Medically unexplained physical symptoms

Exploring philosophical and practical implications of a change in diagnostic criteria

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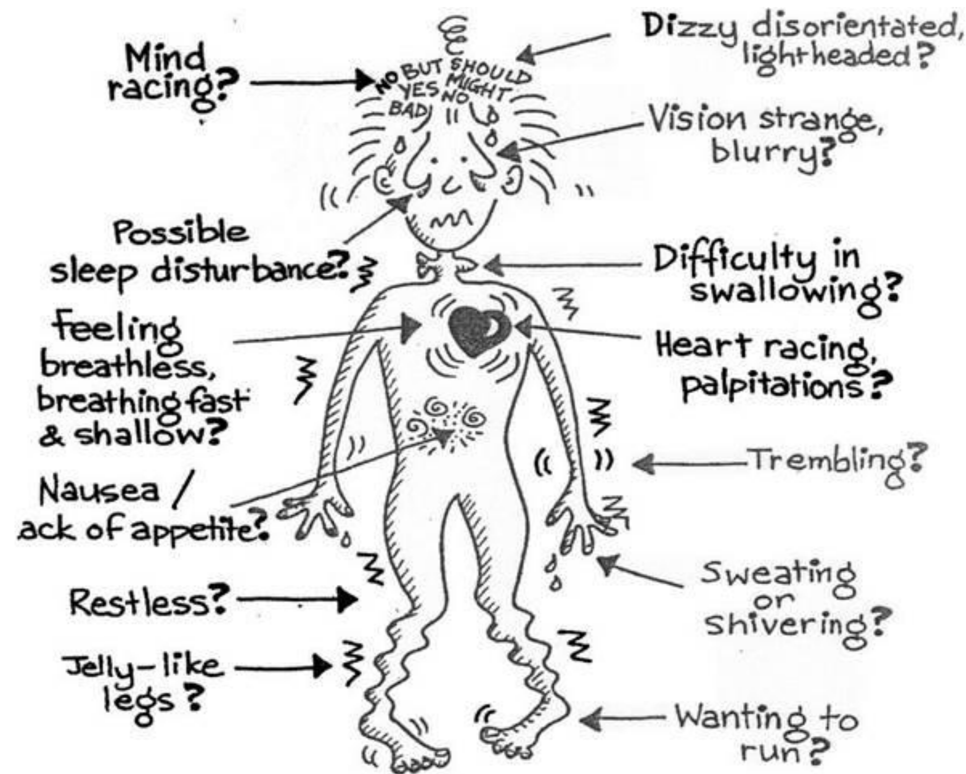
Workshop structure



- Introduction of participants
- (Philosophical) background
- Discussing DSM-IV to DSM-5
- Some empirical findings
- Re-discussing DSM-IV to DSM-5 and the relation of psychiatry to somatic medicine

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Somatic symptoms and bodily distress

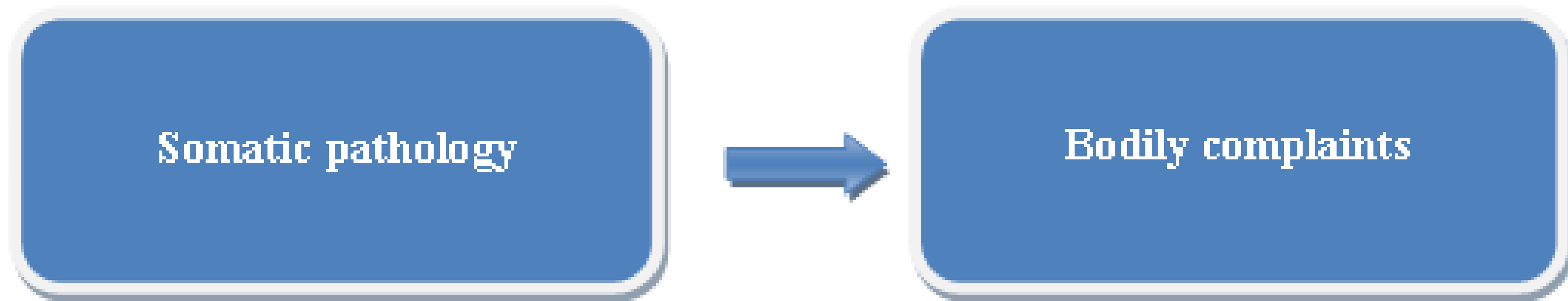
- Somatic symptoms and bodily distress have always been considered an integral aspect of (psycho)pathology. Many patients present with persistent bodily complaints – such as headache, joint pain, fatigue, and stomachache – which are severely disruptive and functionally disabling.

- Individuals with these conditions primarily present in medical rather than mental health settings.

