Somatisation

TRANSLATING THE LANGUAGE OF PHYSICAL SYMPTOMS

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Somatisation – translating the meaning of symptoms in primary care

Topics to be covered:

- Contextualising the somatic expression of distress
- Useful skills
- How to “sell” the MindBody connection to patients – psycho educational ideas
- “Intimate confrontation”
- Working with resistance and doubt
- What to do
Mental Health Presentations in Primary Care

- 60%-80% of visits to GP are for conditions deemed ‘medically unexplained’ (Nimnuan et al, 2001)
- Sample of 1146 patients diagnosed with major depression, 69% presented with physical symptoms not mood complaints (Simon et al. 1999)
- GPs reported to “miss” presentations of psychological problems in 50% of cases (MaGPIe Study)
Non-Specific Somatic Symptoms and Helpseeking (Recent US/UK research)

- 5 most common presentations to Primary Care with no obvious physical pathology:
  - Headache, low back pain, lethargy, non-spec. GI and CVS Sx
- Surveyed community prevalence of these symptoms:
  - On average significant Sx experienced every 3-4 days
- What determined whether these symptoms were taken to the doctor??
  - Main factor distinguishing those who went to Primary Care was the presence of a mental health condition
Somatic Symptoms and Psychiatric Disorders

(Kroenke, K. et al Arch Fam Med, 1994)
Anxiety, Depression & Substance Abuse disorders in General Practice

Total Depression 18.1%

Total Anxiety 22.2%

Total Substance Abuse 11.3%
Avoidance Issues

- Both patients and clinicians separate emotions from physical health
- Both are skirting the core elements required to address the underlying factors that give rise to symptoms
- How to reunite psych and soma?
Neuropeptides were once considered brain chemicals.

Every “neuro”peptide receptor known in brain is also found on the surface of white blood cells of the immune system (Pert, 1997).

“Intelligence” is diffused throughout the body (mind).
Body-Mind Connection

- Peptides found in brain are found extensively throughout the body.
- Receptors for these peptides regulate “emotion” throughout the body (Maier et al, 1994).
- They act in the body – not just the brain to impact our moods, our states of mind, and our sense of wellbeing.
The Bodymind

- 200 – 300 different “informational substances” in the body
- Each has its own receptor that it binds to
- Several hundred thousand of each type of receptor are on the surface of the cell
- Action at the receptor tells the cell what to do, how to move, what to make
Insulin and the Brain

- An historical accident that we call insulin a hormone and endorphin a “neuro”peptide
- Insulin is in the brain
- Some parts of the brain contain more insulin than the pancreas
- Amazingly little research on what role insulin plays in the brain re: diabetes
  (Bingham, et al., 2002; Williams, et al, 2007)
Pancreas

- Pancreas contains endorphins as well as every one of the 200-300 peptide “informational substances”
- Studies over 10 years old have yet to look at the implications:
  - behavioral
  - cognitive
  - affective
  - functional
Heart

- The “brain-heart connection”
- Classically thought of as the seat of the emotions
- Heart cells - every single neuropeptide receptor present
- Heart cells contain endorphin as well as every other receptor
HeartMath Research

- More afferent nerves from heart to brain than brain to heart
- Heart rate variability patterns highly reflective of changes in one’s emotional state
- Positive and negative emotions readily distinguished by distinct changes in heart rhythm patterns
HeartMath Research

- Afferent input – heart to brain – either inhibits or facilitates brain activity which, in turn, affects perception and motor activity.
- Focusing attention on the heart – generating positive emotions alters measures of ECG R-wave – found to modulate cortical processing.
- Heartbeats are detectable as a signal in the EEG and evoke cortical responses as do “classical sensory events”.

-Schandry & Montoya (1996)
HeartMath Research

- Data suggest that perception and processing of information arising from bodily processes is comparable to perceptions and processing of external events.
- Both the external environment and the internal milieu are sources of input affecting perception and emotional experience.

-Lacey & Lacey (1974)
Body to Brain Connections

- Nerve pathways connecting most organ systems to the brain are composed of as many afferent fibres as there are efferent connections.
- What the brain communicates to the body depends largely on what the body is sending to the brain.
- In some visceral nerves, e.g., abdominal vagus, up to 90% of the fibres are afferent.
Gut Feelings

- Entire lining of the intestines - esophagus through large intestine including the seven sphincters-- is lined with nerve cells
- All contain neuropeptides and receptors
- Density of these receptors in GI tract explain why we “feel” emotions “in the pit of the stomach”
Gut Feelings

- Up to 40% of patients with panic disorder have IBS
- Up to 30% of IBS patients have panic disorder
- Panic disorder and IBS tend to remit simultaneously
- Evidence suggests that treatments for panic disorder may be effective for IBS, even in the absence of panic.

(Lydiard et al, 1997)
“I’ve been through some really terrible things, and some of the actually happened”

- Mark Twain
Gut Feelings

Psychiatrist to Gastroenterologist:
“Isn’t it interesting how many brain neurotransmitters are also in the gut?”

Gastroenterologist to Psychiatrist:
“Not at all, but it sure is interesting how many gut neurotransmitters are in the brain.”
The Wisdom of the Body

Walter Cannon

- Harvard physiologist explored trauma and the nervous system, endocrinology, neurology and psychology
- Described a “trickle down theory of emotions” - they start in the head and trickle down to the rest of the body
The Wisdom of the Body

William James

- Renown Harvard Psychologist, the “father of modern psychology” saw emotions starting in the body and trickling up. Emotions as the “wake” or the “result of” movements within the body (way ahead of his time!)
The Mobile Brain

- Every second a massive information exchange is occurring in the body
- Peptides and messenger-specific peptide receptors act in the neural, hormonal, gastrointestinal, and immune system
- The brain is extremely well integrated with the rest of the body at a molecular level
Biopsychosocial View

- Simplistic to dichotomize
  - Mind or Body
  - Physical or emotional
  - Real or Imagined

- Acknowledge the dynamic, complex interaction between physical, cognitive, emotional, social and environmental elements

- Essential to attend to the patient’s interpretation of events and the experience of the illness
“I never experience stress. I grow a tumor instead”
- Woody Allen


References


