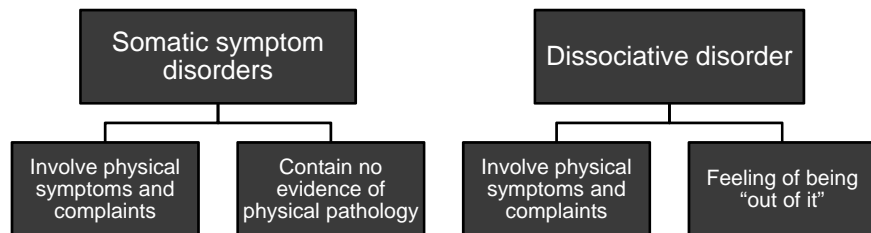


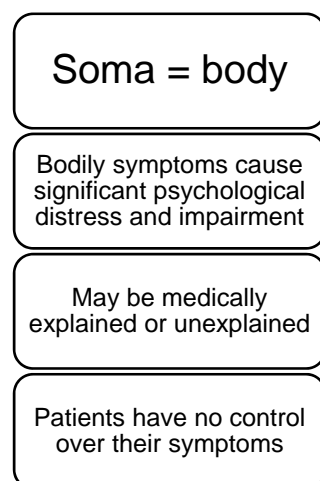
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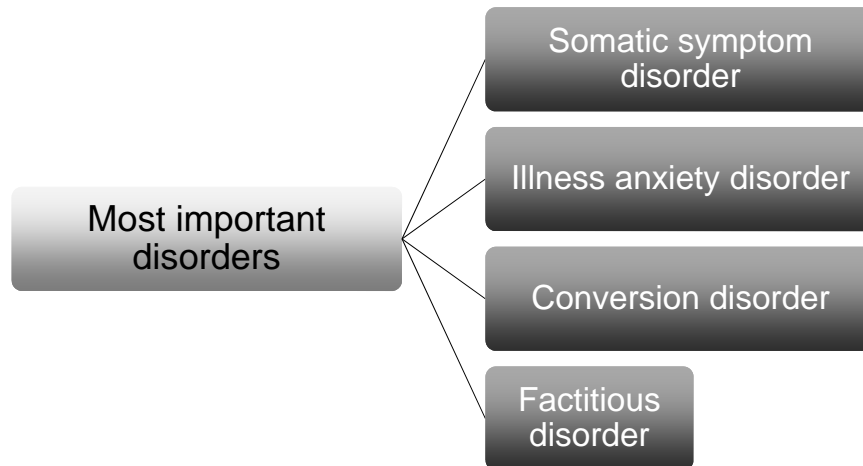
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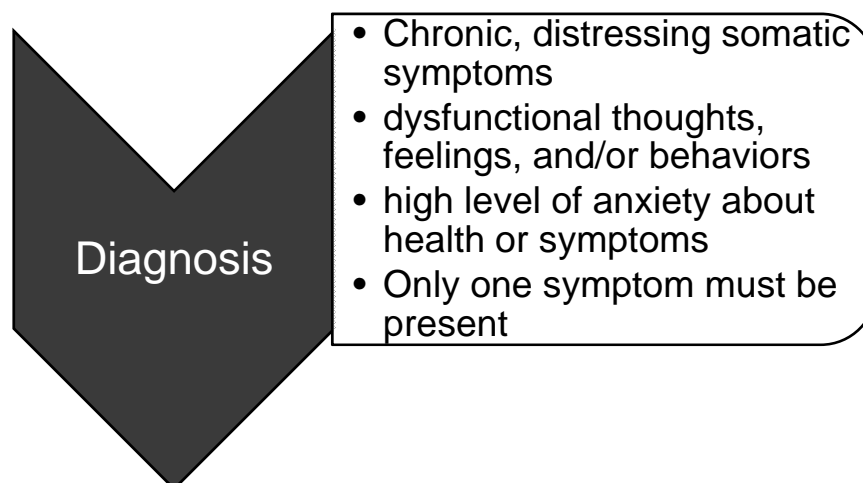
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Somatic Symptom Disorder

