

Somatic symptom disorders

Somatic symptom disorders include a range of presentations. In the veteran population, chronic pain problems, health anxiety (i.e., hypochondriasis) and psychological factors affecting existing medical conditions are the most likely presentations. Somatic symptoms are associated with high rates of comorbid anxiety and depression.

Presentation usually includes disproportionate concerns about the seriousness of symptoms, a tendency to devote excessive time and energy to behaviours associated with somatic symptoms and significant distress and impairment.

Cognitive behavioural therapy can be helpful although there is insufficient evidence at this stage to make firm recommendations.

There is a lack of firm evidence for the efficacy of pharmacological interventions. If necessary, consider newer antidepressants.

Information, patient resources and assessment tools are available at www.at-ease.dva.gov.au or in the Appendices.

Screening for somatic symptoms

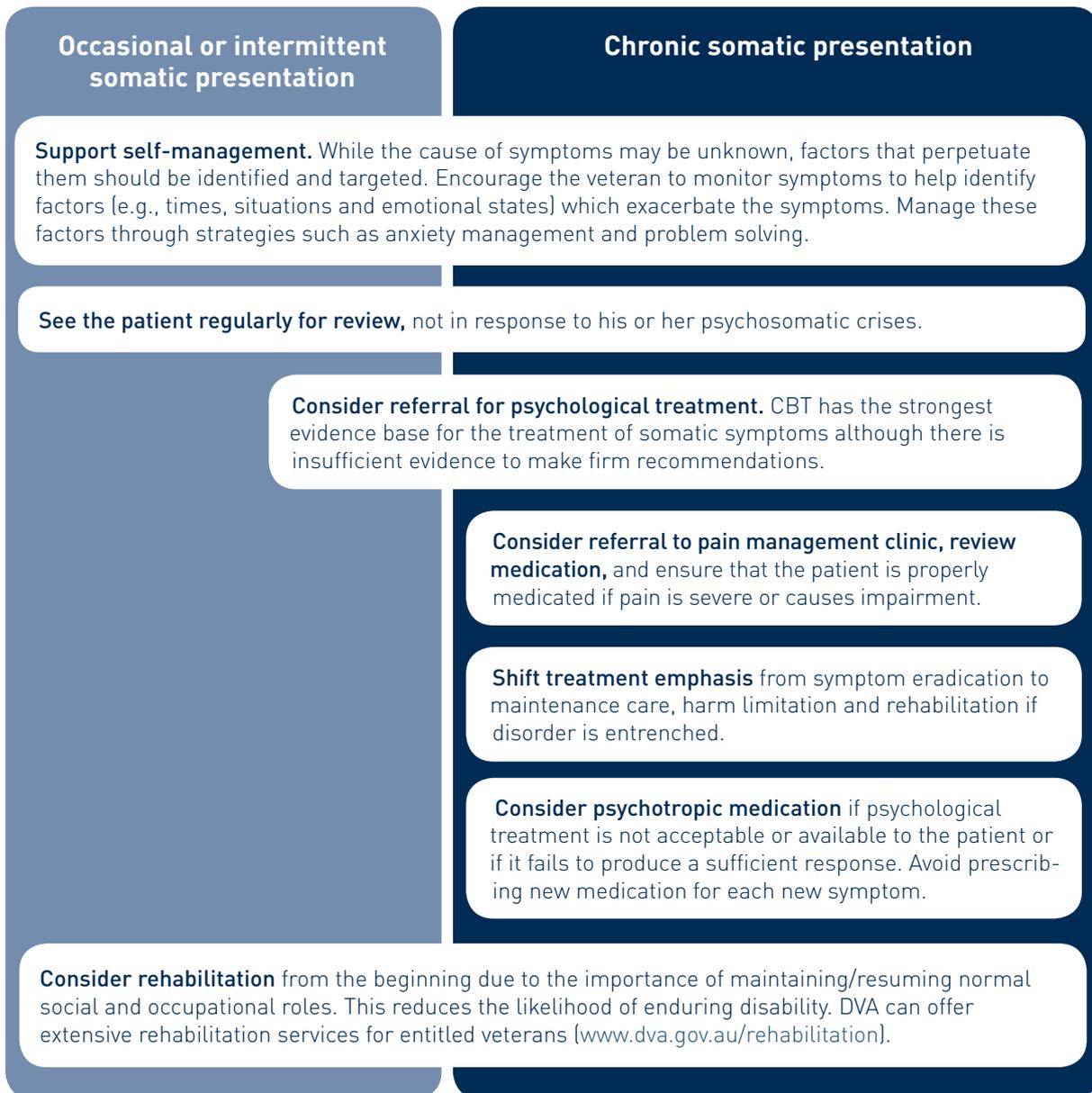
The following questions may help identify veterans with problems in this area:

- Have you had many physical complaints not clearly related to a specific disease?
- In the past six months, have you worried a lot about having a serious physical illness?
- Currently, is pain your main problem?

