

精神病的軀體化症狀

Somatic Presentation Of Psychiatric Disease

身體型疾患(身心症)

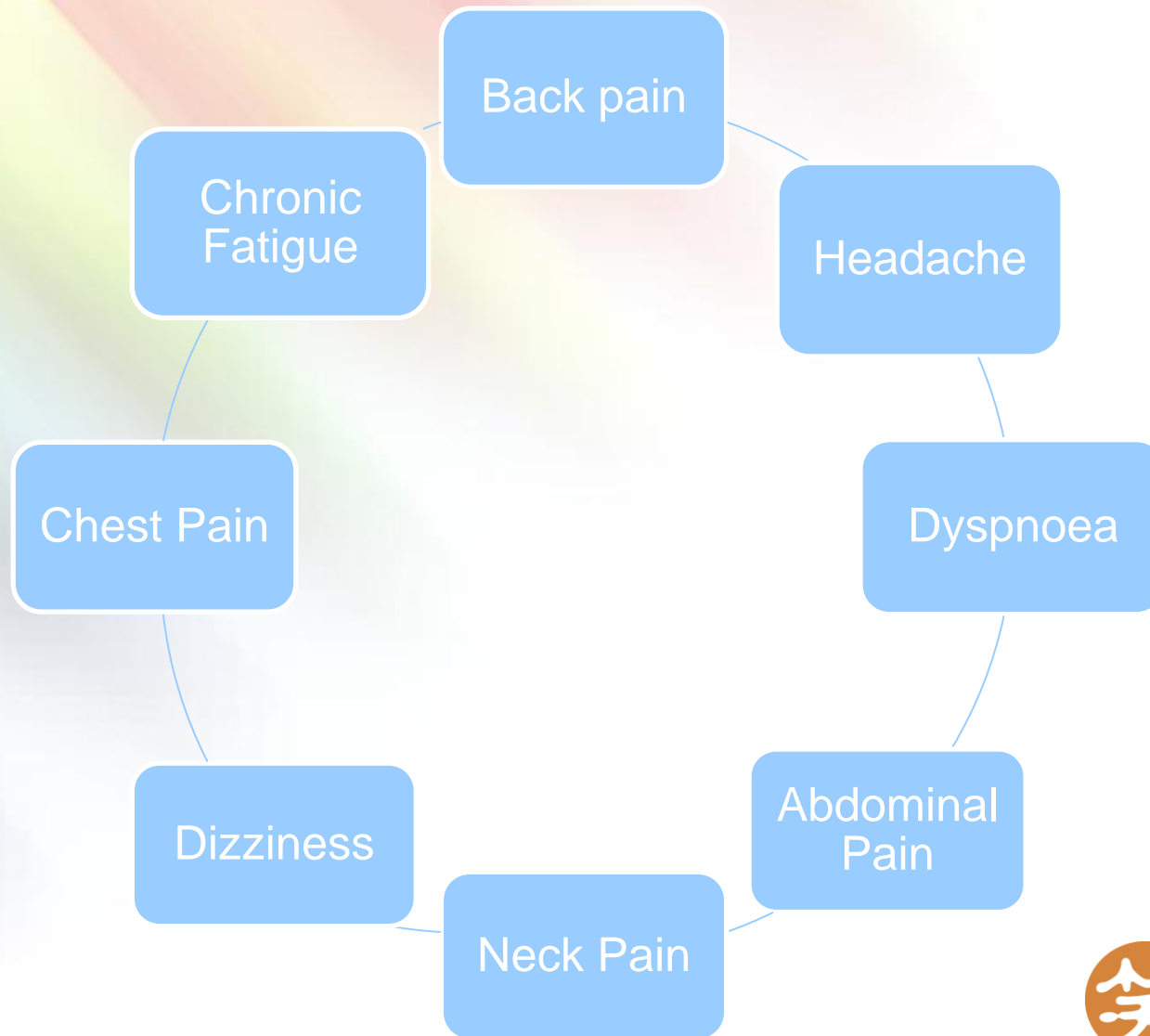
Somatoform Disorder

Anxiety Disorders (焦慮症)

Mood Disorders(情緒病)

Common Somatic Symptoms

常見的軀體化症狀



評估患情緒病風險 PHQ-15 問卷

在過去一個月，你有多大程度受到以下問題困擾？

身體症狀	無 困擾	少少 困擾	非常 困擾
1. 胃痛或肚痛			
2. 背痛			
3. 手臂、腳、或膝頭、手腕等關節痛			
4. 頭痛			
5. 胸口痛			
6. 頭暈			
7. 短時間暈倒			
8. 感覺心跳很快或跳得很厲害			
9. 氣促			
10. 便秘、肚扁、或大便稀爛			
11. 反胃、胃氣脹、或消化不良			
12. 疲勞或缺乏動力			
13. 睡眠問題，例如難以入睡、早醒等			
14. 性行為時候覺得痛或有關問題			
15. 經痛或其他月經問題 (只供女士作答)			

香港健康情緒中心的調查顯示，若在以上 15 項身體症狀中，有 3 項表示「非常困擾」，患上情緒病的風險便較全港平均風險（約 10%）增加 4.3 倍。若有 5 項表示「非常困擾」，風險則增加 8.9 倍



資料來源：
中大香港健康情緒中心



香港精神健康促進會
Hong Kong Association
for the Promotion of Mental Health

- Most frequent cause of outpatient visits (很普遍的)
 - 400 million visits annually in US
 - 20% of consultations in UK
- Chronic in approximately 25% of patients 5 years after initial visit (長期性的)
- Exact medical diagnosis often not established, & one third of symptoms medically unexplained

Schappert. Vital Health Stat 1992; 13(110).

Kroenke & Price. Arch Intern Med 1993; 153:2474-2480.

Peveler Et Al. J Psychosom Res 1997; 42:245-253.

Jackson & Passamonti. Arch Intern Med 2001;161:875-879.

Prevalence 疾病盛行率

- Very common at the primary health care delivery level in many countries, as high as 30.3% 在基層醫療層面非常普遍
(fink et al, 1999 psychosomatics, 40. 330-338)
- In early days, very low prevalence in the general population, about 0.38% in a sample of 3,798 persons
(swartz, et al, 1986 am J psychiat, 143, 1403-1408) 從前不受關注
- Often missed (by primary care doctors) despite thorough investigations & no explainable physical condition & not due to anxiety or depressive disorders; often labeled as “the worried well”, resulting in delayed/inappropriate diagnosis & investigations, treatment & care 好多時被忽略
- (Goldberg D (1990) in ref. Psychological disorders in general medical settings by N sartorius et al (eds). Hogrefe & huber, bern. Pp.139-145)

Prevalence In General Practice

疾病盛行率 (全科 / 家庭醫學)

- A 2-stage prevalence study in the Netherlands (2000/2001) on 1046 GP patients (aged 25-80), first by screening questionnaire, then by HADS (Hospital Anxiety & Depression Scale) & Physical Symptom Checklist followed by a standardized diagnostic interview using WHO's Schedules for Clinical Assessment in Neuropsychiatry (SCAN)
- Prevalence: 16.1% (undifferentiated form most common), but 21.9% if mild impairment cases included;
- comorbid with anxiety/depressive disorders 3.3 times than by chance, where physical symptoms, depressive symptoms & functional limitations were additive (measured by SF-36)

Ref; Waal et al (2004) Br J Psychiat, 184, 470-476

Somatization 症狀軀體化

- The tendency to experience & communicate psychological distress in the form of physical symptoms and to seek medical help for them
(Lipowski, 1987 Am J Psychiat., 145, 1358-1368)
- About 80% of healthy individuals experience somatic symptoms in any one week; and
- A large part of the doctors' time is spent investigating & treating somatizing patients
(kellner, T. Somatization & Hypochondriasis. New York, NY: Praeger, 1986)
- Causes sufferings, burden to community

Type Of Pain 痛的類型

- Pain can be differentiated by duration, origin and intensity
- Origin of pain
 - Neuropathic 神經性: in an area of damaged nervous system (allodynia) e.g. burning, shooting;
 - Peripheral e.g. post-herpetic neuralgia, diabetic neuropathy,
 - Central e.g. MS, Parkinson, spinal cord injury
 - Nociceptive (刺激物) 造成傷痛的;對疼痛起反應的
 - e.g. fibromyalgia, LBP, RA & OA pain
 - Visceral 內臟的
 - e.g. stone pain, ulcer pain, angina, endometriosis, IBS, etc
 - Combined e.g. cancer pain, migraine, labour, post-op etc.

Psychological Burden Of Pain

痛的心理影響

- 生理 Affect appetite, sleep, libido, energy
- 心理 Helplessness, anxiety, depression, suicidal
- 功能 Poor QOL & impaired social functioning
- 社交 Social isolation, prone to other diseases or injuries (accidents)
- Affect relatives & others

Severity Of Presentation

嚴重程度

- Acutely serious: <5% of patients
(Chest pain, dyspnoea, abdominal pain)
- Minor & self-limited: 70-75%
- Persistent (either chronic or recurrent):20-25%

Ref: Kroenke, K (2003) Int J Methods in Psychiat Res, 12, 36-43

Different Definitions For Somatization

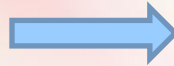
軀體化症狀不同的定義

- Those who have psychological disorders but present with somatic symptoms (Goldberg & Bridges, 1988, J Psychosom Res, 32, 137-144)
- Those who present with psychological disorders as well as medically unexplained somatic symptoms – somatosensory amplification (Barsky, 1992 Psychosomatics, 33, 28-34)
- Those who deny having psychological disorders but substitute with somatic symptoms – the inability to express feelings or alexithymia (Lesser 1985, N Eng J Med, 312, 690-692)

Clinical Diagnoses For Somatic Symptoms

軀體化症狀-各種臨床診斷

- Genuine (真正的), but undiagnosed physical diseases
- Somatoform disorders
身體型疾患 (身心症)
- Underlying anxiety disorders (焦慮症)
- Underlying mood disorders (抑鬱症)
- Factitious (人爲虛構的) disorder e.g. Munchausen Syndrome



The *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)*, describes seven disorders under the category of somatoform disorders.

1. Somatization disorder,
2. Undifferentiated somatoform disorder,
3. Conversion disorder,
4. Pain disorder,
5. Hypochondriasis,
6. Body dysmorphic disorder,
7. And somatoform disorder not otherwise specified.



