Psychosomatic disorders

PTE ÁOK Pszichiátriai Klinika
Pécs

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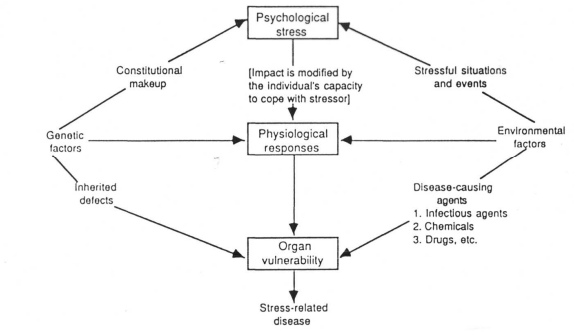
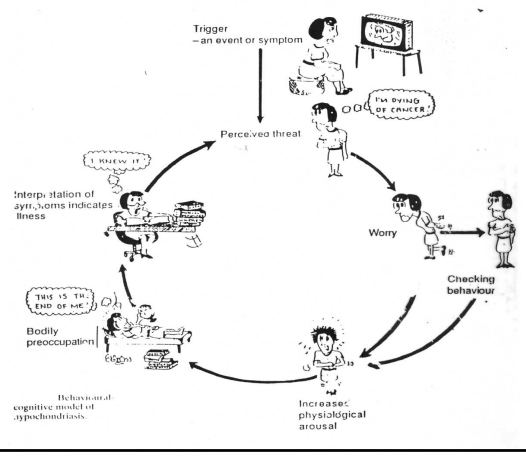


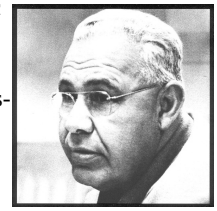


Major Conceptual Trends in 20th-Century Psychosomatic

- **Sigmund Freud** (1900) Somatic involvement occurs in conversion hysteria, which is psychogenic in origin¾for example, paralysis of an extremity. Conversion hysteria always has a primary psychic cause and meaning; that is, it represents the symbolic substitutive expression of an unconscious conflict. It involves organs innervated only by the voluntary neuromuscular or the sensory-motor nervous system. Psychic energy that is dammed-up is discharged through physiological outlets.
- **Sandor Ferenczi** (1910) The concept of conversion hysteria is applied to organs innervated by the autonomic nervous system; for example, the bleeding of ulcerative colitis may be described as representing a specific psychic fantasy. (Diseases, such as colitis, are known today as psychosomatic diseases that occur only in organs innervated by the autonomic nervous system.) Ferenczi's interpretation of psychosomatic symptoms as being conversion reactions was the first application of the concept to diseases such as colitis.

Major Conceptual Trends in 20th-Century Psychosomatic

- **Franz Alexander** (1934)
  Psychosomatic symptoms occur only in organs innervated by the autonomic nervous system and have no specific psychic meaning (as does conversion hysteria) but are end results of prolonged physiological states, which are the physiological accompaniments of certain specific unconscious repressed conflicts. In certain constitutional organic predisposing factors, in addition to the psychic factors involved, repressed psychic energy is discharged physiologically.Alexander's observations were supported by Herbert Weiner's 1957 study of pepsinogen hypersecretion.



Major Conceptual Trends in 20th-Century Psychosomatic

- **Walter Cannon** (1927) He demonstrated the physiological concomitants of some emotions and the important role of the autonomic nervous system in producing those reactions. The concept is based on Pavlovian behavioral experimental designs.
- **Harold Wolff** (1943) He attempted to correlate life stress (conscious) to physiological response, using objective laboratory tests. Physiological change, if prolonged, may lead to structural change. He established the basic research paradigm for the fields of psychoimmunology, psychocardiology, and psychoneuroendocrinology.
- **Hans Selye** (1945) He demonstrated that under stress a general adaptation syndrome develops. Adrenal cortical hormones are responsible for the physiological reaction.

