Dr Brett Mann

General Practitioner

Ilam Medical Centre

Christchurch

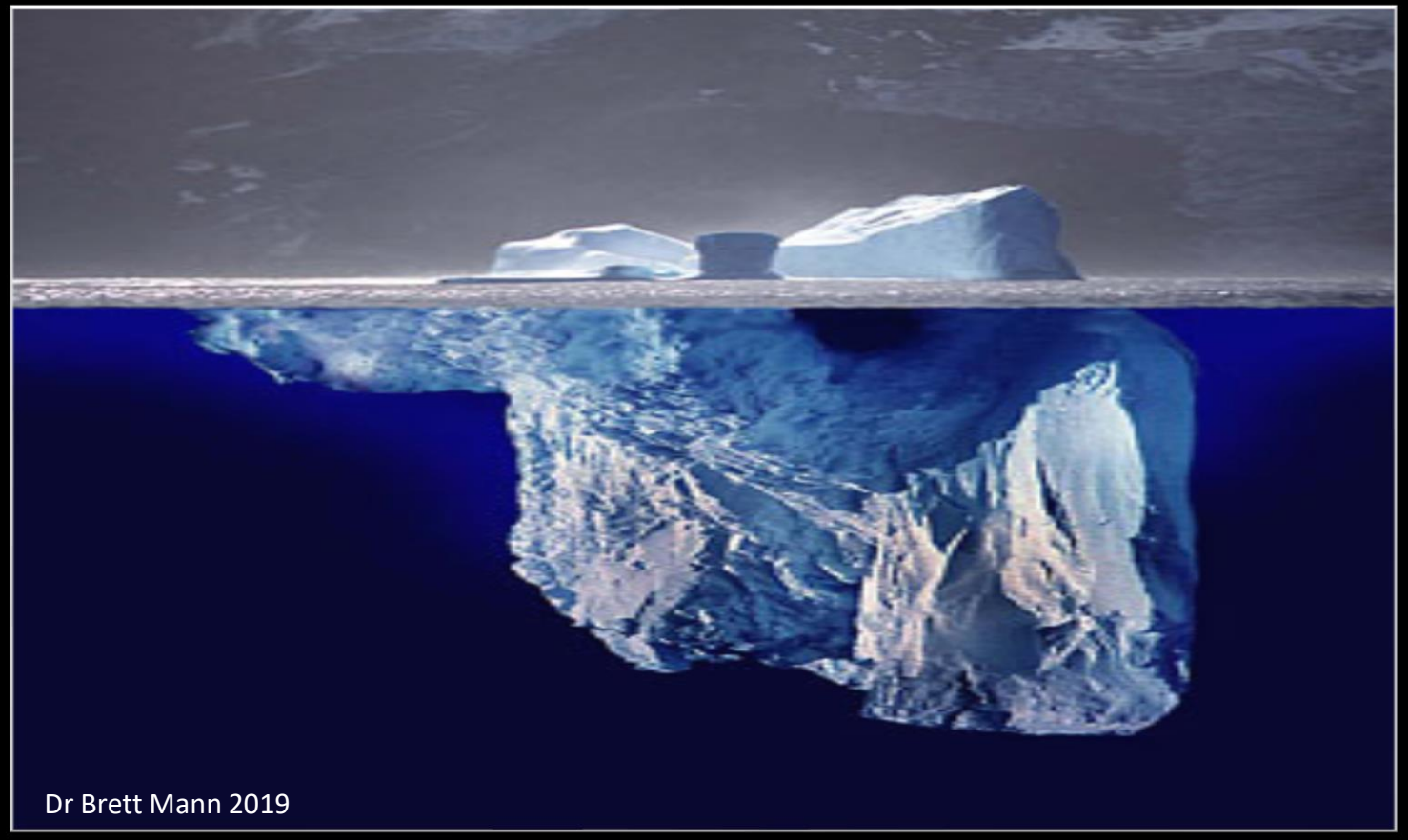
Friday, August 09, 2019

(Room 4)

14:00 - 14:55 WS #29: Diagnosis and Management of Somatising Patients - for the 15 min consult

15:05 - 16:00 WS #39: Diagnosis and Management of Somatising Patients - for the 15min consult (Repeated)

