Somatoform disorders NCLEX Review

Somatoform disorders

- are characterized by persistent worry or complaints regarding physical illness without supportive physical findings.
- client focuses on the physical signs and symptoms and is unable to control the signs and symptoms. - physical signs and symptoms increase with psychosocial stressors
- anxiety is redirected into a somatic concern
- client may unconsciously use defense mechanisms: internalization and somatization

Internalization - keeping stress, anxiety, or frustration within self rather than expressing them outwardly

Somatization - expressing these internalized feelings and stress through physical symptoms

Primary vs Secondary Gains

- contributes to continuance of symptoms

Primary gains are the direct external bene?ts that being sick provides such as relief of anxiety, con?ict, or distress.

Secondary gains are the internal or personal bene?ts 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).

II. Etiology

- Physical symptoms have NO ORGANIC BASIS; objective diagnostics tests do not reveal structural or functional damages
- Physical symptoms for which there is NO ORGANIC BASIS allow clients to meet dependency needs without admitting such needs exist
- Clients may be admonished to be “mentally strong” and to not express emotional needs or problems

III. Specific Disorder

A. Somatization disorder

- The client has multiple physical complaints involving numerous body systems - The cause of these complaints is presumed to be psychological
- New symptoms arise with increased emotional distress
- Frequently goes from provider to provider, seeking relief

Special Interventions:

- Client requires long-term management, often in a medical setting ? Treat physical symptoms conservatively, matter-of-factly
- Antidepressants may be prescribed if depressive symptoms present
- If anxiety present, focus should be on nonpharmacological treatments

B. Conversion Disorder

- involves unexplained, usually sudden de?cits in sensory or motor function
- is an expression of a psychological conflict or need and has NO ORGANIC CAUSE
- most common conversion symptoms are blindness, deafness, paralysis, and the inability to talk.
- KEY FEATURE: La Belle Indifference - seemingly lack of concern or distress despite of the symptoms being experience

Assessment

- “La belle indifference”: Unconcerned with symptoms
- Physical limitation or disability
- Feelings of guilt, anxiety, or frustration
- Low self-esteem and feelings of inadequacy e. Unexpressed anger or conflict

Special Interventions:

- Nurse must treat the symptom as “real”, as the client experiences the symptom
- Use problem-solving approaches for dealing with conflicts and stressors

C. Pain Disorder

- primary physical symptom of pain, severe prolonged pain with NO ORGANIC/NO PHYSIOLOGIC BASIS - preoccupation with pain which generally is unrelieved by analgesics
- greatly affected by psychological factors in terms of onset, severity, exacerbation, and maintenance

Special Interventions:

- Teach client how stress increases muscle tension, which creates increased pain (stress-tension-pain cycle)
- Acupuncture, biofeedback training, transcutaneous nerve stimulation ? Specific exercise programs, physical therapy
- Visualization, and relaxation training
- Education about pain management techniques
- Note: analgesics and anti-anxiety agents may be ineffective for pain, and addiction is possible

D. Hypochondriasis

- Physical symptom is interpreted as severe or life-threatening, resulting in exaggerated worry and preoccupation
- Physical symptoms may begin with sensitivity to vague physical sensations or mild physical symptoms that most people would not notice
- misinterprets bodily sensations or functions
- causes significant distress or impairment in role function - No evidence of physical illness exists

Assessment:

- Often seeks information from clinicians or data sources (i.e. internet) to substantiate concerns
- With history of multiple visits to multiple practitioners
- Concerns persists in spite of negative findings and clinician reassurances
- Experiences significant anxiety
- Extensive use of home remedies or nonprescription medication

Special Interventions:

- Teach rational interpretation of body sensations
- Assists resolution of family conflict over medical treatment and client distress ? Non-pharmacologic treatment of anxiety

E. Body Dysmorphic Disorder

- Preoccupation with a defect in appearance, either an imagined defect or excessive concern over a minor anomaly
- Varies from “flaws” of face or head (complexion, hair thinning, asymmetry) to abdomen, extremities or body shape/size
- causes significant distress or impairment in role function, and often leads to social isolaton - embarrassed about defects so may express them vaguely (“ugly”)
- may frequently checks defects, avoid reminders (removing mirrors), seek reassurances from others, or attempt to improve the defect
- disorder is persistent; client has repeated surgeries, dental work or dermatological treatment for defects
- emotional distress may be severe enough to lead to depression and suicidal ideation

Special interventions:

- respect preoccupation; avoid challenging the validity of client perceptions ? focus on coping techniques
- contract with client to increase social activities and relationships

IV. General Nursing Interventions

1. Obtain a nursing history and assess for physical problems.
2. Explore the needs being met by the physical symptoms with the client.
3. Assist the client to identify alternative ways of meeting needs.
4. Assist the client to relate feelings and conflicts to the physical symptoms.
5. Convey understanding that the physical symptoms are real to the client.
6. Assure the client that physical illness has been ruled out.
7. Explore the source of anxiety and stimulate verbalization of anxiety.
8. Encourage the use of relaxation techniques as the anxiety increases
9. Use a pain assessment scale if the client complains of pain, and implement pain reduction measures as required.
10. Report and assess any new physical complaint.
11. Encourage diversional activities.
12. Provide positive feedback.

13. Assist the client in recognizing his or her own feelings and emotions.
14. Administer antianxiety medications if prescribed.

NOTE: For a client with a somatoform disorder, allow a specific time period only for the client to discuss physical complaints because the client will feel less threatened if this behavior is limited rather than stopped completely. Avoid responding with positive reinforcement about the physical complaints.