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Mental Health Professionals' Network

Webinar

Unravelling the myth: somatic symptom disorder

Tuesday 23 October 2018

"Working together. Working better."

Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society, the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

Tonight's panel

Associate Professor Louise Stone
GP

Professor Alex Holmes
Psychiatrist

Liz Muldoon
Psychologist

Facilitator: Dr Konrad Kangru
GP

Audience tip:
Click the 'Open Chat' tab at the bottom right of your screen to chat with other participants.
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Ground rules

To ensure everyone has the opportunity to gain the most from this live event please:

- **Be respectful of other participants and panellists:** behave as you would in a face-to-face activity.
- Interact with each other via the **chat box**. As a courtesy to other participants and the panel, please keep your comments on topic. Please note that if you post your technical issues in the participant chat box you may not be responded to.
- Need help? Click the **technical support FAQ tab** at the top of your screen. If you still require support, call the Redback Help Desk on **1800 291 863.**
- If there is a significant issue affecting all participants, you will be alerted via an announcement.

Audio issues?
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1800 896 323
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Learning outcomes

Through an exploration of somatisation disorders this webinar will provide you with the opportunity to:

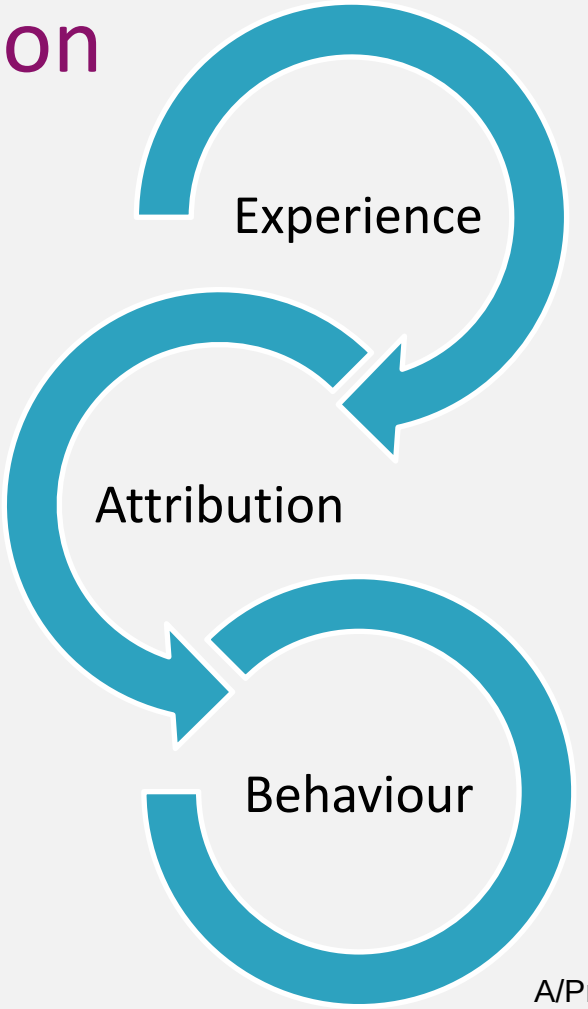
- Identify practical strategies to deal with a person presenting with medically unexplained symptoms
- Recognise the importance of working with families who are carers for someone with somatoform disorders
- Identify approaches to collaborate with other health professionals to avoid unnecessary investigations and iatrogenic harm

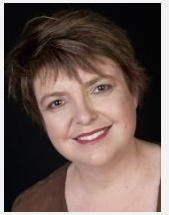
Supporting resources are in the library tab at the bottom right of your screen.

