Anxiety and Psychosomatic disorders

Campbell Paul
Hospital consultation liaison psychiatry service
RCH
FRACP seminar
May 2005
Madonna 14 – Firenze 1444

The Virgin of the Sea
Anxiety

- A spectrum of phenomena..
- A distressing emotion..
- Fear, directed toward something
- A neurobiological process...body and mind

- But helpful in human evolutionary (necessary?)
11. Edvard Munch ; the sick child
Anxiety

- A symptom
- A syndrome
- A disorder
Anxiety disorders: childhood

- School ‘phobia’
- Specific phobias
- Separation anxiety disorder
- Posttraumatic feeding disorder
Symptoms of Anxiety

- Affective

- Somatic
Symptoms of Anxiety

**Affective**
- Subjective discomfort, foreboding, fear
- Apprehension, hyper vigilance, erratic concentration

**Somatic**
- Tachycardia, hyperventilation, sweatiness, coldness, palpitations, abdominal symptoms, nausea, vomiting, urinary frequency
Anxiety post-traumatic Stress disorder

- Arousal
- Avoidance
- Re-experiencing
Developmental dimensions

- Infancy to adulthood
- Influenced by developmental priorities
- and by capacities:
  - Cognitive
  - Emotional
  - Relational
  - social
Anxiety: its origins

- Many theories......Anxiety
- *State and Trait*
- Temperament
- Personality
anxiety

- External events
- Developmental animal models (Harlow’s monkeys)
- The unconscious psychodynamic theories
- Cognitive models
- Ethological evolutionary
- Genetic see: Kagan
anxiety

- When does it become a disorder?
- ...when it interferes with ordinary developmental tasks and activities..
- Affects up to 20% of children and adolescents
- Prevalence of disorder 2-9%
Anxiety disorders  DSM IV

- Panic Attacks
- Panic disorder-with or without agoraphobia
- Phobic disorders:  a. agoraphobia
  b. social anxiety
  c. specific phobia : 2-9%
- Obsessive-compulsive disorder
- Post traumatic disorder
- Acute stress disorder
- Generalized anxiety disorder : 3-6%
Anxiety Disorders: childhood

- Separation anxiety disorder: 2-5%
- Selective mutism
- Adjustment disorder with anxiety
- Anxiety due to a medical condition
- Gender differences
Post traumatic stress disorders

Exposure to a traumatic event... threat of death or serious injury, or of carer... fear helpless, horror, disorganized response leads to

Re-experiencing

◆ Avoidance

◆ Hyper-arousal
Treatment

- Early detection in paediatric context and reassurance... child and parents... use of scale eg Reynolds and Richmond (1978)... etc
- Behavioural treatments
- Psychotherapies
- Family therapy
- Medication
- MULTIMODAL approach
Pharmacotherapy

Only as part of overall plan

**Benzodiazepines**
- alprazolam, clonazepam
- note risk of tolerance, sedation,

**Antidepressants**
- SSRI’s ..?fluoxetine ..?evidence see AmAcad ChAdolPsych , Apr 2003
- NB** see ADRAC report March 04
- Fluvoxamine, clomipramine,( esp OCD)
- Clonidine..(esp PTSD)
Phobias..fears

- Eg needle phobia...how can the child feel more in control? Some active choices in procedures

  - Relaxation
  - Desensitisation
  - Guided imagery
  - Hypnosis...
Co morbidity

- Depression
- ADHD
The Sick Child

Gabriel Metsu, Dutch, 1629
Psychosomatic Disorders

1. Psychophysiological disorders: eczema, asthma, peptic ulceration (Tom’s Stomach)

2. Developmentally related disorders
   - encopresis, enuresis, sleep disorders

3. Conversion disorders, incl. Pain Syndromes... gait, limb pain,

4. Psychological Factors wch affect Medical Conditions... diabetic control, recovery from illness
Disorders with Physiological Symptoms  Somatoform Disorders

- Somatization disorder
- Conversion disorder
- Pain disorder
- Hypochondriasis
- Body dysmorphic disorder
Psychological factors affecting a medical condition

Maladaptive health behaviours
Factitious Disorders
Psychosomatics....

*Child psychiatry and paediatrics....*
“the menace of psychiatry…”

An invasion of paediatrics by psychiatrists and mental health workers...

Brennemann (1931) Boston

Stigma…fear of the lunatic asylum…fear of the mind itself…and it’s derangements
Maimonides (1135-1204)

‘The physician should notice accordingly that every sick person is depressed whereas every healthy person is cheerful.’
Mind and Body

Our attempts to understand this relationship...have a long history going back to Hippocrates...(Adam and Eve...?)
### Table 3.3  Prevalence (%) of mental health problems in specific areas

<table>
<thead>
<tr>
<th>CBCL Scale</th>
<th>All Children</th>
<th>4–12 years</th>
<th>13–17 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Somatic Complaints</td>
<td>7.3</td>
<td>7.2</td>
<td>5.6</td>
</tr>
<tr>
<td>Delinquent Behaviour</td>
<td>7.1</td>
<td>7.4</td>
<td>7.8</td>
</tr>
<tr>
<td>Attention Problems</td>
<td>6.1</td>
<td>7.4</td>
<td>6.2</td>
</tr>
<tr>
<td>Aggressive Behaviour</td>
<td>5.2</td>
<td>5.9</td>
<td>5.2</td>
</tr>
<tr>
<td>Social Problems</td>
<td>4.6</td>
<td>6.5</td>
<td>3.9</td>
</tr>
<tr>
<td>Withdrawn</td>
<td>4.3</td>
<td>5.4</td>
<td>2.9</td>
</tr>
<tr>
<td>Anxious/Depressed</td>
<td>3.5</td>
<td>4.1</td>
<td>2.9</td>
</tr>
<tr>
<td>Thought Problems</td>
<td>3.1</td>
<td>3.2</td>
<td>2.7</td>
</tr>
</tbody>
</table>
James...complexity is common

- 14 yo boy mild intellectual disability
- Presents with fits.. Daily to local A&E
- History of anger episodes .. Expelled 2 schools
- FH of multiple losses..distant and recent
- IQ 69
- EEG ... video monitoring
Dimensions of mind and body... after Alan Carr 1999

<table>
<thead>
<tr>
<th>physiological</th>
<th>psychological</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>physiological</strong></td>
<td><strong>psychological</strong></td>
</tr>
<tr>
<td>asthma</td>
<td>Conversion disorders.</td>
</tr>
<tr>
<td>?headache</td>
<td>Recurrent abdominal pain</td>
</tr>
<tr>
<td>..........Predomi...</td>
<td>Anorexia nervosa</td>
</tr>
<tr>
<td>nant symptoms...</td>
<td>..........biofeedback...</td>
</tr>
<tr>
<td>..........</td>
<td>Disuse syndromes...</td>
</tr>
<tr>
<td>..........</td>
<td>Pain syndromes...</td>
</tr>
<tr>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>psychological</td>
<td>Ganser syndrome</td>
</tr>
<tr>
<td>Psychol probs adjusting to med illness eg diabetes</td>
<td></td>
</tr>
</tbody>
</table>
Mental Health Literacy

Set of knowledge and beliefs about mental disorders which aid in their recognition, management or prevention......belief systems about mental disorders

Jorm(2000)
Illness behaviour

Illness behaviour may be seen as part of coping repertoire – as an attempt to make an unstable, challenging situation more manageable for the person who is encountering difficulty.

Mechanic (1966)
Abnormal Illness Behaviour

Illness behaviour...the ways in which given symptoms may be differentially perceived, evaluated and acted (or not acted upon) by different kinds of persons.

Mechanic, 1962
Jean Martin Charcot's clinic. The man in the apron, seated in the foreground, is presumably Freud.
Abnormal Illness Behaviour

..the patient with physical complaints for which no adequate organic cause can be found...

Functional illness,..hysteria, conversion reaction, psychophysiological reaction, somatization reaction, hypochondriasis, invalid reaction, neurasthenia, ’psychosomatic’, psychological invalidism, malingering, Munchausen’s syndrome...