- Repeatedly acts as if he or she has a physical or mental disorder when, in truth, he or she has caused the symptoms
- Get the sympathy and special attention
- A mental illness associated with severe emotional difficulties



身體症狀問卷

Patient Health Questionnaire (PHQ-15)



一般來說，身體症狀越多或其帶來的困擾越大，患情緒病的機會亦越高，而焦慮症或抑鬱症等情緒病會令身體症狀更難受。因此，身體症狀很大程度上也可視為初步評估患情緒病風險的方法之一。以下問卷 PHQ-15 可以作為評估最常見且跟情緒病關係密切的身體症狀的工具。

在過去一個月當中，你有幾大程度受以下問題困擾？

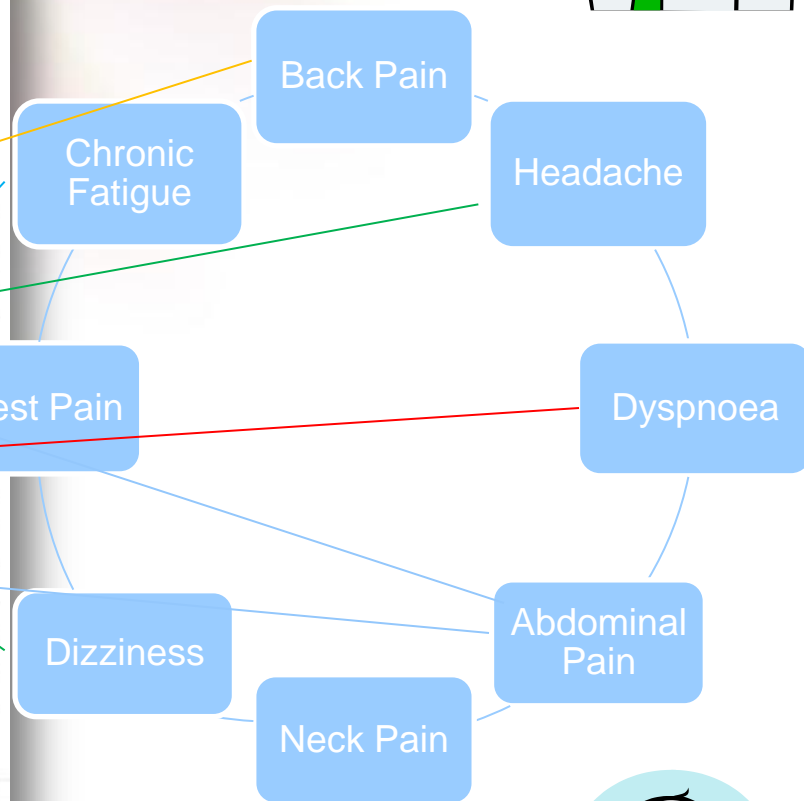
(請於最能代表你受困擾程度的空格內填上“x”號。)

	無困擾	少少困擾	好困擾
1. 胃痛或肚痛			
2. 背痛			
3. 手臂、腳、或膝頭、手腕等關節痛			
4. 頭痛			
5. 胸口痛			
6. 頭暈			
7. 短時間暈倒			
8. 感覺心跳得好快或者跳得好緊要			
9. 氣促			
10. 便秘、肚痾、或大便稀爛			
11. 沒有胃口、胃氣脹、或消化不良			
12. 疲勞或缺乏動力			
13. 睡眠問題，例如難以入睡、早醒等			
14. 性行為時候覺得痛或有問題			
15. 經痛或其他月經問題？[只供女士作答]			



本中心研究顯示，如果您有三項或以上身體症狀選答「好困擾」的話，您的生活功能可能已受到一定影響，而且患有情緒病的可能性亦顯著增加，因此最好盡快向專業人士尋求幫助。

註：請注意，自我測試絕對不能代替專業臨床評估。如果您對情緒病或身體症狀有任何疑問，請向臨床心理學家或有關醫生尋求專業協助。





經常焦慮症

(Generalized Anxiety Disorder[簡稱GAD])



請根據你的經驗回答下列問題：

A. 1. 過去數月，你是否經常擔心或者緊張？

是 否

2. 你覺得自己比一般人較容易擔心或緊張嗎？

是 否

3. 你是否覺得擔心或緊張的感覺難以自控？

是 否

B. 過去數月，以下情況是否經常出現？(可選多項)

- 無法安靜
- 容易發脾氣
- 身體多處痠痛或肌肉繃緊
- 心跳加速
- 呼吸不暢順
- 容易受驚
- 容易覺得疲累
- 難以集中精神
- 失眠
- 多汗
- 腸胃不適

C. 上述情況是否對你做成明顯困擾？

是 否

D. 上述情況對你的生活，例如學業、工作、社交等，是否做成明顯的負面影響？

是 否

分析

根據已綜合的國際診斷標準，如果：

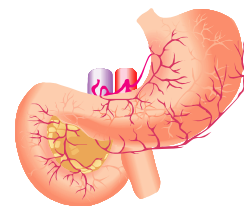
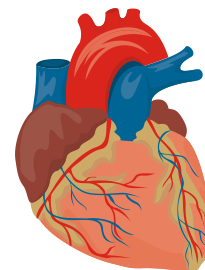
- 問題A第1、2、3條問題，你的答案皆為「是」；及
- 問題B選了三項或以上；及
- 問題C你選答「是」；及/或
- 問題D你選答「是」；

那麼，你可能已經患上經常焦慮症，建議你盡快向專業人士尋求評估。

身體的症狀

Somatic Symptoms

- Pain
- Muscle Tightening
- Palpitation
- Dyspnea
- Fatigue
- Insomnia
- Sweating
- Dyspepsia





驚恐症 (Panic Disorder)



