THE WETC PSYCHOLOGY NEWSLETTER

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Somatoform Disorders: The Diagnoses From Hell

I was recently at a meeting of a group of doctors and attorneys and was asked a question about "psychological overlay," or what is sometimes called "functional overlay." Psychological overlay is not a DSM-IV-TR diagnosis. It is a term used by some medical professionals to express the opinion that they cannot understand the patient's complaints using the tools and concepts of their discipline. For example, an orthopedist who cannot explain the patient's complaints of pain, from his or her knowledge of their underlying physical condition, may throw up their hands and declare it an example of "psychological overlay." In DSM-IV-TR terminology, "psychological overlay" is expressed with the diagnosis of one of the Somatoform Disorders. In answering the question, which I no longer remember, I said that in 28 years of practice in workers' compensation and personal injury litigation, I have never diagnosed a Somatoform Disorder. I then wondered why, although I suspected I knew, and decided to write this newsletter.

First, let's understand that the Somatoform Disorders are characterized by the presence of physical signs and/or symptoms that suggest that the individual has a general medical condition but those signs and/or symptoms cannot be fully explained by a general medical condition, the direct effects of a substance or another mental disorder. Essentially, in the Somatoform Disorders, the person presents with medically unexplained physical signs and/or symptoms and there is reason to suspect that their complaints are due to psychological factors or variables and that the individual is not faking or Malingering (V65.2). The most frequently diagnosed Somatoform Disorders are: a Somatization Disorder, an Undifferentiated Somatoform Disorder, a Conversion Disorder, Pain Disorders, and Hypochondriasis.

"The major problem with diagnosing a Somatoform Disorder is that it is very difficult, if not impossible, to demonstrate that a person does not have an underlying medical condition that is producing the signs and/or symptoms."

At the simplest level, all Somatoform Disorders have three things in common. First, the person must present with medically unexplained physical signs and/or symptoms. Second, there must be data indicating that the individual is not intentionally producing those signs and/or symptoms, or what is said to be faking or Malingering. And, third, there must be a good reason to believe that psychological factors or variables are producing the signs and/or symptoms.

The major problem with diagnosing a Somatoform Disorder is that it is very difficult, if not impossible, to demonstrate that a person does not have an underlying medical condition that is producing the signs and/or symptoms. This is a special case of it being very difficult to prove a negative. Let me give you an example from my childhood. When I was a very small and inquisitive young boy I had a conversation with my mother about God. She told me that God was everywhere. I immediately went to the hall closet, opened the door and declared God wasn't there. Did I prove that God doesn't exist? Obviously…….no. However, I can prove that there are no bats in my belfry by going up to my belfry and looking. Nevertheless, when it comes to medicine it's a different story. Just because the internist, neurologist or orthopedist

cannot find an underlying general medical condition that explains the patient's signs and/or symptoms does not mean that no such condition exists. It just means that they cannot find it. You can call diagnosing a Somatoform Disorder a "diagnosis by exclusion," which comes down to the physician stating, "I can't figure out what's causing it so it must not be physical!" The next step is to blame it on psychological factors or variables. Put less politely, "I don't understand what's going on, let's toss it to the shrinks." That is neither logical nor scientific.

As if the above were not enough, in all of the Somatoform Disorders the practitioner must be able to eliminate the possibility that the person is not intentionally producing the signs and/or symptoms. Exactly how one goes about proving that is highly problematic. While in a very limited number of cases it is possible to prove that a person is faking, it is not possible to prove that they aren't faking. One practical example will illustrate why. John tells me he has a headache. How do I prove he isn't faking? Given the current state of medicine, it cannot be done. However, maybe a 100 years from now there will be some definitive way of telling if a person has a pain in the head. But for now I think we can forget about it.

Finally, in order to diagnose a Somatoform Disorder correctly, one must demonstrate that some psychological factors or variables are producing the signs and/or symptoms. Now how can I determine that some psychological variable is producing John's headache? Essentially, I can't. While John may tell me that every time his wife yells at him he gets a headache within 10 minutes, it is certainly possible that some factor that is unknown to both John and myself is producing both the headache and his wife's wrath. Use your imagination. One possibility is that John gets a lustful look in his eye for his neighbor's wife, feels guilty, gets a headache because of the guilt while at the same time his wife sees the lustful look and yells at him.

Now let's take a quick look at the most popular Somatoform Disorders and see why they are difficult to diagnose. Let's start with a Somatization Disorder (300.81). According to the DSM-IV-TR, in order to diagnose a Somatization Disorder correctly, the individual must present with multiple physical signs and/or symptoms that cannot be fully explained by the presence of a known general medical condition or the direct effects of a substance. The individual must also present with a pattern of recurring, multiple and clinically significant physical complaints that began before the age of 30 and have occurred over a period of several years. In addition, the intentional production of those complaints must be eliminated as a possible explanation.