Diagnosing and Managing Somatisation in the 15 Minute Consultation



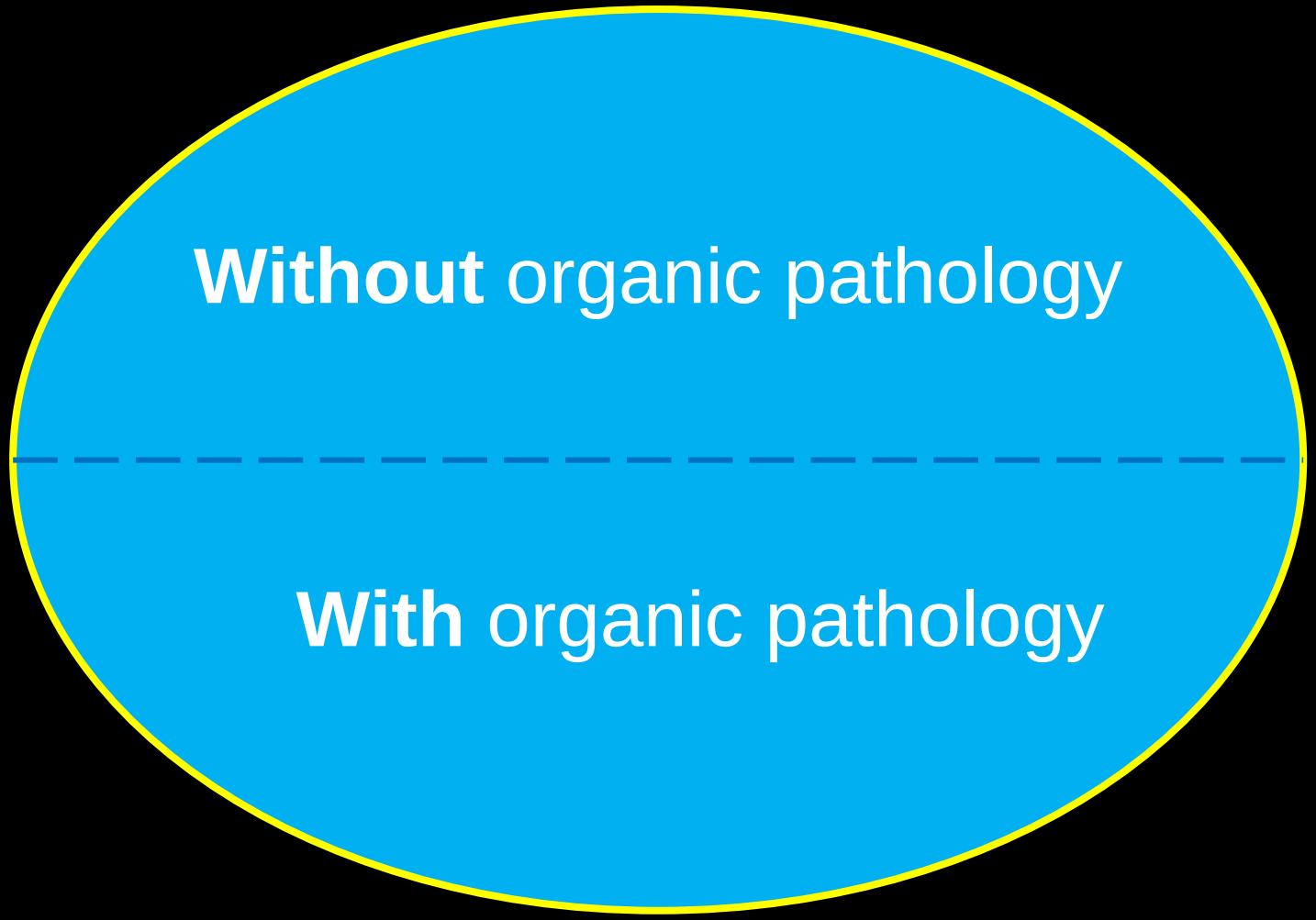
Overview

- Definition
- Research
- Positive diagnosis
- Patterns of illness
- Setting the scene
- Four standard questions
- How to avoid missing serious diagnoses
- Management

Somatisation

The expression in physical symptoms of psychological distress

Somatising Illness



Skin - dermatitis, psoriasis, acne, rosacea…

CVS - angina, palpitations, hypertension…

RS - asthma, allergic/vasomotor rhinitis…

GI - heartburn, gastritis, peptic ulcer, IBD…

GU - irritable bladder, PMS, dysmenorrhoea dysfunctional uterine bleeding, infertility…

Neuro - migraine, MS, Parkinson's, tremor...

