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Somatic Symptom Disorders in DSM-5

A step forward or a fall back?

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Somatoform Disorders → Somatic Symptom and Related Disorders

1. Rationale for changes
2. Proposed categories and criteria
3. Potential consequences of the changes
4. My recommendations for using SSD

Out with the Old

In DSM-*IV-TR* the Somatoform Disorder category consisted of:

- Somatization Disorder
- Undifferentiated Somatoform Disorder
- Conversion Disorder
- Pain Disorder
- Hypochondriasis
- Body Dysmorphic Disorder ... and of course
- Somatoform Disorder NOS

The Rationale for Change

Sharpe and Mayou. Somatoform Disorders: a help or hindrance to good patient care? BJP 2004 184,465-467

- The assumption of psychogenesis is unproven.
- A somatoform diagnosis encourages mind/body dualism.
- A Dx should not be based on the lack of something ie. medically unexplained symptoms.
- Patients dislike the somatoform terminology.
- Doctors don't know how to use the category.
- The Dx does not guide treatment helpfully.

Recommendations for Change – Sharpe & Mayou

- Somatoform Disorders should be eliminated and the syndromes in it be moved to better places in DSM and ICD e.g., hypochondrias within anxiety disorders
- Somatic symptoms could be classified on Axis III.
- Psychological symptoms could be listed on Axis I.
- All patients should have an integrated bio-psycho-social assessment and treatment plan.

Kroenke et al

Kroenke et al. Revising the classification of somatoform disorders: Key questions and preliminary recommendations Psychosomatics 2007 48:4 277-285

- Ask how best to conceptualize patients who present with somatic symptoms + psychological distress.
- When to give a psychiatric label to patients presenting with physical symptoms?
- Note that people with explained and unexplained medical symptoms may have psychological symptoms.
- Suggest eliminating MUS terminology – often impossible to prove.

Prevalence of MUS

- Medically Unexplained Symptoms are a common reason for attending a physician (ES notes that patients don't know ahead of time whether there will be an explanation for their symptoms).
- Prevalence of MUS is:
 - 15-25% in primary care
 - 39-52% in specialist clinics
 - > 60% in neurology

(Van Hemert et al., 1993; Hamilton et al., 1996; Nimnuan et al., 2001; Reid et al., 2001; Kirmayer et al., 2004 Fiddler et al., 2004; Kooimanet al., 2004)

Kroenke et al cont...

- Despite high rates of MUS, somatoform diagnoses are rarely made (1-4%). They therefore suggest making the somatoform category more inclusive.
(ES wonders why MUS in the absence of psychological symptoms is part of this discussion?)
- Suggest listing somatic symptoms on Axis III and co-morbid psychological symptoms on Axis I.
- Suggest listing “Functional Somatic Syndromes” on Axis III with other medical conditions.

... more on FSS

“Functional Somatic Syndromes”

- This is a big elephant in the room.
- There are 29 conditions in the “Functional Somatic Syndrome” category including the most well known such as IBS, ME/CFS, migraine headache and FM.
Henningesen et al Lancet 2007;369:946-955
- Most papers interchangeably use “Somatoform” and “Functional Somatic Syndromes”.
- Authors seem ignorant of the extensive literature reporting measurable bio-medical abnormalities in Functional Somatic Syndromes.

Why does diagnosis matter?

- All conditions are psychosomatic ie. influenced by the mind-body. However some conditions respond better to physical interventions (e.g., Cancer) and some conditions respond better to psychological interventions (e.g., Depression).
- Psychotherapy can be very helpful for Cancer patients but is rarely given in isolation of physical therapies.
- Physical therapies such as healthy diet and exercise can be very helpful for patients with Depression but are rarely given instead of or in isolation from psychotherapy or psychopharmacotherapy.
- Getting an accurate diagnosis increases the probability of appropriate and effective treatment.

Draft #1: Justification of Criteria for Somatic Symptom Disorders

In Jan 2010 the DSM-5 committee headed by Joel Dimsdale published the first draft of the new SSD criteria with the following justifications for change:

- Arguments already mentioned +
- Mostly used is Somatoform NOS for which there is no empirical validity.

Draft #1: Recommended Changes

1. Rename Somatoform + Psychological factors affecting medical conditions + factitious disorders → Somatic Symptom Disorders category.
2. De-emphasize MUS (medically unexplained symptoms).
3. Combine Somatization + hypochondriasis, undifferentiated somatoform + pain disorder → Complex Somatic Symptom Disorder
4. Modify criteria for Conversion disorder so that MD doesn't have to prove the presence of psychological causation.

Draft #2: (April 18, 2011)

Complex and Simple Somatic Symptom Disorders CSSD & SSSD

A. Somatic Symptoms: One or more somatic symptoms that are distressing and/or result in significant disruption in daily life.

B. Excessive thoughts, feelings, and/or behaviors related to these somatic symptoms or associated health concerns:

- 1) Disproportionate and persistent thoughts about the seriousness of one's symptoms
- 2) Persistently high level of anxiety about health or symptoms
- 3) Excessive time and energy devoted to these symptoms or health concern

Simple requires only 1 B criteria and Complex requires 2.

C. Chronicity: Although any one symptom may not be continuously present, the state of being symptomatic is persistent

Simple lasts >1 month and Complex lasts >6 months.

Draft #3

taken from website May 2, 2012 before embargo

Somatic Symptom Disorder

- Simple and Complex Somatic Symptom Disorders were combined.
- Now only one A (physical) + one B (psychological) criteria is required. Chronicity is 6 months.
- This increases the prevalence rates between 50 – 200% (field trial data reported by Dr. Dimsdale at the APA May 12, 2012)

Somatic Symptom Disorder

A. Somatic Symptoms: One or more somatic symptoms that are distressing and/or result in significant disruption in daily life.