GP's perspective

Somatisation

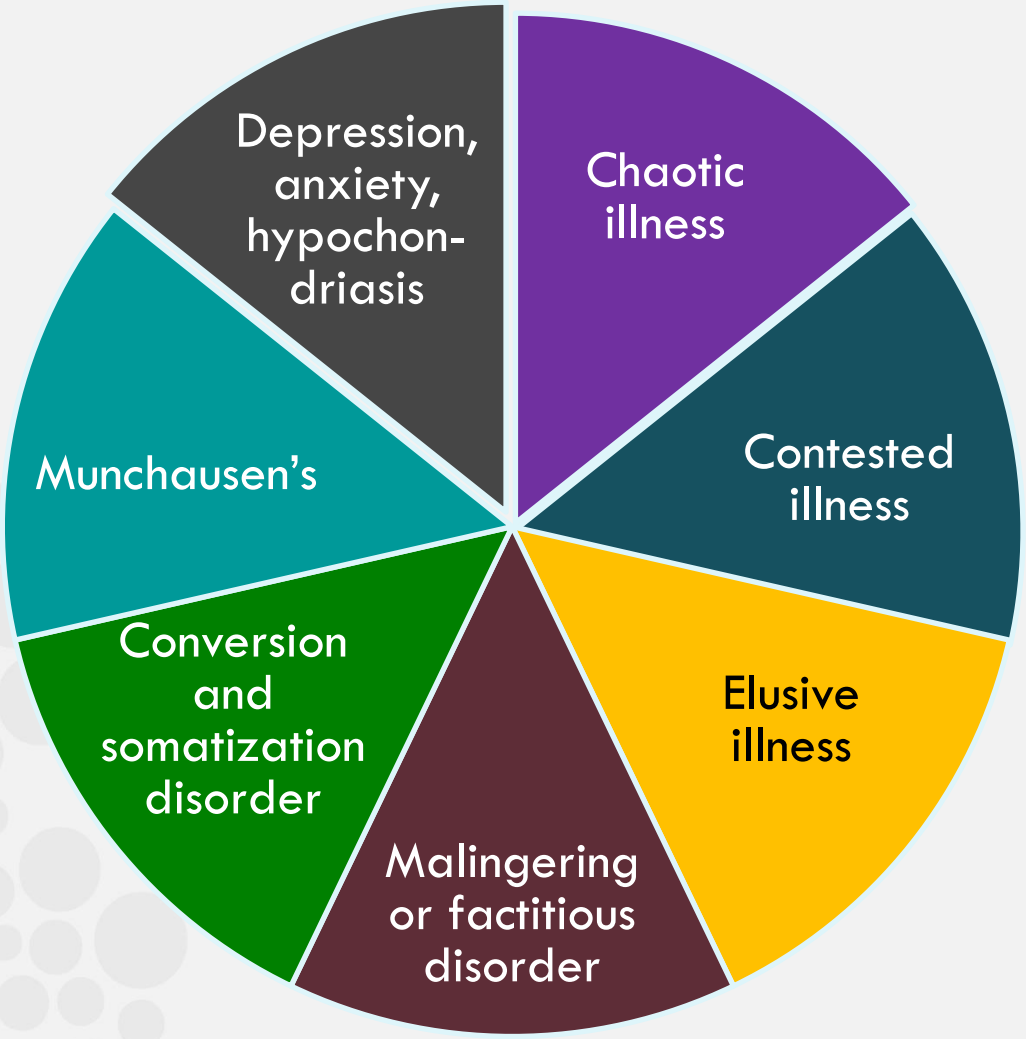
The tendency to **experience**, **conceptualise** and **communicate** mental states and distress as physical symptoms"