MSK - inflammatory arthritis, back pain…

Facultative Somatisers

Present with physical symptoms
but readily accept
psychosocial explanations
when the doctor enquires

www.canadamalpractice.com/wp-content/uploads/2012/11/Doctor-listens.jpg

Standard Clinical Reasoning

~~Diagnosis of Exclusion~~

Make a positive dx based on what is there not a negative dx based on what is not there.

Standard Clinical Reasoning

- History
- Examination
- Differential diagnosis
- Exclude urgent diagnoses
- Investigation
- Start management based on the most likely cause whether or not this includes somatisation.
- Review if not getting better and consider further investigation.

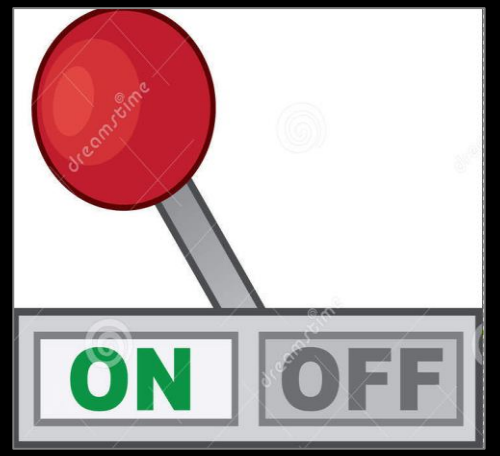
Patterns of Functional Illness

1. Worse with stress (busyness, pressure, responsibility, relationship challenges).

2. Usually absent at night and first thing on waking, better when more relaxed e.g. weekends, holidays, during or straight after exercise.

3. Poor fit to biomedical patterns, sometimes atypical, unique, hard to describe sx.

4. Sensitisation: Precipitated by stressful event which then resolves but sx persist due to other lesser day to day pressures/responsibilities/stresses.



5. Multiple sx in different organ systems. When one sx is prominent others usually recede.

Set the Scene for Enquiry

1. Empathise

2. Transition Comment + Exculpate

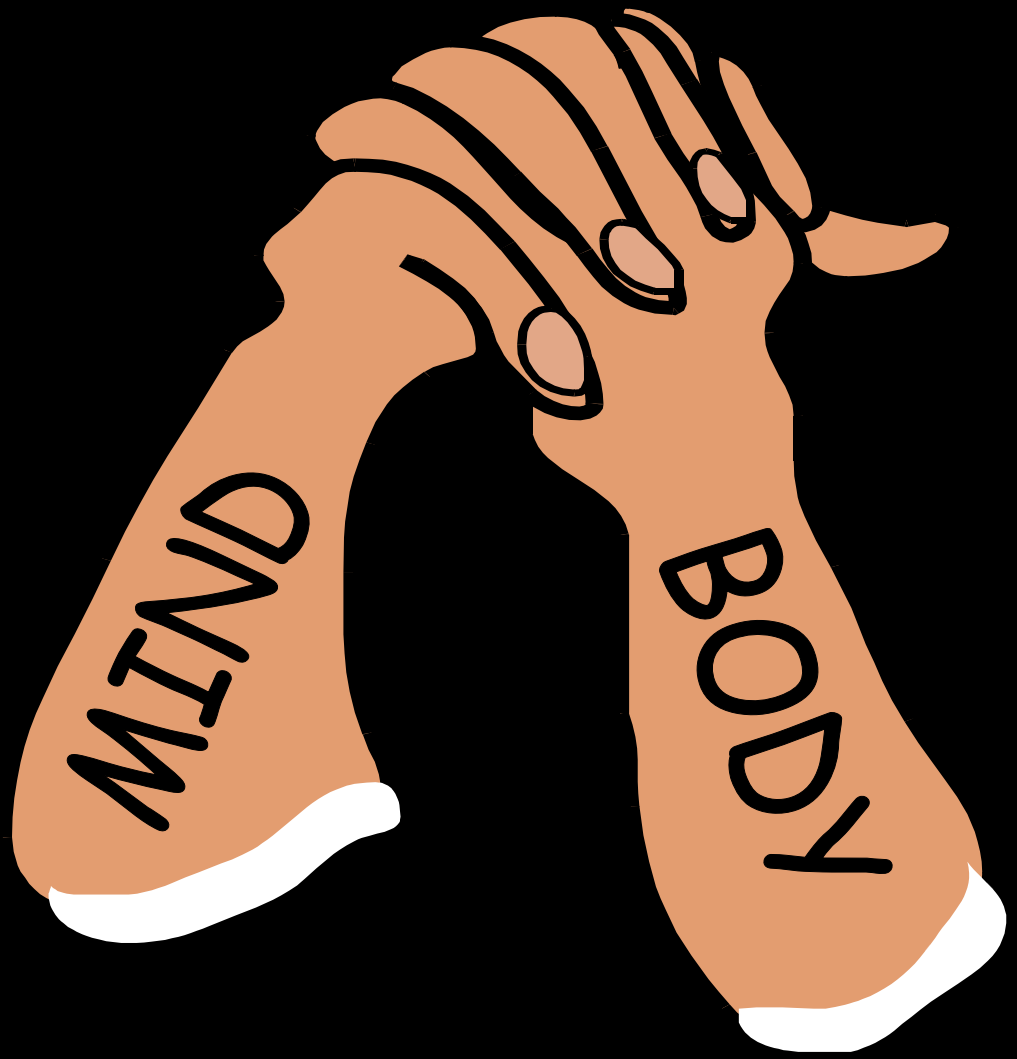
   'These sorts of symptoms are often connected to what's going on in a person's life + ***if there is a connection, this doesn't necessarily mean you're not coping.'***

