Critique of the Term Somatoform

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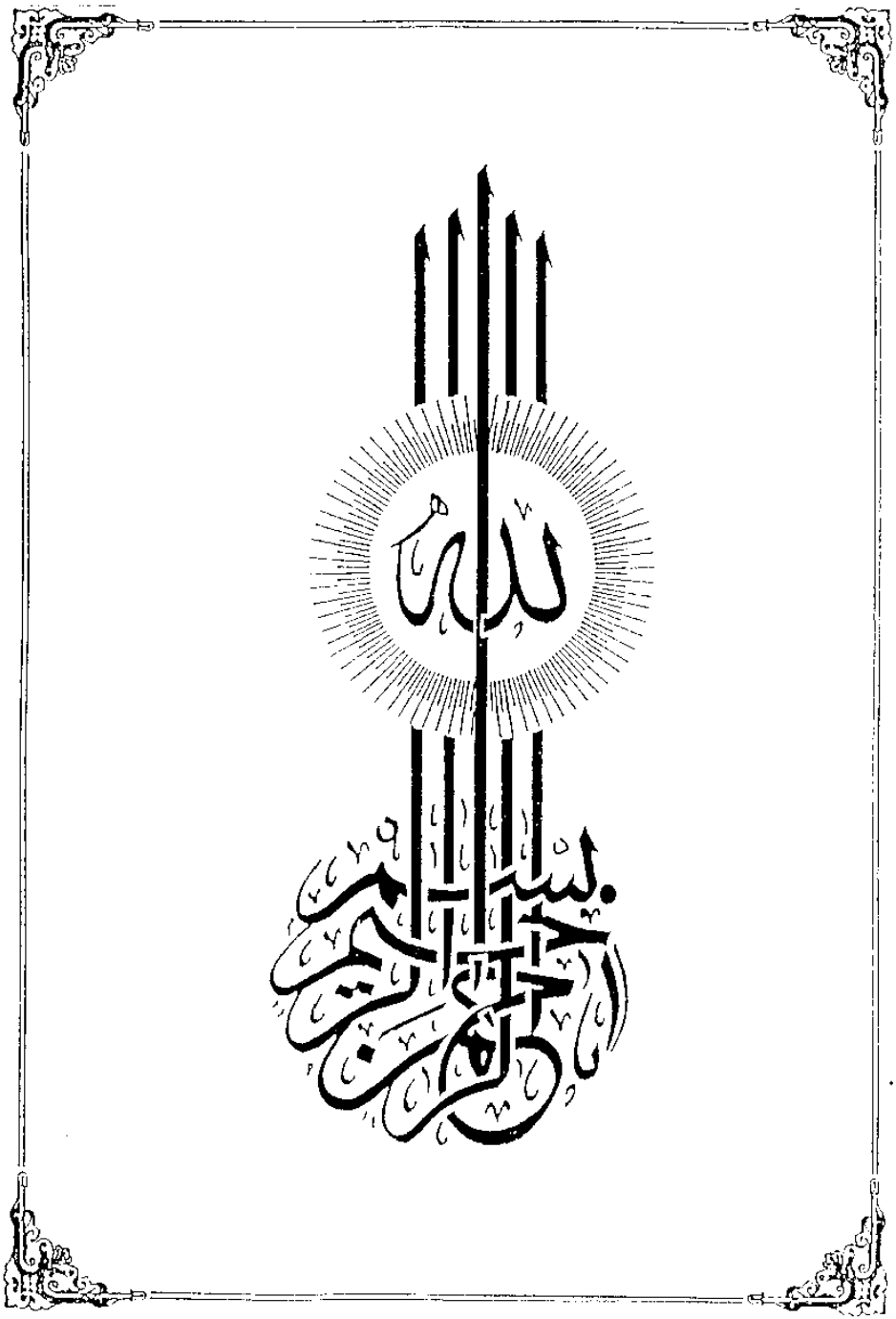

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Introduction

INTRODUCTION

Somatoform disorders are a group of psychiatric disorders whose essential feature is repeated presentations of a physical disorder, together with persistent requests for medical investigations inspite of repeated negative findings and reassurance by the doctors that the symptom has no physical basis *(ICD-10, 1992).*

The Third Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) was the first attempt to gather these conditions into one discrete category, to distinguish them from other psychiatric disorders and to define them relative to one another.

