The Latvian-German Seminar – Psychosomatic medicine in the health care system: Today and tomorrow

Program - Invitation

November 27th 2010  Riga  Latvia

In cooperation with:

Rīga Stradiņš University

Latvian Psychotherapists Association
Guiding symptom is **somatic**

- **Organ function** impaired
- **Organ structure** retained

Patient suffers physically!

Management of functional somatic syndromes

Current classification acc. ICD10 under Ch. F Mental and Behavioural Disorders as “Somatoform Disorder” or “Somatisation Disorder” unsatisfactory, because

- scientifically insufficient
- out of touch with reality and medical framework
- therapeutically counterproductive

„Functional“ Somatic Syndrome, 2 meanings according to Uexkull:

1. impaired function of the organ
2. psychodynamic function of the symptom
Differential Diagnosis: Hypochondriasis

obsessive-compulsive syndrome related to the patient’s health
differential diagnostic clarification:
- hypochondriacal obsessive fear = irrefutable, recurring obsessive fear
  vs.
- hypochondriacal delusion = uncorrectable conviction

Functional Somatic Syndromes

4 out of 10 patients attending a GP’s surgery suffer from functional somatic complaints

Functional Somatic Syndromes

Out of every 10 patients with a functional somatic disorder:

- physical complaints only: 5
- physical complaints and anxiety: 2
- physical complaints and depression: 3

Functional Somatic Syndromes

Functional somatic syndromes are non-specific in
1. Symptomatology
2. Aetiology
leading to high complexity in
1. Differential Diagnosis
2. Treatment

Functional Somatic Syndromes

Affect

- cognitive evaluation
- complex centr.nerv. activation
- Subjective perception
- symp./parasymp. reaction
- expressive reaction
- endocrinal reaction
gestures, facial expression,
language, psychomotor.
immunolog. reaction
mot. reaction
Functional Somatic Syndromes

Pathogenesis, e. g. prim. art. Hypertension
somatic affect equivalent, unconscious

Guidelines for Diagnosis and Therapy

Accept the patient’s experience of illness
("meet the patient, where he stands")
1. The patient is suffering from physical complaints
2. The patient is suffering from fears about his physical health with regard to
   - professional situation
   - financial situation
   - personal relationships e. g. partner/family

Guidelines for Diagnosis and Therapy

Meet the expectations of the patient, who wants:
1. a physician skilled in treating somatic illness
2. a physician with empathic understanding
   ("knowing understanding" after Dührssen)

Guidelines for Diagnosis and Therapy

“Be there” for the Patient with:
1. A clearly recognizable medical identity
2. Transference-tolerance
   (First priority: “let the patient unfold”)

Guidelines for Diagnosis and Therapy

When compiling a psychosomatic case history:
the patient
- has final responsibility
- is the most important witness
- is the best instrument of measurement

Guidelines for Diagnosis and Therapy

A complete psychosomatic case history encompasses
the thorough comprehension and differential diagnostic workup of the symptom
- type, character, duration, rhythm, context
- dependency factors, history, family burden
- aetiological concept of the patient
- prohibitive and permissive function of the symptom
**Symptoms are primarily vague and non-specific**

Aetiological differential diagnostic framework:

1. Vascular
2. Degenerative/Endocrinal/System
3. Toxic
4. Infectious
5. Neoplastic
6. Functional

**Guidelines for Diagnosis and Therapy**

**Efficient somatic Basic-Screening**

1. Physical examination
2. Lab. tests: CRP, CBC, BGlc, K, GPT, AP, Crea, TSH
3. ECG

**Guidelines for Diagnosis and Therapy**

Compile and evaluate all findings

- obtain doctors’ letters - consistently!
- obtain external findings - consistently!
- make telephone contact with GP
- make telephone contact with external specialists
- complete insufficient or fragmented findings
- actively involve the patient, e.g. in tasks
- repeat discussions with the pat. about the findings, if needed

All these are indispensable preconditions for Confrontation

**Guidelines for Diagnosis and Therapy**

What is “confrontation” in Psychoanalysis?

Description of the shared experience of the patient’s defensive behaviour within the transference

The three most important words in psychoanalysis are:

“I have noticed..”

**Guidelines for Diagnosis and Therapy**

Formulations:

Absolute counter-indications:

- “There is nothing wrong with you.” “There is nothing there.”
- “There never was anything there.”
- “You are in good health.” “Organically, you are in good health,” etc.

Relative counter-indications:

- “You are depressed.” “You are mentally disturbed.”
- “In your case, there is a mental cause,” etc.

Procedure: Step 1 – Recognize the organic disorder

Explanatory intervention, for example:

- “Your complaints are due to a disturbance in the function of the organ.”
- The tissue has not been damaged.”
Guidelines for Diagnosis and Therapy

Functional Somatic Syndromes

Procedure: Step 2 – Produce the link with the affect helpful intervention, for example:

“The function of an organ is often closely linked to internal feelings and moods. Do you often feel inwardly restless, tense and under pressure?”

Procedure: Step 3 – Enter the psycho-social constellation helpful intervention, for example:

“The sources of restlessness, tension and pressure are not always obvious. There must be something in your life. Would you like to tell me a bit more about yourself?”

Guidelines for Diagnosis and Therapy

Functional Somatic Syndromes

Procedure: Step 4 – Give feedback to referring colleague

Write an early+short+simple care recommendation letter including

- all diagnoses
- short note on recommended or planned interventions

1. Cave!

overdiagnosed patients
underdiagnosed patients

2. Cave!

psychogenically somatically fixated patients
iatrogenically somatically fixated patients

3. Cave!

primary / secondary gain of patient
primary / secondary gain of doctor
4. Cave!

- defence against psycho-social conflict by somatisation
- defence against somatic illness by psychologising