Major Conceptual Trends in 20th-Century Psychosomatic

- **Peter Sifneos, John C. Nemiah** (1970) They elaborated the concept of alexithymia. Developmental arrests in the capacity and the ability to express conflictrelated affect results in psychosomatic symptom formation.
- **Meyer Friedman** (1959) He promulgated the theory of type A personality as a risk factor for cardiovascular disease. The concept has predominated much of psychosomatic research for the past 30 years. The basic concept was introduced by Helen Flanders Dunbar as early as 1936.
- **Karen Horney** (1939), **James Halliday** (1948), **Margaret Mead** (1947) They emphasized the influence of the culture in the development of psychosomatic illness. They thought that culture influences the mother, who, in turn, affects the child in her relationship with the child-for example, nursing, child rearing, anxiety transmission.

DSM-IV-TR Diagnostic Criteria for Psychological Factors Affecting General Medical Condition I.

A. A general medical condition (coded on Axis III) is present.
B. Psychological factors adversely affect the general medical condition in one of the following ways:

the factors have influenced the course of the general medical condition as shown by a close temporal association between the psychological factors and the development or exacerbation of, or delayed recovery from, the general medical condition the factors interfere with the treatment of the general medical condition the factors constitute additional health risks for the individual stress-related physiological responses precipitate or exacerbate symptoms of the general medical condition

DSM-IV-TR Diagnostic Criteria for Psychological Factors Affecting General Medical Condition II.

Choose name based on the nature of the psychological factors (if more than one factor is present, indicate the most prominent): **Mental disorder affecting ... [indicate the general medical condition]** (e.g., an Axis I disorder such as major depressive disorder delaying recovery from a myocardial infarction) **Psychological symptoms affecting ... [indicate the general medical condition]** (e.g., depressive symptoms delaying recovery from surgery; anxiety exacerbating asthma) **Personality traits or coping style affecting ... [indicate the general medical condition]** (e.g., pathological denial of the need for surgery in a patient with cancer; hostile, pressured behavior contributing to cardiovascular disease) **Maladaptive health behaviors affecting... [indicate the general medical condition]** (e.g., overeating; lack of exercise; unsafe sex) **Stress-related physiological response affecting ... [indicate the general medical condition]** (e.g., stress-related exacerba-tions of ulcer, hypertension, arrhythmia, or tension headache) **Other or unspecified psychological factors affecting ... [indicate the general medical condition]** (e.g., interper-sonal, cultural, or religious factors)

Some Psychosomatic Disorders

Acne
Allergic reactions
Angina pectoris
Angioneurotic edema
Arrhythmia
Asthmatic wheezing
Bronchial asthma
Cardiospasm
Chronic pain syndromes
Coronary heart disease
Diabetes mellitus
Duodenal ulcer
Essential hypertension
Gastric ulcer
Headache
Herpes
Hyperinsulinism
Hyperthyroidism
Hypoglycemia
Immune diseases
Irritable colon

Some Psychosomatic Disorders

Migraine
Mucous colitis
Nausea
Neurodermatitis
Obesity
Painful menstruation
Pruritus ani
Pylorospasm
Regional enteritis
Rheumatoid arthritis
Sacroiliac pain
Skin diseases, such as psoriasis
Spastic colitis
Tachycardia
Tension headache
Tuberculosis
Ulcerative colitis
Urticaria
Vomiting
Warts

Some Hypothesized Psychological Correlates of Psychophysiological Disorders

Disorder	Psychogenic Causes, Personality Characteristics, and and Coping Aims
Peptic ulcer	Feels deprived of dependence needs; is resentful; represses anger; cannot vent hostility or actively seek dependence security; characterizes self sufficient and responsible go-getter types who are compensating for dependence desires; has strong regressive wish to be nurtured and fed; revengeful feelings are repressed and kept unconscious
Colitis	Was intimidated in childhood into dependence and conformity; feels conflict over resentment and desire to please; anger restrained for fear of retaliation; is fretful, brooding, and depressive or passive; seeks to camouflage hostility by sym-bolic gesture of giving

Some Hypothesized Psychological Correlates of Psychophysiological Disorders

Disorder	Psychogenic Causes, Personality Characteristics, and and Coping Aims
Essential hypertension	Was forced in childhood to restrain resentments; inhibited rage; is threatened by and guilt-ridden over hostile impulses that may erupt; is a controlled, conforming, and "mature" personality; is hard-driving and conscientious; is guarded and tense; needs to control and direct anger into acceptable channels; wishes to gain approval from authority
Migraine	Is unable to fulfill excessive self-demands; feels intense resentment and envy toward intellectually or financially more successful competitors; has meticulous, scrupulous, perfectionistic, and ambitious personality; failure to attain perfectionist ambitions results in self-punishment

