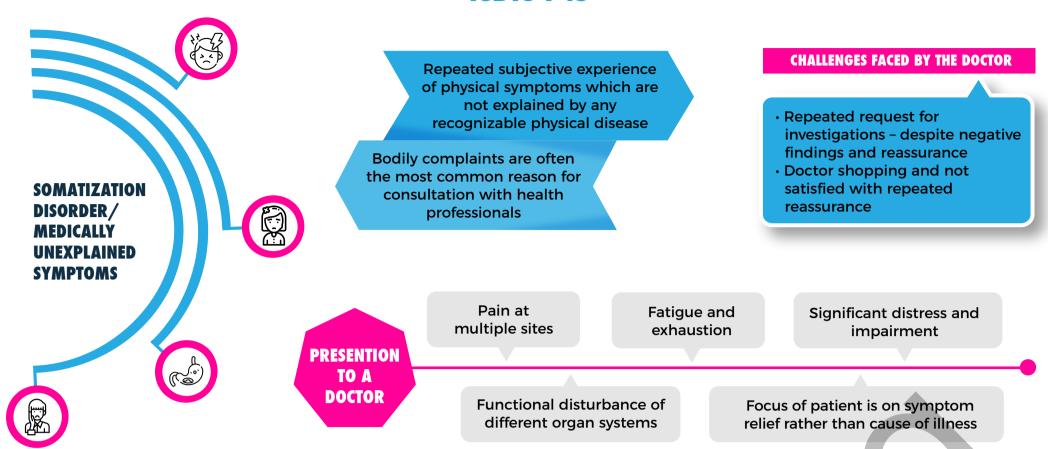




Standard Treatment Workflow (STW) for the Management of **SOMATOFORM DISORDER (SD)**

ICD10-F45



DIAGNOSTIC CRITERIA

INITIAL ASSESSMENT

- Detailed clinical examination to rule out any medical illnesses which might explain the symptoms
- Complete history of the onset of all symptoms, exacerbating and relieving factors
- Assessment for any other psychiatric illness such as depression or anxiety disorders

PSYCHOSOCIAL ASSESSMENT

- Encourage to talk about psychosocial stressors if any
- · Individual factors poor copying skills, anxiety, life events, health anxiety, medical illnesses
- · Family related factors Substance use in family, interpersonal relationship with family, financial status
- Environmental factors support system, peer relationship, work environment

DIAGNOSTIC CRITERIA

- A. One or more somatic symptoms that are distressing or result in significant disruption of daily life.
- B. Excessive thoughts, feelings, or behaviours related to the somatic symptoms or associated health concerns as manifested by at least one of the following:
 - 1. Disproportionate and persistent thoughts about the seriousness of one's symptoms
 - 2. Persistently high level of anxiety about health or symptoms 3. Excessive time and energy devoted to these symptoms or health concerns
- C. Although only one somatic symptom may not be continuously present, the state of being symptomatic is persistent (typically more than 6 months)

A persistent course is characterized by severe symptoms, marked impairment, and long duration (more than 6 months) Severity:

Mild - only one of the symptoms specified in criterion B is fulfilled Moderate - Two or more of the symptoms specified in criterion B is fulfilled Severe - Two or more of the symptoms specified in criterion B are fulfilled, plus there are multiple somatic symptoms (or one very severe somatic symptom)

Following list include the commonest symptoms

- 1. Pain symptoms at multiple sites (such as abdominal, back, chest, dysmenorrhea, dysuria, extremity, head, joint, rectal) is often present
- 2. Gastrointestinal sensations (pain, belching, regurgitation, vomiting, nausea)
- 3. Abnormal skin sensations (itching, burning, tingling, numbness, soreness) and blotchiness
- 4. Sexual and menstrual complaints (ejaculatory or erectile dysfunction, hyperemesis of pregnancy, irregular menses, menorrhagia, sexual indifference) are also common

MANAGEMENT

PRIMARY CARE

- Detailed physical examination
- · Management of anemia and nutritional deficiencies
- Avoid irrational use of pain medications
- · Low dose of antidepressant medications Amitriptyline 12.5 mg to 50 mg (max) night dose
- Explain that onset of medication effect will take 2-3 weeks
- Validate the somatic symptoms
- · Advise to engage in routine activities, physical exercise and relaxation techniques like deep breathing
- Discuss with family members that the symptom, distress and disability are genuine
- Strengthen supports
- Regular follow up

TERTIARY CARE

- Inpatient care if needed
- · Combination of two psychotropic medications (when required)
- Add on second and third line medications Duloxetine, Mirtazapine, anticonvulsants (Lamotrigine, Pregabalin). Use of Gabapentin, Carbamazepine if chronic pain symptom predominates
- Structured Cognitive Behavioural Therapy, Cognitive restructuring, Mindfulness and acceptance based approach
- Use of alternative medicine approach Yoga
- · Collaborative approach involve Physician, Neurology team and Pain Clinic referral (where indicated)
- Vocational rehabilitation if needed
- Physical therapies guided exercise and physiotherapy

REFER TO SECONDARY CARE IF

- 1. Difficulty in making diagnosis
- 2. No improvement after 4 weeks of treatment with first line medications
- 3. Comorbid medical illness
- 4. Suicidal risk
- 5. Comorbid psychiatric illness

SECONDARY CARE

- · Investigations to rule out any medical illnesses that might explain the symptoms
- · Complete history with behavioural observation
- Use 2nd line medications SSRIs (Escitalopram 10-20 mg, Sertraline 50-100 mg, Fluoxetine 20 mg) and SNRIs (Venlafaxine 75 - 150 mg, Duloxetine 30- 60 mg)
- Combination of two psychotropic medications (might be required if poor response to single medication)
- Brief counselling
- · Psycho education focusing on relationship between stress and physical symptoms
- · Relaxation training, regular exercise, yoga and meditation
 - 1. No improvement in 2nd line treatment
 - 2. High suicidal risk
 - 3. Needing intense counselling/ psychotherapy
 - 4. Difficult patients

REFER TO TERTIARY CARE IF

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KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES