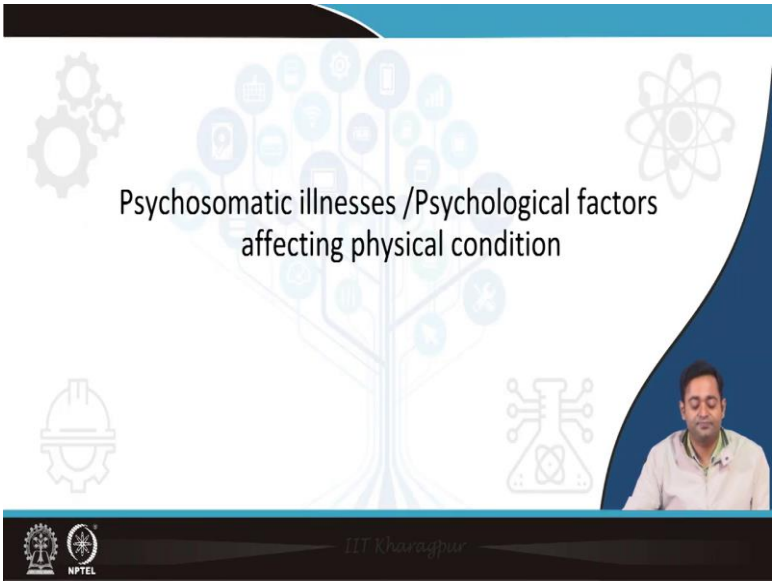
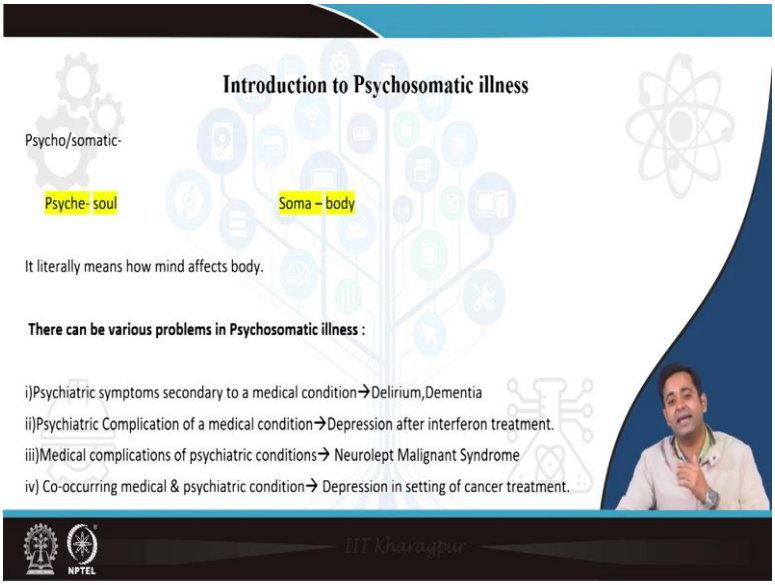
**Basics of Mental Health and Clinical Psychiatry**
**Professor Dr Sumit Kumar**
**Tata Main Hospital**
**Jamshedpur**
**Lecture 29**
**Psychosomatic Illness**

(Refer Slide Time: 0:31)

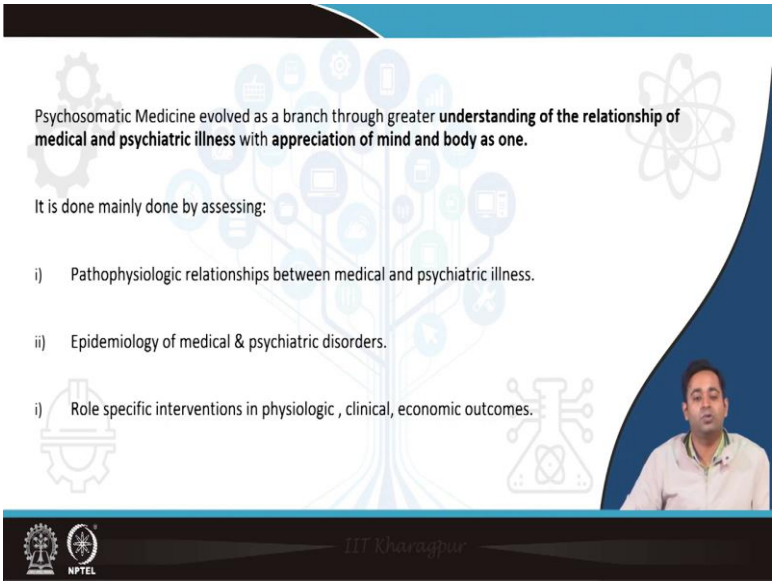



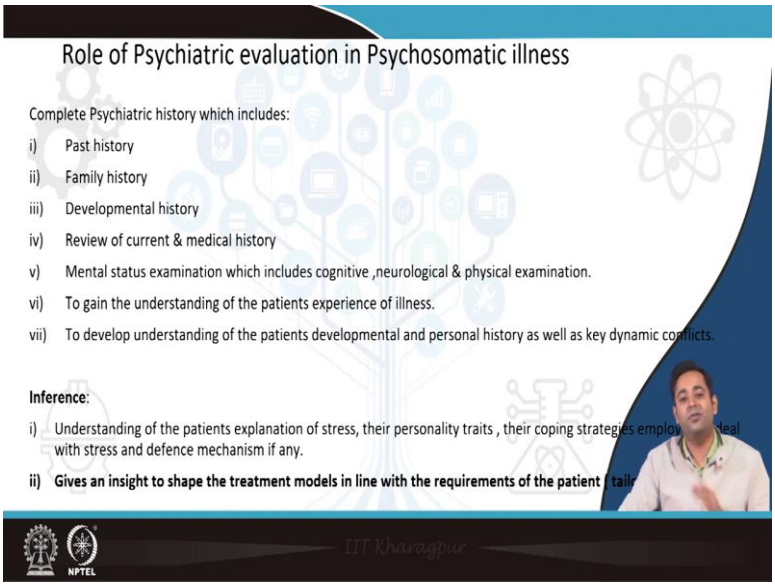



Hello everyone let us start lecture number 29 that is psychosomatic illness, what are the concepts that we will be covering, the introduction to psychosomatic illness, the hypochondriasis, illness anxiety disorder, fibromyalgia, chronic fatigue syndrome, malingering, fictitious disorder, psychogenic pain disorder and psychogenic excoriation.

So the word psychosomatic it has two components in it, psyche means soul and soma means body so it literally actually means how mind affects your body so how do you think the thought process actually governs your actions your behaviors so there can be various problems in psychosomatic illnesses, the psychiatric symptoms secondary to a medical condition that is when you are confused or you are undergoing a age-related changes that is dementia, psychiatric complication of a medical condition that is depression after some medical treatment. Medically complications of a psychiatric condition that is NMS Neurolept malignant syndrome or co-occurring medical and psychiatric conditions that is depression in a setting of cancer.

(Refer Slide Time: 1:36)




Now psychosomatic medicine has evolved as a branch through greater understanding of the relationship of medical and psychiatric illness with appreciation of mind and body it is done mainly by assessing the psychopathologic the physiologic relationships between medical and psychiatric illnesses, epidemiology of medical and psychiatric disorders and role specific in interventions in physiological, clinical and economical outcomes.

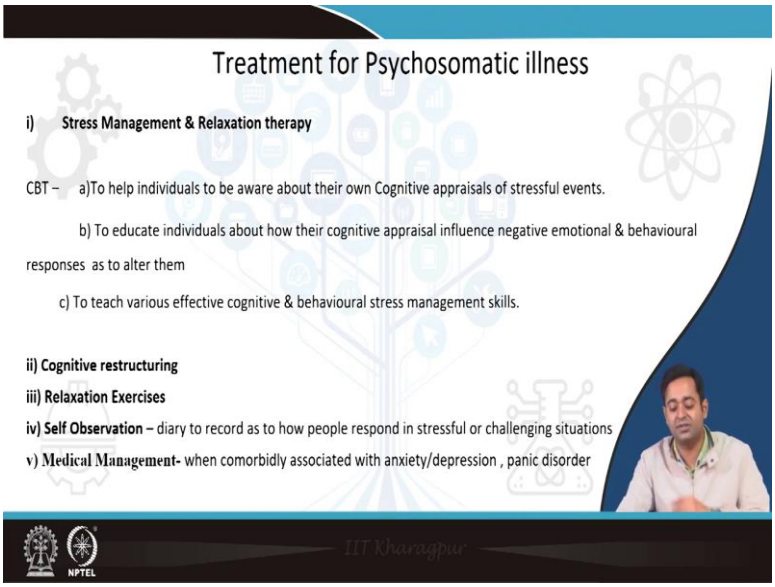
What are the roles of psychiatric evaluation in psychosomatic illness, there has to be complete psychiatric history which includes past history of the patient, family history of the patient, what how has the like like the patient developed from the child towards a mature adult, its past medical history or surgical history of the patient has undergone any surgery medical history means all those kind of drugs where the patient has been taking the

medicines, mental status examination which forms an important or integral part of the assessment includes cognitive neurological and physical examination.

Now it is done this assessment is done to have understanding of the patient's experience of the illness, what the patient thinks about the illness, how what is the meaning what the patient has towards the illness, what is the knowledge of the specific the knowledge regarding the illness which the patient is under undergoing and to develop understanding of the patient's developmental and personal history as well as the dynamic conflicts.

So understanding of the patient's explanations it this after undergoing this kind of assessment this holistic assessment what is the influence this after knowing this there has to be a clear-cut understanding that okay this is the reasons for which the patient is behaving this way, this is the knowledge for the patient and he is behaving in so and so particular way, their personality traits are assessed, their coping strategies for the present problem, how are they coping up with their problems, what are they, what are the methods which is the patients they are employing in order to counter those problems. Now this gives an insight and shape the future treatment this is actually helping to plan out the treatment for the particular patient.

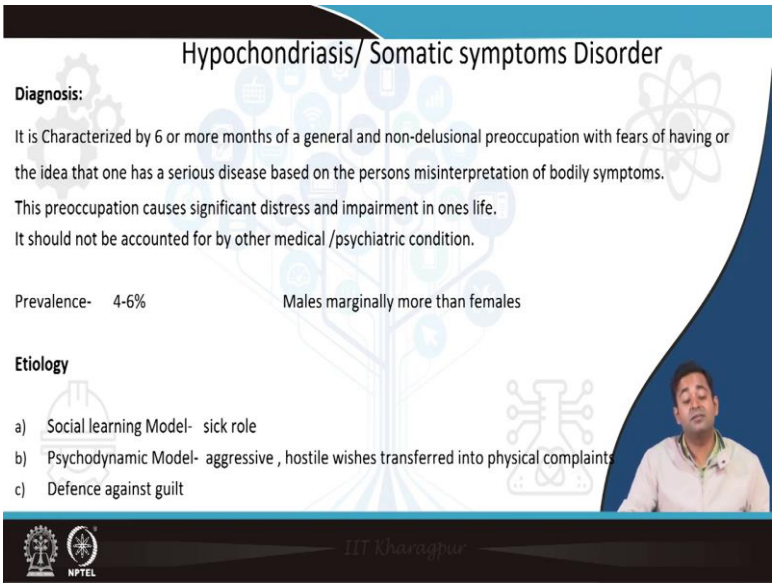
(Refer Slide Time: 3:58)




So treatment for psychosomatic illness as a broad if you see the treatment for psychosomatic illness is stress management and relaxation therapy this includes CBT where you have cognitive appraisals, you have alteration of the thought processes, you need to think differently alternatively and thereby change your thought process, there is cognitive restructuring where you change your thought processes, relaxation exercises, self observation

you try to introspect okay this is the reason for which I was behaving this way and lastly when all of this does not suffice you have medical management when you are associated with depression, anxiety or personality disorder or panic disorder.

(Refer Slide Time: 4:40)




Let us come to hypochondriasis or somatic symptom disorder, it is characterized by six or more months of a general or non-delusional preoccupation with fears of having or idea that one has a serious disease based on persons misinterpretation of a bodily symptoms, now this preoccupation causes significant distress and impairment in the socio occupational life and it should not be accounted this particular reason this particular symptomatology manifestation should not be due to a general medical condition or a substance or a kind of due to alcohol, smoke, cannabis all this kind of (())(5:18)

So what happens patient comes up with a specular kind of symptomatology complains that I am having stomach ache and the stomach ache is from last 6 years 6 months minimum and howsoever hard I try because he has undergone lots of in investigations he has undergone USD ultrasonography he has undergone computerized tomography of the abdomen whole abdomen and undergone lots of blood test evaluations and despite of all this he is not convinced that he might and that he is absolutely all right, he thinks that he is having a serious illness which is undergoing within himself.

So males are more commonly affected and the etiology is social learning model, the patient behaves for a sick role, he is constantly behaving in a sick manner, psychodynamic model you have aggressive hostile wishes transferred into physical complaints when suppose if you

have this kind of notion that I have not behaved properly with my child so my child will be looking for affection and all but since my child has gone into boarding or he has gone into some technical course where he is not seeing at home so there is this guilt which develops and this aggression which develops on the part of mother or the father.

So this kind of symptoms it develops in the form of physical manifestations where you have pain abdomen you have some sensation of something in the throat or you have some kind of tumor developing in your chest or in your hand or in your stomach or you have a tumor in your leg so all this you have aggression where you are being transferred into a physical manifestation, so your thought process, your thought process of aggression is transferred into a physical manifestation so this is how you have hypochondriasis and third it can be a guilt.

(Refer Slide Time: 7:25)

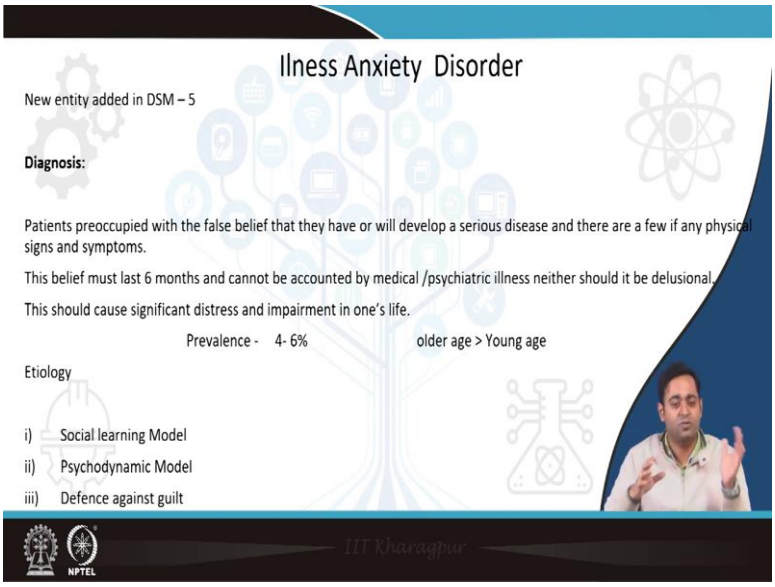

So how do you treat it is with the help of group psychotherapy or with the help of inside oriented therapy or better cognitive therapy if none of these therapies they work out the patient is actually managed with pharmacological that is with the help of drugs that is antidepressants, low dose antidepressants, SSRIs SNRIs TCAs or with the help of benzodiazepines.

