Unit 11 Somatic Symptom Illnesses

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Mental Health Nursing

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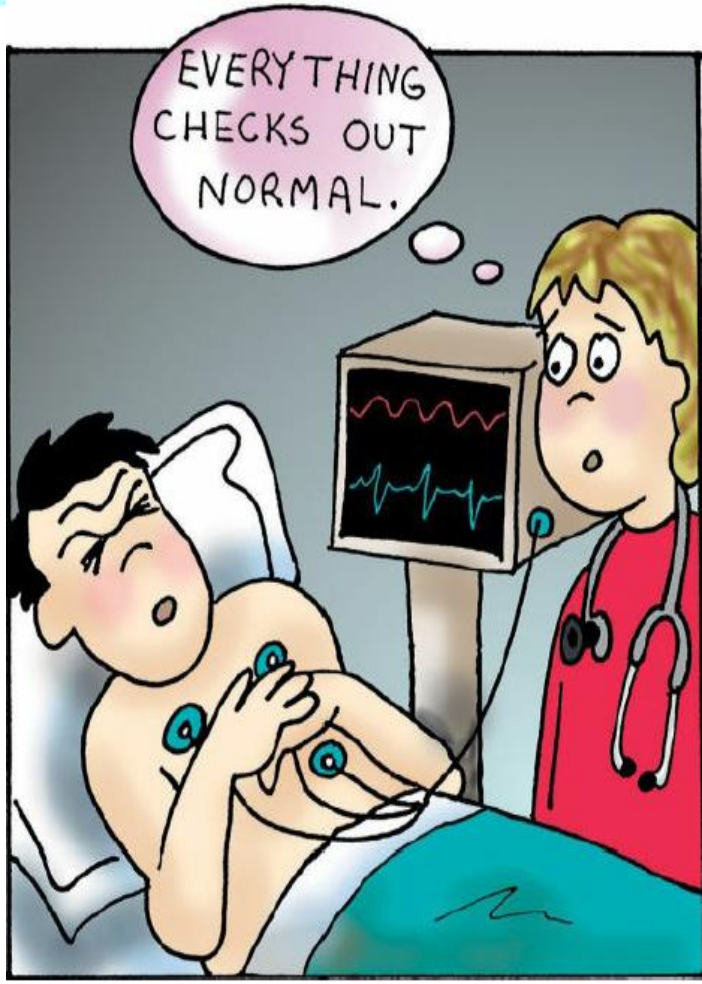
LEARNING OBJECTIVES

After reading this chapter, you should be able to:

1. Explain what is meant by “psychosomatic illness.”
2. Describe somatic symptom illnesses and identify their three central features.
3. Discuss the characteristics and dynamics of specific somatic symptom illnesses.
4. Distinguish somatic symptom illnesses from factitious disorders and malingering.
5. Discuss the etiologic theories related to somatic symptom illnesses.
6. Apply the nursing process to the care of clients with somatic symptom illnesses.
7. Provide education to clients, families, and the community to increase knowledge and understanding of somatic symptom disorders.

Introduction



- The term psychosomatic began to be used to convey the connection between the mind (psyche) and the body (soma) in states of health and illness. Essentially, the mind can cause the body either to create physical symptoms or to worsen physical illnesses.
- The term hysteria refers to multiple physical complaints with no organic basis; the complaints are usually described dramatically.
- Freud to propose that people can convert unexpressed emotions into physical symptoms, a process now referred to as somatization.
- Reports of pain are one of the most common complaints in medical practice, and it is difficult to distinguish physical from psychological causation.

- **Somatization** is defined as the transference of mental experiences and states into bodily symptoms. Somatic symptom illnesses can be characterized as the presence of physical symptoms that suggest a medical condition without a demonstrable organic basis to account fully for them.
- **The three central features of somatic symptom illnesses are as follows:**

- **Physical complaints** suggest major medical illness but have no demonstrable organic basis.
- **Psychological factors** and conflicts seem important in initiating, exacerbating, and maintaining the symptoms.
- **Symptoms or magnified health concerns** are not under the client's conscious control.