A/Prof Louise Stone

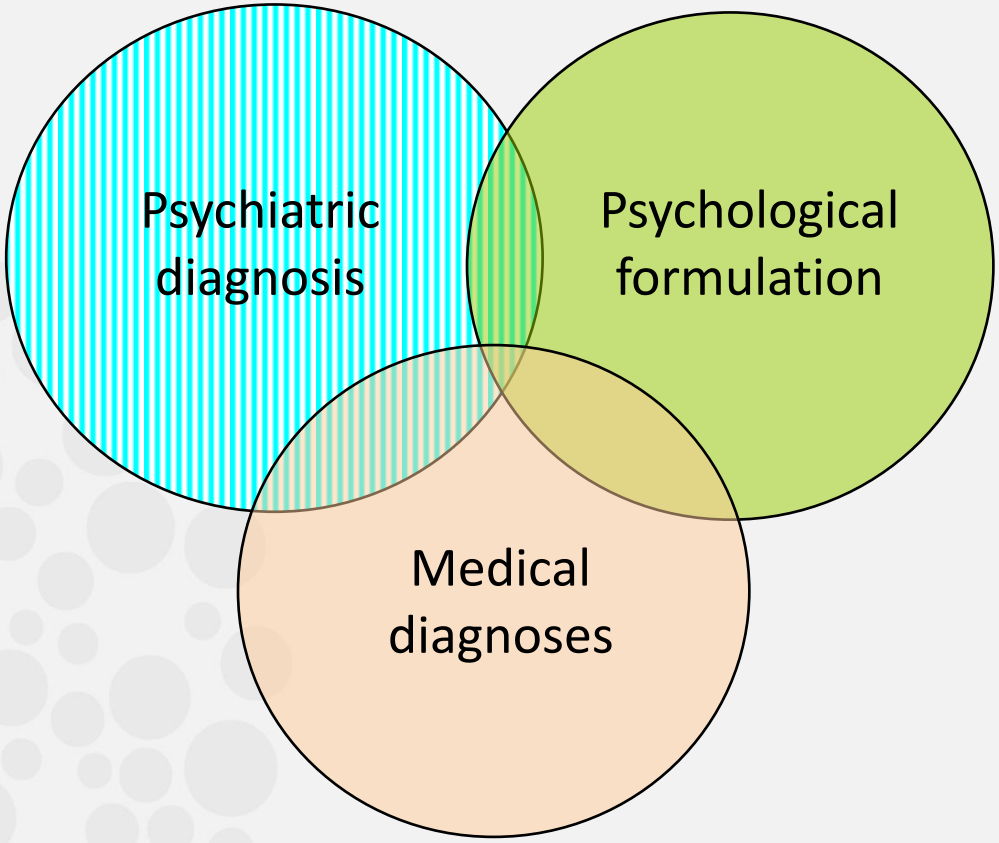
GP's perspective



A/Prof Louise Stone

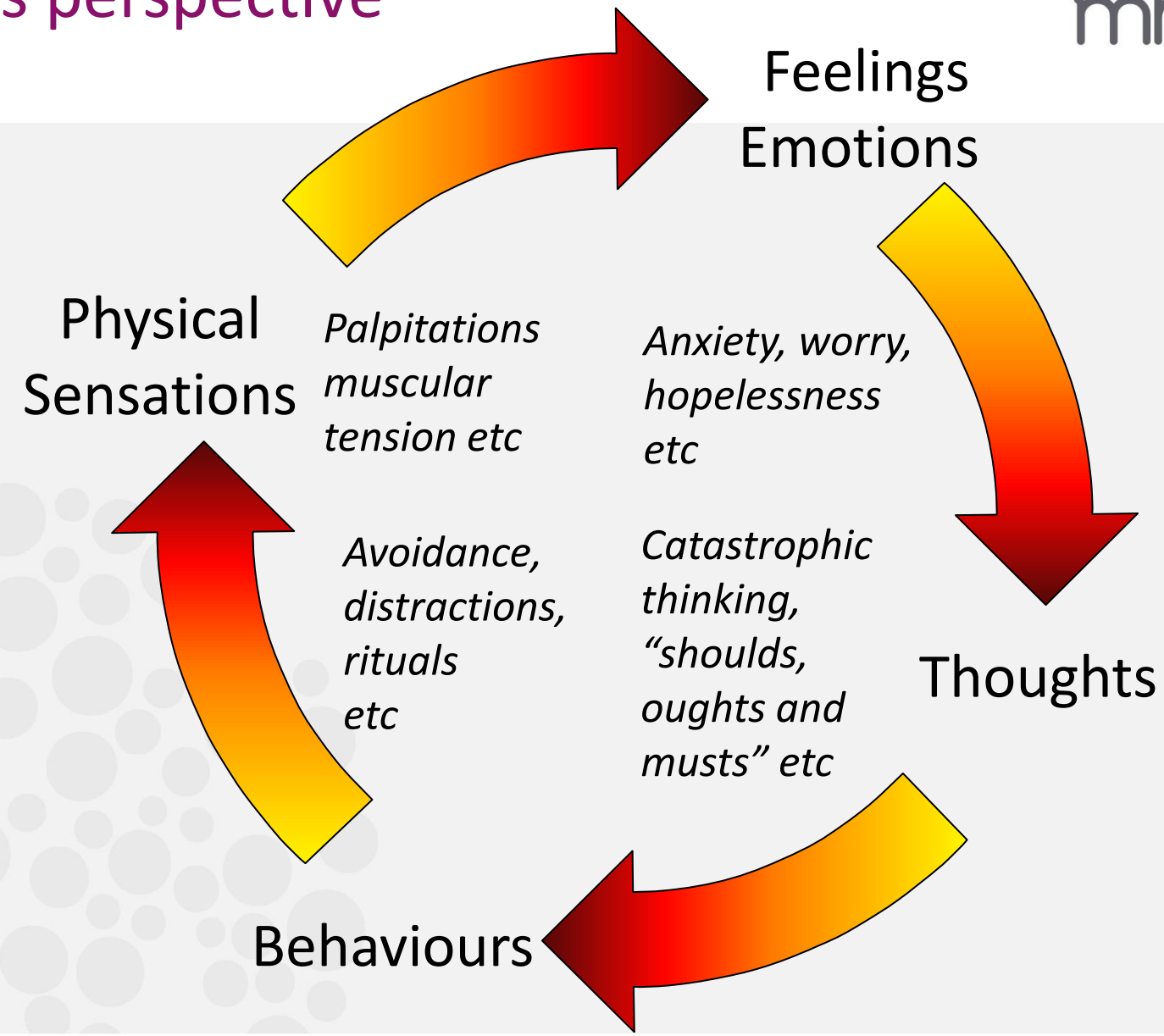
GP's perspective

Sorting through the messy consultation



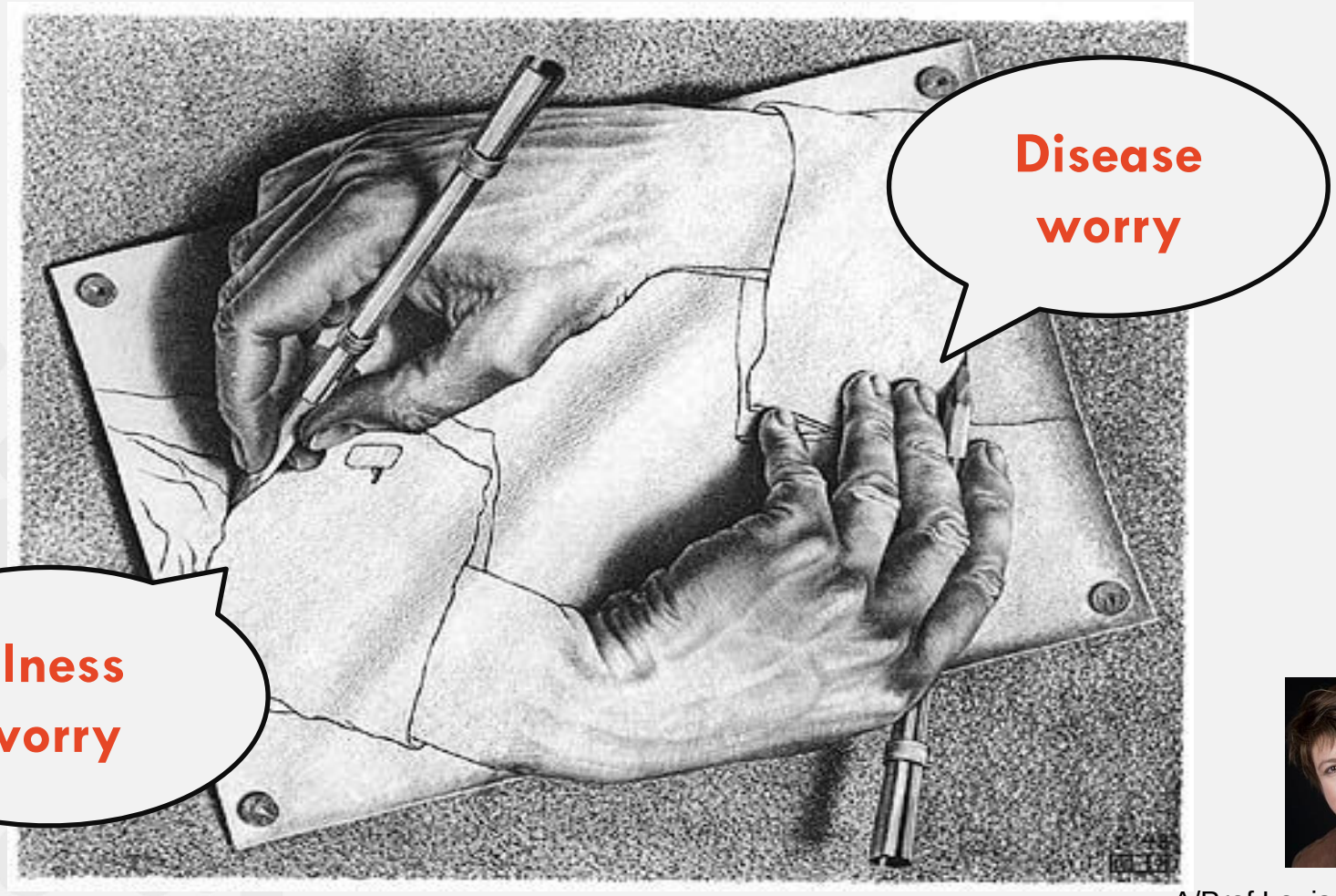
A/Prof Louise Stone

GP's perspective



A/Prof Louise Stone

GP's perspective



A/Prof Louise Stone

GP's perspective

Common approaches to managing medically unexplained symptoms

- Validation
- Explanation
- Coordination of care and advocacy
- Symptom management
- Broadening the agenda
- Harm minimization
- Empathy

A/Prof Louise Stone

Psychiatrist's perspective

Step 1: Make the diagnosis

What is it?

Conversion disorder

- One or more symptoms of altered voluntary motor or sensory function.
- Physical findings provide evidence of *incompatibility between the symptom and recognized neurological or medical conditions*.
- The symptom or deficit is not better explained by another medical or mental disorder.

How can we be confident?

- Knowledge of anatomy, neuro-physiology, pathology
- Specialist opinion
  - Neurologist
  - Psychiatrist

Prof Alex Holmes

Psychiatrist's perspective

"Missed" Organic Disease

Crimlisk, et al. British Medical Journal. 1998.

73 patients

Neurological clinical diagnosis at face to face reassessment by a neurologist

- absence of motor function – 48%
- abnormal motor activity – 52%

Follow-up

4.7% (n = 3) subjects had new organic neurological disorders at follow up that fully or partly explained their previous symptoms.

Prof Alex Holmes

Psychiatrist's perspective

Step 2: Formulate if possible

Why now?

- Not all cases have a psychological precipitant.
  - May commence with physical event.

Why a somatic symptom?

- Past experience
- Difficultly/ danger of articulating psychological challenges

Are there supporting factors?

