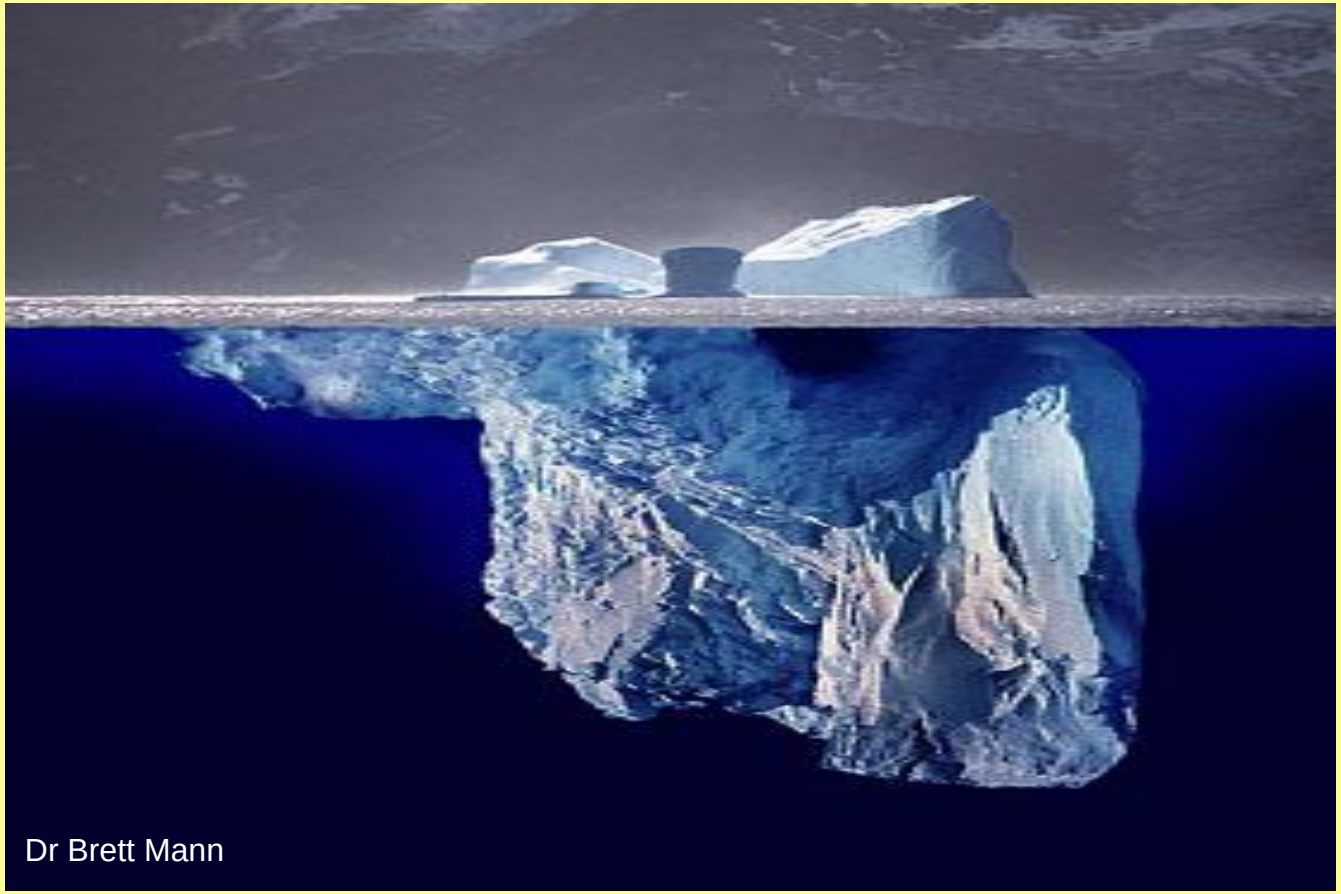
Generalism: The Challenge of Somatising Illness



