

Key Dates

- TH Mar 9 Units 15-16; MW Ch 8 Tim, Marilyn
- SPRING BREAK!
- TU Mar 21
- TH Mar 23 Begin Explanations and Treatments, review Unit 3, plus Unit 17
- TU Mar 28 Unit 18 “Loss of control drinking in alcoholics” (on course website); Marlatt assignment
- TH Mar 30 Unit 19; **Term Paper Step 2**

Goal: To recognize and differentiate different forms of psychopathology that involve physical symptoms and apparent physical illness

UNIT 14: PHYSICAL SYMPTOMS

Learning Outcomes

- By the end of this class, you should be able to:
 - Distinguish between factitious disorder and malingering
 - Distinguish between the *DSM-5* descriptions of somatic symptom disorder and illness anxiety disorder
 - List and define the key aspects of how the *DSM-5* describes conversion disorder
 - Explain the *DSM-5* position on which physical illnesses can be connected to psychological factors
 - List the major areas of psychopathology that often seem to be co-morbid with somatic symptom disorders

Physical Symptoms

○ Faking illness

- DSM-5 distinguishes between those who deliberately fake or grossly exaggerate physical symptoms to gain some understandable external benefit from those who do so for reasons that are hard to understand
- The former is known as “malingering”: not regarded as a mental disorder, but listed under “Other Conditions That Might Be a Focus of Clinical Attention”
- Can also involve faking psychological symptoms

Physical Symptoms

- ⦿ Real illness: Somatic Symptom and Related Disorders
 - Symptoms appear genuine, suffering appears real
 - Sometimes symptoms cannot be medically explained: no medical findings; or medical findings or symptoms are inconsistent, contradictory
 - Other times, there is medical basis but also a significant psychological component
 - The person is focused on need for medical treatment
 - Might represent a large portion of out-patient medical visits

Physical Symptoms

⦿ Factitious disorder

- Seemingly real illness, but either deliberately faked, or symptoms that are self-induced
- But unlike malingering: no obvious external benefit
- Great effort at concealment of the faking
- Imposed on oneself or on another under one's care (previously “factitious disorder by proxy”)

Physical Symptoms

○ Somatic symptom disorder

- One or more genuine physical symptoms that disrupt daily life
- Excessive focus on symptoms, and/or high level of anxiety about symptoms
- Symptom pattern might change over time; but
- Being symptomatic must last for at least 6 months
- If pain is the predominant symptom, this is specified
- Prevalence 5-7%, more common in females

Physical Symptoms

- **Illness anxiety disorder** (“hypochondriasis”)
 - Preoccupied with having a serious illness, almost obsessional
 - But symptoms of the illness are not present, or only very mild
 - High anxiety about health status, almost phobic
 - Excessive health-related behaviors
 - Duration at least 6 months
 - Specify care-seeking or care-avoiding type
 - Prevalence very hard to pin down, but probably similar for males and females

Physical Symptoms

- **Conversion disorder** (“hysteria”)
 - Dramatic symptoms or deficits in voluntary motor or sensory function
 - No medical condition found
 - Even more, no medical condition possible: symptoms that make no medical sense (e.g., glove anesthesia, or lower-body paralysis in the day in someone who tosses and turns at night while asleep)
 - Previously reported to be much more common in women, but DSM-5 presents no such data

Physical Symptoms

- Psychological factors affecting other medical conditions
 - Very broad pattern, encompassing almost any medical condition where there are psychological factors that
 - influence course of condition
 - Interfere with its treatment
 - Create additional risks or complications
 - Worsen the underlying pathology, leading to worsening of the condition
 - Cardiovascular diseases have been studied extensively (e.g., Type A personality, stress)
 - But also diabetes, cancers, ulcers, migraine headaches, arthritis, etc.

Physical Symptoms

- ⦿ Differential and co-morbid considerations
 - All these disorders can involve somatic symptoms that are seen in many other disorders, especially anxiety disorders, depressive disorders, and obsessive-compulsive and related disorders
 - Also possible overlap with histrionic and dependent personality disorders, and malingering might be part of antisocial personality disorder
 - DSM-5 says that 2/3 of those diagnosed with illness anxiety disorder have at least one other mental disorder