



Mental Health Nursing: Psychophysiological (Somatoform) Disorders

By Mary B. Knutson, RN, MS, FCP

Somatoform Disorders

- Psychophysiological disruptions with no evidence of organic impairment
- Related to maladaptive response to stress



Alarm ⇒ Resistance ⇒ Exhaustion

Mind-Body Connection

- Psychoneuroimmunology explores the relationship between psychological states, the immune system, and health
 - Extends to cellular level
 - Can affect sleep, psychological, and sociocultural disturbance
- Resilience, optimism, perceived control, and self-efficacy can help buffer against adverse affects of stress

Illness as Coping Mechanism



- Unconscious coping with anxiety/overwhelming stress
- Pt's need to avoid the basic conflict is very strong
- Premature attempts to remove coping mechanism can cause worsening of illness or suicide

Defense Mechanisms

- **Repression**- physical symptoms occur when approaching exhaustion from denial of feelings, conflicts, and unacceptable impulses
- **Compensation**- trying to prove health by exerting more, even when needing more rest
- **Regression**- increased dependency, and embracing the sick role to avoid responsibility or dealing with conflict

Medical Diagnosis

- Somatization disorder- many physical complaints
- Conversion disorder- loss or alteration of physical functioning
- Hypochondriasis- fear of illness or belief that one has an illness
- Body dysmorphic disorder- normal appearance, but concerned about physical defect
- Pain disorder- psychological factors have role
- Sleep disorders- usually insomnia, hypersomnia or narcolepsy

Nursing Care



- Treatment of Somatoform disorders begins after thorough medical evaluation and treatment of physical illness
- May include multidisciplinary sleep studies
- Assess subjective and objective symptoms, and pt responses



Examples: Nursing Diagnosis



- Impaired adjustment r/t inability to express hostile feelings evidenced by labile hypertension and gastric ulcer
- Chronic pain related to work pressures e/b reports of back pain and protected gait
- Sleep pattern disturbance r/t financial and familial concerns e/b difficulty falling asleep and frequent awakening
- Ineffective denial related to traumatic life events e/b symptoms affecting sight



Physiological Implementation

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- Physiological Support:
 - Encourage physical activity
 - Diet counseling/balanced meals
 - Decrease caffeine, alcohol, or drugs
 - Utilize healthy sleep strategies
 - Assist with ADLs as needed
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Psychiatric Implementation

- Develop trusting relationship
- Don't try to convince the pt that the problem is entirely psychological
- Be supportive, and talk with pt while providing physical care
- Provide feedback for attempts to express emotions



Psychiatric Support:

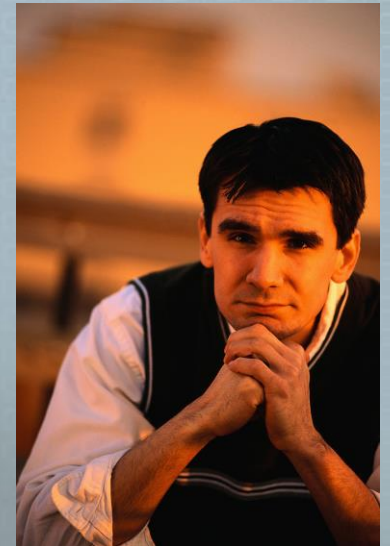
- May include supportive therapy, insight therapy, group therapy, cognitive behavioral strategies, family therapy, stress reduction, and/or psychopharmacology
- Carefully identify/explore pt defenses
- Support new coping mechanisms and behaviors
- Build self-esteem and confidence
- Report signs of increased anxiety

Patient Education

- Health education is very important
- Instruct about medications, treatments, and lifestyle changes
- Give pt and family follow-up care and crisis management information
- Patient education to learn ways to cope with anxiety and stress
- Encourage group classes/support groups for stress management

Approaches

- Care of patients with somatoform disorders is complex
- Person with conversion disorder may substitute another symptom when original one is resolved (if the basic conflict remains)
- Treatment plan may need to be modified several times



What is Countertransference?

- An emotional response of the nurse generated by the pt's qualities
- Inappropriate to the content and context of the therapeutic relationship
- Inappropriate emotional intensity
- Situation may worsen with avoidance, or if nurses become anxious or impatient
- Experienced psychiatric nurses are preferable with these demanding pts

Understand Your Patient

- Somatoform illness and symptoms
 - Prevents pt's overwhelming anxiety
 - Provides a way to receive help without admitting the need
 - Protects from expressing frightening aggressive or sexual impulses



Evaluation



- Patient Outcome/Goal
 - Patient will express feelings verbally rather than through the development of physical symptoms
- Nursing Evaluation
 - Was nursing care adequate, effective, appropriate, efficient, and flexible?



References



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- Stuart, G. & Sundeen, S. (1995). Principles & practice of psychiatric nursing (5th Ed.). St. Louis: Mosby