

# Somatization and Traumatic Stress

# 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

# 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)

# Treatment Guidelines

## Somatization

- Empathic Interview-- one hour (validate patient, present treatment options)
- Primary Physician in Charge-- regular visits
- Trial of Psychotherapy-- cognitive, supportive, 4-6 sessions
- Choose Medications-- at lowest dose, monotherapy, monitor side effects, prefer SSRI's, Bupropion, Venlafaxine; if necessary, mood stabilizers + boosters.

# Somatization and Trauma

- In PTSD memories are stored as non-verbal emotions.
- Rauch et al.-- PET studies in PTSD. When exposed to reminders of trauma: a) Increase of perfusion in right hemisphere; b) Decrease in oxygen consumption in the left inferior frontal cortex , i.e., Broca's Area. Thus, trauma may lead to speechless terror.

# Somatization and Trauma (cont'd)

## Alexithymia

- A) Inability to translate somatic sensations into basic feelings, e.g., anger, happiness, fear.
- B) Such somatic states are not translated into words or symbols, and therefore, emotions are expressed as physical problems. In one study, 65% of patients with dissociative disorder also met criteria for somatization disorder (Saxe et al. 1994).

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