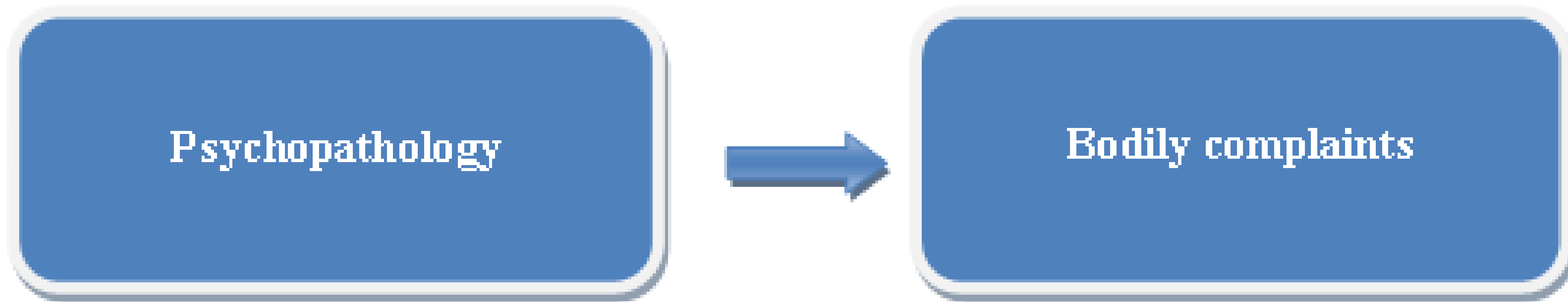
- It is commonly assumed that – beyond the somatic symptoms – phenomenological self-experience plays an important role for adolescent patients.

Van Geelen et al., *The self beyond somatic symptoms: A narrative approach to self-experience in adolescent chronic fatigue syndrome,* Psychopathology, 2015.

Somatic model of bodily complaints



Psychopathological model of bodily complaints



Biopsychosocial model of bodily complaints

Biological factors

Psychological factors

Social factors

Bodily complaints

Somatic symptoms and bodily distress

Main symptom	Speciality	Syndrome
Stomache pain	Gastro-enterology	Irritable Bowel Syndrome
(Joint) pain	Rheumatology	Fibromyalgia
Headache	Neurology	Tension headache
Heart palpation/ racing	Cardiology	Non-cardiac chest pain
Fatigue	Immunology	Chronic fatigue syndrome

From DSM-IV to DSM-5

A major – philosophical - motivation for the move from DSM-IV somatization disorder to DSM-5 somatic symptom disorder was to overcome mind-body dualism.

DSM-IV Somatization Disorders

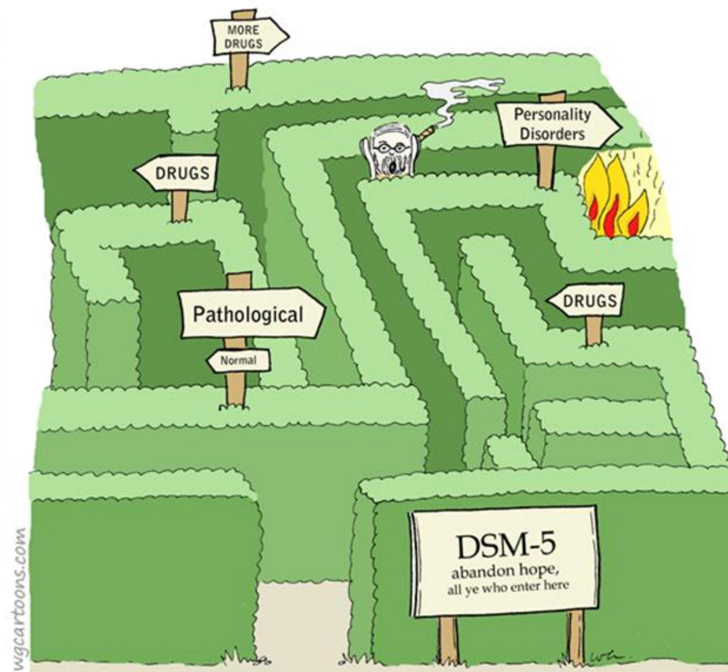
- Category: Somatoform disorders (also, hypochondriasis, conversion disorder)
- A history of multiple somatic complaints over several years, starting prior to the age of 30.
- Four symptoms of pain, two symptoms in the digestive tract, one symptom involving the sexual organs, and one symptom related to the nervous system.
- Such symptoms cannot be explained by a general medical condition and are not fictional (as in factitious disorder).