THE TERM SOMATOFORM

These disorders have come to be known collectively as the Somatoform Disorders and attributed to be a consequence to a process referred to as Somatization. When first introduced by Stekel, this term carried essentially the same meaning as conversion, i.e., a process whereby psychic conflicts were transformed into somatic symptoms. However, the term "somatize" conveys more clearly what is intended than "conversion", since the verb to 'convert" does not necessarily suggest the formation of a bodily phenomenon *(Pilowsky, 1990).*

Although these disorders have been recognized throughout history, yet no clear definition was established until 1980 when the DSM-III introduced the term somatoform for this category of disorders. Even then, the interrelationship of

Somatoform Disorders and the terminology used in this field are confusing (***Bass, 1993***).

This results from historical and conceptual ambiguities, especially obvious in the term "hysteria" and "hypochondriasis" who had the oldest, and at the same time, the most checkered history. The concept of those terms is still confusing because of their multiple meanings, many untested implications and conflicitng historical connotations. Practicing clinicians refrain from employing those terms because they acquired a pejorative connotations, fearing that their stigma preclude the patient's receiving adequate medical evaluation when he presents with symptoms of serious organic disease ***(Barsky and Klerman, 1983)***.

Disorders under the heading Somatoform Disorders :

Although the term was introduced 20 years ago, up till now, the different diagnostic systems showed marked disagreement about which disorder should be inlcuded under this heading and about the criteria used for the diagnosis.

Somatoform Disorders in ICD-10 (1992) include :

- Somatization Disorder.
- Undifferentiated Somatoform Disorders.
- Hypochondriacal Disorders (inlcuding Body Dysmorhic Disorder).
- Somatoform Autonomic Dysfunction.
- Persistent Somatoform Pain Disorders.
- Other Somatoform Disorders.
- Somatoform Disorder, unspecified.

Somatoform Disorders in DSM-IV (1994) inlcude :

- Somatization Disorder
- Undifferentiated Somatoform Disorder.
- Conversion Disorder.
- Pain Disorder
- Hypochondriasis
- Body Dysmorphic Disorder
- Somatoform Disorders NOS.

Epidemiology of Somatoform Disorders

Prevalence :

Somatoform disorders gained much attention in the past decade as epidemiologists recognized its high prevalence :

* *Somatization Disorder :*

Estimates of its life time prevalence range from 0.2-0.4%. The life time prevalence in females is nearly 2%. For outpatient primary care patients, the point prevalence is much higher ***(Kaplan et al., 1995).***

- In a study done in patients attending two family medicine clinics, it was found that 16.6% met criteria for somatization ***(Bass, 1993).***

- In another study done on outpatients referred by the medical and surgical services of a general hospital for evaluation of somatization, the relative percentage of somatizers was 43% and non-somatizers was 57% ***(Leon et al., 1987).***

- It has also been reported that the prevalence rate of DSM-III somatization disorder is 4.4-20% using an abridged version of the construct known as Somatic Symptom Index (SSI).

- It has also been found that 19% of patients with new illness presenting to a family practice fulfilled their operational criteria for somatization ***(Pilowsky, 1990).***

** Conversion Disorder :*

The incidence and prevalence are unclear. In some surveys the life time prevalence is as high as 33%. The prevalence among general hospital inpatients receiving psychiatric consultation has been reported to be between 5 to 16%. In contrast the prevalence of conversion reactions among patients in ongoing psychiatric treatment appears to be considerably lower. The annual incidence of conversion disorders in patients seen by general psychiatrists has been reported as low as 0.01 to 0.02% ***(Barsky, 1989).***