So, group psychotherapy and cognitive psychotherapy we have already discussed, what is an inside oriented psychotherapy now inside oriented psychotherapy is actually a psychodynamic therapy it is a part of psychodynamic therapy, actually a part of psychoanalytic therapy where the experiences which the patient is actually having at present

is due to past unconscious unresolved conflicts which is actually making him to behave in a certain kind of way.

So it is due to those past mistakes, those past conflicts that pass on relatable inter, relatable relations with father, mother, the child, son or uncle, aunt all this kind of relative experiences with the patient had undergone previously now that is making him to behave in a certain kind of way so we need to rectify those thought processes.

(Refer Slide Time: 8:42)




So what is illness anxiety disorder, next is illness anxiety disorder, now this particular entity was added newly in DSM that is diagnostic statistical manual of mental disorders, how is it diagnosed, patients preoccupied with the false belief that they have or will develop a serious disease and there are few if any physical signs and symptoms, so this belief must last at least 6 months and could not be due to general medical condition or psychiatric illness or substance taking behavior and it should cause a significant distress in social and occupational spheres of his life.

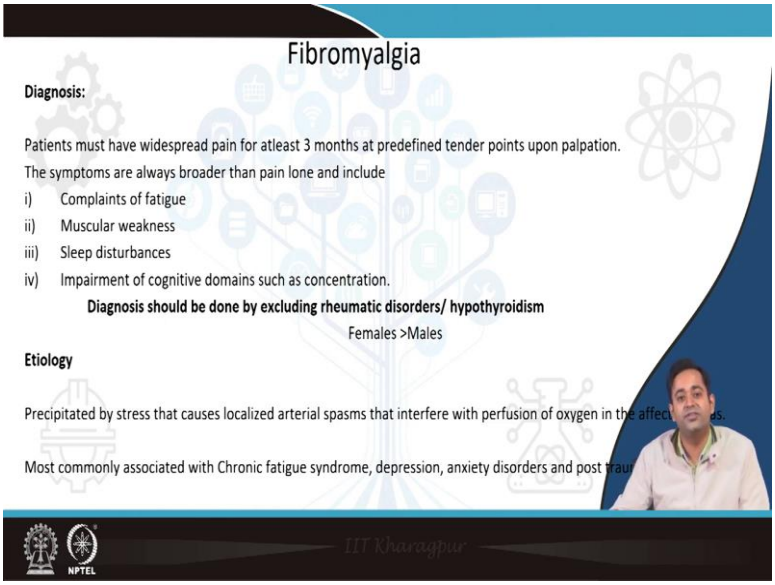
Now this illness anxiety disorder is most commonly seen in the older age groups, now there is a difference between illness anxiety disorder and somatic symptoms disorder that is hypochondriasis there the patient is preoccupied with a disease whereas in illness anxiety disorder the patient is preoccupied with a set of symptoms that is a clinching point between hypochondriasis and illness anxiety disorder. The etiological model practically remains the same that is the social learning model, psychodynamic model and defense for the guilt.

(Refer Slide Time: 9:52) 10:50


And the treatment is same as well for that is group psychotherapy, insight oriented psychotherapy, cognitive therapy and when the patient is not getting treated with the help of behavioral therapies that is cognitive and groups and insight oriented psychotherapy they are treated with antidepressants and benzodiazepines.

So, in cognitive therapy as you all know those negative schema of the thought process, those negative thought processes they are actually channelized and they are, the patients they are, the thought process of the patients are cognitively restructured, they are made to think differently how they the cognitive there are the therapist tries to make the patients think rationally in a more like channelized way of thought process where you need to have cognitive appraisals channelizing of your thoughts you need to think differently not in a conventional way.

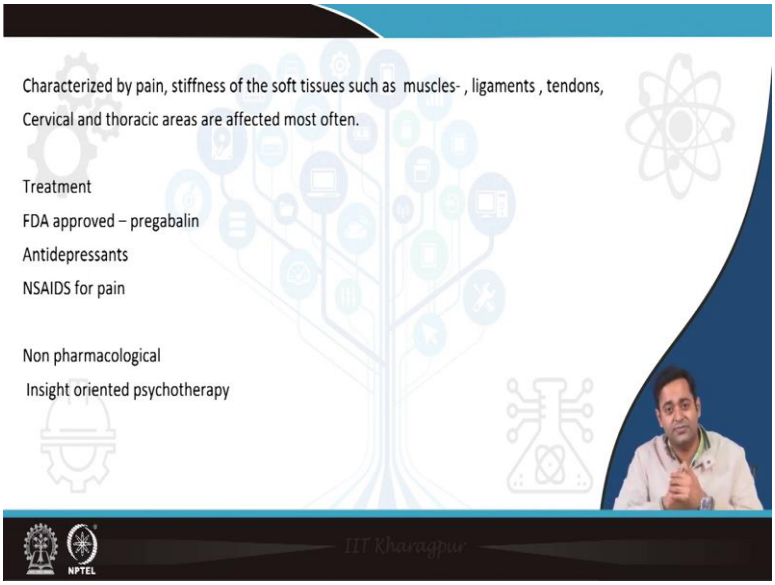
(Refer Slide Time: 10:53)




Next is fibromyalgia, now patients must have a widespread pain for at least 3 months and it should be this this always broader than pain alone and include complaints of fatigue, muscular weakness, sleep disturbances, impairment of cognitive domains that is concentration, so this fibromyalgia should last for at least 3 months and the primary symptom is of pain which is associated with complaints of fatigue, muscular pain, sleep disturbances and cognitive disturbances primarily in the form of difficulty in concentrating.

So this diagnosis should be done when you do not have any rheumatic disorders or hypothyroidism, females are most commonly affected than males, etiology is precipitated by stress that causes localized arterial spasms which interfere with the perfusion of oxygen in the affected areas, the most commonly associated this are chronic fatigue syndrome because fibromyalgia can be seen in patients who are having chronic fatigue syndrome, depression, anxiety and post traumatic stress disorders.

(Refer Slide Time: 12:03)




What are the characteristic features, they are characterized by pain, stiffness of the soft tissues such as muscles, ligaments, tendons and cervicals and thoracic areas are most commonly affected, treatment is with gabapentin and pregabalin, they are FDA approved, they are alpha delta agonist receptor action among antidepressants SSRIs and SNRIs with TCAs commonly implicated and NSAIDs are used for symptomatic treatment for pain.

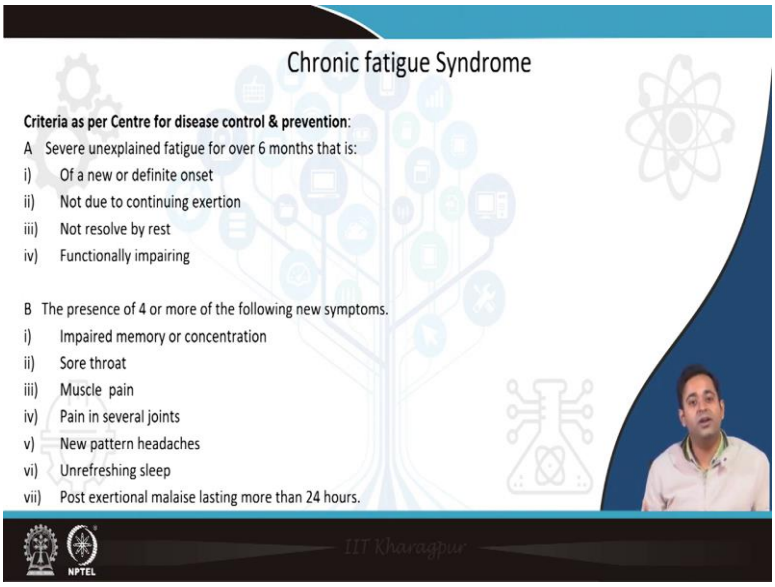
In non-pharmacological therapy insight oriented psychotherapy is given for the treatment of this kind of patients where you have all those thought processes needs to be rectified, how, because the behaviors which the patient is undoing right now the pain which the patient is undergoing right now it is due to the this behavioral changes, it is due to some past unconscious conflicts which needs to be rectified it is due to past experiences which is not rectified that needs to be changed.

