

Dealing with somatic presentations of mental health problems

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Remember

- Of all mental health problems encountered by GPs, over half will present with somatic symptoms alone, while only 20% will present with psychological symptoms (even fewer in some cultural groups)
- In a large proportion of presentations to general practitioners no physical cause is found, and mental health problems are prevalent among them.
- Common somatic presentations of mental health issues include tiredness, lethargy, vague chest or abdominal aches and pains, headaches, dizziness and tension.
- Physical and psychological problems may coexist or be causally linked, so avoid conveying a mind–body dichotomy to patients.

Assessment

- Patients' issues suggesting mental health problems include:
 - vague presentations
 - urgent, increasingly frequent or seemingly inappropriate visits
 - excessive emotionality and worry about own or other family members' illness
 - deteriorating social or interpersonal circumstances
 - 'thick notes' with few positive findings
 - accidents or injuries due to inattention (may reveal background substance abuse or early cognitive decline).
- Practitioners' skills enhancing detection include:
 - open attitudes (believing psychological issues play an important part in both physical and mental illness improves detection rates)
 - attending to verbal and nonverbal cues (this is important in at-risk groups, especially isolated older females and young males)
 - asking open, clarifying questions (seeming less rushed and more empathic and enquiring about the patient's domestic and personal life will yield results).

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Management

- Once somatic concerns have been examined and physical causes ruled out, reassure the patient that no life-threatening illness is present. If the patient resists such reassurance, be prepared to refer to a physician for a second opinion.
- Examine the patient's somatic concerns and reassure him or her, explaining the interaction of physical and psychological factors to avoid fostering a mind–body split.
- Address anxiety and depression. Most moderate anxiety and depression can be well managed by general practitioners.
- Use counselling. Brief counselling is as effective as medication for mild to moderate depressive or anxiety symptoms and excessive alcohol use, which may coexist with the somatic complaints.
- Teach basic cognitive behavioural therapy, including deep muscular relaxation.
- Suggest involvement in a support or self-help group.
- Supervise slow substance withdrawal.
- If treating with psychotropics, anticipate somatic side effects by checking for common symptoms before prescribing, and by pre-emptive counselling.
- Identify and monitor hypochondriacal patients who are persistently preoccupied by serious illness. Avoid overinvestigation and pursue only signs not symptoms.
- Identify and refer for psychiatric opinion patients with severe, persistent or bizarre somatic concerns.

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