請根據你的經驗回答下列問題：

- A. 過去數月，你是否多次突然感到很害怕或驚恐，而每次通常持續數分鐘至數小時？
 是 否
- B. 驚恐的時候，你有沒有以下感覺？(可選多項)
 心跳很快 擔心會死去
 胸口不舒服 呼吸困難
 擔心不能自控 冒汗
 擔心精神失常 噁心 / 欲嘔
 擔心暈倒 顫抖
 有麻痺或針刺的感覺
- C. 經歷驚恐後，你是否持續一個月或以上，擔憂以後再出現驚恐？
 是 否
- D. 上述情況是否對你做成明顯困擾？
 是 否
- E. 上述情況對你的生活，例如學業、工作、社交等，是否做成明顯的負面影響？
 是 否

分析

根據已綜合的國際診斷標準，如果：

- 問題A你選答「是」；及
- 問題B選了三項或以上；及
- 問題C你選答「是」；及
- 問題D你選答「是」；及/或
- 問題E你選答「是」；

那麼，你可能已經患上驚恐症，建議你盡快向專業人士尋求評估。

Somatic Symptoms 身體的症狀

- Palpitation
- Chest Discomfort
- Dizziness
- Dyspnea
- Sweating
- Nausea
- Tremor
- Numbness



抑鬱症 (Depression)

請根據你的經驗回答下列問題：

- A. 過去兩個星期，你是否幾乎每日大部分時間，都感到情緒低落或難以開心？
 是 否
- B. 過去兩個星期，你是否幾乎每日大部分時間，都對任何事情都提不起興趣，或者沒有動力做事？
 是 否
- C. 過去兩個星期，你是否經常出現以下情況？(可選多項)
 食慾改變，如胃口變差或過量進食
 失眠或睡眠素質差
 說話或行動變得比平日緩慢，或坐立不安
 容易疲累
 難以集中精神
 自信心下降，或責怪自己
 有不想生存或自殺的念頭
- D. 上述情況是否對你做成明顯困擾？
 是 否
- E. 上述情況對你的生活，例如學業、工作、社交等，是否做成明顯的負面影響？
 是 否

分析

根據已綜合的國際診斷標準，如果

- 問題A或B，你選答「是」；及
- 問題C選了三項或以上；及
- 問題D你選答「是」；及/或
- 問題E你選答「是」；

那麼，你可能已經患上抑鬱症，建議你盡快向專業人士尋求評估。

抑鬱症自我測試

Somatic 身體的 symptoms 症狀

- Fatigue
- Insomnia
- Associated Anxiety Symptoms

身體型疾患 (身心症) Somatoform Disorder



身體型疾患 (身心症)

Somatoform Disorder

- 「身心症」這個名詞多數人或多或少曾經聽聞過
- 其臨床表現是以莫名的身體疼痛、腸胃不舒服、心悸或胸悶、假性神經症狀、倦怠無力、麻痺、吞嚥困難等為主要症狀。
- 個案雖然身體很不舒服，但是檢查結果卻是正常，經常令人覺得十分委屈，有苦說不出
- 這些患者經常是一家醫院換過一家醫院，到處求診，卻仍然無法解除身心的病痛。

Clinical Picture 臨床要點

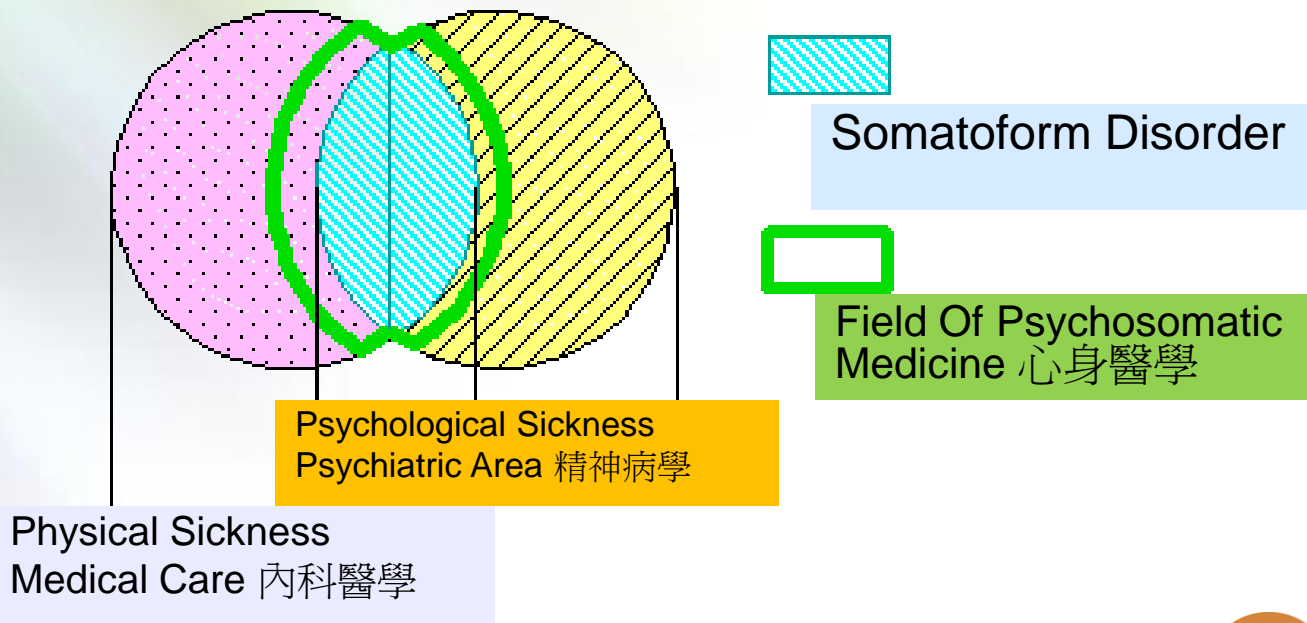
- Mono or poly symptomatic
- Doctor-shopping
- Excessive investigation or treatment
- Extraordinary complaints
- Deny psychological causation
- Disabilities