3. Normalise + self-disclosure

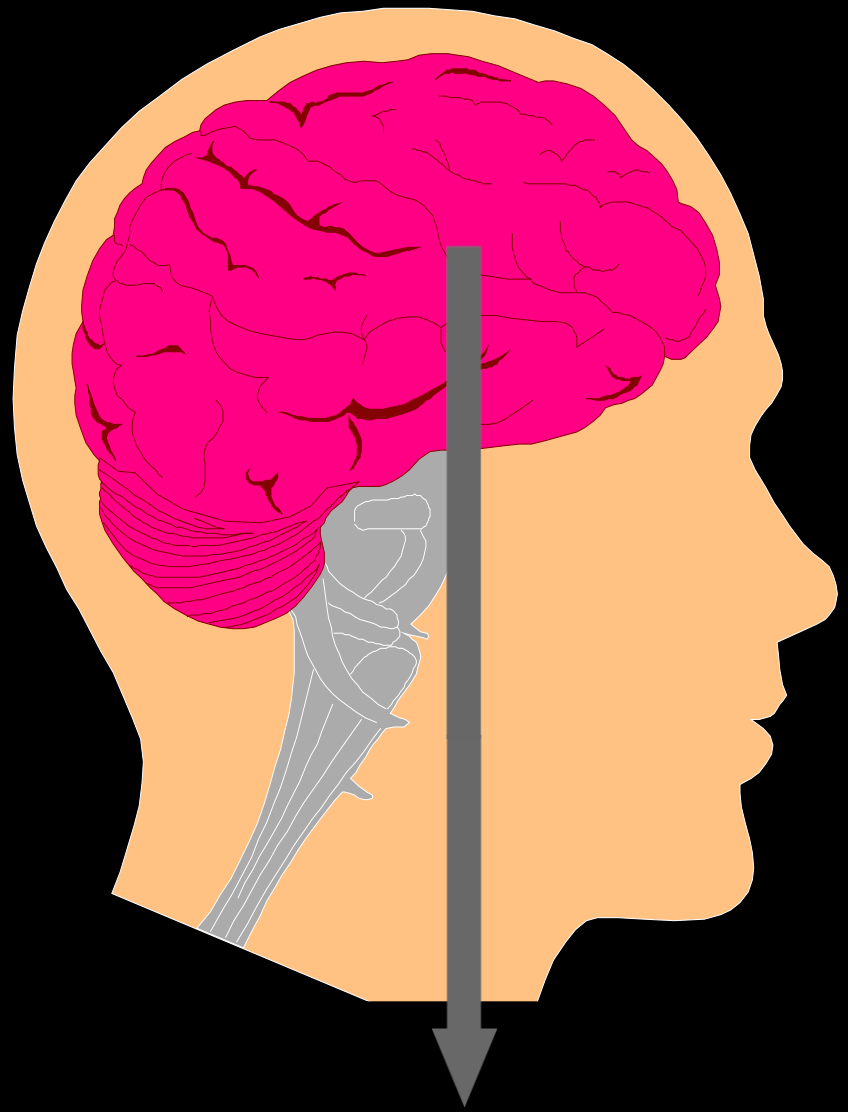
We all get physical symptoms with stress.
I get …
and some get what you have.

