



N108 Care for Clients with Psychosocial Problems in Adaptation/Adjustment

# Somatic Symptoms and Related Disorders

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# Learning Objectives

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

- Discuss the characteristics and dynamics of specific somatic symptoms
- Discuss etiologic theories related to somatic symptoms
- Apply the nursing process in planning for management of patients with somatic symptoms



# Somatic Symptoms

## Somatization

- defined as the transference of mental experiences and states into bodily symptoms
- characterized as the presence of physical symptoms that suggest a medical condition without organic basis to account fully for them.



# Somatic Symptoms

## Central features of somatic symptom illnesses

- Physical complaints suggest major medical illness but have no demonstrable organic basis.
- Psychological factors and conflicts seem important in initiating, exacerbating, and maintaining the symptoms.
- Symptoms or magnified health concerns are not under the client's conscious control.



# Somatic Symptoms Disorder





# Somatic Symptom Disorder

## Somatic symptom disorder

- characterized by one or more physical symptoms that have no organic basis.

## Conversion disorder conversion reaction

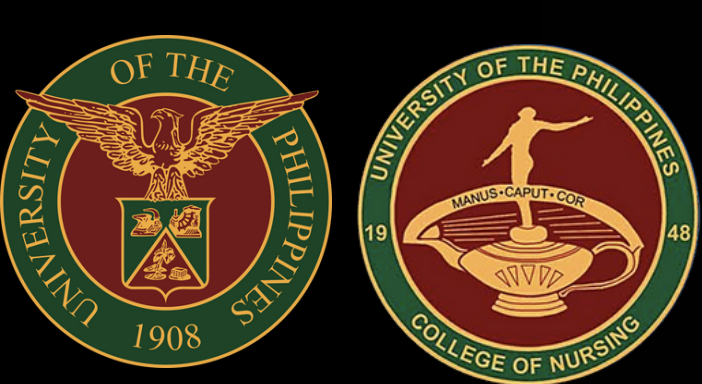
- involves unexplained, usually sudden deficits in sensory or motor function (e.g., blindness, paralysis).

## Pain disorder

- primary physical symptom of pain, which is generally unrelieved by analgesics and greatly affected by psychological factors

## Illness anxiety disorder (hypochondriasis)

- is preoccupation with the fear that one has a serious disease (disease conviction) or will get a serious disease (disease phobia).



# Related Disorders

## **Fabricated or induced illness**

- which people feign or intentionally produce symptoms for some purpose or gain.

## **Malingering**

- is the intentional production of false or grossly exaggerated physical or psychological symptoms

## **Factitious disorder, imposed on self, (Munchausen syndrome)**

- occurs when a person intentionally produces or feigns physical or psychological symptoms solely to gain attention.

## **Factitious disorder, imposed on others, (Munchausen syndrome by proxy)**

- occurs when a person inflicts illness or injury on someone else to gain the attention of emergency medical personnel or to be a “hero” for saving the victim.



# Etiology

## Psychosocial Theories

- Internalization: keep stress, anxiety, or frustration inside rather than expressing them outwardly
- alexithymia or the inability to identify emotions

## Biologic Theories

- clients cannot sort relevant from irrelevant stimuli and respond equally to both types
- amplified sensory awareness causes the person to experience somatic sensations as more intense, noxious, and disturbing



