



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

## **Program - Invitation**

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In cooperation with:



**RĪGA STRADIŅŠ  
UNIVERSITY**



**Latvian Psychotherapists Association**

## Functional Somatic Syndromes

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## Functional Somatic Syndromes

### Functional Somatic Syndromes in Psychosomatic Medicine and Psychotherapy

#### - Clinical Aspects of Somatisation -

## Functional Somatic Syndromes

Guiding symptom is **somatic**

§ Organ function impaired

§ Organ structure retained

Patient suffers physically!

## Functional Somatic Syndromes

### Nomenclature

Medically unexplained Symptoms  
Organ Neurosis  
Psychogenic Syndrome  
Somatisation Disorder  
Sympathetic Hypertonia  
Sympathicotonia  
Vagontonia  
Vegetative Stigmatisation  
Vegetative Dystonia  
Vegetative Neurosis  
Vegetative Ataxia  
Vegetative-endocrine Syndrome  
Functional Syndrome

## Functional Somatic Syndromes

Henningsen, Zipfel und Herzog; THE LANCET 2007  
**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

Management of functional somatic syndromes  
Peter Henningsen, Stephan Zipfel,  
Wolfgang Herzog  
The Lancet - Vol. 369, Issue 9565, 17 March  
2007, Pages 946-955

## Functional Somatic Syndromes

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

1. impaired function of the organ
2. psychodynamic function of the symptom

## Functional Somatic Syndromes

### Differential Diagnosis: Hypochondria

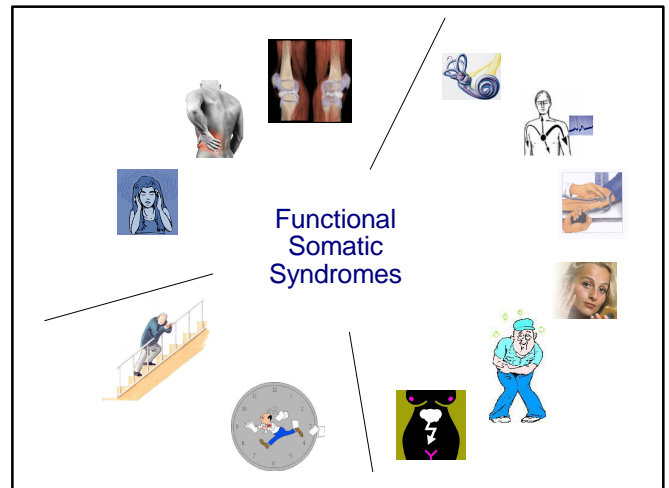
obsessive-compulsive syndrome related to the patient's health

differential diagnostic clarification:

- hypochondriacal obsessive fear = irrefutable, recurring obsessive **fear**

vs.

- hypochondriacal delusion = uncorrectable **conviction**



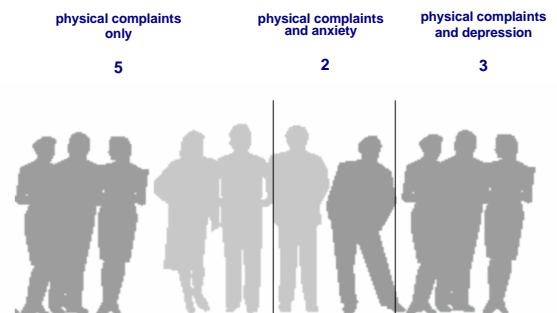
## Functional Somatic Syndromes



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:



## Functional Somatic Syndromes

Functional somatic syndromes are  
**non-specific** in

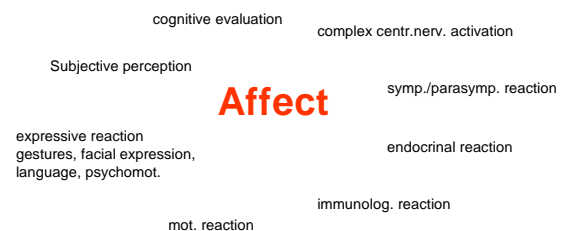
1. Symptomatology
2. Aetiology

leading to high complexity in

1. Differential Diagnosis
2. Treatment

## Functional Somatic Syndromes

### Pathogenesis



## Functional Somatic Syndromes

### Pathogenesis, e. g. prim. art. Hypertension

somatic affect equivalent, unconscious



## Functional Somatic Syndromes

### 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

## Functional Somatic Syndromes

### 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)

## Functional Somatic Syndromes

### 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")

BMJ. 2004;328:1087 (1 May). doi:10.1136/bmj.38057.622639.EE (published 31 March 2004)

#### Primary care

**Do patients with unexplained physical symptoms pressurise general practitioners for somatic treatment? A qualitative study**

Adele Ring, research assistant<sup>1</sup>, Christopher Downick, professor of primary medical care<sup>2</sup>, Gerry Humphreys, professor of health psychology<sup>3</sup>, Peter Salmon, professor of clinical psychology<sup>1</sup>

## Functional Somatic Syndromes

### 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

## Functional Somatic Syndromes

### 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

## Functional Somatic Syndromes

### Guidelines for Diagnosis and Therapy

#### Symptoms are primarily vague and non-specific

Aetiological differential diagnostic framework:

- |                                   |       |
|-----------------------------------|-------|
| 1. Vascular                       | View  |
| 2. Degenerative/Endocrinal/System | Daily |
| 3. Toxic                          | Tasks |
| 4. Infectious                     | In    |
| 5. Neoplastic                     | New   |
| 6. Functional                     | Form  |

## Functional Somatic Syndromes

### 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

## Functional Somatic Syndromes

### 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**

## Functional Somatic Syndromes

### 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.."**

## Functional Somatic Syndromes

### 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.

## Functional Somatic Syndromes

### Guidelines for Diagnosis and Therapy

#### 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."

## Functional Somatic Syndromes

### Guidelines for Diagnosis and Therapy

#### **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?”

## Functional Somatic Syndromes

### Guidelines for Diagnosis and Therapy

#### **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?”

## Functional Somatic Syndromes

### Guidelines for Diagnosis and Therapy

#### **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

Ann Fam Med. 2003 November; 1(4): 228-235. PMID: PMC146611  
doi: 10.1300/jafm.5

#### **A Randomized Clinical Trial of a Care Recommendation Letter Intervention for Somatization in Primary Care**

W. Perry Dickinson, MD,<sup>1</sup> L. Miriam Dickinson, PhD,<sup>1</sup> Frank V. deGruy, MD, MSFM,<sup>1</sup> Deborah S. Main, PhD,<sup>1</sup> Lucy M. Candib, MD,<sup>2</sup> and Kathryn Rost, PhD<sup>1</sup>

## Functional Somatic Syndromes

### **1. Cave!**

overdiagnosed  
patients

underdiagnosed  
patients

## Functional Somatic Syndromes

### **2. Cave!**

psychogenically  
somatically  
fixated patients

iatrogenically  
somatically  
fixated patients

## Functional Somatic Syndromes

### **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