

Teach your kids to stop bullying and be more than a bystander.



FREE TO BE... YOU AND ME



Learn How

- [Depression](#)
- [Anxiety](#)
- [Treatments](#)
- [DSM 5](#)
- [Articles](#)
- [News](#)
- [Videos](#)
- [Blogs](#)
- [Self Tests](#)
- [Find Treatment](#)

PsyWeb Menu

Self Tests

[Personality Test](#)

[Depression Test](#)

[Anxiety Test](#)

[OCD Test](#)

Disorders and Treatment

[Mental Illness](#)

[Depression](#)

[Depression Signs and Symptoms](#)

[Major Depressive Disorder](#)

[Opiates and depression](#)

[Antepartum depression](#)

[Bipolar Disorder](#)

[Mood Disorders](#)

[Borderline Personality](#)

[Schizophrenia](#)

[Anxiety](#)

[Medical Anxiety Treatment \(Benzodiazepines\)](#)

[Difference between stress and anxiety](#)

[Mental Health Diagnosis](#)

[Mental Health Treatments](#)

[Alternative Meds](#)

[Case Studies](#)

Understand

[DSM 5](#)

[DSM-IV™](#)

[Axis I](#)

[Axis II](#)

[Axis III](#)

[Axis IV](#)

[Axis V](#)

[ICD-9](#)

[ICD-10](#)

Community

[News](#)

[Videos](#)

[Resources](#)

Somatoform Disorders

Share this

Tweet 0

By [DeepDiveAdmin](#), Tue, January 15, 2013

While many psychiatric disorders are relatively easy to diagnose, due to a pattern of symptoms that is fairly straightforward, others are much more challenging. One group of disorders that fits into the latter category is somatoform disorders.

Symptoms with no apparent cause

Individuals who have a somatoform disorder experience various symptoms, such as physical pain, for which there is no clear medical reason. Unfortunately, since a symptom such as pain can be caused by many different things, those evaluating the patient are often hesitant to make the determination that the pain is psychological in nature. And of course, no patient wants to be told that "the pain is all in your head", especially when to him or her, it is very real and causing significant distress.

Sadly, individuals with a somatoform disorder become increasingly frustrated. From their perspective, no one is listening and able to make an accurate diagnosis. Not to mention, they're unable to get relief for their symptoms. Questioning their doctor's competence, they often start going from one doctor to the next demanding lab work and other tests that they don't need. Many start to believe that they have all sorts of medical conditions that they don't actually have.

People who suffer from these disorders typically become preoccupied with their health. They can be very difficult patients for the doctors and other providers who see them. When they don't get the answers or help that they seek, they can become quite agitated. Distrustful of healthcare professionals because of their experience, they often don't follow through with any recommendations that are made.

Diagnosis of Somatoform Disorders

To accurately diagnose a somatoform disorder, a thorough physical examination must take place to rule out an underlying medical cause of the patient's symptoms. Once the doctor has determined that the patient is physically healthy, he or she may recommend a psychological evaluation by a mental health professional. This is typically the case if the doctor suspects the presence of a somatoform disorder.

A mental health professional will conduct a thorough evaluation as well. By doing so, he or she can determine if the patient's pattern of symptoms is better explained by another psychiatric disorder before making a diagnosis of somatoform disorder.

Two disorders that must be ruled out first (but which may explain the patient's presentation and symptoms) are factitious disorder and malingering.

Factitious Disorder

Individuals with this disorder fake, produce, or exaggerate their symptoms for some type of internal gain, such as sympathy. They usually do this subconsciously, not fully aware themselves that they are doing it.

Malingering

People who are malingering intentionally fake or greatly exaggerate their symptoms for some type of external gain, such as insurance benefits or to avoid going to jail for a crime they committed.

Motivations are difficult to determine

With somatoform disorders, there is no obvious pay off for the symptoms. The patient is not faking or exaggerating, and is genuinely anxious or fearful

Schizophrenia Help

Suffering from Schizophrenia? Learn more about Schizophrenia symptoms.

[socialguidancefriend.com](#)

Schizoaffective Disorder

Schizophrenia Info & Resources. Questions To Ask Your Doctor.

[www.vitals.com/Schizophrenia](#)

Somatoform Disorder

View [Somatoform Disorder](#); Get Answers Now on Ask.com!

[Ask.com/Somatoform Disorder](#)

ads by Yahoo!

Does facebook get you down?

+sg will pick you up!

Join today to get support, help others and build a more confident and caring world.

+ supportgroups

Teach your kids how to stop bullying and be more than a bystander.

Learn How

Ad Council

WAITT INSTITUTE

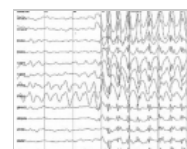
FREE TO BE... YOU AND ME

FREE TO BE FOUNDATION INC.

People are also reading...



Creutzfeldt-Jakob Disease




Epilepsy

Psyweb.Com

Teach your kids how to stop bullying and be more than a bystander.

Learn How



FREE TO BE... YOU AND ME
180 TO BE FREEDOM BEL.

regarding their symptoms. Sadly, the anxiety they experience not only helps maintain the disorder, it often makes their symptoms worse.

