Mind-Body Connections
SOMATIZATION

Expression of psychological distress through physical symptoms
SOMATOFORM DISORDERS

- No physiological basis
- Person very distressed /worried
- Symptoms are ego-syntonic
- Exaggerate /distort bodily sensations
- Genetic, sociocultural factors
- Often comorbid anxiety/depression
SOMATOFORM DISORDERS

• Somatization Disorder
  - History of many physical complaints before age 30.
  - 4 Pain symptoms
  - 2 GI symptoms
  - 1 Sexual symptom
  - 1 Pseudoneurologic symptom
Somatoform Disorders

Undifferentiated Somatoform Disorder:
- One or more physical complaints
- Client focuses on the symptom

VS

Hypochondriasis:
- Preoccupation with fears of having, or the idea that one has, a serious disease based on misinterpretation of bodily symptoms
- Client focuses on assumed disease
**Somatoform Disorders**

**Conversion Disorder:**

- One or more symptoms or deficits affecting voluntary motor or sensory function that suggests a neurological or other general medical condition

- Client displays “la belle indifference”

- Symptoms often have symbolic meaning
Somatoform Disorders

- **Pain Disorder**: Pain in one or more sites

- **Body Dysmorphic Disorder**:
  - Preoccupation with an imagined defect in appearance. If a slight physical anomaly is present, the person’s concern is markedly excessive.
Factitious Disorder vs Malingering

- **Factitious Disorder:** Intentional production or feigning of physical or psychological signs and symptoms of illness.
  - Formerly known as Munchausen’s Syndrome
  - Can also be by proxy

- **Malingering**
  - Intentional production or feigning of physical or psychological S&S of illness FOR EXTERNAL INCENTIVES such as workman’s compensation; avoiding legal responsibilities, etc
ACTUAL NEEDS UNMET

- Dependency
- Repressed Anger
- Need for Attention
- Need for Affection
- Need for Recognition
- Always assess for secondary gain
NURSING DIAGNOSES

- Ineffective Individual Coping
- Impaired Social Interaction
- Ineffective Role Performance
- Interrupted Family Processes
- Sexual Dysfunction
- Chronic low Self-esteem
NURSING RESPONSE

- Acknowledge complaints
- Focus on person, not symptoms
- Assess for secondary gains
- “Matter of fact” approach to client
- Promote healthy coping
- Monitor own feelings of anger, impatience
Theories on Stress Effects

- **General Adaptation Syndrome**: focuses on the nervous & endocrine responses
- **Psychoneuroimmunology (PNI)**: focuses on the immune system response to stress
  - Activation of the immune system sends proinflammatory cytokines to the brain which in turn causes the brain to release its own cytokines to help the body adapt to stress.
Criteria for Psychological Factors Effecting Medical Conditions

- A general medical condition is present
- Stress precipitates or exacerbates a medical condition
- Add health risks
- Interfere with treatment
- Influence the course of the condition – onset, exacerbation of or delayed recovery
Disorders effected by Stress

- Cardiovascular: Coronary heart disease
- GI: Peptic ulcer, Ulcerative colitis
- Headaches: Migraine, Tension
- Respiratory: Asthma
- Cancer/Immune system
- Essential Hypertension
- Varcarolis (p.591)
Psychological Responses to Serious Medical Illness

- How will this effect me?
- Depression
- Anxiety
- Substance Abuse
- Grief and loss
- Denial
- Fear of Dependency
Assessment

- Signs of stress
- Sources of stress
- Support System
- Usual coping
- Nutrition
- Caffeine intake
- Sleep
- Exercise
- Spirituality
- Substance Abuse
Nursing Diagnoses

- Anxiety
- Ineffective individual coping
- Ineffective Denial
- Interrupted Family Processes
Nursing Response

- Acknowledge physical symptoms
- Teach mind-body connection
- Assess for secondary gain
- Monitor nurse’s own response - anger, impatience, helpless
- Help client develop healthy coping techniques
Stress Management

- Progressive relaxation
- Bio-feedback
- Positive imagery, thinking
- Physical exercise
- Healthy nutrition
- Alternative healing
- Support groups
- Healthy coping