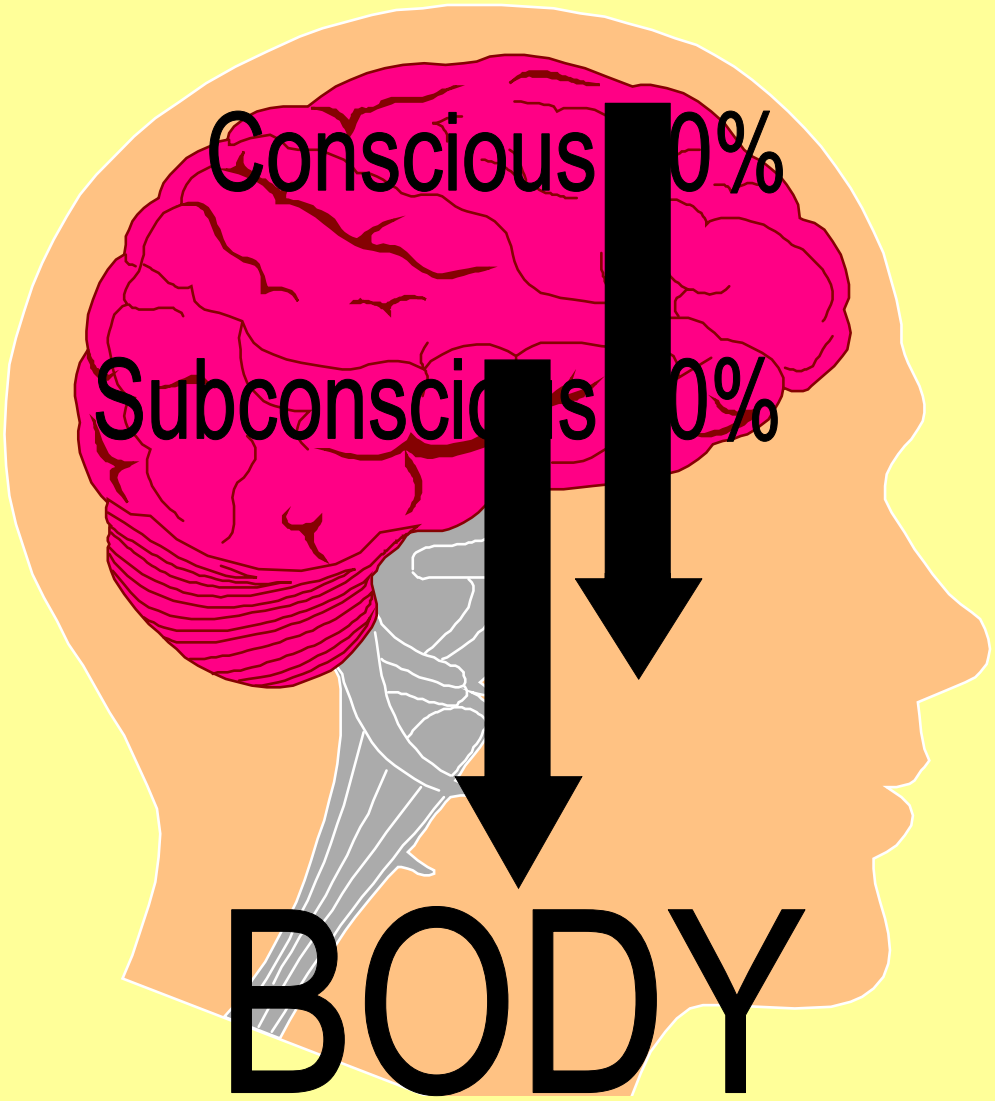
"That gets under my skin."

"... that makes me sick to my stomach."

"… pain in the rear end."

"I'm feeling uptight."
scalp, neck, shoulders, back, g.i.t.

20/80



Management

- Empathic listening
- Explanation
- Address specific fear of serious illness
- Discuss lifestyle and emotional issues
- Treat underlying anxiety disorders, depression, hyperventilation
- Consider 1-2 weeks benzodiazepine
- Writing and emotional health
- Clinical psychologist /psychotherapist /pain clinic
- Relaxation exercises /meditation
- SSRIs, TCAs

EMPATHISE

NORMALISE

X NOT COPING

EXPLAIN

Listen for Core Issues

- Powerlessness
- Worthlessness
- Hopelessness
- Meaninglessness
- Abandonment
- Fragmentation
- Emptiness

The Four P's

- **Predisposing factors**: genetics, difficult life events, accumulated stress…
- **Precipitating** (triggering) **factors**: infection, pregnancy, accident, stressful event…
- **Perpetuating factors**: pressures, responsibilities of family, work…
- **Protective factors**: genes, personality strengths, other healthy relationships…