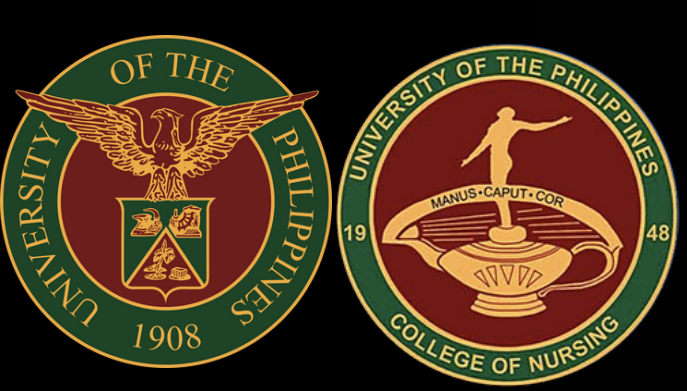


# Treatment: Psychopharmacology

**TABLE 21.2** Antidepressants Used to Treat Somatic Symptom Illnesses

Drug	Usual Dose (mg/day)	Nursing Considerations
Fluoxetine (Prozac)	20–60	Monitor for rash, hives, insomnia, headache, anxiety, drowsiness, nausea, loss of appetite; avoid alcohol
Paroxetine (Paxil)	20–60	Monitor for nausea, loss of appetite, dizziness, dry mouth, somnolence or insomnia, sweating, sexual dysfunction; avoid alcohol
Sertraline (Zoloft)	50–200	Monitor for nausea, loss of appetite, diarrhea, headache, insomnia, sexual dysfunction; avoid alcohol

Source: Videbeck, 2020



# Treatment: Psychotherapy

## Pain disorder

- referral to a chronic pain clinic may be useful.

## Somatic symptom illnesses

- Involvement in therapy groups is beneficial for some people

## Education or providing information



# Nursing Process Application



# Assessment

## History

- provide a lengthy and detailed account of previous physical problems, numerous diagnostic tests, and perhaps even a number of surgical procedures.

## General Appearance and Motor Behavior

- usually not remarkable
- walk slowly or with an unusual gait because of the pain or disability caused by the symptoms.
- clients with somatization disorder usually describe their complaints in colorful, exaggerated terms, but often lack specific information.



# Assessment

## Mood and Affect

- labile
- exaggerated, as are reports of physical symptoms
- conversion disorder display an unexpected lack of distress

## Thought Process and Content

- do not experience disordered thought processes

## Sensorium and Intellectual Processes

- alert and oriented



# Assessment

## Roles and Relationships

- unlikely to be employed, though they may have a past work history
- Consumed with seeking medical care, they have difficulty fulfilling family roles
- spend little time in social activities
- report a lack of family support and understanding

## Physiological and Self-Care Concerns

- sleep pattern disturbances
- lack basic nutrition
- get no exercise.



# Nursing Diagnoses

- Ineffective coping
- Ineffective denial
- Impaired social interaction
- Anxiety
- Disturbed sleep pattern
- Fatigue
- Pain



# Goals and Objectives

- The client will identify the relationship between stress and physical symptoms.
- The client will verbally express emotional feelings.
- The client will follow an established daily routine





# Goals and Objectives

- The client will demonstrate alternative ways to deal with stress, anxiety, and other feelings.
- The client will demonstrate healthier behaviors regarding rest, activity, and nutritional intake.



# Interventions

## Health Teaching

- help the client learn how to establish a daily routine that includes improved health behaviors.
- Adequate nutritional intake
- improved sleep patterns



# Interventions

## Assisting the Client in Expressing Emotions

- may keep a detailed journal of their physical symptoms
- ask them to describe the situation at the time such as whether they were
- alone or with others, whether any disagreements were occurring, and so forth.
- provide attention and positive feedback for efforts to identify and discuss feelings
- explain to the family about primary and secondary gains.
- encourage the relatives to stop reinforcing the sick role.



# Interventions

## Teaching Coping Strategies

- Emotion-focused coping strategies
  - which help clients relax and reduce feelings of stress
  - *Examples: progressive relaxation, deep breathing, guided imagery, and distractions such as music distraction.*
- Problem-focused coping strategies
  - help resolve or change a client's behavior or situation or manage life stressors
  - *Examples: learning problem-solving methods, role-playing interactions with others, etc.*



# Evaluation

- fewer visits to physicians as a result of physical complaints
- less medication
- more positive coping techniques
- increase functional abilities.
- Improved family and social relationships



# References

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**Thank you!**