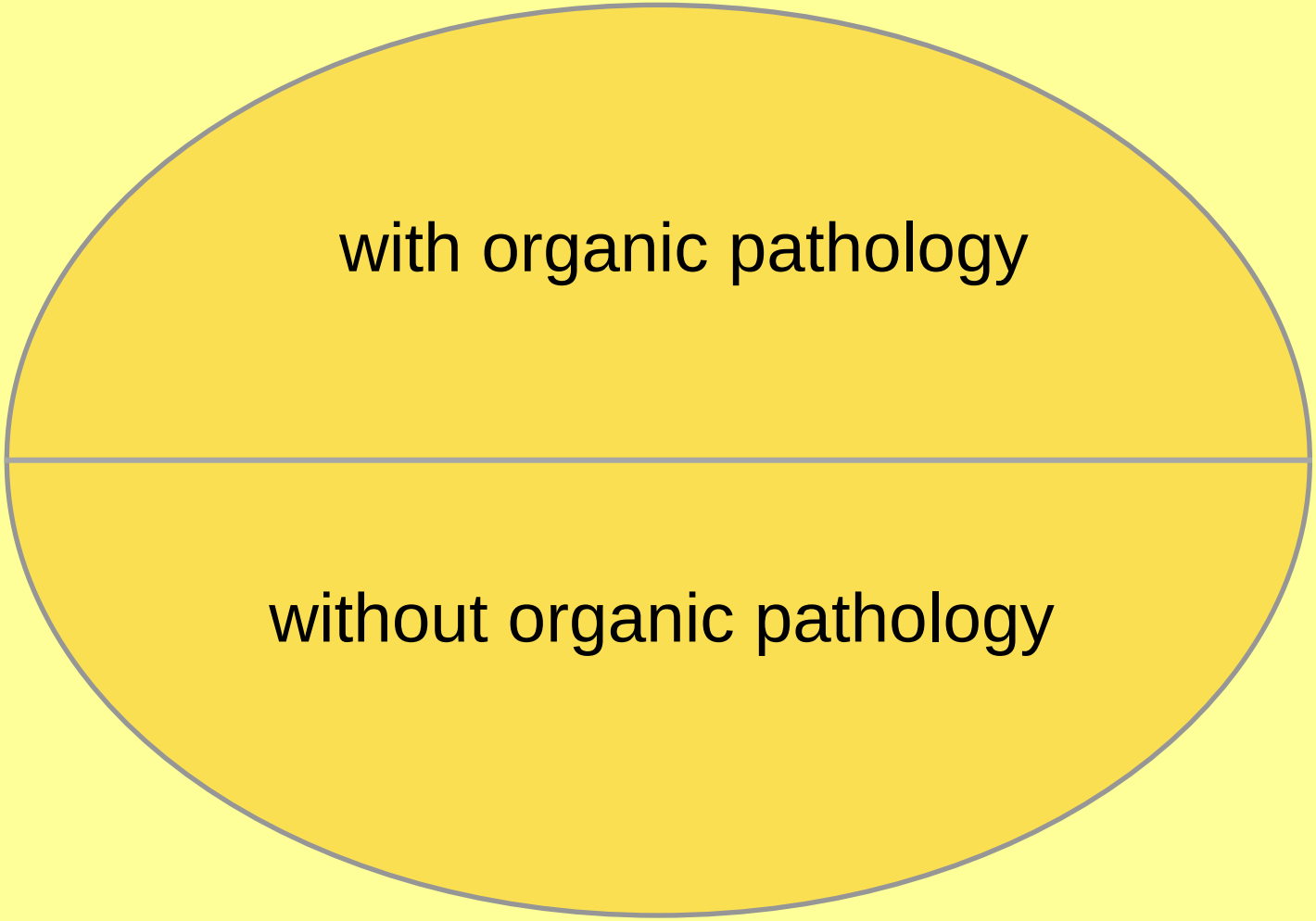
Overview

- Definition
- Research
- Not a diagnosis of exclusion
- Patterns of illness
- Four process skills
- Four standard questions
- How to avoid missing serious diagnoses
- Management

Somatisation

the expression in physical symptoms of psychological or social distress

Somatising illnesses



Facultative somatisers

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

appropriate questions and provides adequate explanation

Four Process skills

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

A positive Dx based on what is there

not a negative Dx based on what is not there.

- What are the common causes of these sx?
- What are the ‘red flags’ that need to be excluded now?
- Start management based on the most likely cause whether or not this includes somatisation.
- Review if not getting better and consider further investigation.

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?’

Patterns of ‘functional illness’

1. Worse with stress (pressure, responsibility relationship challenges).

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 may persist due to other minor day to day pressures/ responsibilities/ stresses even though the initial event has resolved.