4. Explain

Clasped Hands



The brain is wired up to every other part of the body



“The (gut, skin, nose/sinuses, breathing…) **is a very emotional organ.”**

- “*Most people have had the experience of ‘butterflies in the stomach’ with anxiety and getting diarrhoea or going off their food …*” (gut)
- “*When we get embarrassed we go red, when we get a fright we go pale* …” (skin)
- “*When we cry we sob, when we get a fright we gasp, when we are anxious we breathe quickly …*” (breathing)
- “*When we cry our noses block and run but that is just one end of a spectrum* …” (nose/sinuses)

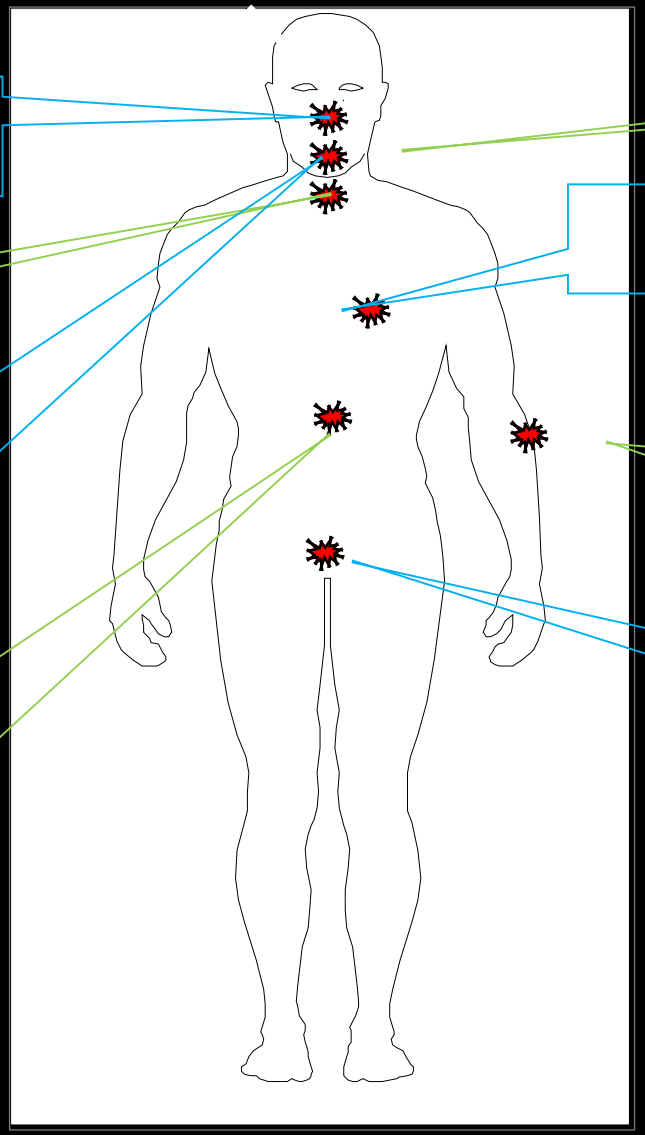
Common Mind-Body Expressions

"... gets right up my nose."

"... a lump in my throat."

"… a bad taste in my mouth."

"... that makes me sick to my stomach."



"It's a pain in the neck…"

"My heart goes out..."

"That gets under my skin."

"… pain in the rear end."

"I'm feeling uptight."
scalp, neck, shoulders, arms, back.

Four Standard Questions

1. ***What was going on in your life around the time your (symptoms) started?***

   If the patient says, *"Not much",* say …

   There may not have been much going on but can you tell me what was happening?

2. ***Are your (symptoms) ever related to stress?***

3. ***Are there any times you don't have (sx) or when (sx) is better?***

   e.g. immediately on waking, weekends, holidays

   (note time of last holiday), exercise.

