Characteristics, diagnosis and treatment options for Somatic Symptom Disorders.

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Theme
In this symposium on Somatic Symptom Disorder (SSD) we present emerging knowledge about prognostic factors and biomarkers, as well as clinical benefits of shared decision making (SDM). Dr. van Eck van der Sluijs will report on data from a large population study to determine risk factors for persistency of medically unexplained symptoms. Dr. van der Feltz-Cornelis will follow this presentation by presenting findings of a study documenting which biological measures may be used as a biomarker for low-grade inflammation in SSD. Dr. Löwe will present empirical data on the Somatic Symptom Disorder - B Criteria Scale to discuss the validity of the proposed criteria. The results of SSD in the general population with health care utilization will be presented by dr. Kop. Dr. Elfeddali will conclude by discussing an eHealth SDM program that supports professionals and patients in SDM.

Takeaways
This symposium provides specific data on individual patient characteristics, parental psychopathology, and the number of comorbid chronic medical disorders as predictors of persistent unexplained somatic symptoms. In a subset of patients with SSD, hsCRP serves as a biomarker for dysregulated inflammation processes. The combination of somatic symptoms and psychological factors such as health-related anxiety, preoccupation and rumination about health concerns, and unhelpful illness behaviors, are associated with a worsened quality of life. SSD is also associated with increased primary and secondary healthcare use. Patients and care providers may benefit from eHealth-supported SDM combined with online self-help modules, promoting patient empowerment and resilience. There will be sufficient time for open discussion, including the symposium participants’ own research.

Chair: Arjan Videler, Psychotherapist, researcher and head of department Clinical Centre of Excellence for Body, Mind and Health, GGz Breburg, NL

Co-chair: Christina van der Feltz-Cornelis, Professor of Psychiatry and Epidemiology, psychiatrist Department of Health Sciences/Hull York Medical School Faculty of Sciences, University of York, GB
Predictors of persistent Medically Unexplained physical Symptoms: findings from a general population study

Aim
To explore the persistency of Medically Unexplained Symptoms (MUS) and its prognostic factors in the general adult population.

Methods
Data were derived from the Netherlands Mental Health Survey and Incidence Study-2, a cohort study among the Dutch general population aged 18-64 years. We selected subjects with MUS at baseline and who participated at follow-up (N=324) and reassessed those subjects for having MUS at three year follow-up. Logistic regression analyses were used to determine risk factors for persistency of MUS.

Results
36.4% of the subjects had persistent MUS at follow-up. In logistic regression analyses persistency of MUS was predicted by the number of comorbid chronic medical disorders, lower education, female sex, not having a paid job, parental psychopathology and lower functioning. In logistic regression analysis in which all significant variables were entered simultaneously, three variables predicted persistent MUS: parental psychopathology, number of comorbid chronic medical disorder(s) and physical functioning, with odds ratios of 2.01, 1.19 and 0.99, respectively.

Conclusion
In the adult general population, MUS were persistent in over one third of the subjects with MUS at baseline. Persistency was predicted by parental psychopathology, number of comorbid medical disorders and physical functioning. These findings warrant further research into early intervention and treatment options for persons with an increased risk of persistent MUS.

Reference

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Somatic Symptom Disorder and Health Care Utilization in the General Population

Aim
Somatic Symptom Disorder (SSD) is characterized by excessive thoughts, feelings, and behaviors associated with physical symptoms. Clinically diagnosed SSD results in substantial individual psychological burden and also with elevated use of health care. This study examines whether SSD in the general population is associated with health care utilization, independent of the presence of medical disorders.

Methods
Participants were recruited from the general community and completed the SSD-12 to quantify DSM-5 Criterion B for SSD. Participants also provided demographic and medical background information (medical disorders and health care utilization). Data were analyzed using multivariate logistic regression, adjusting for age, sex and presence of a medical condition.

Results
The sample consisted of 448 participants (mean age 46.7±16.9 years, 53.8% women). 296 (68.1%) participants reported having attended a primary care provider’s office during the past year (for any condition) and an elevated SSD-12 score (i.e., 1 SD above the mean: ≥ 15; N = 78; 17.4%) was associated with a greater than threefold risk of having visited a primary care clinic (adjusted OR = 3.35, 95%CI = 1.64-6.87).

Conclusion
Elevated scores on questionnaires designed to assess somatic symptom disorders are common in the general population and associated with higher use of primary and secondary care. Future longitudinal studies are needed to determine differential predictive value of clinically diagnosed SSD versus elevated SSD questionnaire scores as related to health care utilization and which interventions will be beneficial in reducing individual burden and health care costs.

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Biomarkers in Somatic Symptom Disorders: a cross-sectional clinical study

Aim
An association with low grade inflammation has been found in depressive disorder and anxiety disorders, but has not yet been explored in Somatic Symptom Disorders (SSD). This study aims to do so, and to explore which biomarker may be used as marker for low grade inflammation in SSD in the clinical setting.

Methods
We explored levels of IL-6 and hsCRP in venepuncture blood samples as indicators of low grade inflammation in 254 consecutive SSD outpatients, 18 years or older between 2016 and 2018. We performed Chi square analyses to establish an association between these categories, and Pearson correlation analysis to establish correlations between continuous measures.

Results
In 243 patients, hsCRP scores were obtained and IL-6 scores in 215 patients. 39.5% had an elevated hsCRP score (mean score 3.79, SD 4.72), Fourteen percent had an elevated IL-6 score (mean score 2.53, SD 3.77. The association between elevated scores for IL-6 and hsCRP was significant but the strength of the association was weak (Phi .17 (p .015)). There was a significant but small correlation between continuous measures of IL6 and hsCRP (0.22, p .001).

Conclusion
Biomarkers are elevated in a substantive percentage of patients with SSRD, indicating that a low inflammation process may play a role in part of patients with SSRD. hsCRP, but not IL-6, taken from venepuncture can be used as biomarker for low grade inflammation in SSD.

Reference

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Diagnosing Somatic Symptom Disorder – how important are the psychological criteria?

Aim
DSM-5 Somatic Symptom Disorder criteria emphasize psychological features such as excessive thoughts, feelings, and behaviors associated with persistent somatic symptoms rather than the symptoms’ medical explicability. It remains unclear whether these suggested psychological criteria are the most valid, sensitive, and specific empirically founded features. We present empirical data on the Somatic Symptom Disorder - B Criteria Scale (SSD-12) to discuss the validity of the proposed criteria, and review further promising candidates.

Methods
Cross-sectional data were derived from different samples (psychosomatic outpatients: n= 372; general practice: n = 501; psychosomatic rehabilitation: n = 328; general population: n = 2362). The SSD-12 was administered in combination with other relevant self-rating questionnaires. Measures of reliability and validity were determined in all samples.

Results
High correlations between the three psychological sub-criteria were found throughout all samples (r = .79 - .90); there appears to be substantial overlap in content. However, patients with higher total psychological symptom burden reported higher general physical and mental health impairment and significantly higher health care use.

Conclusion
It is the combination of somatic symptoms and psychological criteria like health-related anxiety, preoccupation and rumination about health concerns, and unhelpful illness behaviors, which is associated with worsened quality of life and increased healthcare use. However, in current literature, there exists an array of further potential candidates for psychological features characterizing patients with persistent somatic symptoms, so that these criteria should also be empirically evaluated in terms of their diagnostic validity for DSM-5 Somatic Symptom Disorder.

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How to explain Somatic Symptom Disorder?

**Aim**
In Somatic symptom disorder (SSD), patients often experience their complaints as purely physical and tend to look for a somatic medical explanation. When their caregiver does not give a biomedical explanation of their symptoms, patients feel misunderstood and interpret the caregiver’s diagnosis as ‘it’s all in the mind’, meaning: it is ‘not real’, it is ‘their own fault’ and/or they are ‘nuts’. This may result in increased somatic fixation and rejection of helpful interventions and psychotherapy. To enable mutual understanding and to establish epistemic trust, it is important that (both medical and non-medical) caregivers are able to give a concise and clear biomedical and psychophysiological explanation of their patients’ symptoms and underlying processes, based on recent scientific literature.

**Methods**
Workshop: interactive demonstration of using evidence from up-to-date biomedical scientific research and explaining it in a way patients can understand. The approach is multidisciplinary: somatic medical and psychotherapy (M.L.), psychomotor therapy (H.K.) and psychiatry (M.H-R). Participants are encouraged to bring their own case material.

**Results**
Ready-to-use tools and examples from scientifically based information and metaphors, with special attention to biomedical and psychophysiological evidence of body–mind interactions, tailored to various specific needs in the diagnostic and therapeutic process.

**Conclusion**
Translating the latest biomedical and psychophysiological scientific evidence on chronic stress, chronic pain, chronic fatigue and conversion disorder into clear and easy understandable concepts can enhance patient’s (self-)understanding, self-management and motivation for appropriate therapy, and may improve the therapeutic relationship.

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A blended eHealth Shared Decision Making program for patients with somatic symptom disorders

Aim
Shared Decision Making (SDM) promotes the empowerment and resilience of patients. However, patients are in need of more support to foster a higher level of participation in SDM. A blended eHealth SDM program has therefore been developed at the Clinical Centre of Excellence for Body, Mind and Health (CLGG) of GGz Breburg in order to support professionals who work with patients with combined psychological and physical complaints in the application of SDM, as well as the patients themselves.

Methods
The eHealth program offers professionals and patients support diagnosis and treatment. Furthermore, the program consists of a number of self-help modules. The program is ultimately evaluated for outcomes such as SDM, working alliance, client satisfaction and the level of implementation.

Results
The result of this development is a blended eHealth SDM program consisting of an SDM checklist that provides advice for the therapist and self-help modules for the patient. The presentation will give an overview of the structure of the intervention and a demonstration of the modules.

Conclusion
Supporting SDM with an eHealth program combined with online self-help modules for the patient may have the potential to promote the SDM process, the empowerment of the patient and resilience.

Reference

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