Pilowsky (1969)
Abnormal Illness Behaviour

*Sick role*: a partially and conditionally legitimated state....health and illness as socially institutionalised role types

Parsons 1951
Psychosomatic problems

See overheads
Reason for Referral at point of Intake
Oct 2002 - Sept 2003

- Reaction to Diagnosis/Treatment: 78
- *Anxiety: 60
- Risk Assessment / Self Harm: 53
- Assessment of Parent Mental S...: 52
- +Depression: 40
- Behavioural/Conduct Problems: 40
- Assessment of Mental State: 32
- Pre Transplant / Transplant Is...: 32
- Eating Disorders: 26
- Psychosomatic Disorder: 26
- Trauma / Bereavement: 24
- Non compliance with medical tr...: 18
- Developmental Disabilities: 17
- Psychotic Disorder: 15
- Other: 6
- Parent/Child/Family Issues: 6
- Other: 19
APSU Survey of Conversion Disorder

- Now at 250 reports
- "fairly common... 4.25/100,000
- Most female 73%
- Motor problems 64%... pseudoseizures 25%
- Sensory 26%... often with pain

Significant morbidity...
Cost to health system
Cost to child and carers
Donna Rose 2003
Ivana...

- 3yo girl.
- Refugees from Fmr Yugoslavia
- Father involved in bombing accident
- Episodes of convulsive-like phenomena
- Fear
- Bizarre behaviour, ‘convulsive’ like episodes
- Video
Abnormal illness behaviour at RCH n=20

- female: 11  male: 9
- Symptoms:
  - Gastrointestinal: 13
  - Neurological: 3
- Age under 12 years: 16
Lori

confidential case material

- 10 yo girl
- Presented with 10 days of
  - Nausea
  - Abdominal pain
  - Vomiting

19/5/05
Lori

- Vomiting led to hospitalisation under general paediatrician
- **Examination**: no specific tenderness
- **Assessment**: abdo xray
- gastroenterology referral
- **Endoscopy**: normal apart from ? small Mallory; Weiss tears
**Lori** : first admission

**Diagnosis:** abdominal migraine

?first episode cyclical vomiting

**Treatment:**

Reassurance

antispasmodic medication(

antinauseant: IV chlorpromazine

Discharged home at day 5
Lori : second admission

- Readmitted after weekend: still vomiting
- Still has pain
- neither drank nor ate
- Complaining of sore throat
- Spitting out saliva
- Seemed relatively unconcerned
- Parents distraught
Lori : second admission

- Lori looking worse physically
- A ‘little dehydrated’ : intravenous line inserted :
- Referred to mental health
- Parents agreeable
- Lori cooperative
Lori

- Big vivacious, long curly hair
- Initially avoidant, but soon engages readily in conversation, can be playful with words
- Later becomes rel mute, only ‘barks’, & occas words.. ‘go ‘way!’”
Pervasive Refusal Syndrome Reported

Bryan Lask, Great Ormond Street Hospital for Sick Children, Ken Nunn, Westmead

- Varying degrees of refusal
- Across several different domains
- Drastic social withdrawal
- Resistant to treatment
- Seriously disabling, potentially life threatening
- No evidence of organic disorder
Pervasive Refusal Syndrome

RCH informal series:

- 12 yo girl mute, anorexic, totally withdrawn. Sick for 14 months.
- 9 yo girl depressed, withdrawn, mute, totally anorexic.
- 11 yo girl regressed, incontinent, mute for 11 months.
- 10 yo boy aphonia but draws, not walking, school refusing for 6 months.
- 12 yo boy, vomiting +++ refuses to walk or eat for 8 months.
“Restrained rehabilitation…..”

- Treatment approaches for children and adolescents diagnosed with unexplained signs and symptoms…..little evidence about what combination of approaches is most successful…

- …but evidence suggests coordinated multidisciplinary rehabilitation package

- Calvert, P and Jureidini, J, Arch Dis Childhood, 2002
Polly Boyd: Arthur Boyd 1949/50...