DSM-5 Somatic Symptom Disorder

- Category: Somatic symptom and related disorders (also, illness anxiety disorder, conversion disorder)
- Criterion A: *One* or more somatic symptoms that are distressing or result in significant disruption of daily life
- Criterion B: Excessive thoughts, feelings, or behaviors related to the somatic symptoms or associated health concerns
- Criterion C: Persistent state of being symptomatic – more than 6 months
- *Medical conditions are not excluded*

Discussion: From DSM-IV to DSM-5

- How do you feel about the new DSM-5 classification?
- What would be your major concerns with this attempt to overcome mind-body dualism, and the seperation of psychiatry and somatic medicine?



Critiques on DSM-5 SSD

- Psychiatric expansion: the diagnosis no longer excludes patients with a somatic disease. Thus, it is argued that many people with medical conditions will now be mislabeled as mentally ill.

- Due also to depending on the presence of only a single somatic symptom, it is further contended that the new criteria will lead to unrealistic estimates of psychiatric prevalence rates and individuals with little functional impairment.

- Recommendations with regard to the relevant DSM-5 chapter have ranged from calls for a more critical rethinking, to the urgent appeal to rewrite the text, and even to the suggestion of completely ignoring its use.

(See for example: *BMJ* 2013; 346, Frances A, King SA, Philips J.)

Adolescent SSD: An empirical investigation

- Question: How do different strategies to define problem groups regarding somatic symptoms within a general adolescent population influence research findings?

- Aim: To investigate the significance of the number of somatic symptoms, and the influence of the addition of a psychological concerns criterion to the somatic symptoms on:

- prevalence rates
- self-reported medical and psychiatric conditions
- gender
- functional impairment

Van Geelen, Rydelius & Hagquist, 2015, *Journal of Psychosomatic Research.*

Adolescent SSD: An empirical investigation

- Cross-sectional population-based data from *Ung i Värmland* (n=3104) in 2011, were used.
- Questionnaires were returned for 2620 adolescents (response rate 84.4%).
- Complete data were available for 2476 adolescents.
- The genders were equally represented (49% boys, 51% girls).
- The majority of adolescents born in Sweden (92.7%).
- Lived together with both parents (62.6%) and was 16 years old in the year of investigation (95.0%).

Adolescent SSD: An empirical investigation

1) The first strategy: 3+ concurrent distressing persistent somatic symptoms that were experienced often, or always during the last year. (Escobar et al, 2010).

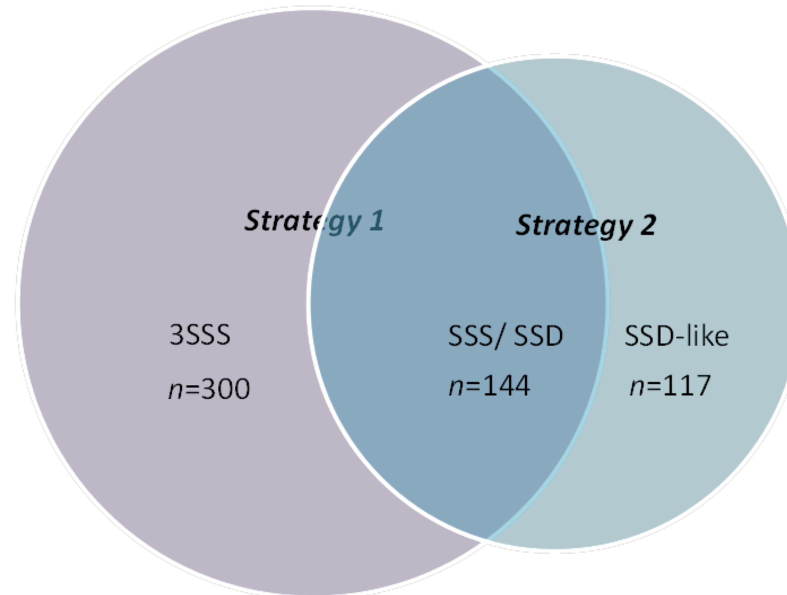
2) The second strategy:

I) at least one distressing persistent somatic symptom that was experienced often, or always during the last year

+

II) serious psychological concern regarding illness and health, following from either a. the answer often, or always to the question *'How often are you worried that you have a serious illness?'*, or b. 'the answer not healthy at all to the question *'How healthy do you consider yourself to be?'*, or c. the answer very poor to the question *'How would you rate your general well-being?'*.

Adolescent SSD: An empirical investigation



3SSS = Three or more persistent distressing somatic symptoms, no serious psychological concerns, *n* = 300 (12.1%).

SSS/ SSD = Three or more persistent distressing somatic symptoms in combination with serious psychological concern, *n* = 144 (5.8%).

SSD-like = One (or two) persistent distressing somatic symptom(s) in combination with serious psychological concern, *n* = 117 (4.7%).