❖ **Somatic symptom disorders include (Esobar & Dimsdale, 2017):**

1. **Somatic symptom disorder** is characterized by one or more physical symptoms that have no organic basis. Individuals spend a lot of time and energy focused on health concerns, often believe symptoms to be indicative of serious illness, and experience significant distress and anxiety about their health.
2. **Conversion disorder, sometimes called conversion reaction**, involves unexplained, usually sudden deficits in sensory or motor function (e.g., blindness, paralysis). These deficits suggest a neurologic disorder but are associated with psychological factors. There is usually significant functional impairment.

3• Pain disorder has the primary physical symptom of pain, which is generally unrelieved by analgesics and greatly affected by psychological factors in terms of onset, severity, exacerbation, and maintenance.

4• Illness anxiety disorder, formerly hypochondriasis, is preoccupation with the fear that one has a serious disease (disease conviction) or will get a serious disease (disease phobia). It is thought that clients with this disorder misinterpret bodily sensations or functions.

❑ Onset and Clinical Course

- Diagnoses may not be made until early adulthood (about 25 years of age).
- Conversion disorder usually occurs between the ages of 10 and 35 years.
- Pain disorder and illness anxiety disorder can occur at any age.
- Clients with illness anxiety, or pain disorder, are unlikely to receive treatment in mental health settings unless they have a comorbid condition.
- They tend to be pessimistic about the medical establishment and often believe their disease could be diagnosed if providers were more competent.

Related Disorders

- **Malingering** is the intentional production of false or grossly exaggerated physical or psychological symptoms; it is motivated by external incentives such as avoiding work, evading criminal prosecution, obtaining financial compensation, or obtaining drugs.
- **Factitious disorder**, imposed on self, occurs when a person intentionally produces or feigns physical or psychological symptoms solely to gain attention. People with factitious disorder may even inflict injury on themselves to receive attention.

- **Munchausen syndrome :** A variation of factitious disorder, imposed on others, occurs when a person inflicts illness or injury on someone else to gain the attention of emergency medical personnel or to be a “hero” for saving the victim.
- An example would be a nurse who gives excess intravenous potassium to a client and then “saves his life” by performing cardiopulmonary resuscitation.
- They occur most often in people who are in or are familiar with medical professions, such as nurses, physicians, medical technicians, or hospital volunteers.

❖ ETIOLOGY

▪ Psychosocial Theories

- Psychosocial theorists believe that people with somatic symptom illnesses keep stress, anxiety, or frustration inside rather than expressing them outwardly (This is called **internalization**).
- Clients express these internalized feelings and stress through physical symptoms (**somatization**).
- Both internalization and somatization are **unconscious defense mechanisms**. Clients are not consciously aware of the process, and they do not voluntarily control it.
- The worsening of physical symptoms helps them meet psychological needs for security, attention, and affection through **primary and secondary gain**.
- **Primary gains** are the direct internal benefits that being sick provides, such as relief of anxiety, conflict, or distress.
- **Secondary gains** are the external or personal benefits received from others because one is sick, such as attention from family members and comfort measures (e.g., being brought tea, receiving a back rub).
- **Somatization** is associated most often with women, as evidenced by the old term hysteria .

❖ ETIOLOGY

- **Biologic Theories**

- They may experience a normal body sensation such as peristalsis and attach a pathologic rather than a normal meaning to it. Too little inhibition of sensory input amplifies awareness of physical symptoms and exaggerates response to bodily sensations.
- For example, minor discomfort such as muscle tightness becomes amplified because of the client's concern and attention to the tightness. This amplified sensory awareness causes the person to experience somatic sensations as more intense, noxious, and disturbing.
- Research has shown that visceral hypersensitivity is associated with the severity of gastrointestinal (GI) symptoms in large cohorts of patients with functional GI disorders in a variety of settings.

❖ Treatment

- Treatment focuses on managing symptoms and improving quality of life. The health care provider must show empathy and sensitivity to the client's physical complaints.
- Antidepressants help in some cases. Selective serotonin reuptake inhibitors such as fluoxetine (Prozac), sertraline (Zoloft), and paroxetine (Paxil) are used most commonly
- For clients with pain disorder, referral to a chronic pain clinic may be useful. Clients learn methods of pain management, such as visual imaging and relaxation. Services such as physical therapy to maintain and build muscle tone help improve functional abilities. Providers should avoid prescribing and administering narcotic analgesics to these clients because of the risk for dependence or abuse. Clients can use nonsteroidal anti-inflammatory agents to help reduce pain.
- Clients with somatic symptom disorder and anxiety illness disorder who participated in a structured cognitive–behavioral group showed evidence of improved physical and emotional health.
- Education or providing information has also been effective for clients with somatic illness or symptoms.
- Reading both internet-based educational material and books were other effective therapies.