Synonyms 症狀

- Psychosomatic (身心的) disease
- Hypochondriacal disorder (身心機能失調)
- Hysterical (歇斯底里的) disorders
- Functional (功能性的) somatic symptoms (軀體化症狀)
- Medical unexplained symptoms

心身不能分開

身體型疾患(心身症) Somatoform disorder



心身症的定義

心身症包含兩大類

- 第一類為有明顯身體不適的症狀，但是卻沒有器官上病理變化的情況
- 其身體症狀的出現、起伏，與心理狀況、環境壓力、社會人際互動關係等密切相關
- **E.G.** 緊張性頭痛、心因性疼痛、過度換氣症候群、心因性嘔吐、緊張性胃腸症候群
- 第二類為有器官上的病理變化
- 症狀的開始、惡化、緩和等演變，仍深受心理狀況、環境壓力、社會人際互動關係等的影響
- **E.G.** 冠狀動脈疾病、高血壓、氣喘、偏頭痛、消化性潰瘍、皮膚搔癢症、類風溼性關節炎、甲狀腺機能亢進、潰瘍性結腸炎

Overlap between Chronic Multi-symptom Illnesses

FIBROMYALGIA

2 - 4% of population;
widespread pain
and tenderness

**MULTIPLE CHEMICAL
SENSITIVITY** symptoms in
multiple organ systems in
response to multiple substances

**CHRONIC FATIGUE
SYNDROME** 1% of
population; fatigue and
4/8 "minor criteria"

EXPOSURE SYNDROMES

Gulf War Illnesses,
Sick Building
Syndrome

**SOMATOFORM
DISORDERS** 4% of
population; multiple
unexplained
symptoms but no
organic findings



Co-morbidities 共病

- Anxiety disorders
- Mood disorders
- Alcohol or drug abuse
- Personality disorders



Somatic Symptoms & Anxiety Disorders

軀體化症狀與焦慮症

- Insomnia: 35%
- Chest pain: 33%
- Abdominal pain: 31%
- Headache: 28%
- Fatigue: 26%

Ref: Kroenka et al Arch Fam Med, 3, 774-779

Somatic Symptoms & Anxiety Disorders

軀體化症狀與焦慮症

- 45-95% of depression patients report only somatic symptoms (especially at centers lacking ongoing relationship with doctors (cf to walk-in clinics)
- 50% reported multiple unexplained somatic symptoms
- 11% denied psychological symptoms on questioning

- Ref. Simon et al (1999) New Eng J Med, 341, 1329-1335

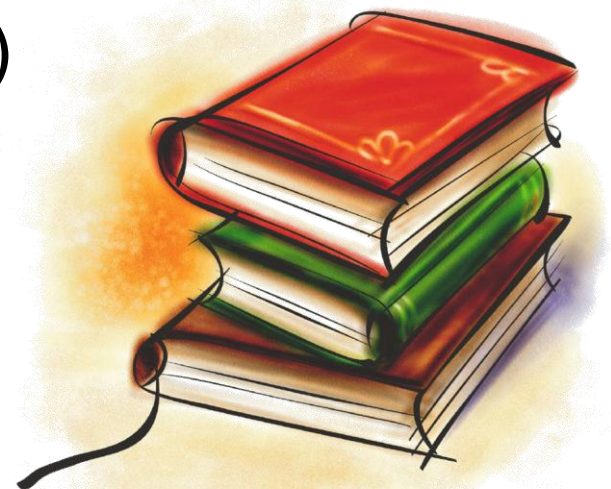
Life-time Prevalence In HK

一生疾病盛行率(香港)

- Hong Kong: life-time prevalence in community 0.46% (chen et al)
- Male 0.17% : female 0.29%
- Increase with age, especially female
- ?under-rated
- More prevalence in primary care setting?

Aetiologies 病原學

- Genetic
 - No obvious evidence
- Psychological
 - Projection (onto bodily parts)
 - Symbolic meanings
 - Identification with others
 - Vulnerable personality