If the veteran responds 'yes' to a question, there is no complete physical explanation, and/or there is significant distress in relation to the symptoms then assess further.

Assessment

- Conduct routine medical assessment that includes thorough physical examination, judicious use of investigations and specialist referral. Avoid referral for further investigation unless clear evidence of a physical problem.
- Consider transcultural variations in presentation. In some cultures, physical symptoms are an accepted way of expressing emotional distress so may not be problematic. This does not mean that the patient does not need treatment for other psychological issues e.g., anxiety, depression.
- Assess the patient's mental state, presence of comorbid mental and physical conditions, strengths, and cognitive impairments.
- A freely available screening tool for assessing the presence and severity of somatic symptoms is the Patient Health Questionnaire-15 (PHQ-15). This is not a diagnostic measure.



Elements that you may consider during a consultation

Self-management Strategies

Practitioners may discuss basic self-management strategies that the veteran can use to manage their symptoms while more targeted psychological and/or pharmacological interventions take effects. Encourage the patient to:

- Monitor symptoms to help **identify psychosocial factors** (e.g., times, situations and emotional states) which exacerbate their symptoms. Then assist the patient to **manage these perpetuating factors** through strategies that may include anxiety management, problem solving, facilitating engagement with social support, etc.
- Maintain (or re-establish) their daily **routine and current roles (e.g., work, family)**. This is particularly important for veterans who have a lot of unstructured time.
- **Reduce substance use.** It is common for veterans to self-medicate with alcohol and other drugs when struggling with pain. If analgesic medication is used, it should be taken on a regular schedule as far as possible, rather than on an 'as needed' basis.

Self-management Resources

- At Ease website (www.at-ease.dva.gov.au) for access to general information on mental health wellbeing including the Wellbeing Toolbox, anxiety management and alcohol resources.
- Healthdirect (www.healthdirect.gov.au) is a useful website for information on chronic pain and other somatic complaints.

Psychological Treatment

- There is no current consensus on the best psychological treatments for somatic symptoms, however cognitive behavioural therapy (CBT) appears to be the most promising approach. Key components include:
 - Cognitive therapy – to help identify and modify unhelpful beliefs about symptoms and disease.
 - Behavioural techniques – to alter illness and sick role behaviours and promote more effective coping.
- Somatic symptoms are typically treated in an outpatient setting, in either an individual or a group format. It is likely that 16–20 weekly sessions would be required.
- Patient information on effective treatment for managing pain is available online (www.at-ease.dva.gov.au) or in Appendix L, and an example script explaining CBT treatment is below:

“One of the most effective treatments for managing the factors and triggers that exacerbate your pain/symptoms is cognitive behavioural therapy, or CBT. By examining and adjusting your thinking style and behaviours you’ll learn skills to help you manage these factors which will in turn help minimise the impact of your pain/symptoms. The therapy may involve 16–20 weekly sessions but may require longer depending on your needs.”

Pain Management Programs

- Pain management programs (PMPs) are the treatment of choice for veterans suffering from chronic pain syndromes. Effective PMPs adopt an explicit biopsychosocial model that uses CBT techniques. This can be explained to the patient with:

“This program takes holistic view of you and your concerns. You will be provided with education on pain coping strategies, and learn to better manage your pain. It will also look at other ways of supporting you to improve your daily functioning and lifestyle, and to improve your general physical health and fitness.”

- PMPs typically occur in a group setting and vary from two to six weeks duration.

Pharmacological Treatment

- There is a lack of firm evidence for the efficacy of pharmacological interventions, although medication may be beneficial for veterans who are unwilling or unable to engage in psychological treatment or when it is unavailable.
- In cases where medication is considered necessary, new generation antidepressants such as SSRIs and SNRIs are the first line treatment.
- Veterans with predominant pain symptoms may also respond to anticonvulsants, such as gabapentin or pregabalin.
- If pharmacotherapy is commenced, the veteran’s mental state should be monitored and adjunctive psychological therapy commenced when appropriate.

Referral Options

- WVCS – Veterans and Veterans Families Counselling Service. Phone 1800 011 046 (24 hours).
- Mental health professionals can be accessed under Medicare. A list of mental health trained social workers can be found at www.aasw.asn.au/find-a-social-worker.
- Private psychiatrists: A list can be accessed by GPs at www.ranzcp.org/Resources/find-a-psychiatrist.aspx.