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Study Guide: Behavioral focus: Manipulative, Anxious, Depressive
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N108 Mental Health and Psychiatric Nursing
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Study Guide
Somatic Symptom and Related Disorders, Feeding and Eating Disorders, and Gender Dysphoria

Introduction

Hi N108 students,

In this session, we will explore patients who suffer from Somatic Symptoms and Related Disorders, Feeding and Eating Disorders, and Gender Dysphoria**.**

A person who suffers from **somatic symptom disorder** exhibits one or more physical symptoms that have no organic basis. **Eating disorders** include **anorexia** eating too little or starving themselves, **bulimia** where a client eats chaotically, and **obesity** where a client eats too much. Lastly, **Gender Dysphoria (GD)** is when a client has a strong and persistent sense of incongruence between experienced or expressed gender and the gender assigned at birth.

Learning Objectives

At the end of this session, you will be able to:

1. Discuss the characteristics and dynamics of specific somatic symptoms, feeding and eating disorders, and gender dysphoria.
2. Discuss etiologic theories related to somatic symptoms, feeding and eating disorders, and gender dysphoria.
3. Apply the nursing process in planning for management of patients with somatic symptoms, feeding and eating disorders, and gender dysphoria.

Outline of concepts

1. **Somatic symptom disorder**
    a. Somatic symptom disorder- exhibits one or more physical symptoms that have no organic basis. A client suffering from this disorder spends a significant time and energy focused on health concerns and believes that these symptoms are associated with serious illness which causes immense distress and anxiety about their health status.
    b. Conversion disorder- this is also known as conversion reaction. This disorder involves unexplained, usually sudden deficits in sensory or motor function such as paralysis and blindness. These deficits suggest a neurologic disorder but are associated with psychological factors.
    c. Pain disorder- pain that is generally not relieved by analgesics and affects the psychological factors in terms of onset, severity, exacerbation, and maintenance.
    d. Illness anxiety disorder- this is formerly known as hypochondriasis, is preoccupation with the fear that one has a serious disease or will get a serious disease.
2. **Related disorders**
    a. Malingering- intentional claim of false or grossly exaggerated physical or psychological symptoms; often motivated by external incentives (e.g., avoiding work, evading criminal prosecution, obtaining financial compensation, or obtaining drugs).
    b. Munchausen syndrome (Factitious disorder, imposed on self)- a person intentionally produces physical or psychological symptoms solely to gain attention.
    c. Munchausen syndrome by proxy (Factitious disorder, imposed on others)- a person inflicts injury or illness on someone else to gain attention of emergency medical personnel or to be a “hero” for saving the victim.
    d. Medically unexplained symptoms (MUS) and functional somatic syndromes- terms used more frequently in general medical settings. Often refers to physical symptoms and limitations of function that have no medical diagnoses to explain their existence.

3. **Feeding and eating disorder**
    a. Anorexia nervosa- an eating disorder that is characterized by the client's restriction of nutritional intake necessary to minimally normal body weight. Also, there is an intense fear of gaining weight, disturbed perception of shape or size of the body, and refusal to acknowledge the seriousness of the problem or that it even exists.
    b. Bulimia nervosa- characterized by recurrent episodes of binge eating followed by inappropriate compensatory behaviors to avoid gaining weight (e.g., purging, fasting, or excessively exercising).
    c. Related disorder
        i. Binge eating disorder- recurrent episodes of binge eating; no regular use of inappropriate compensatory behaviors (e.g., purging, excessive exercise, abuse of laxatives, etc.)
        ii. Night eating syndrome- morning anorexia, evening hyperphagia, and nighttime awakenings to consume snacks.
        iii. Pica- a childhood disorder which refers to persistent ingestion of nonfood substances
        iv. Rumination- a childhood disorder which refers to regurgitation of food that is then rechewed, re-swallowed, or spit out.
        v. Orthorexia nervosa (orthorexia)- an obsession with proper or healthful eating. Note that this is not formally recognized in the DSM-V but believed to be on the rise and may constitute a separate diagnosis.
4. **Gender dysphoria and sexual dysfunctions**
    a. Gender dysphoria
        i. diagnosed when an individual has a strong and persistent sense of incongruence between experienced or expressed gender and the gender assigned at birth, usually anatomical and called natal.
        ii. the person experiences clinically significant distress or impairment in social, occupational, or other important areas of functioning.
    b. Sexual dysfunctions- characterized by a disturbance in the processes of the sexual response cycle or by pain associated with sexual intercourse.
        i. Sexual desire disorders involve a disruption in the desire phase of the sexual response cycle.

- Hypoactive sexual desire disorder
- Sexual aversion disorder

ii. Sexual arousal disorders- disruption of the excitement phase of the sexual response cycle.

- Female sexual arousal disorder
- Male erectile disorder

iii. Orgasmic disorders- isruptions of the orgasm phase of the sexual response cycle.

- Female orgasmic disorder
- Male orgasmic disorder
- Premature ejaculation

iv. Sexual pain disorder-involve pain associated with sexual activity.

- Dyspareunia
- Vaginismus

c. Paraphilias- recurrent, intensely sexually arousing fantasies, sexual urges, or behaviors generally involving (1) nonhuman objects, (2) the suffering or humiliation of oneself or partner, or (3) children or other nonconsenting persons.

i. Exhibitonism
ii. Feteshism
iii.Frotteurism
iv. Pedophilia
v. Sexual masochim
vi. Sexual sadism
vii. Voyeurism

5. Etiology

a. Somatic symptom disorder and related disorder

i. Psychosocial theory

- Internalization- a theory where people with somatic illnesses keep stress, anxiety, or frustration inside instead of expressing them outwardly.

ii. Biologic theory- 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. Clients cannot sort relevant from irrelevant stimuli and respond equally to both types.

b. Feeding and eating disorder
    i. The specific cause for eating disorders is unknown. Initially, dieting may be the stimulus that leads to their development
    ii. Anorexia nervosa and bulimia nervosa tends to run in families.
c. Gender dysphoria and sexual dysfunctions
    i. GD remains unclear, but it is thought to originate from a complex biopsychosocial link.
    ii. Sexual dysfunctions can be from organic (e.g., chronic illness, pregnancy) or physiogenic (e.g., depression, anxiety, fear)

6. Treatments

a. Somatic symptom disorder
    i. Psychopharmacologic treatment- Antidepressants (e.g., fluoxetine, paroxetine, sertraline)
    ii. Group therapy
b. Feeding and eating disorders
    i. Psychopharmacologic treatment- e.g., Amitriptyline, antihistamine
    ii. Psychotherapy
c. GD and sexual dysfunction
    i. Psychopharmacologic treatment- e.g. hormone therapy
    ii. Psychotherapy

Activity

- Watch the recorded lecture in VLE.
  NOTE: *Please take down notes as the discussion will be more comprehensive.*

Congratulations! You made it to the end of this session, keep up the good work!

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