Another form of treatment in non-pharmacological is act that is acceptance and committed therapy, now this is how your experiential avoidance is encountered here where you are trying to avoid all this kind of pain, you are kind of pitiable condition where you try to seek help from others like okay see how much pitiful condition I am in there is no one to help me out from this condition howsoever hard I try howsoever medicines how much medicines I take but there is nothing which can cure me from this particular condition.

So, act gives this patient a kind of resilience that okay this is the condition that I am suffering from I should accept first accept this is the problem and I should not try to avoid or ignore and escape this problem of mine so this experiential avoidance of act is encountered here and

there is cognitive diffusion, we need to sit back and step back and see okay this is the problem of mine what are the solutions that are present for me are the solutions enough or I need to alter my thought process again and think for some other alternatives this is how acceptance and commitment therapy helps for this kind of patients also.

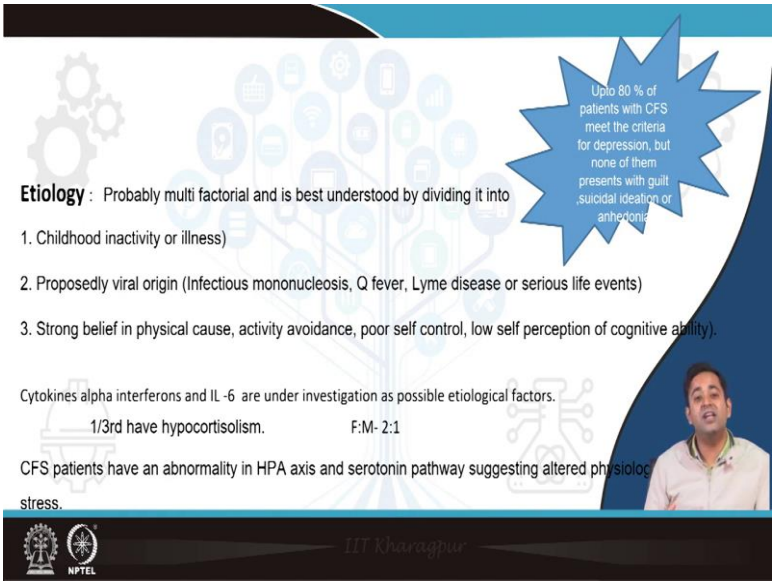
(Refer Slide Time: 14:28)




Next is chronic fatigue syndrome now this is, this criteria for chronic fatigue syndrome is given by center for disease and control and prevention, now this symptoms are present for over 6 months that is new defined onset of continuing exertion, this fatigue is not resolved by rest and it is functionally impairing, you are not able to do, you are not able to walk you are not able to do any kind of activities, you are functionally impaired.

Presence of 4 or more of the following new symptoms that is headache, sore throat, muscle pain, severe joint pains, unrefreshing sleep and post exertional malaise, it is generalized unwillingness lasting for more than 24 hours.

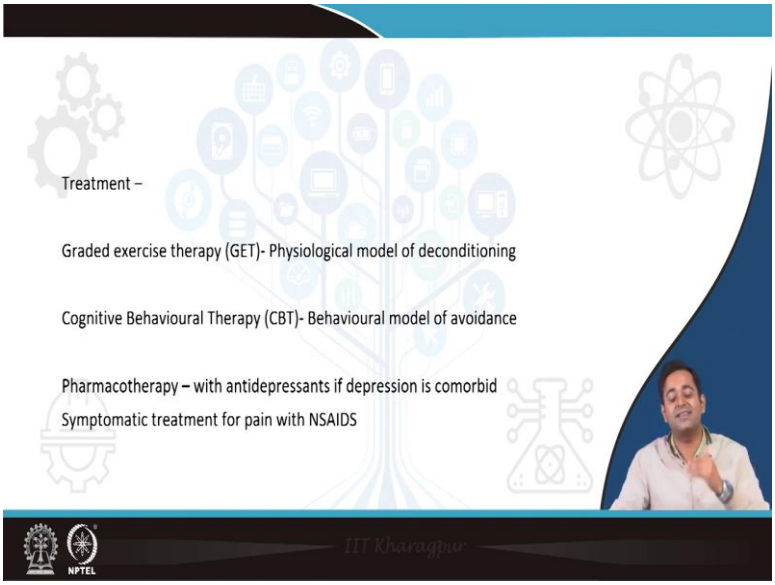
(Refer Slide Time: 15:13)




Now, up to 80 percent of this patients with chronic fatigue syndrome they meet the criteria for depression but none of them presents with guilt, suicidal ideation or anhedonia so this is how you actually try to differentiate with depression and chronic fatigue syndrome, etiology it is a multifactorial entity and best understood by dividing it into childhood inactivity or illness proposed viral origin most commonly infectious mononucleosis, Q fever, Lyme disease and strong belief in physical cause that is activity avoidance, poor self-control, low self-perception of cognitive ability.

Now there is those among the immunological proposition, cytokines alpha interferons and interlocking 6 are under investigation as possible etiological factors, one third of this patients they have hypercortisolism, females are commonly affected with this kind of problem, now chronic fatigue syndrome patients have an abnormality in hypochondrial pituitary adrenal axis and there is serotonin pathways suggesting altered physiological response to the stress. Now what happens this kind of patients you have hypercortisolism now this is abnormality in HPA axis.

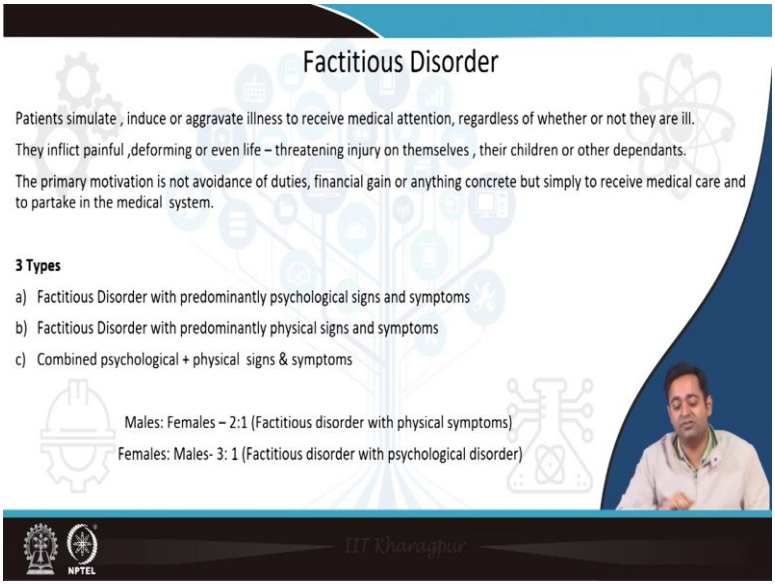
(Refer Slide Time: 16:33)




How is it treated, through graded exercise therapy and through cognitive behavioral therapy with the help of pharmacotherapy and the pain, the most important part of the treatment is mostly treated symptomatically with the help of non-steroidal anti-inflammatory drugs, now what is GET? GET is a graded exercise therapy where the patient is asked to undergo a series of X exercise from starting from low to high.

