

Somatic Symptom and Related Disorders

In *DSM-5*, the term “somatoform disorders” is replaced by somatic symptom and related disorders. In *DSM-IV-TR* there was significant overlap across the somatoform disorders and a lack of clarity about their boundaries. These disorders are primarily seen in medical settings, and nonpsychiatric physicians found the *DSM-IV-TR* somatoform diagnoses problematic to use. The *DSM-5* classification reduces the number of disorders and subcategories to avoid problematic overlap. Diagnoses of somatization disorder, hypochondriasis, pain disorder, and undifferentiated somatoform disorder are removed. *DSM-5* now allows for the complexity of the interface between psychiatry and medicine. Individuals with somatic symptoms plus abnormal thoughts, feelings, and behaviors may or may not have a diagnosed medical condition. It is clear from a large body of research that the relationship between somatic symptoms and psychopathology exists along a spectrum, and the arbitrary high symptom count required for *DSM-IV-TR* somatization disorder did not accommodate this spectrum. Psychological factors affecting other medical conditions and factitious disorder are moved into the somatic symptom disorders chapter because somatic symptoms are predominant in both, and both are most often encountered in medical settings. Criteria for conversion disorder (functional neurologic symptom disorder) are modified to emphasize the essential importance of the neurological examination, and in recognition that relevant psychological factors may not be demonstrable at the time of diagnosis.

The questions below are from *DSM-5 Self-Exam Questions: Test Questions for the Diagnostic Criteria*, which may be preordered from American Psychiatric Publishing by clicking [here](#). The book, available January 2014, contains 500 questions for all

the categories of psychiatric disorders and includes Section III. The questions were developed under the leadership of Philip Muskin, M.D., a professor of clinical psychiatry at Columbia University College of Physicians and Surgeons.

1. In *DSM-IV-TR* a patient with a high level of anxiety about having a disease and many associated somatic symptoms would be given the diagnosis of hypochondriasis. What *DSM-5* diagnosis would apply to this patient?

- a) hypochondriasis
- b) illness anxiety disorder
- c) somatic symptom disorder
- d) generalized anxiety disorder
- e) somatoform disorder NOS

Correct Answer: C. Somatic Symptom disorder

Rationale: Hypochondriasis has been eliminated as a diagnostic label because of its pejorative connotations and on the grounds that it incorporated anxious individuals with somatic symptoms and anxious patients without somatic symptoms. Anxious individuals with somatic symptoms are now included in somatic symptom disorder. Individuals with a high level of anxiety about having an illness but without prominent somatic symptoms are now included in illness anxiety disorder.

2. A young woman is hospitalized for evaluation of fits of movement in which she appears to lose consciousness, rock her head from side to side, and move her arms and legs in a non-synchronous, bicycling pattern. The episodes occur a few times a day and last for 2 to 5 minutes. EEG during the episodes does not reveal any ictal activity. After a fit, her sensorium appears clear. What is the most likely *DSM-5* diagnosis?

- a) epilepsy
- b) malingering
- c) somatic symptom disorder
- d) conversion (functional neurological symptom disorder), attack-seizure subtype
- e) factitious disorder

Correct Answer: D. Conversion (functional neurological symptom disorder), attack-seizure subtype

Rationale: The *DSM-5* criteria for conversion disorder are (1) symptoms or deficits affecting voluntary motor or sensory function, (2) evident internal inconsistency or incompatibility with recognized neurological or medical illness, (3) the symptom is not better explained by another recognized medical or *DSM-5* diagnosis, and (4) the symptom causes significant distress or impairment in important aspects of function or warrants medical evaluation. This patient’s pattern of movement, duration of attack, and return to clear consciousness at the end of the attack are incompatible with a diagnosis of epilepsy, as is underscored by the EEG, and lacks features of another medical or neurological disorder that would better explain it. Note that factitious disorder, with conscious feigning of symptoms, has not been absolutely ruled out: the diagnosis of conversion does not require certainty that symptoms are not consciously feigned, in recognition of the fact that reliability in ascertaining conscious feigning is poor. Positive evidence of feigning would rule out conversion disorder; in that case the diagnosis would be factitious disorder. Psychogenic nonepileptic seizures and other functional neurological symptom disorders occur more commonly in women than in men.

3. Which of the following is the key feature of factitious disorder in *DSM-5*?

- a) somatic symptoms
- b) conscious misrepresentation and deception
- c) external gain associated with illness
- d) absence of another medical disorder that may cause the symptoms
- e) normal physical exam and laboratory tests

Correct Answer: B. conscious misrepresentation and deception

Rationale: The key feature of factitious disorder, whether imposed on oneself or on another, is the conscious and intentional reporting and misrepresentation of signs and symptoms of disease in order to receive medical attention, without other obvious external gain. The presented syndrome may be somatic or psychological. A medical disorder associated with similar symptom presentation may be present, but if the patient knowingly misrepresents him- or herself, factitious disorder may be present. For example, a patient with bladder cancer who pricks her finger and adds a drop of blood to her urine specimen to simulate hematuria or a patient with depression who reports auditory hallucinations that he is not in fact experiencing may have factitious disorder. Patients may falsify their test reports or actually harm themselves so that examinations may disclose objective pathological findings, such as the hematuria in the example above.

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