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 chn 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*** <http://www.tga.health.gov.au/adr/adrac_ssri.htm>
- 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

CBCL Scale	All Children	4–12 years		13–17 years	
		Males	Females	Males	Females
Somatic Complaints	7.3	7.2	5.6	10.6	6.8
Delinquent Behaviour	7.1	7.4	7.8	6.4	5.9
Attention Problems	6.1	7.4	6.2	4.8	4.6
Aggressive Behaviour	5.2	5.9	5.2	5.0	4.0
Social Problems	4.6	6.5	3.9	3.8	3.0
Withdrawn	4.3	5.4	2.9	4.8	4.2
Anxious/Depressed	3.5	4.1	2.9	3.6	3.6
Thought Problems	3.1	3.2	2.7	3.4	3.1

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

XXXXXXXXXXX	***physiological***	***.....aetiology.....***	***.....***	***psychological***
physiological	asthma	?headache		Conversion disorders. Recurrent abdominal pain
....Predominant symptoms...		...biofeedback..... Disuse syndromes.... Pain syndromes.....		Anorexia nervosa
....				
psychological	Psychol probs adjusting to med illness eg diabetes			Ganser syndrome

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

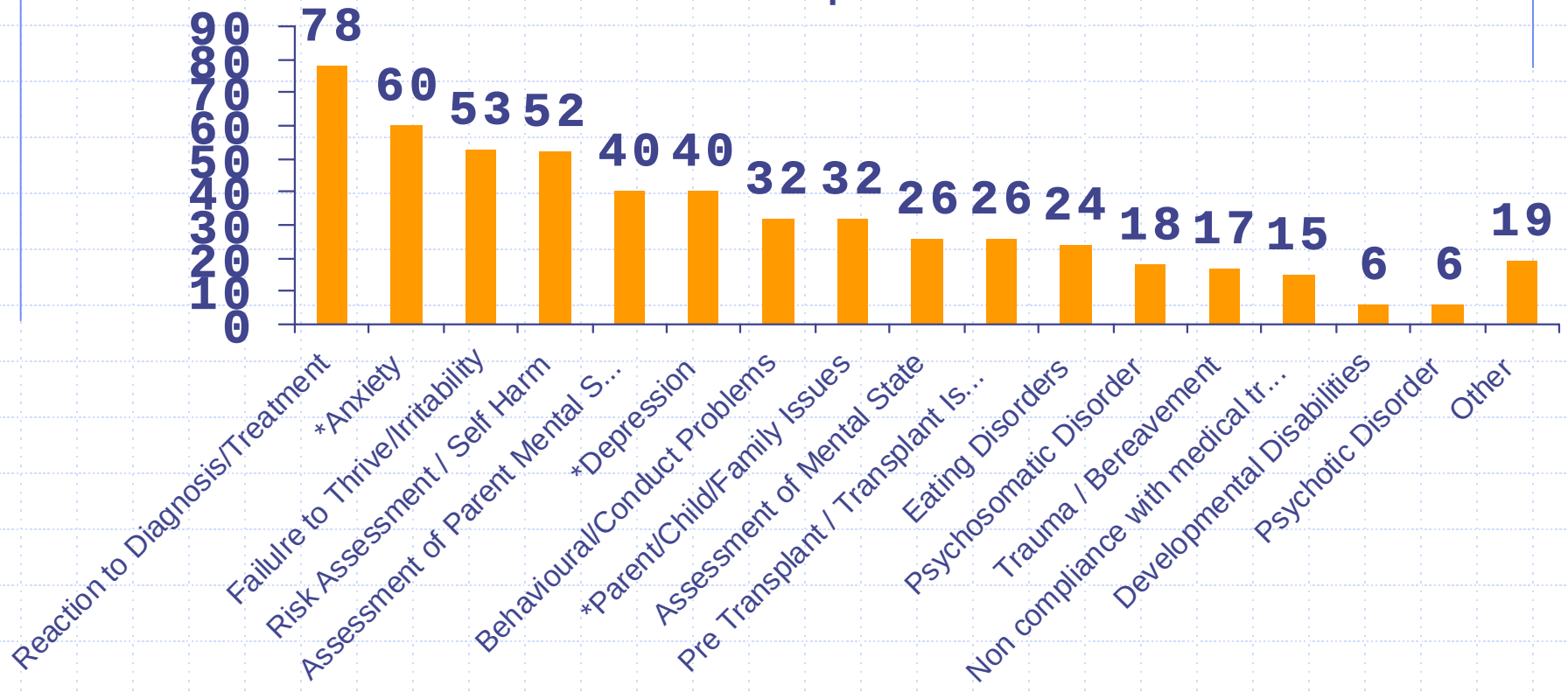
- *Sick role*:a partially and conditionally legitimated state....health and illness as socially institutionalised role types

- Parsons 1951

Psychosomatic problems

- See overheads

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



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 form 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

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
- 9yo girl depressed ,withdrawn,mute,totally anorexic
- 11yo 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...