What Is Stress? 甚麼是壓力

Stimulus



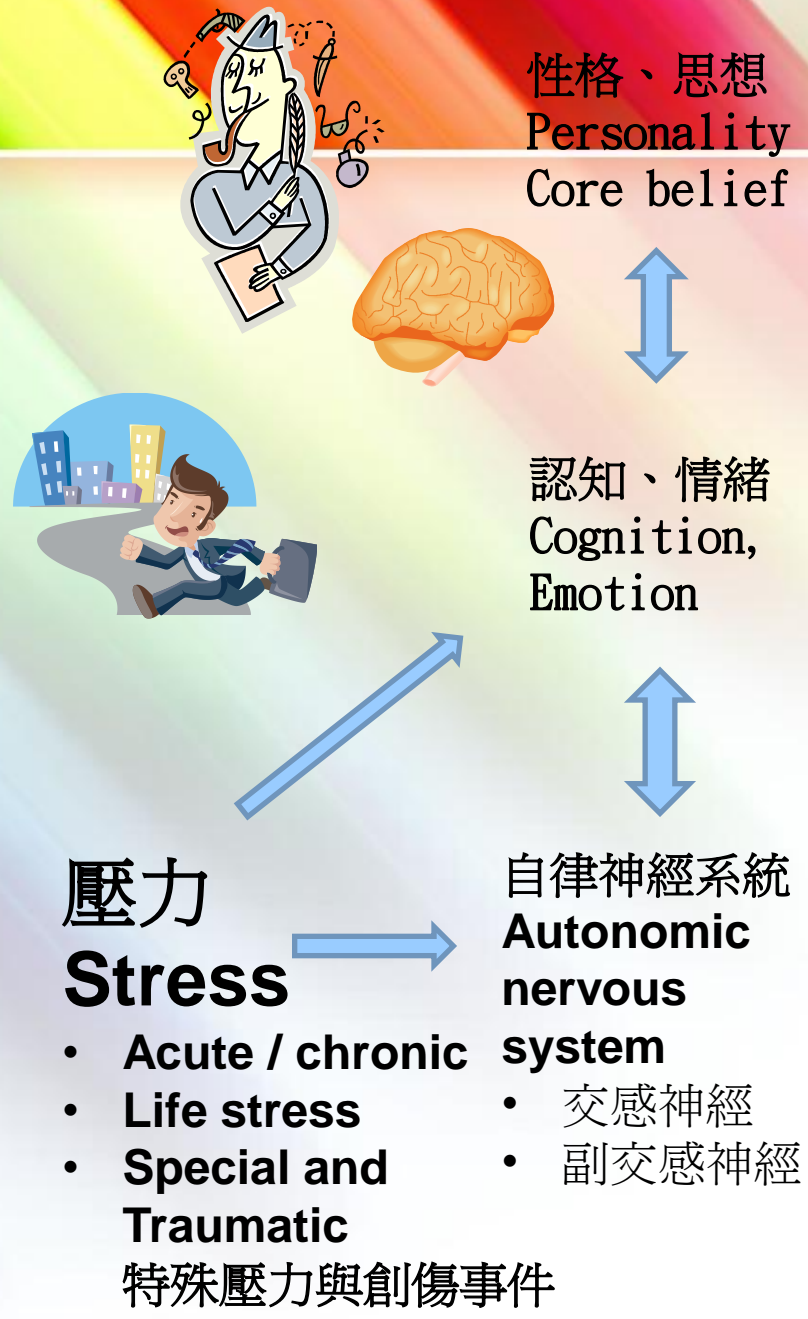
Response

Stressor



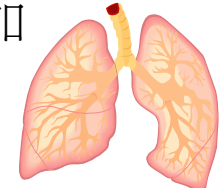
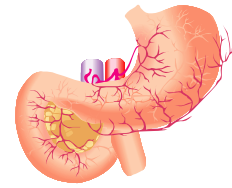
Stress
response

壓力與自律神經系統之交互影響



交感神經

- 使瞳孔放大
- 毛髮豎立
- 心跳加快
- 心臟的血液輸出量增加
- 內臟血液重新分佈到骨骼肌肉群
- 腸胃蠕動的減緩
- 血壓升高
- 周邊血管收縮
- 每分鐘呼吸流量增加
- 腎上腺素分泌增加



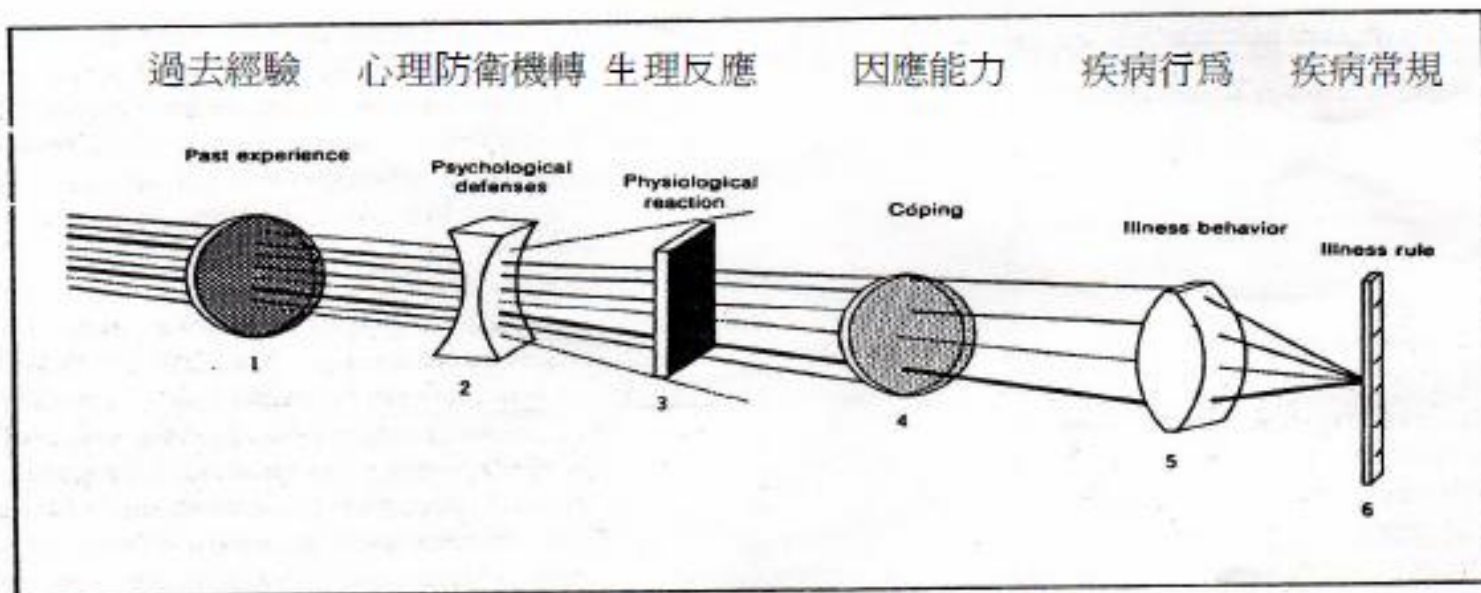
副交感神經

- 具有與上述交感神經作用相反的功能外
- 促進消化腺分泌的作用

特殊壓力與創傷事件

- 高學業成就期待的壓力
- 夫妻嚴重衝突
- 家庭暴力、虐待、父母分離

Life Stress



Life stress and illness model.

生活壓力與疾病模式

上述觀念模式，主要是解釋身心疾病的發生不僅與生活壓力大小相關，亦與個人的認知與壓力承受能力有關。

生活壓力事件的 測量與量化 (1)

- 生老病死
- 悲歡離合
- 成敗得失

Population Aging

跨年代生活事件改變量表(Life-Change Scaling Results Across Time+)

生活事件	1967		1978		1994	
	次序	LCU	次序	LCU	次序	LCU
配偶死亡	1	100	1	105	1	123
離婚	2	73	4	62	2	100
夫妻的分居	3	65	8	52	4	82
牢獄之災	4	63	6	57	7	74
家族近親死亡	5	63	2	73	3	94
個人身體有重傷害或疾病	6	53	16	42	5	80
結婚	7	50	10	50	19	50
被解雇	8	47	3	64	6	79
夫妻間的調停、和解	9	45	17	42	12	59
退休	10	45	11	49	16	55
家庭成員的健康狀況不好	11	44	9	52	14	58
懷孕	12	40	5	60	9	66
性困擾	13	39	12	49	21	45
家中有新成員產生(嬰兒)	14	39	14	47	13	58
職業上的再適應	15	39	21	38	10	64
財務狀況的變動	16	38	13	48	15	57
好友死亡	17	37	15	46	8	71
轉變行業	18	36	22	38	17	52
與配偶爭吵次數有變動	19	35	24	34	18	51

生活壓力事件的測量與量化 (2)

- <150 LCU / year
- normal within 1 year
- 150-300 LCU / year
- 50% has stress related illness
- >300 LCU / year
- 70% has stress related illness

負債未還、抵押被沒收	20	31	18	39	23	44
設定抵押或借債	21	30	7	57	11	63
工作責任的變動	22	29	32	30	24	43
子女離開家門	23	29	36	29	22	45
與姻親有相處上的困擾	24	29	34	29	28	38
個人有傑出成就	25	28	25	33	27	39
配偶開始或停止工作	26	26	23	37	20	48
開始上學或停止上學	27	26	28	32	29	38
社會地位的變動	28	25	19	39	25	42
個人習慣的修正	29	24	31	31	36	27
與上司有所不和或衝突	30	23	20	39	32	30
工作時數的變動	31	20	27	33	31	36
居住處所的變動	32	20	26	33	26	40
就讀學校的變動	33	20	39	28	30	36
娛樂、消遣活動的變動	34	19	30	30	34	28
教堂活動的變動	35	19	35	29	42	22
社交活動的變動	36	18	40	28	38	27
較輕微的財務損失	37	17	42	26	35	28
睡眠習慣的改變	38	16	31	31	40	26
家庭成員總數的改變	39	15	41	26	39	27
進食習慣的改變	40	15	38	29	37	27
假期	41	15	37	29	41	25
聖誕節	42	12	43	11	33	30
違反交通規則	43	11	29	32	43	22

註：LCU-Life change unit (生活事件改變單位)

Management 治療

- Aim: to improve overall functioning
 - Not for a cure
- Good doctor-patient relationship
 - To curb doctor-shopping
- Brief regular appointments
 - Avoid prn follow-up methods



Each Clinic Consultation

每次診治

- Concentrate on the complaint
- Exclusion of genuine physical condition
- Avoid unnecessary tests or procedures (but functional imaging might be useful)
- Physical examination can be therapeutic
- Reassurance, not confrontation
- Treat underlying psychiatric condition

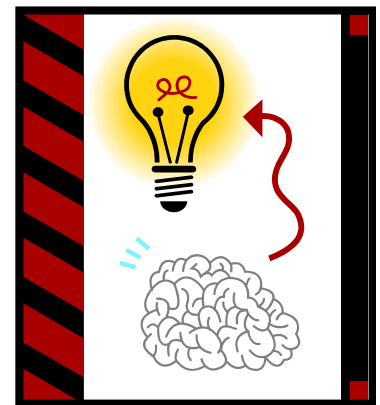
Support and Rapport

支持與和睦

- Not ‘imaginary symptoms or illness’
- “I have heard your concern, and I take it must be quite distressful to you”
- “Though I do not find anything significant so far, I want to follow you closely to be sure that nothing changes”

Reattribution Model

- Feeling understood 了解病人/同理心
 - Full history of the symptom
 - Exploring health beliefs
 - Exploring family & social factors
 - Focused brief physical exam
- Changing the agenda 切入點
 - Acknowledge the reality of the symptoms
 - Summarize physical findings
 - Reframe the complaints by reminding psychological symptoms & linking to life events



