8.130: Undifferentiated Somatoform Disorder (300.82)

DSM-IV-TR Criteria

A. One or more physical complaints (e.g., fatigue, loss of appetite, gastrointestinal or urinary complaints).

B. Either (1) or (2):

1. after appropriate investigation, the symptoms cannot be fully explained by a known general medical condition or the direct effects of a substance (e.g., a drug of abuse, a medication).
2. when there is a related general medical condition, the physical complaints or resulting social or occupational impairment is in excess of what would be expected from the history, physical examination, or laboratory findings.

- The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- The duration of the disturbance is at least 6 months.
- The disturbance is not better accounted for by another mental disorder.
- The symptom is not intentionally produced or feigned.

Associated Features

The most common symptoms are fatigue, loss of appetite, pain, and gastrointestinal problems. There seems to be many different physical symptoms for people with this disorder. No physical or medical causes for the pain is the main characteristic of this disorder. The pain or physical symptoms continue even after the person is told there is no medical cause.
Child vs. Adult Presentation

Adults are more likely than children to develop undifferentiated somatoform disorder. The elderly are also a common group to develop this disorder.

Gender and Cultural Differences in Presentation

Women are more likely to have undifferentiated somatoform disorder than men. Those with low socioeconomic status are more likely to develop this disorder than those with high SES. The most common group to develop this disorder are young women who have a low SES status. If symptoms persist for longer than six months, the disordered is classified as “Neurasthenia.” In some cultures, medically unexplained symptoms and worry about physical illness do not indicate psychopathology. This disorder is not prone to a certain type of cultural rather than the position that an individual holds in a culture.

Epidemiology

Approximately four to eleven percent of the population will experience this disorder at some point in their life. About fifty percent of people with this disorder are co-morbid with other disorders such as anxiety or depression.

The course is unpredictable.

Etiology

There is no for sure cause of the disorder. Some studies suggest that it can be genetic. If it runs in a family, then those in that family are more likely to develop it. Other studies suggest that depression and anxiety can play a role. Also, people who give obsessive attention to minor changes or sensations in their body are also said to be likely to develop this disorder.

Empirically Supported Treatments

• Treatments should focus on finding the underlying cause of the psychological or stress problems.
• Also, if it is co-morbid with some other disorder, treating that first often helps lessen the symptoms.
• Teaching people how to manage stress effectively has also been shown to help. These kinds of programs teach patients how to cope with criticism, as well as how to stop negative behavior patterns.

DSM-V recommended revisions www.dsm5.org

Major changes:

#1: Rename Somatoform disorders to Somatic Symptom Disorders and combine with PFAMC and Factitious Disorders.

#2: Combine somatization disorder, hypochondriasis, undifferentiated somatoform disorder, and pain disorder into a new category entitled “Complex Somatic Symptom Disorder” (CSSD).
The work group is recommending that this disorder be subsumed into a new disorder: Complex Somatic Symptom Disorder.