❑ CLIENT AND FAMILY EDUCATION For Somatic Symptom Illnesses

1. Establish daily health routine, including adequate rest, exercise, and nutrition.
2. Teach about relationship of stress and physical symptoms and mind– body relationship.
3. Educate about proper nutrition, rest, and exercise.
4. Educate client in relaxation techniques: progressive relaxation, deep breathing, guided imagery, and distraction such as music or other activities.
5. Educate client by role-playing social situations and interactions.
6. Encourage family to provide attention and encouragement when client has fewer complaints.
7. Encourage family to decrease special attention when client is in “sick” role.

❑ NURSING INTERVENTIONS For Somatic Symptom Illnesses

- Health teaching
- Establish a daily routine.
- Promote adequate nutrition and sleep.
- Expression of emotional feelings
- Recognize relationship between stress/coping and physical symptoms.
- Keep a journal.
- Limit time spent on physical complaints.
- Limit primary and secondary gains.
- Coping strategies
- Emotion-focused coping strategies such as relaxation techniques, deep breathing, guided imagery, and distraction
- Problem-focused coping strategies such as problem-solving strategies and role-playing

NURSING CARE PLAN: CONVERSION DISORDER

❑ Nursing Diagnosis

Ineffective Denial: Unsuccessful attempt to ignore or minimize reality of events or situations that are unpleasant to confront

Nursing Interventions	Rationale
1. **Involve the client in the usual activities, selfcare, eating in the dining room, and so on, as you would other clients.** 2. **After medical evaluation of the symptom, withdraw attention from the client's physical status except for necessary care. Avoid discussing the physical symptom; withdraw your attention from the client if necessary.** 3. **Expect the client to participate in activities as fully as possible. Make your expectations clear and do not give the client special privileges or excuse him or her from all expectations due to physical limitations.** 4. **Do not argue with the client. Withdraw your attention if necessary.** 5. **Focus interactions on the client's feelings, home or work situations, and relationships.** 6. **Explore with the client his or her personal relationships and related feelings.**	1. Your expectation will enhance the client's participation and will diminish secondary gain. 2. Lack of attention to expression of physical complaints will help minimize secondary gain and decrease the client's focus from the symptom. 3. Granting special privileges and excusing the client from responsibilities are forms of secondary gain. The client may need to become more uncomfortable to risk relinquishing the physical conversion as a coping strategy. 4. Arguing with the client undermines limits. Withdrawing attention may be effective in diminishing secondary gain. 5. Increased attention to emotional issues will help the client shift attention to these feelings. 6. Conversion reaction symptoms are often related to interpersonal conflicts or situations. Talking about these things may help the client develop insight and additional coping mechanisms.

Nursing Interventions	Rationale
7. Teach the client and the family or significant others about conversion reaction, stress management, interpersonal dynamics, coping, and conflict resolution strategies.*	7. The client and the family or significant others may have little or no knowledge of these areas. Increasing their knowledge can promote understanding, motivation for change, and support for the client.
8. Talk with the client about coping strategies he or she has used in the past that did not include physical symptoms.	8. The client may have used coping strategies in the past that did not result in physical symptoms, perhaps for issues or conflicts that were less stressful for the client. The client may be able to build on these strategies in the future.
9. Teach the client about stress management skills, such as increasing physical exercise, expressing feelings verbally or in a journal, or meditation techniques. Encourage the client to practice this type of technique while in the hospital.	**9.** The client may have limited or no knowledge of or may not have used stress management techniques in the past. If the client begins to build skills in the treatment setting, he or she can experience success and receive positive feedback.
10. Teach the client the problem-solving process: identify the problem, examine alternatives, weigh the pros and cons of each alternative, select and implement an approach, and evaluate its success.	**10.** The client may not know the steps of a logical, orderly process to solve problems. Such a process can be helpful to the client in dealing with stressful situations in the future.
11. Praise the client when he or she is able to discuss the physical symptom as a method used to cope with conflict.	**11.** Positive feedback can reinforce the client's insight and help the client recognize physical symptoms as related to emotional issues in the future.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