Now that is how the patients undergo a kind of subjective change that okay this is the way the I am if I am going to undergo this is this kind of pain I must undergo the next level if I have undergone this so much of in this much intensity of pain I should go and try more, so this is graded exercise therapy.

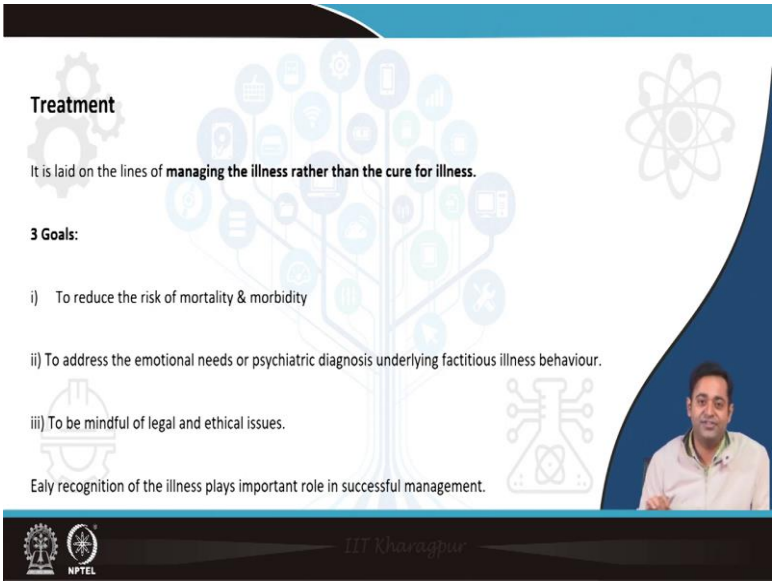
(Refer Slide Time: 17:25)



Factitious disorder, what is factitious disorder, so patients they simulate, induce and aggravate illness to receive medical attention regardless of whether or not they are ill, so they inflict painful deforming or even life-threatening injury on themselves, their children or other dependents, the primary motivation of these patients is to avoidance of their duties, financial gain or anything concrete but simply to receive medical care and to partake in the medical system.

So basically you have three types factitious disorder predominantly with the psychological signs and symptoms, factitious disorder with prominently of the physical signs and symptoms and the third is with when you have both this signs and symptoms, so males they are more in case of physical signs and symptoms of factitious disorder and females are most found when the physical, when the psychological symptoms are encountered with factitious disorder.

(Refer Slide Time: 18:29)

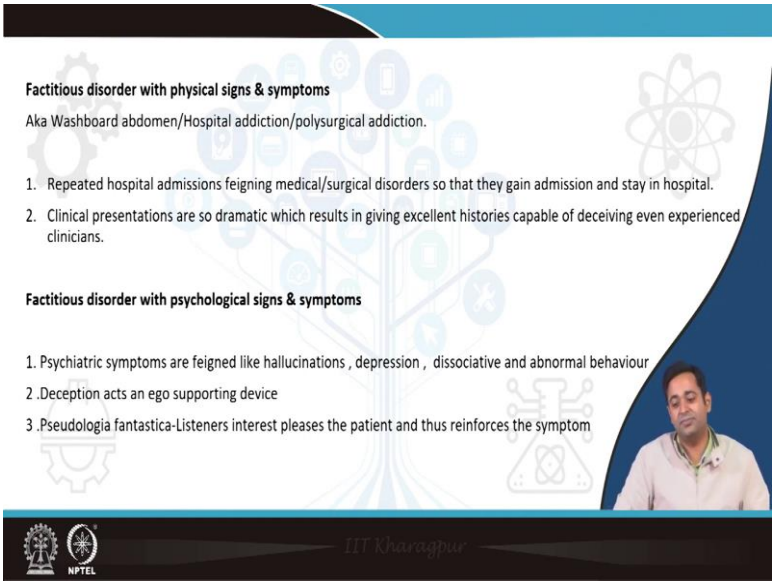



Etiology for psychosocial factors is patients had suffered childhood abuse or deprivation in the past when they were child, they are not able to have close relatable experiences with their parents, with their family, second can be due to masochistic personality traits where the patient they try to inflict pain to themselves undergo sufferings that is how they try to seek pleasure out of it, patients whose relative are family members they die patients hope to reunite with the diseased in a magical way by simulating in this kind of behavior they try to fabricate a illness where they see that okay this was the family of this particular relative of my grandfather he died in a particular kind of way so I might be experiencing the same kind of symptoms so this is how they try to relate themselves magically.

Biological factors is the serotonin which is found to be decreased in this kind of patients so that is how treatment is in form of antidepressants where you increase the serotonin levels by selective serotonin reuptake inhibitors or norepinephrine reuptake inhibitors or tricyclic antidepressants, so it is lays down on the managing the lines of illness rather than the cure of the illness.

So there is as such no cure for disease but we actually manage the illness, how is that, to reduce the risk of mortality and morbidity to address the emotional needs of the patients underlying the factitious disorder and to be mindful of legal and ethical issues, early recognition of the illness is the most important role in the successful management.

(Refer Slide Time: 20:12)




Now factitious disorder with physical signs and symptoms and factitious disorder with psychological signs and symptoms, now factitious disorder with physical signs and symptoms there are patients where they fabricate all sorts of medical anomalies that they are suffering from they try to like eat some kind of medicines where they have some side effects where they go on went on to seek help for from the hospital or from the doctor itself in the private clinics.

They undergo multiple surgeries where they tell that I am suffering from a severe acute pain which is not treatable despite of having months and years of drug treatment so they have multiple surgeries in their abdomen where you have (())(21:01) appearance multiple sutures are there so there is repeated hospital admissions feigning medical and surgical disorders so that they gain admission and they stay in the hospital as long as possible.

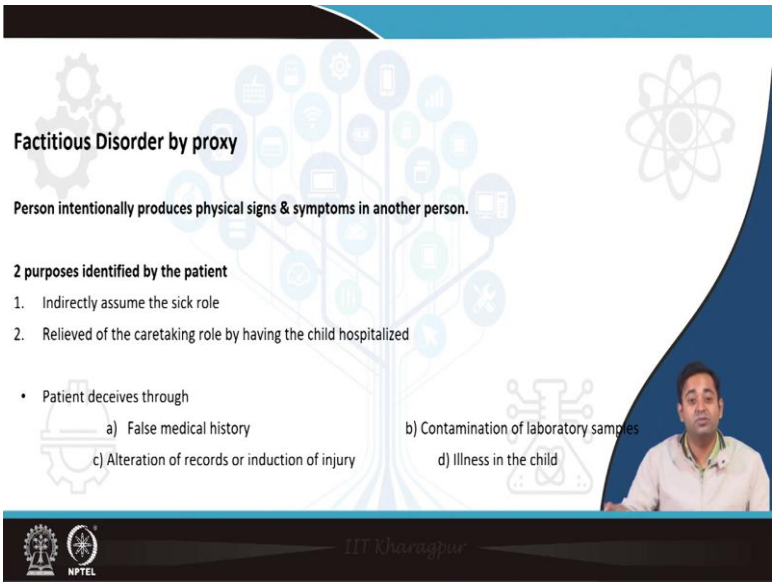
So clinical presentations are so dramatic that which results in excellent histories capable of deceiving even experienced clinicians so there are instances where the patient actually deceives the therapist the physicians where they try to mimic some kind of stories or they make up some kind of stories and the therapists they become fully assured that this patient of his or hers is actually suffering from a medical problem.