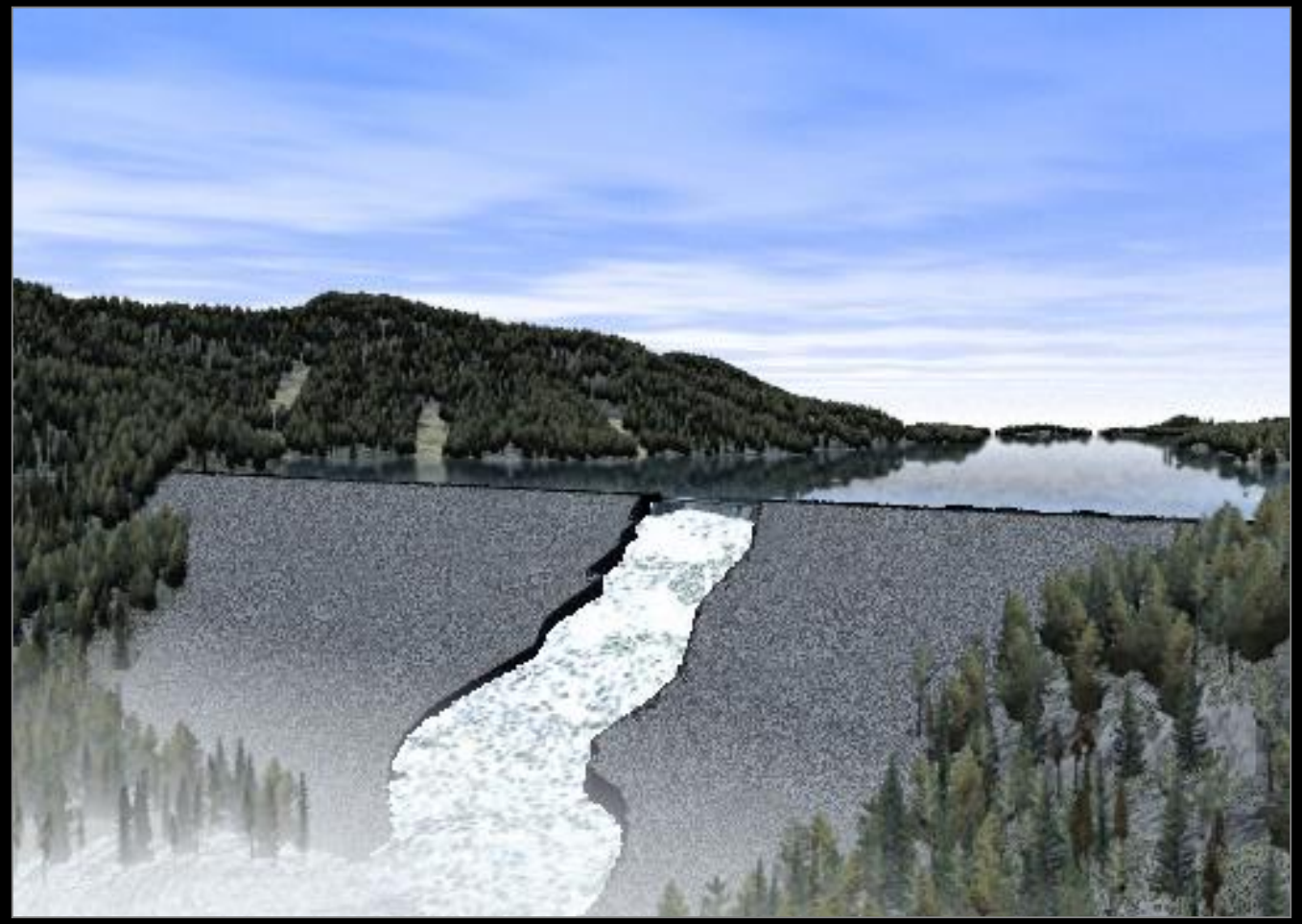
4. ***Are there any times when you are very likely to have your (sx) or when your (sx) is worse?***

Investigation

Somatising patients without organic pathology do not want more investigations but they do want an explanation.

Enlist patient as co-investigator (handout)

The Dam



Management

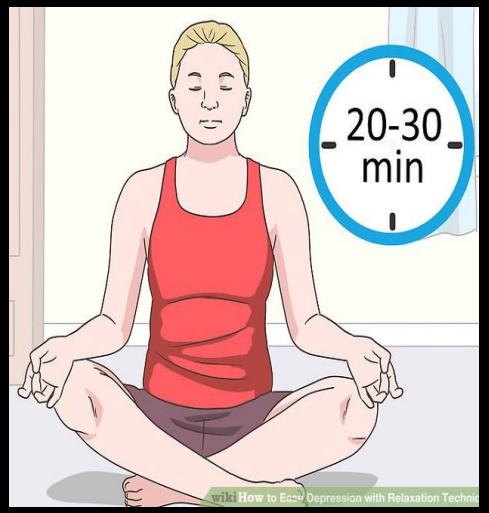
1. Empathy
2. Explanation
3. Address specific fear
4. Discuss lifestyle: diet, sleep exercise, holidays

5. Treat anxiety, depression, hyperventilation

6. Counsellor, clinical psychologist psychotherapist, pain clinic

7. Relaxation exercises / meditation

8. Medication - benzodiazepine, SNRIs, TCAs



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Don't forget to take the session survey!