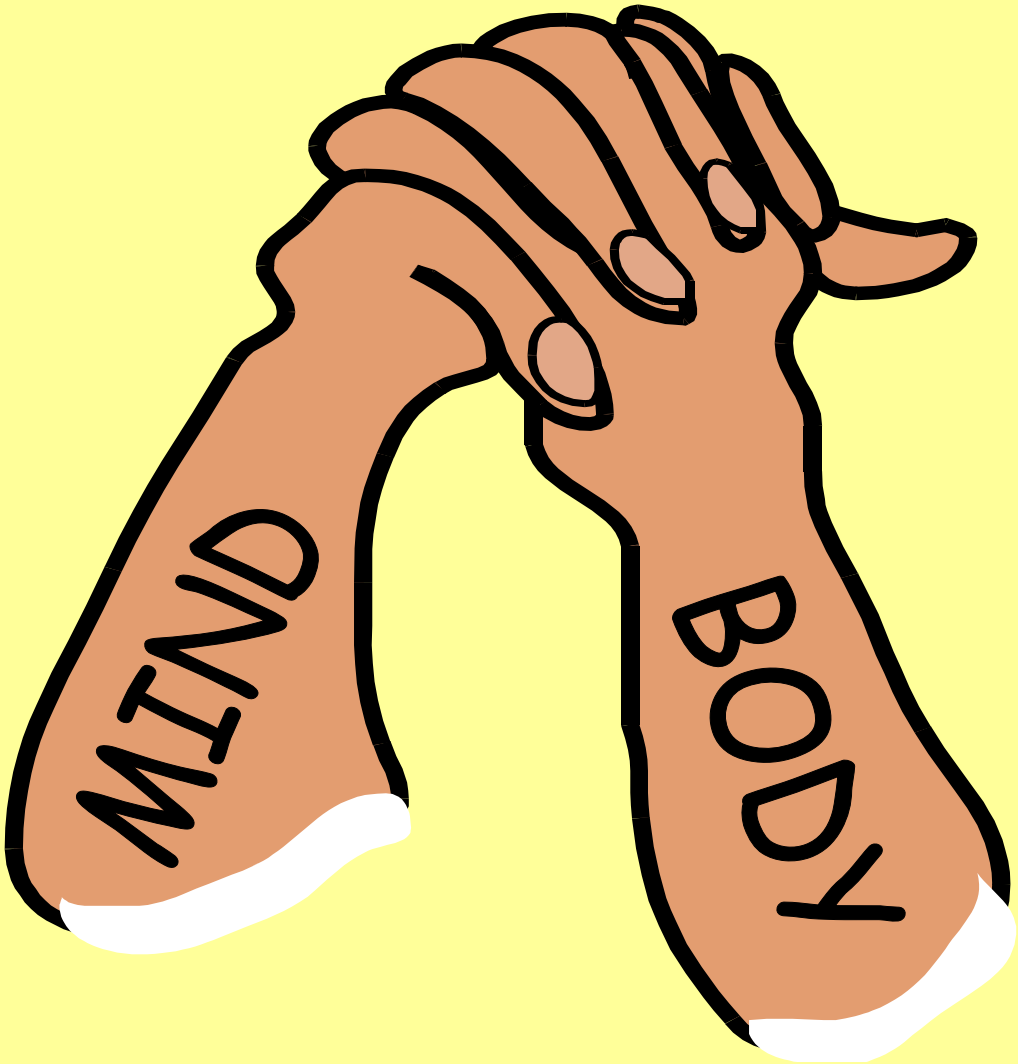
5. Multiple sx in different organ systems. When one sx is prominent others usually recede.

Do not want more investigation than other patients but do want an explanation.