So likewise you have a factitious disorder with psychological symptoms where the patients they try to mimic a kind of psychological issues, they try to mimic bipolar depression, they try to mimics schizophrenic illness where they are fabricating a delusion they are trying to feign the psychiatrists by creating some kind of illusion they are trying to see someone that

they are witnessing some kind of sensations tactile sensations some bodily sensations so this actually creates a feeling of deception on the part of psychiatrist mental and professionals where they think that patient might be suffering from some kind of psychological disorders or psychiatric illnesses.

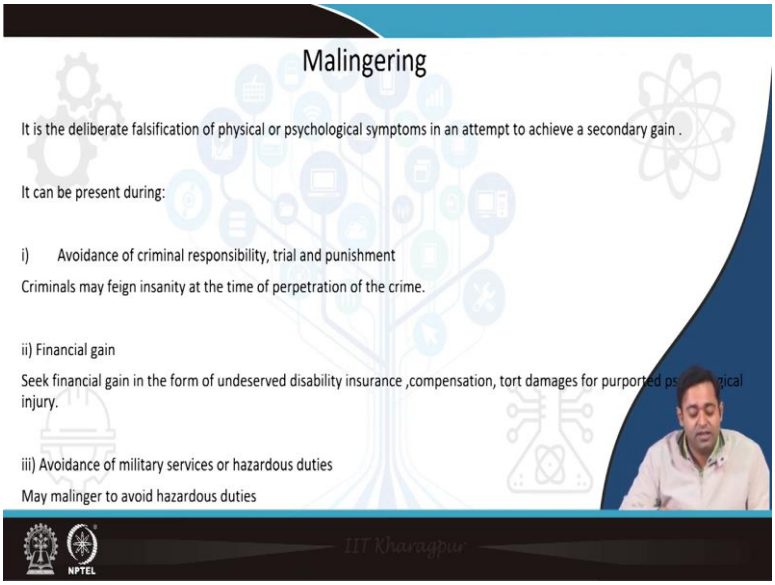
So deception acts as the ego supporting evidence so there are instances where the patients went on to elaborate or cook up a story which is not all together happening for the patient so as long as the story is elaborated to the therapist and therapist is hearing the support, the interest which the listener shows is actually giving gratification to the patient that okay somebody is listening to my story and that actually creates more intensification, the intense, the making of the stories is more intensified on the part of patient which is called pseudologia fantastica and which actually reinforces this kind of symptoms for the patient.

(Refer Slide Time: 23:13)




What is factitious disorder by proxy, here the patient intentionally produces symptoms in the another person's so there are two persons, two purposes which is identified by the patient, first is indirectly assuming the sick role and the third is the relieved of the caretaking obligations of the child or of the old person which he or she is undergoing, so patients deceives through false medical history, there is contamination of laboratory samples, there is alternation of records or induction of injury or there is illness in the child so these are the 4 ways which patient tries to deceives.

(Refer Slide Time: 23:57)




Malingering, what is the malingering, it is a deliberate falsification of physical or psychological symptoms in an attempt to achieve a secondary gain, it can be present during avoidance of criminal responsibility trial and punishment, so criminals they feign this insanity at a time of perpetration of the crime, it can be due to financial gain they seek financial gain in the form of undeserved disability insurance, disability insurance, compensation act or for any psychological injury, they can be due to avoidance of military services or hazardous duties they may malinger to avoid hazardous duties.

(Refer Slide Time: 24:41)

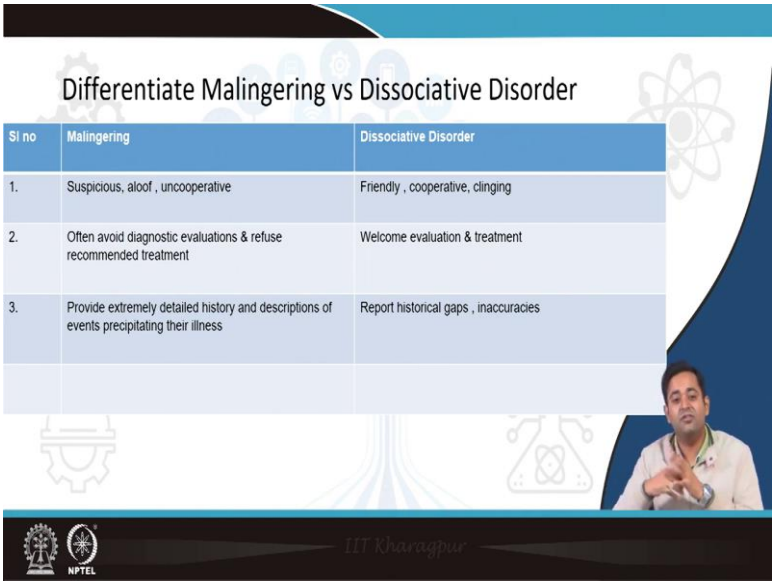

This, this kind of malingering this can be due to avoidance to escape from the litigation also some court cases which is undergoing on the part of patient they try to avoid by this also, so

sometimes when a patient is getting admitted to a hospital so to avoid the admission to hospital those criminal offenses if the patient has committed if the court has ordered okay this this particular patient can be taken to a criminal cell and the prison and there it has been found out that okay this patient requires a treatment so if the patient is getting transferred from prison to a hospital there this malingering is most commonly involved that is transfer from prison to hospital.

Prevalence is among 1 percent of the mental health patients and in litigation it increases to that is in court cases it increases to 10 to 20 percent so there are some instances where the patient who is actually under the jurisdiction under the banner of like courts where he or she has committed a crime and now the investigating officer he seeks for the justice and brings about change by bringing the patient to the prison so here the patient he tries to malinger this feigning on the part of patient which is employed in order to escape from the situation from going to the prison or to get to set him free.

This is also inquired in child custody study cases where the patient malingers that okay this person of mine is not able or is not capable enough to have the child custody so this is sometimes employed in child custody also.

(Refer Slide Time: 26:38)

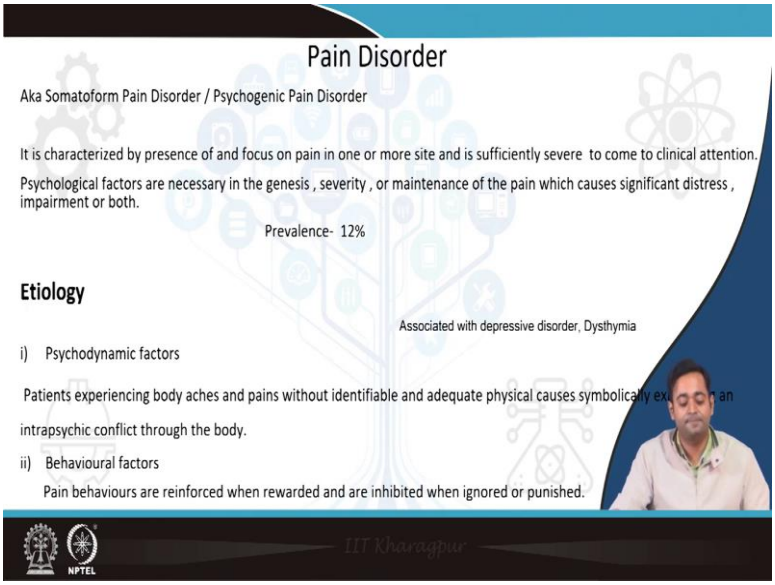



So how do you differentiate between malingering and dissociative disorders so malingers they are more suspicious they are uncooperativeness because they do not like in the treatment plan while you are treating the patients try to differentiate between them while dissociative patients are getting treated and while malingering patient are getting treatment these

dissociative patients in the part of investigative process they will be cooperating much dissociative ones but the malingering people patients they do not cooperate they are suspicious.

So they often avoid diagnostic evaluations whereas dissociative people they welcome those evaluative procedures and malingers they provide extremely detailed histories and descriptions of even precipitating their illness whereas dissociative they report historical gaps and inaccuracies.