Criteria for Somatoform Disorders

Three criteria must be met in order to qualify for a somatoform disorder diagnosis:

A medical condition, other psychiatric illness, or the effects of a substance (e.g. alcohol or a medication) will not explain the patient's symptoms.

The patient does not meet the criteria for malingering or factitious disorder.

At least one primary area of the patient's life (e.g. the patient's work or social functioning) is significantly disrupted by the symptoms or the symptoms cause a lot of distress.

Types of Somatoform Disorders

In the current edition of the [DSM](#) - the diagnostic manual used to diagnose psychiatric disorders - there are several different types of somatoform disorders. These include:

Somatization Disorder

Patients with somatization disorder (formally called hysteria or Briquet's syndrome) typically have a long history of going to the doctor for many different unexplainable symptoms. This pattern of symptoms has occurred for many years and began before they were 30 years old. Their symptom history must include various pain issues, gastrointestinal problems (e.g. diarrhea or vomiting), sexual symptoms (e.g. low libido), and symptoms that would suggest a neurological problem (e.g. paralysis or seizures).

Undifferentiated Somatoform Disorder

This is similar to somatization disorder, except that the patient must complain of at least one unexplainable symptom for at least 6 months. Common complaints include digestive problems and chronic fatigue.

Conversion Disorder

Individuals with this disorder have symptoms or difficulties with their senses (e.g. blindness, deafness) or their motor functioning (e.g. difficulties swallowing, weakness in a specific area). Their symptoms are "pseudoneurological", which means they suggest a neurological cause but no such cause can be found. Prior to the onset or worsening of their symptoms they experienced conflict or other types of stress that is believed to be associated with the development of the disorder.

Pain Disorder

As the name suggests, pain is the primary complaint with this disorder. There is no physical explanation for the pain. Underlying psychological issues are believed to play a role in triggering, maintaining, or exacerbating the pain or making it more intense.

Hypochondriasis

Individuals with this disorder (often called "hypochondriacs" by those who know them) are preoccupied with the belief or fear that they have a serious medical condition. Their belief or fear is triggered by their own misinterpretation of their physical symptoms or bodily functions (e.g. they have occasional headaches and fear they have a brain tumor).

Body Dysmorphic Disorder

Individuals with this disorder become extremely preoccupied with and distressed about one or more imagined or actual (but minor) physical flaws (e.g. someone with a small scar on her hand always wears gloves or keeps her hand hidden from others).

Somatoform Disorder not Otherwise Specified (NOS)

This is essentially a catch-all diagnosis for anyone who meets the basic criteria for a somatoform disorder but doesn't meet the criteria for one of the other somatoform disorders.

Treatment for Somatoform Disorders

As a general rule, therapy is the most effective treatment for somatoform disorders. Since these disorders usually involve underlying irrational thoughts and beliefs, Cognitive Behavioral Therapy – which focuses on helping people identify and change errors in their thinking - is believed to be one of the most effective types of therapy for these disorders. Medication may be used to alleviate concurrent symptoms of [anxiety](#) or [depression](#), but is usually not an effective form of treatment for somatoform disorders.

PsyWeb Poll

Are You Currently Taking Or Have You Ever Been Prescribed Anti-Depressants?



Total votes: 3978

[Login to post comments](#) [Older polls](#)

Schizophrenia Help

Suffering from Schizophrenia? Learn more about Schizophrenia symptoms.

socialguidancefriend.com

Schizoaffective Disorder

Schizophrenia Info & Resources. Questions To Ask Your Doctor.

www.vitals.com/Schizophrenia

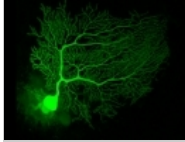
Somatoform Disorder

View **Somatoform Disorder**; Get Answers Now on Ask.com!

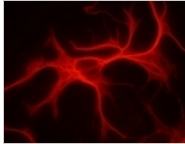
Ask.com/Somatoform Disorder

ads by Yahoo!

Learn More

**Epilepsy Facts**


Epilepsy is a brain disorder in which neurons, signal abnormally. In epilepsy, the normal pattern of neuronal activity become...

**Epileptic Seizures**

Epilepsy is a chronic neurological condition characterized by recurrent seizures that are caused by abnormal cerebral nerve c...

**Coping With Mental Illness**

The family of a young adult with mental illness faces special challenges. Coping can be especially difficult when there are y...

 The information provided on the PsyWeb.com is designed to support, not replace, the relationship that exists between a patient/site visitor and his/her health professional. This information is solely for informational and educational purposes. The publication of this information does not constitute the practice of medicine, and this information does not replace the advice of your physician or other health care provider. Neither the owners or employees of PsyWeb.com nor the author(s) of site content take responsibility for any possible consequences from any treatment, procedure, exercise, dietary modification, action or application of medication which results from reading this site. Always speak with your primary health care provider before engaging in any form of self treatment. Please see our [Legal Statement](#) for further information.

Company Information

[Legal Statement](#) | [Privacy Policy](#)

©2014 PsyWeb.com. All rights reserved. Use of this site constitutes acceptance of psyweb.com's terms of service and privacy policy. The material on this site is for informational purposes only, and is not a substitute for medical advice, diagnosis or treatment provided by a qualified health care provider.