B. One or more of: Excessive thoughts, feelings, and/or behaviors related to these somatic symptoms or associated health concerns:

- 1) Disproportionate and persistent thoughts about the seriousness of one's symptoms
- 2) Persistently high level of anxiety about health or symptoms
- 3) Excessive time and energy devoted to these symptoms or health concern

C. Chronicity: Although any one symptom may not be continuously present, the state of being symptomatic is persistent and lasts > 6 months.

SSD Severity

“Somatic Symptom Disorder is a disorder characterized by persistency, symptom burden, and excessive or maladaptive response to somatic symptoms. There is a considerable range of severity. Typically, the disorder is more severe when multiple somatic symptoms are present. In addition to fulfilling criteria A and C, the following metrics may be used to rate severity:

Mild:	Only 1 of the B criteria fulfilled
Moderate:	2 or more B criteria fulfilled
Severe:	2 or more B criteria fulfilled plus multiple somatic symptoms

DSM-5 Somatic Symptom & Related Disorders

- J 00 Somatic Symptom Disorder (formerly somatization disorder, hypochondriasis with somatic symptoms, pain & undifferentiated somatoform disorders)
- J 01 Illness Anxiety Disorder (formerly hypochondriasis without somatic symptoms)
- J 02 Conversion Disorder (Functional Neurological Symptom Disorder)
- J 03 Psychological Factors Affecting Medical Conditions
- J 04 Factitious Disorder
- J ?? Other specified Somatic Symptom and Related Disorder
- J ?? Unspecified Somatic Symptom and Related Disorder

Field Trial Method

Three groups of participants:

1. Healthy (n=448),
2. Medically explained illness (n=205) and
3. “Functional Somatic Syndrome” (n=94 said to include IBS and FM) were asked:
 - Do you have the feeling that people are not taking your illness seriously enough? (thoughts)
 - Do you often worry about the possibility that you have a serious illness? (feelings)
 - Is it hard for you to forget about yourself and think about all sorts of other things. (behavior)

Field Trial Results

Prevalence when 1 somatic symptom + 1 psychological symptom + 6 month duration was required:

- 7% of healthy individuals
 - 15% of the medical illness group (cancer or coronary heart disease)
 - 26% of the “Functional Somatic Syndrome” (IBS, FM) group
- were coded for SSD.

Somatic Symptom Disorder Concerns

Millions of people will now meet criteria for a mental health condition.

- Is this valid?
- If it is, do we have resources to offer them all treatment?
- Would it be better to have more stringent criteria so that only the most severely affected were identified?
- Who gets to decide what is disproportionate?
- How to differentiate between functional and dysfunctional effort in patients with chronic conditions which require constant management?

Critique by Dr. Allen Frances

Former chair of the DSM-IV task force.

He writes on Feb 5th, 2013 in Psychology Today:

"Once it is an official DSM-5 mental disorder, SSD is likely to be widely misapplied - to 1 in 6 people with cancer and heart disease and to 1 in 4 with irritable bowel syndrome and fibromyalgia... The definition of SSD is so loose it will capture 7% of healthy people (14 million in the US alone) suddenly making this pseudo-diagnosis one of the most common of all 'mental disorders' in the general population."

Rebuttal by Dr. David Kupfer

Chair of the DSM-5 Task Force

Kupfer,D. Somatic Symptoms Criteria in DSM-5 Improve Diagnosis and Care. Feb 8th, 2013 Huffington Post

- The emphasis, not on the somatic symptoms but on the thoughts, feelings and behaviors about the symptoms, is justified.
- The new category emphasizes the need for integrated bio-psycho assessment of all patients and treatment for both physical and psychological symptoms.
- The new categories are simpler and will be easier to use by primary care physicians.

(ES notes he does not address the issues of prevalence or misdiagnosis).

Concerns of patients with “Functional Somatic Syndromes”

- Several authors (e.g., Sharpe, Dimsdale, Kroenke) writing about SSD question whether ME/CFS, FM, IBS and others should be considered as psychiatric conditions.
- Draft #2 states: “Some patients, for instance with IBS or FM would not necessarily qualify for a SSD diagnosis”.
- This language and these statements are not comforting to patients who are severely ill but lack: diagnosis, medical and home care support.

Concerns cont...

- Who will judge if their beliefs, worries and behavior are disproportionate?
- Patients with these and other poorly understood conditions are at risk of being incorrectly diagnosed with a psychiatric condition.
- As a result of this misdiagnosis, they may be denied appropriate health care, home care and disability support.

Forward

The rationales for change are valid.

Requiring positive symptoms (thoughts, feelings and behavior) is preferable to trying to prove medical validity or impute psychological causation.

Backwards

The decision to require only one somatic symptom and one psychological symptom lowers specificity.

This may be problematic in terms of numbers diagnosed, misdiagnosis, stigma and overtreatment.

Sideways

There are patients whose lives are disproportionately and dysfunctionally consumed by health concerns and health worry at the expense of living.

AND

There are patients for whom it is a genuine, full time job to optimally cope with multiple, severe somatic symptoms to maintain life and health.

My recommendations

- Put yourself in the shoes of your patient and consider what will be most helpful for him/her.
- Will s/he benefit from psychological intervention? If so, is one available?
- If not, consider the potential ill effects of an SSD diagnosis.
- How will it impact future care?
- How will the perceived invalidation of physical symptoms affect the patient?

Conclusion

- Save the diagnosis of SSD for the patient who is unarguably dysfunctional as a result of illness worry and focus.
- Possibly this is the same 1% of patients for whom the Somatoform diagnoses were previously used.
- The outcome for patients will depend on how the diagnoses are used.
- Please use responsibly 😊

THANK YOU