(Refer Slide Time: 27:31)

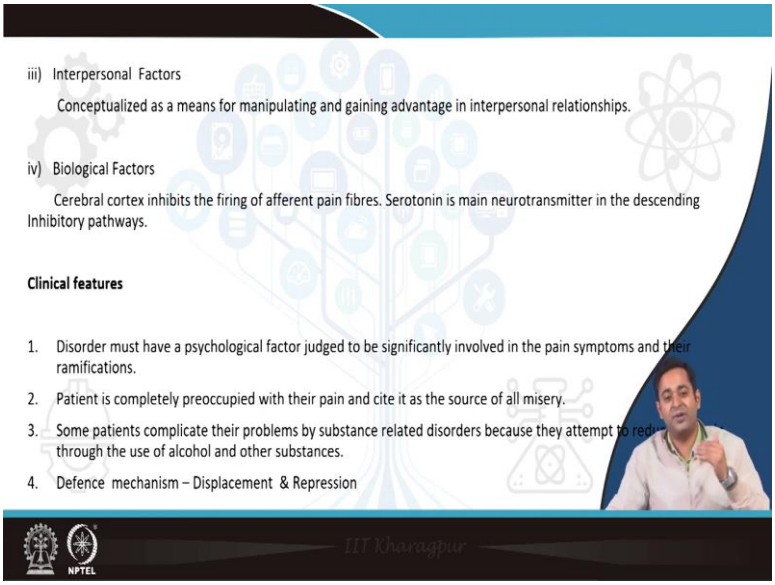



Now what is somatoform form pain disorder or psychogenic pain disorder, it is characterized by presence or focus or pain itself, the main agenda for seeking help is the pain on the part of patient and which is sufficiently severe to come to clinical attention, psychological factors are necessary in the genesis severity or maintenance of the pain which causes significant distress impairment, prevalence is 12 percent and it is associated with depressive disorders or dysthymia.

Among etiological models we have psychodynamic factors, behavioral factors, psychodynamic factors patients experiencing body aches and pains without identifiable physical cause symbolically expressing an intrapsychic conflict so these are the patients which actually come up seeking help that okay I am undergoing a lot of abdomen pain I am having dysuria I am having frequent urination I am having headaches I am not able to concentrate so there are multiple physical manifestations this is due to unresolved mental conflicts which is making into manifest in this kind of physical way.

Behavioral factors pain behaviors are reinforced when rewarded and are inhibited when ignored or punished so these are reinforced when suppose in at home this there is a child who is having this kind of problem who is suffering from somatoform pain disorder so there is some unresolved emotional conflict which is being reinforced how because the moment he or she is experiencing pain parents they are actively involved in reducing this kind of behaviors or they are reinforcing the flip side is that in whenever this whenever there is a pain for this girl parents come in they try to give warmth or conducive environment but this actually reinforces the girl to again act in a similar kind of way where she tries to escape from the situation of giving examinations or any other things so this is behavioral factors which is commonly employed in your pain disorder.

(Refer Slide Time: 29:45)



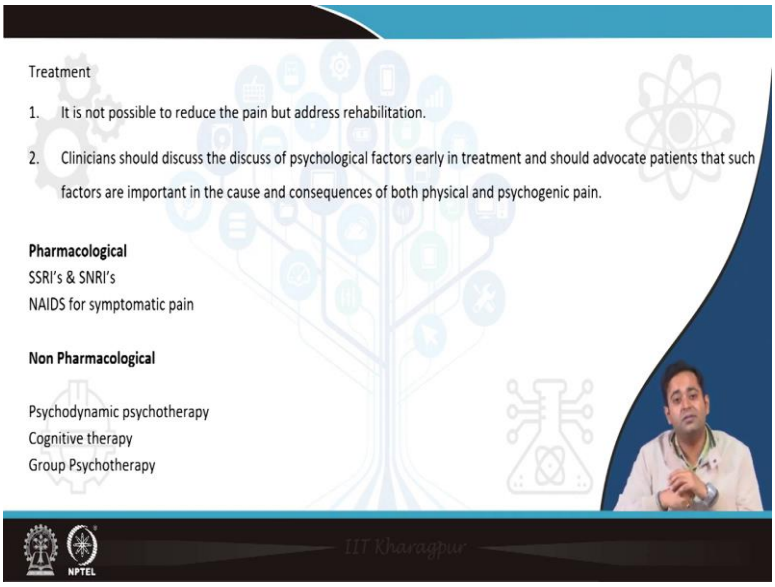

Next is interpersonal factors, this is conceptualized as a means of manipulating and gaining advantage and interpersonal relationships where we have a brother and sister and this pain disorder is actively capitalized in this particular situation where the parents they favor more brother in case of suffering from pain disorder and sister is being left secluded so he and so that she is being, so she is not given a new importance in front of brother who is suffering from that particular pain disorder.

So biological factors is cerebral cortex they inhibit firing of afferent pain fibers and serotonin is the main neurotransmitter in the descending inhibitory pathway which is implicated for this very disorder, what are the clinical features, disorder must have a psychological factor just to be significantly involved in the pain symptoms, patient is completely preoccupied with the pain and the site of the pain which acts to the misery of the patient, some patients complicate

their problems by substance related that is they went on to seek that they smoke they take alcohol in order to reduce the pain intensity and this is how they develop defense mechanism that is displacement and repression.

They displace their negative energy of this pain into taking these substances or shouting at someone or doing any kind of activities and lastly you have a repressed repression state of this feeling you try to actively avoid it.

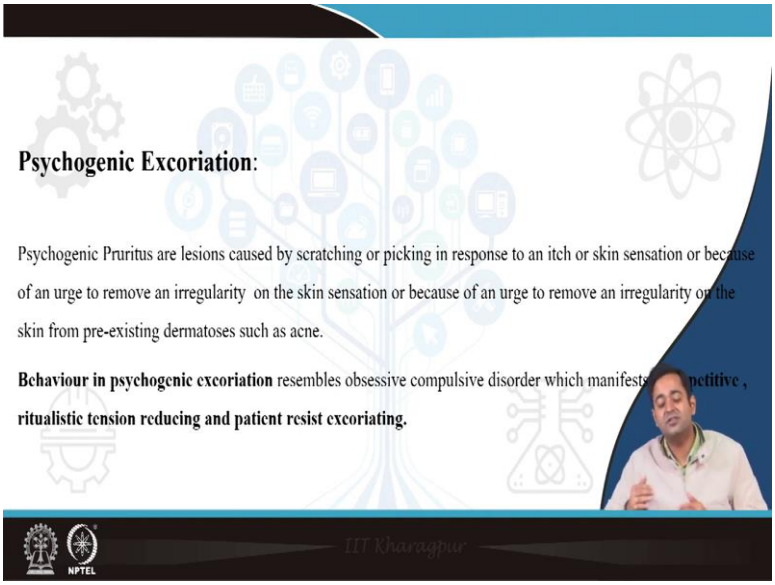
(Refer Slide Time: 31:16)




Treatment is not possible to reduce the pain but address that is rehabilitation, clinician should discuss the psychological factors early in treatment and should advocate patients such that such factors are important in the cause and consequences so this should be discussed primarily in a prior meet in the first and second session of the meeting, so these are the reasons which for which physical symptoms are encountered so that needs to be solved.