Co-investigators of their own symptoms

Explain mind-body connections

Clasped Hands



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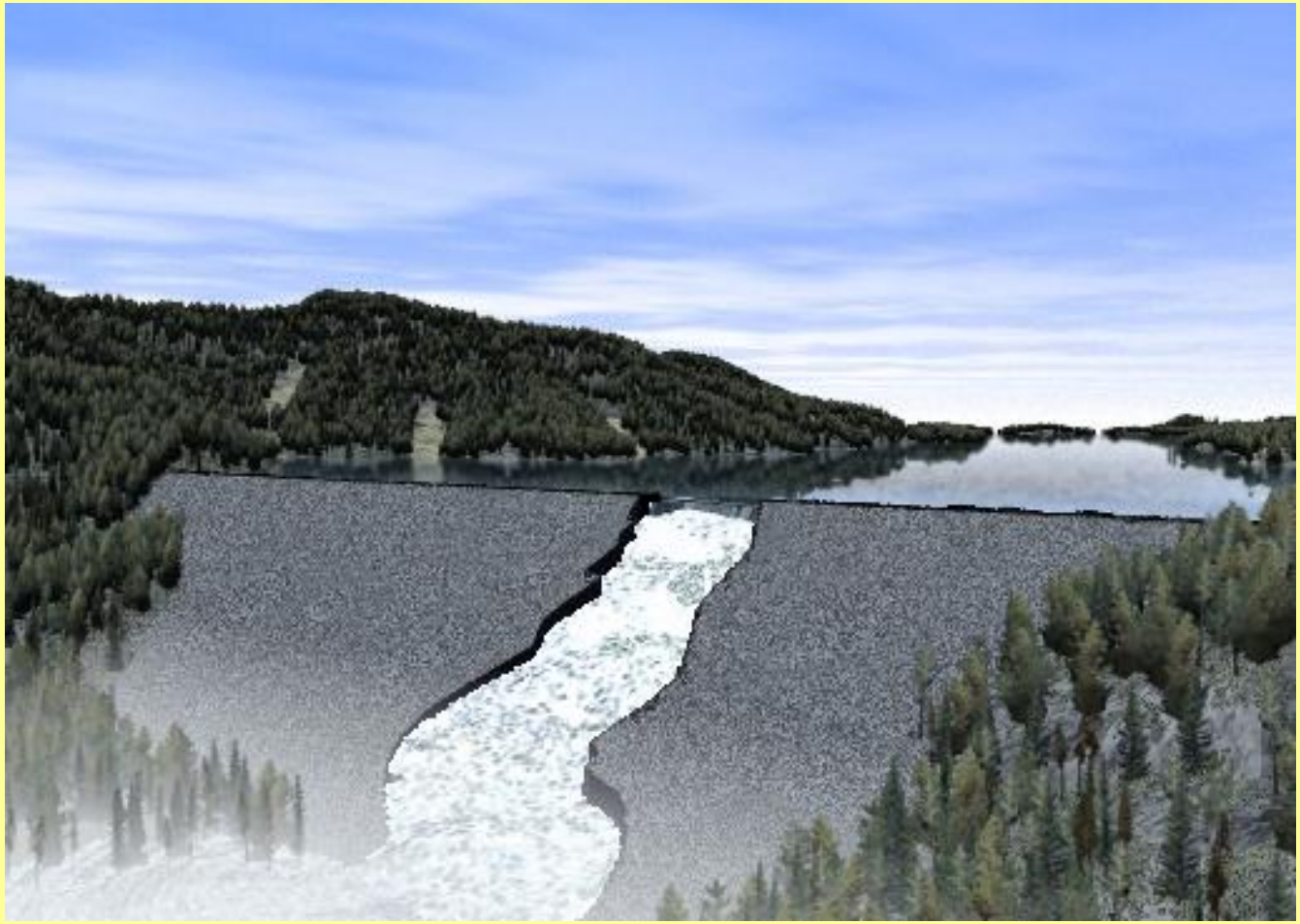
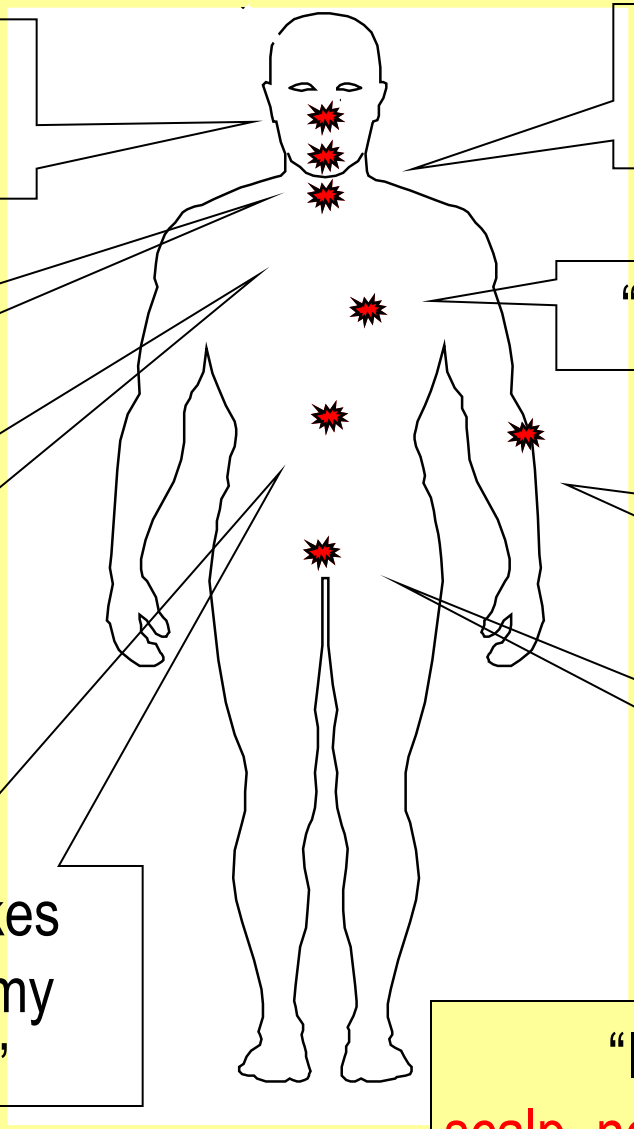


‘**The** (gut, skin, nose/sinuses, breathing…) **is a very emotional organ.’**

- ‘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."