Continued. 延續

- Making the link 連繫生理和心理
 - Explanation how psychiatric disorders can cause or exacerbate symptoms
 - Practical demonstration of symptoms e.g. muscle tension causing pain
 - Relating symptoms to life events & other psychosocial factors

Ref: Goldberg, DP, Gask L & O'Dowd T (1989) J Psychosom Res 3, 689-695; Kaaya et al (1992) Med Educ, 26, 138-144

Pharmacotherapy 藥物治療

- Placebos, dietary changes, analgesics?
- Benzodiazepams
 - For associated anxiety & muscle relaxant
 - Beware of dependency
- Anti-depressants, esp. SNRIs
 - For associated depression and pain (including IBS)
- Anticonvulsants
 - Esp. for pains e.g. gabapentin

5HT-NE Medications

- SNRIs e.g. Duloxetine can have inherent analgesic properties. Demonstrate significantly greater improvement in overall pain, back pain & shoulder pain cf with placebo, quite independent of depression
(Fava et al, 2004 J Clin Psychiat, 65, 521-530)
- However, citalopram (pure 5HT) improved pain but not Reboxetine (pure NE)
(Aragona et al, 2005 Eur J Pain, 9, 33-38)

Psychotherapy 心理治療

- Psycho-education:
 - Stress-disease model (link symptoms to life events)
 - Physiological explanation of symptoms (an auto-suggestive disorder)
- Specific therapies:
 - Psychoanalysis difficult
 - Cognitive-behavioural to correct thinking
 - Avoid reinforcing abnormal illness behaviour
- Group therapy, biofeedback, hypnosis, etc

壓力管理訓練 - 自我觀察

類似寫日記的方式將每日自認最特殊的生活壓力與情緒事件，例如與配偶或同事爭吵；內在壓力如慢性疼痛，甚至天災等依「先前事件」，「行爲」及「結果」的方式逐一紀錄。舉例如下表：

先前事件 (簡單描述壓力事件)	壓力評值 0：不在意 100：前所未有的壓力事件	行爲 (對此事件的反應)	結果
與工作夥伴爭吵：早上晨間會議時與同事協同處理某一計劃案，因理念不合發生激烈爭吵	評值 = 60	想法：常有的人際關係及溝通上的困難，因彼此想法差異頗大而激烈爭吵 感覺：生氣，挫折感，焦慮 生理反應：脖子、肩膀酸痛 行爲：激烈爭吵後回到辦公室敲桌子之後在座位上喝口水讓自己平靜	漸漸能控制自己的情緒，慢慢再找出其他或許彼此都能接受的折衷方案

1. 讓個體了解平時未注意到的行爲
2. 讓個體理解到他的認知行爲模式是如何構成, 理解整個過程的前因, 後果間的連結
3. 思考如何改變行爲而發展出更好的壓力管理模式



Social Therapy 社交治療

- Handling stressors
- Family, marital or relational therapies
- Rehabilitation with change of social circumstances
 - Workshops
 - Activity centres
 - Supported employment, etc.

Importance of GPs In Management

前線/家庭醫生的角色

- Gatekeepers in detecting psychiatric disorders
- Avoid unnecessary stigma
- Good doctor-patient relationship discourage patients from doctor-shopping
- Knowledgeable to rule out genuine physical disorders by physical exam & appropriate investigations
- Ability to manage simple somatic problems
- NB consult or prepare patient for specialist referral when response is not satisfactory

Treatment Recommendations

治療見議

- Schedule regular, frequent appointments even if the patient feels well
- Make maintenance of care, not cure, the goal of treatment
- Evaluate the patient for other psychiatric disorders
- Make follow-up visits brief & structured
- Emphasize improving functional abilities
- Introduce the ideas of stressors
- Setting limits if attention seeking

Ref: Gliatto et al (2005) Psychiatry for primary care practitioners. APA

Conclusion 總結 -1



- Somatic symptoms and functional somatic syndromes are
 - Associated with significant disability and distress
 - Poorly understood
 - Difficult to treat
 - Place a considerable burden on health care resources



Conclusion 總結 - 2

- Treatment and management requires a stepped approach
 - Eliminate possible diagnosable medical disease
 - Understand underlying stressors
 - Good doctor-patient relationship (reassurance)
 - Screen for depressive or anxiety disorders
 - Rule out other psychiatric disorders
 - Provide appropriate treatment



To heal or to harm? 治療或傷害

- Somatoform disorder have been described as “one of the most controversial & Challenging areas of modern psychiatry”
(Maj et al. Somatoform Disorders. Chichester: Wiley, 2005)
- The general practitioner has important roles in the prevention of “somatic fixation” ... but the G.P.’s behaviour can also promote processes of “somatic fixation” (Richard Grol, London. R.C.G.P.)

嘗試感受他人眼中的世界

身心不能分開





Prognosis 預測

- Fluctuates with time
- Usually runs a chronic course
- A few remissions lasting a year or so; in primary care the disorder resolve in about half of the cases over a year
(Creed & Barsky, 2004 J Psychosom Res, 56, 391-408)
- New symptoms at recurrences, and a change from somatic to psychological attribution has been associated with better outcome

Follow-up 覆診

- Do not discharge patient
- Prepare for referral if needed
- Initial close follow-up
 - Gradual lengthening of interval
 - From once/2wks to once/3months
 - Then ? P.r.n.

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