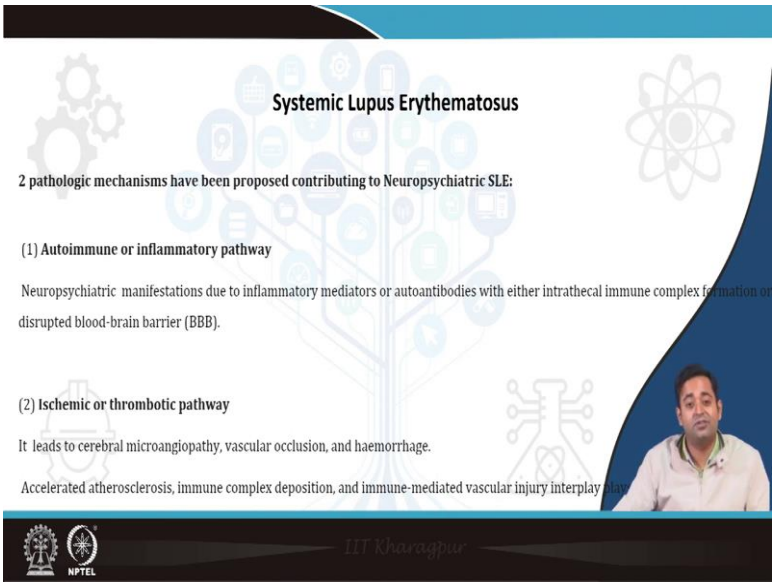
Now pharmacological that is with the help of medicines this pain symptomatic pain disorder is treated that is SNRIs and SSRIs selective serotonin reuptake inhibitors and selective norepinephrine reuptake inhibitors and NSAIDs is given for symptomatic pain, among non-pharmacological therapies you have psychodynamic psychotherapy, cognitive therapy and group psychotherapy.

(Refer Slide Time: 32:07)



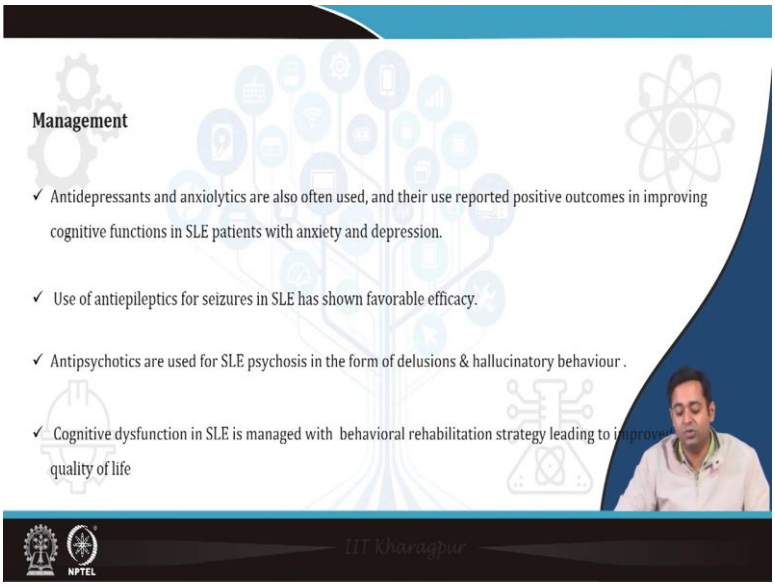

Next is psychogenic excoriation, now this psychogenic excoriation is they are basically lesions which are caused by excessive scratching or picking in response to itch or skin sensation or because of an urge to remove an irregularity on the skin sensation or because an urge removing an irregularity on the skin from pre-existing dermatosis, so this behavior of excoriation it resembles a obsessive compulsive phenomena where you have this urge you try to itch and this urge it goes on and becomes a vicious cycle where you itch and then again there is the urge. So this ritualistic behaviors they tries to reduce tension of repetitive urges so this patient tries to resist it by stopping those impulses.

(Refer Slide Time: 32:56)



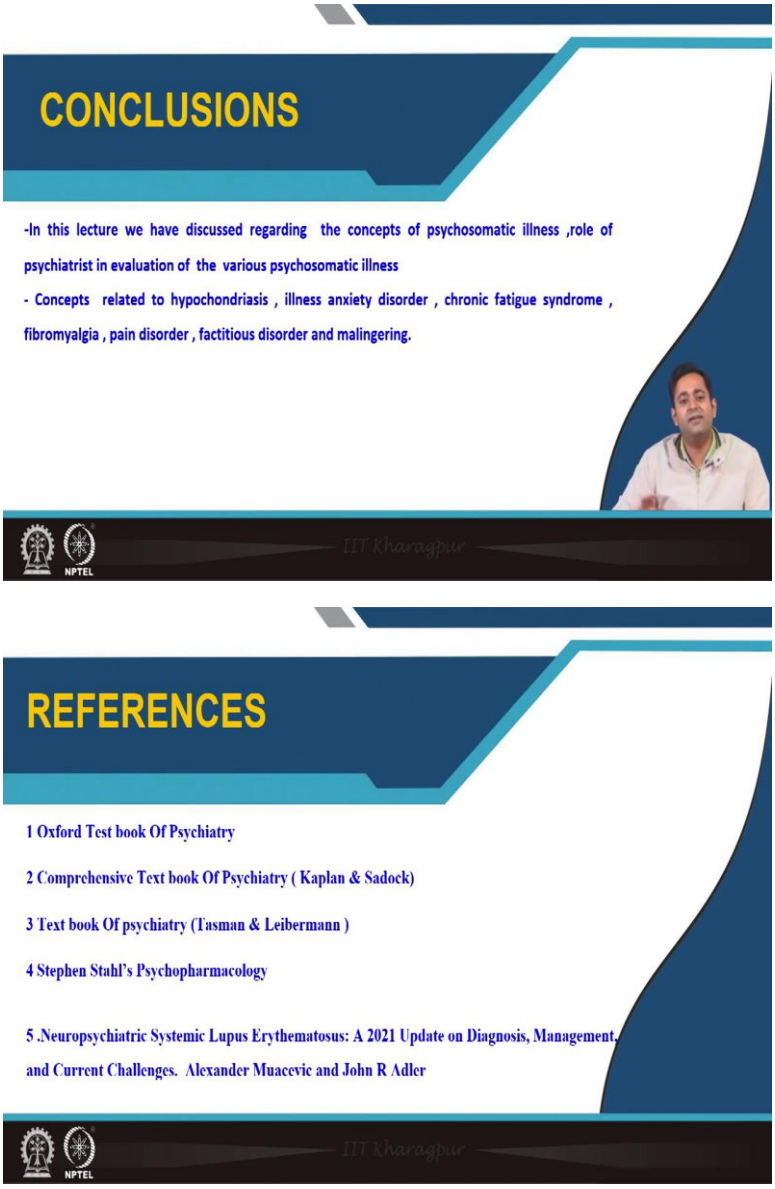
Systemic lupus erythematosus, the two pathologic mechanisms that have been proposed contributing to neuropsychiatric manifestations are autoimmune pathway and the ischemic thrombotic pathway, among autoimmune pathway you have all sorts of cytokinesis (())(33:12) cytoplasmic cytokines and its cascade which is ultimately forming giving rise to those symptoms and second is ischemic or thrombotic pathway it leads to microangiopathy all kinds of strokes your infarcts vascular occlusion and hemorrhages.

(Refer Slide Time: 33:32)




How do you manage it antidepressants, anxiolytics they are often used and have a positive outcome with this use of anti-epileptics when there is a seizure encountered with this kind of patients, antipsychotics when you have a psychotic phenomena associated with this kind of patients where you have hallucinations or delusions and cognitive dysfunction in SLE is management behavioral rehabilitation strategy leading to improve quality of life.

(Refer Slide Time: 33:57)




So in this lecture we have discussed regarding the concepts of psychosomatic illnesses, role of psychiatric evaluation in psychosomatic illness, the concept related to hypochondriasis, illness anxiety disorder, somatic symptoms that is pain disorder, psychogenic excoriation, factitious disorder and malingering. These are my references, thank you.