- Family
- Work injury
- Over zealous medical care

Prof Alex Holmes

Psychiatrist's perspective

Step 3: Communicate the diagnosis

1. Clearly something is wrong.
2. Good news is that we have excluded serious or progressive neurological illness (MS, stroke, etc).
3. Your symptoms reflect a manifestation of some stress within your mind, nervous system.
   - Often people are not directly aware of being under stress.
4. A term sometimes used is functional somatic symptoms.
5. We do not know exactly why they occur, but they are quite common.
6. The focus of treatment is providing support and setting small simple goals for improvement over time.
7. I will help you in this process.
8. Along the way we may engage other practitioners if we think they may help. For example physiotherapist, exercise physiologists, even psychologists and psychiatrists to help deal with the frustration.

Prof Alex Holmes

Psychiatrist's perspective

Step 4: Management

- Allow pathway for recovery without shame or undue "pressure".
- Validate the suffering, not the symptom.
- Identify and enhance the "mature" aspects of the patient.
- Encourage positive behaviour.
- Avoid discussions regarding is it real, in my head.

Prof Alex Holmes

Psychiatrist's perspective

Monitor the transference /counter transference

Frustration expressed at doctor

- Not doing more investigations
- Not believing
- Not fixing

Frustration towards patient

- At expressed hostility.
- At questioning of competence and commitment.
- At lack of change and "entrenchment".
- At refusal to explore psychological themes, including seeing a psychologist/psychiatrist.

Prof Alex Holmes

Psychologist's perspective

Preparation for working with the client

Case formulation

- Understand why this client is presenting with these symptoms at this time (whether the cause is physical or psychological, the symptoms are having some sort of impact on the client).
- What predisposing and precipitating factors might be behind their symptoms?
- What perpetuates their symptoms e.g. secondary gain, accommodation by family members? This is a key component to treatment.
- This case formulation can be used to help the client understand their symptoms.

Liz Muldoon

Psychologist's perspective

Initiating treatment when insight is limited

- Engagement and rapport building are key. The client needs to feel heard and listened to, avoid challenging them and diagnosing straight away.
- Focus on the psychological impact of the somatic symptoms rather than just the cause of the symptoms and the possible medical etiology.
- Look for other reasons the client might benefit from seeing a psychologist- functional improvement and coping with the physical symptoms.
- Build insight through psycho-education:
  - Discuss the mind-body connection
  - Discuss heightened awareness of bodily sensations combined wit misinterpretation of these sensations = somatic symptoms.
- Develop a shared understanding.
- Validation and empathy.


Liz Muldoon

Psychologist's perspective

Treatment approach

- Multifaceted approach tailored to the individual.
- CBT and mindfulness based therapy have been found to be effective, although research is limited.
- Treatment goal of functional improvement.
- Build emotional awareness and understanding.
- Help the client identify their coping styles:
  - Discuss the role of avoidance in the maintenance of symptoms, including physical symptoms.
- Explain the impact of previous trauma and how symptoms can manifest both physically and psychologically.

Psychologist's perspective

Collaboration with other health professionals and family

- Liaise with the referring GP or Psychiatrist.
- Debunk false beliefs of "faking" or malingering.
- Burnout for families and health professionals – change is slow and insight can be limited.
- Upskill family to support the client between sessions.

Liz Muldoon

Q&A

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Upcoming webinars

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Psychological treatments for trichotillomania

6 December at 7:15pm AEDT
Register via mhpn.org.au

Management of BPD in public mental health services, private and primary health care sectors

26 November at 7:15pm AEDT
Register via https://tinyurl.com/y8h2kfsy

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Thank you!

- Please **complete the survey feedback** before you go.
  Click the survey feedback tab at the top of your screen to open the survey.
- Your **Certificate of Attendance** will be emailed to you within four weeks.
- All participants will be emailed a link to the online resources associated with this webinar within two weeks.

Your Feedback is important – open the 'Feedback Survey' by clicking on the tab at the bottom of your screen

Thank you for your contribution and participation

Good evening

Audience tip:
Your feedback is important to us – please click the 'Feedback Survey' tab to open the survey