

# Trauma, Somatization and Depression

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# Somatization in Clinical Practice

(Noyes, Holt, Kathol 1995)

- Patients with multiple unexplained complaints (somatizers)
- Patients excessively worried about serious illness (hypochondriasis)
- Patients with psychiatric disorders with somatic symptoms (depression; anxiety)

# Somatization

(Noyes, R., Holt, C., Kathol, R. 1995)

- Abnormal illness behavior (i.e., failure to respond to treatment; unusual side effects)
- Psychological distress (a mixture of psychosocial stressors -- trauma and symptoms of anxiety and depression)

# Somatic Presentation of Traumatic Disorders

- Mood Disorders: Low energy, fatigue, motoric retardation/agitation, changes in weight, changes in sleep patterns, poor concentration and memory
- Anxiety Disorders: Restlessness/agitation, fatigue, muscle tension & myalgia, poor concentration, sleep disturbances, trembling, perspiration, palpitations, nausea, dizziness, paresthesias, chills or hot flashes

# Somatic Presentation of Traumatic Disorders (cont'd)

- PTSD & ASD: Symptoms—GI, CV, Neuro, Muscular-Skeletal, SOB, Headaches, Back Pain + Startle Response, agitation, insomnia, poor memory/concentration, symptoms of hypertension & Diabetes
- Conversion Disorders: A. With motor deficit; B. With sensory deficit; C. With seizures; D. Combined

# Somatoform Disorders

## (DSM -IV)

- Somatization Disorder
- Undifferentiated Somatoform Disorder
- Conversion Disorder
- Pain Disorder: 1. With psychological factors;  
2. With both psychological factors and medical condition
- Hypochondriasis
- Body Dysmorphic Disorder
- Somatoform Disorder, NOS

For additional information regarding  
this subject, please contact Dr. Novac  
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