Now let's look at an Undifferentiated Somatoform Disorder (300.81). A reading of the DSM-IV-TR indicates that an Undifferentiated Somatoform Disorder (300.81) is diagnosed correctly when the individual presents with one or more physical complaints that have been present for at least six months and after appropriate medical evaluation, either those complaints cannot be fully explained by a known general medical condition or the complaints are in excess of what would be expected from the patient's history, physical examination and laboratory findings. Once again the intentional production of those complaints must be eliminated as a possible explanation.

Another Somatoform Disorder is a Conversion Disorder (300.11). As described in the DSM-IV-TR, the essential feature of a Conversion Disorder (300.11) is the presence of signs and/or symptoms and/or deficits that effect voluntary motor and/or sensory function that appear to be indicative of a neurological or other general medical condition but that cannot be explained by appropriate medical evaluation to be due to non-psychological medical causes. For example, an individual may present with a paralysis or a localized weakness or the loss of touch or pain sensations. However, medical evaluation reveals no known physical pathology that can completely account for the patient's complaints. Moreover, the psychological evaluation suggests a likelihood that the signs and/or symptoms are due to some psychosocial event such as a conflict or other stressors in the individual's environment.

Now the biggy in the workers' compensation arena, Pain Disorders. An inspection of the DSM-IV-TR reveals that it delineates two different Pain Disorders that are due to psychological factors or variables. These are called a Pain Disorder Associated With Both

Psychological Factors and a General Medical Condition (307.89). In general, these disorders are diagnosed correctly when there is pain in one or more anatomical sites that is sufficiently severe to warrant clinical attention and is the predominant focus of the individual's clinical presentation. In order to diagnose this condition correctly, the pain must also cause significant distress and/or impairment in social, occupational and/or other important areas of functioning and psychological factors have been shown to have an important role in the onset, severity, exacerbation and/or maintenance of the pain. Additionally, it must be shown that the pain cannot be completely explained by non-psychological factors. Moreover, the symptoms must not be intentionally produced and the pain is not better accounted for by another DSM-IV-TR disorder. Now, how does a psychologist demonstrate that psychological factors are affecting the pain? While I have seen these disorders summarily diagnosed, I have never seen a report that connects any psychological variables with the onset, severity, exacerbation and/or maintenance of pain.

Finally, we get to Hypochondriasis (300.7). According to the DSM-IV-TR, the essential feature of Hypochondriasis (300.7) is the patient's preoccupation with a fear of a serious medical illness that is based entirely on the individual's misinterpretation of one or more bodily signs and/or symptoms. Typically, no amount of medical evaluation or reassurance from the appropriate professional can allay the person's concern about having the illness. Hypochondriasis is different than the other Somatoform Disorders in that it is not necessarily based on the inability of trained medical professionals to find no basis for the patient's physical symptoms. In fact, the patient may present with no significant physical complaints, just the belief that relatively normal findings are indicative of a severe underlying physical ailment.

In summary, the Somatoform Disorders are difficult to diagnose because it is difficult for a psychologist or a psychiatrist to determine that three diagnostic criteria have been met, two of which are in another medical discipline. First, the diagnosing psychologist or psychiatrist must be presented with positive evidence that a specialist in a medical discipline such as orthopedics, neurology, and internal medicine cannot find an underlying general medical condition that explains all of the patient's symptoms. This is difficult to do because medicine is limited with regard to understanding the underlying physiological basis of every sign and symptom. It is also conceptually difficult to accomplish because demonstrating that a sign or symptom is not due to a general medical condition requires proving a negative. In addition to overcoming these problems, the psychologist or psychiatrist must be able to accept the findings of the practitioner in orthopedics, neurology and/or internal medicine who must be able to conclude that there is no malingering. Again, this requires the very difficult proof of a negative. Finally, the psychologist or psychiatrist must be able to demonstrate that some psychological factors or variables have produced the signs and/or symptoms. Otherwise, they are on no firmer ground than the internist, neurologist or orthopedist who throws up their hands and declares that they don't know what is going on. When one considers all these criteria, and all the problems that must be overcome, it is easy to understand why it is a rare patient indeed who can qualify for a Somatoform Disorder diagnosis. Accordingly, now I know for sure why I have never diagnosed a Somatoform Disorder or considered discussing the concept of "psychological or functional overlay" in providing psychological diagnoses.

This is the forty-seventh of a series of monthly newsletters aimed at providing information about psychological evaluations and treatment that may be of interest to attorneys and insurance adjusters working in the areas of workers' compensation and personal injury. If you have not received some or all of our past newsletters listed on the next page, and would like copies, send us an email requesting the newsletter(s) that you would like forwarded to you.