Some Hypothesized Psychological Correlates of Psychophysiological Disorders

Disorder	Psychogenic Causes, Personality Characteristics, and and Coping Aims
Bronchial asthma	Feels separation anxiety; was given inconsistent maternal affection; has fear and guilt that hostile impulses will be expressed toward loved persons; is clinging and dependent; symptom expresses suppressed cry for help and protection
Neuroder-matitis	Has overprotective but ungiving parents; has craving for affection; has conflict regarding hostility and dependence; shows guilt and self-punishment for inadequacies; is a superficially friendly and oversensitive personality with depressive features and low self-image; symptoms are atonement for inadequacy and guilt by self-excoriation; displays oblique expression of hostility and exhibitionism in need for attention and soothing

Consultation-Liaison Psychiatry

- Consultation-liaison (C-L) psychiatry is the study, practice, and teaching of the relation between medical and psychiatric disorders. In C-L psychiatry, psychiatrists serve as consultants to medical colleagues (either another psychiatrist or, more commonly, a nonpsychiatric physician) or to other mental health professionals (psychologist, social worker, or psychiatric nurse). In addition, C-L psychiatrists consult regarding patients in medical or surgical settings and provide follow-up psychiatric treatment as needed. C-L psychiatry is associated with all the diagnostic, therapeutic, research, and teaching services that psychiatrists perform in the general hospital and serves as a bridge between psychiatry and other specialties.

Common Consultation-Liaison Problems

Reason for Consultation	**Comments**
Suicide attempt or threat	High-risk factors: men over 45, no social support, alcohol dependence, previous attempt, incapacitat-ing medical illness with pain, and suicidal ideation; if risk is present, transfer to psychiatric unit or start 24-h nursing care
Depression	Suicidal risks must be assessed in every depressed patient (see above); presence of cognitive defects in depression may cause diagnostic dilemma with dementia; check for history of substance abuse or depressant drugs (e.g., reserpine, propranolol); use antidepressants cautiously in cardiac patients because of conduction side effects, orthostatic hypotension

Common Consultation-Liaison Problems

Reason for Consultation	**Comments**
Agitation	Often related to cognitive disorder, withdrawal from drugs (e.g., opioids, alcohol, sedative-hypnotics); haloperidol most useful drug for excessive agitation; use physical restraints with great caution; examine for command hallucinations or paranoid ideation to which patient is responding in agitated manner; rule out toxic reaction to medication
Hallucinations	Most common cause in hospital is delirium tremens; onset 3 to 4 days after hospitalization; in intensive care units, check for sensory isolation; rule out brief psychotic disorder, schizophrenia, cognitive disorder; treat with antipsychotic medication

Common Consultation-Liaison Problems

Reason for Consultation	**Comments**
Sleep disorder	Common cause is pain; early morning awakening associated with depression; difficulty falling asleep associated with anxiety; use antianxiety or antidepressant agent, depending on cause (those drugs have no analgesic effect, so prescribe adequate painkillers); rule out early substance withdrawal
No organic basis for symptoms	Rule out conversion disorder, somatization disorder, factitious disorder, and malingering; glove and stocking anesthesia with autonomic nervous system symptoms seen in conversion disorder; multiple body com-plaints seen in somatization disorder; wish to be hospitalized seen in factitious disorder; obvious secondary gain in malingering (e.g., compensation case)

Common Consultation-Liaison Problems

Reason for Consultation	Comments
Disorientation	Delirium versus dementia; review metabolic status, neurological findings, substance history; prescribe small dose of antipsychotics for major agitation; benzodiazepines may worsen condition and cause sundowner syndrome (ataxia, confusion); modify envi-ronment so patient does not experience sensory deprivation
Noncompliance or refusal to consent to procedure	Explore relationship of patient and treating doctor; negative transference is most common cause of non-compliance; fears of medication or of procedure require education and reassurance; refusal to give consent is issue of judgment; if impaired, patient can be declared incompetent, but only by a judge; cognitive disorder is main cause of impaired judgment in hospitalized patients