** Hypochondriasis :*

Its prevalence in general population is unknown however, it is present in 3 to 14% of patients in general medical practice. This shows how hypochondriasis patients are very common in general medical practice, consuming a disproportionately large fraction of physician services, diagnostic procedures and therapeutic resources ***(Barsky et al., 1991).***

** Body Dysmorphic Disorder :*

Although the prevalence is unknown, it is probably not rare. In a study to estimate its prevalence in a nonclinical population, it was found that 70% of college students reported at least some dissatisfaction and 46% reported some preoccupation with an aspect of their appearance; while 28% met all criteria for diagnosis. However in psychiatric clinical samples, body dysmorphic disorder is likely to be under

diagnosed and underrepresented because of patients secrecy about their symptoms and their reluctance to seek psychiatric help. In fact, most of those patients consult dermatologists, internists or plastic surgeons ***(Birtchnell, 1988).***

Sex :

* *Somatization Disorders :*

It has approximately twenty fold greater prevalence in females than in males. In men the diagnosis of somatization disorder is rarer and less stable than in women ***(Cloninger et al., 1986).***

* *Conversion Disorder :*

It is from two to five times more common in females than in males ***(Bass, 1993).***

* *Hypocondriasis :*

The sex distribution is approximately equal, or slightly predominent in men ***(Barsky and Klerman, 1983).***

* *Somatoform Pain Disorder :*

It is diagnosed twice as frequent in women as in men ***(Barsky, 1989).***

* *Body Dysmorphic Disorder :*

Ratio of women to men is approximately 1.3:1 ***(Phillips, 1991).***

Age :

* *Somatization Disorder :*

It is characteried by its age of onset, necessarily below 30, most commonly in the late teens. Although the onset is

early in life, the diagnosis may not be made until much later, and it is not common to discover it for the first time in a middle aged or elderly patient ***(Barsky , 1989).***

* *Conversion Disorder :*

It can occur at any age, although it is most common in adolescent and young adults ***(Pilowsky, 1990).***

* *Hypochondriasis :*

The peak incidence is thought to occur during the fourth or fifth decade; however, all age groups are affected, particulary adolescents and those over 60. Prevalence estimates for the elderly vary between 3.9% and 33%. In a study examining the relation between hypochondriasis and age, subjects aged 65 years and over were not more hypochondriacal than those under 65, even though their aggregate medical morbidity was higher ***(Barsky et al., 1991).***

* *Somatoform pain disorder :*

The age of onset ranges from childhood to old age, however, the peak age of onset is in the fourth and fifth decades ***(Barsky, 1989).***

* Body Dysmorphic Disorder :

Age at onset is usually from early adolescence through the 20s; 19 is the mean age in reported cases, but patients wait a mean of more than 6 years before seeking psychiatric treatment ***(Phillips, 1991).***

Race :

Somatoform disorders are not reported to be associated with specific race.

Marital Status :

Somatoform disorders in general are more common in individuals lacking close interpersonal relationship and social support. They are evidently more common in divorced, widowed and seperated persons ***(Pilowsky, 1990).***

Most of individuals with body dysmorphic disorder are unmarried; 85% of the subjects in case reports were single ***(Phillips, 1991).***

Socioeconomic Status :

In general, somatoform disorders have an inverse relationship with social position. They are more common in poor, less educated and those of lower occupational status. They were also associated with living in rural areas, however, some research noted their presence in urban areas as well, taking into consideration that environmental stressors are greater in urban settings ***(Swartz et al., 1989).***

Familial aggregation :

Somatization disorder tends to run in families, occuring in 10-20% of primary female relatives of somatization disorder patients. Somatizing men are clinically heterogeneous and have no excess of male or female relatives with many somatic complaints. Similarly, women with somatization disorder have no excess of male relatives with somatization disorder ***(Cloninger et al., 1986).***

There is also evidence that somatization, conversion and sociopathy cluster in the same families. That explains the presence, within somatization patients' families of primary male relatives having an increased prevalence of alcoholism,