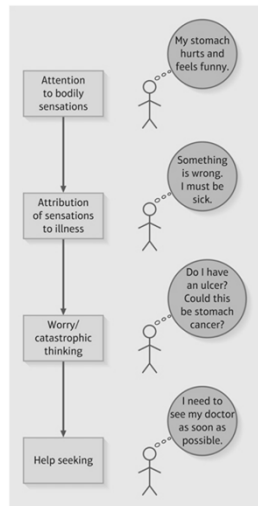


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Figure 8.1 Simplified Model of Somatic Symptom Disorder

People with somatic symptom disorder tend to have a cognitive style that leads them to be hypersensitive to their bodily sensations. They also experience these sensations as intense, disturbing, and highly aversive. Another characteristic of such patients is that they tend to think catastrophically about their symptoms, often overestimating the medical severity of their condition.



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Causes of Somatic Symptom Disorder

Prior experiences
with illness

Negative affect

Absorption

Alexithymia

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Treatment of Somatic Symptom Disorder

Cognitive-behavioral treatment

- Relaxation training
- Validation that the pain is real
- Daily activities
- Cognitive restructuring, “no-pain” behaviors

Medical management

- Seeing patient on a regular basis, with focus on new complaints
- Minimal diagnostic tests and medications

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Illness Anxiety Disorder

Diagnosis

- High anxiety about having or developing a serious illness; occurs for at least 6 months
- No somatic symptoms, or mild if any
- Performance of excessive health-related behaviors

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Conversion Disorder (Functional Neurological Symptom Disorder)

Neurological symptoms in the absence of a neurological diagnosis

Symptoms or deficits affecting sensory or voluntary motor functions

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Range of Conversion Disorder Symptoms

Sensory Symptoms or Deficits

- visual and auditory systems

Motor Symptoms or Deficits

- wide range of symptoms

Seizures

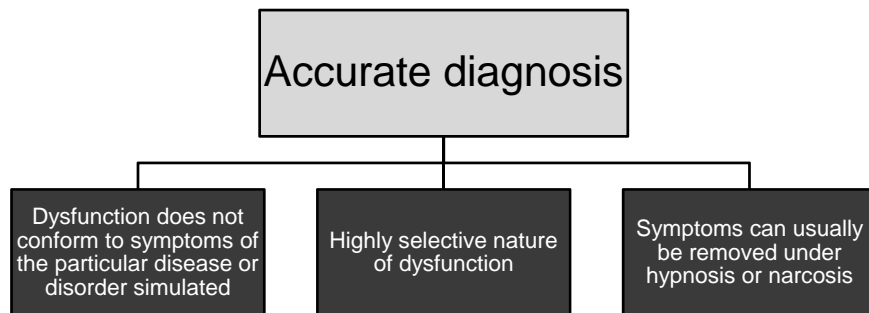
resemble epileptic, but not true seizures

Mixed Presentation of all 3

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Important Issues in Diagnosing Conversion Disorder



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Prevalence and Demographic Characteristics

Found in approximately 5% of people referred for treatment at neurology clinics



Highest estimates have been around only 0.005%



Patients often medically unsophisticated



Occurs 2-3 times more often in women



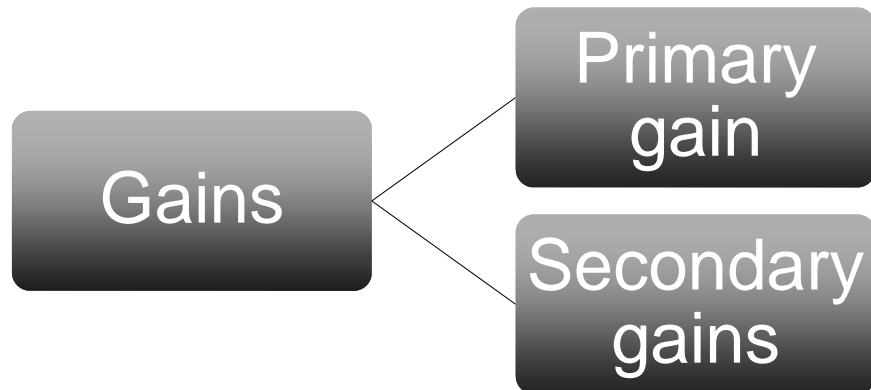
Most commonly occurs between early adolescence and early adulthood