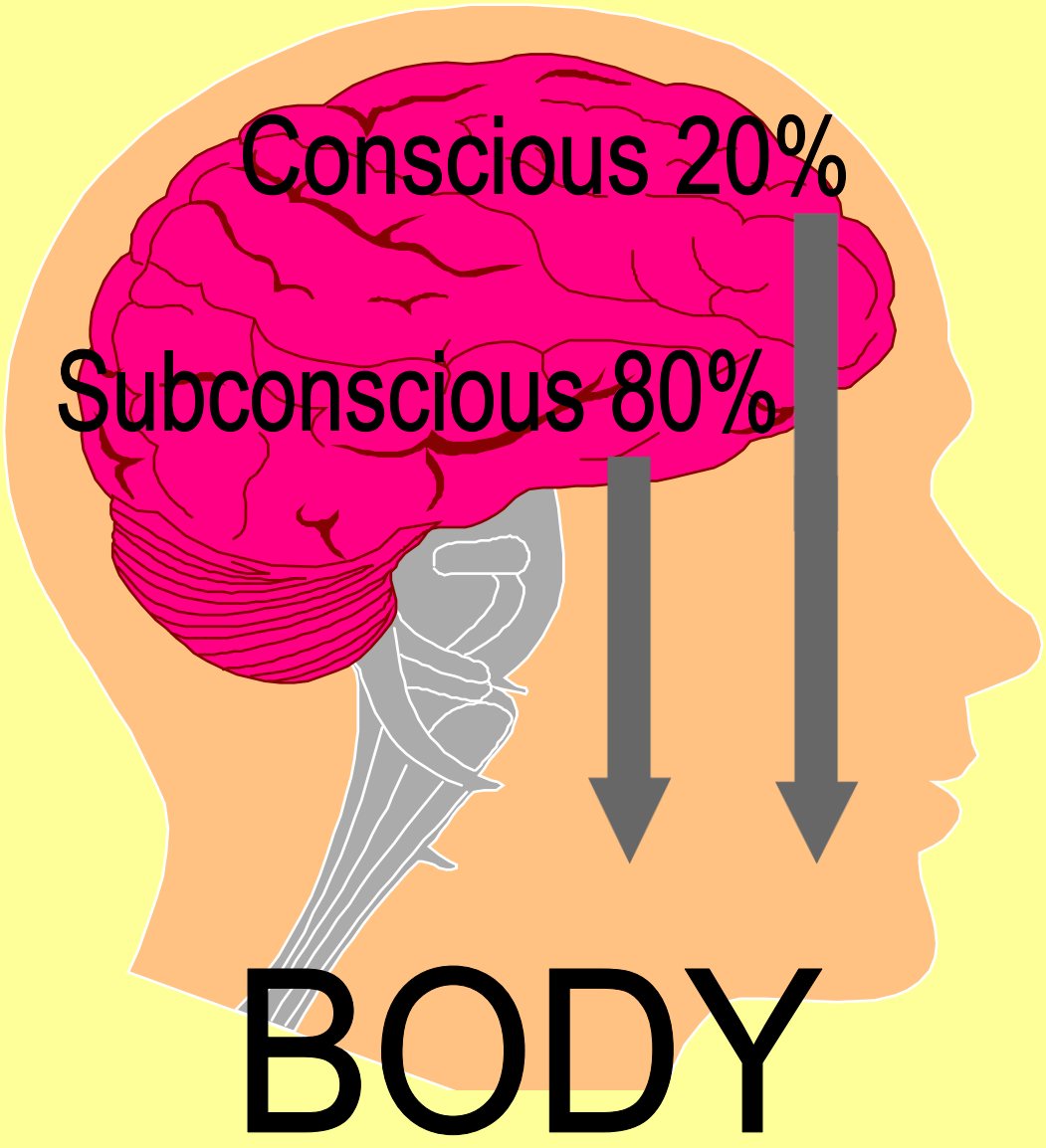
"That gets under my skin."

"... 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