Adolescent SSD: An empirical investigation

- In total, 561 adolescents (22.7%) fulfilled the criteria for at least one of the two strategies.
- Reporting 3+ persistent distressing somatic symptoms (Strategy 1; n=444, 17.9%) was significantly more common than reporting one or more persistent distressing somatic symptom in combination with serious psychological concern (Strategy 2; n=261, 10.5%).

Table 1: Gender-distribution in different groups

	3SSS	SSD-like	SSS/ SSD	No case
Total (*n*)	300	117	144	1915
Boys (*n*, %)	80 (26.7%)[a]	45 (38.5%)[a]	36 (25.0%)[a]	1053 (55.0%)[a]
Girls (*n*, %)	220 (73.3%)[b]	72 (61.5%)[b]	108 (75.0%)[b]	862 (45%)[b]

[a,b] Means with different superscripts in the columns differ significantly at $p < .05$.

Adolescent SSD: An empirical investigation

	Boys (*n*=1214)				Girls (*n*=1262)			
	SSS	SSD-like	SSS/SSD	No case	3SSS	SSD-like	SSS/SSD	No case
Total (*n*)	80	45	36	1053	220	72	108	862
Diabetes (*n*, %)	3 (3.8%)[b]	2 (4.4%)	4 (11.1%)[b]	12 (1.1%)[a]	1 (0.5%)	0	2 (1.9%)	8 (0.9%)
Epilepsy (*n*, %)	1 (1.3%)	2 (4.4%)	4 (11.1%)[b]	17 (1.6%)[a]	3 (1.4%)	0	2 (1.9%)	6 (0.7%)
Gastro-intestinal conditions (*n*, %)	4 (5.0%)	5 (11.1%)[b]	4 (11.1%)[b]	27 (2.6%)[a]	15 (6.8%)[b]	8 (11.1%)[b]	14 (13.0%)[b]	20 (2.3%)[a]
Asthma (*n*, %)	14 (17.5%)	8 (17.8%)	10 (27.8%)[b]	111 (10.5%)[a]	48 (21.8%)[b]	12 (16.7%)	23 (21.3%)[b]	105 (12.2%)[a]
Eczema (*n*, %)	6 (7.5%)	6 (13.3%)	7 (19.4%)[b]	68 (6.5%)[a]	35 (15.9%)[b]	12 (16.7%)	21 (19.4%)[b]	87 (10.1%)[a]
Mental problems NOS (*n*, %)	6 (7.5%)	9 (20%)[b]	13 (36.1%)[b]	38 (3.6%)[a]	32 (14.5%)[b]	9 (12.5%)[b]	43 (39.8%)[b]	46 (5.3%)[a]
Psychiatric conditions (n, %)	6 (7.5%)	7 (15.6%)[b]	8 (22.2%)[b]	40 (3.8%)[a]	11 (5.0%)	3 (4.2%)	24 (22.2%)[b]	22 (2.6%)[a]

Adolescent SSD: An empirical investigation

Functional impairment:

- Belonging to the SSS/SSD group significantly increased the odds ratios for all 5 types of functional impairment.
- Belonging to the 3SSS and SSD-like groups also significantly increased odd ratios for most types of functional impairment, however, odds ratios were significantly higher in the SSS/SSD group.

Adolescent SSD: Conclusions

1. Reporting one (or more) persistent distressing somatic symptom(s) in combination with serious psychological concern was significantly less common than reporting 3+ persistent distressing somatic symptoms (10.5% vs. 17.9%).

2. Persistent distressing somatic symptoms were significantly more common among girls than among boys (71.3% vs. 28.7%).

3. Those boys and girls experiencing 3+ persistent distressing somatic symptoms in combination with serious psychological concern constituted a group (SSS/ SSD) with an especially increased risk for functional impairment.

4. A high proportion of the adolescents with persistent distressing somatic symptoms and psychological concerns also suffer from medical and mental problems.

Re-discussion: From DSM-IV to DSM-5

- Has this new information changed howyou feel about the new DSM-5 classification?
- If you work in clinical practice would you diagnose SSD?
- Is this a constructive way to bridge the divide between psychiatry and somatic medicine?

Conclusions

1. Regardless of symptom-count, combining somatic symptoms and psychological concerns helps to pinpoint a group of adolescents in need of specialized/ psychiatric help.

2. The substantial overlap with other medical and mental conditions could mean that SSD is not the valid and homogeneous category that was hoped.

3. Thus, not all adolescents with serious medical conditions and related psychological concerns might be best helped by receiving a psychiatric diagnosis.

4. Should ICD-10 Z-codes be used when DSM-5 is introduced?