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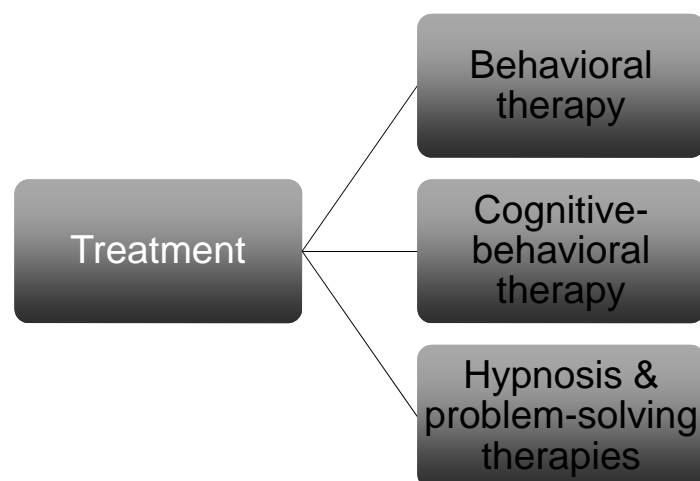
Causes of Conversion Disorders



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Treatment of Conversion Disorder



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Factitious Disorder

Person intentionally produces psychological or physical symptoms (or both)

Goal to obtain and maintain benefits of playing the "sick role"

Factitious disorder imposed on another

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Factitious Disorder

Malingering

- Motivated by external incentives

Factitious disorder

- Person receives no tangible external rewards

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Distinguishing Between Different Types of Somatic Symptom and Related Disorders

It is sometimes possible to distinguish between a conversion (or other somatic symptom) disorder and malingering, or factitiously “sick-roleplaying.”

In other cases it is more difficult to make the correct diagnosis.

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Dissociative Disorders: An Overview

Dissociation

- Disruptions in normally integrated functions
 - Consciousness
 - Memory
 - Identity
 - Perception
 - Motor control

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Dissociative Disorders: An Overview

Integrated automatic nonconscious processes

Implicit memory

- remembering things you cannot consciously recall

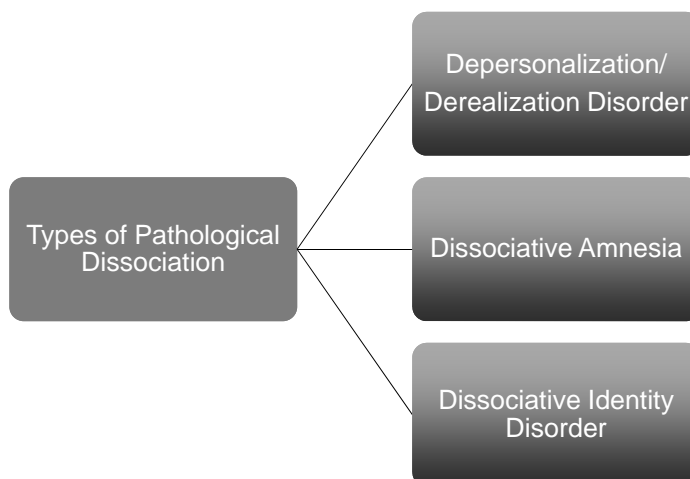
Implicit perception

- responding to sights or sounds even though you cannot report having seen or heard them

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Depersonalization/Derealization Disorder



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