Biopsychosocial Characteristics of Somatoform Disorders

- Unconscious transformation of emotions into physical symptoms to deal with stress
- Conversion disorder — impaired physical function related to expression of a psychic conflict
- Pain disorder — pain experienced for no physiologic basis and accompanied by psychological factors

Biopsychosocial Characteristics - continued

- Hypochondriasis — preoccupation with fear/belong of having a serious illness that is not present on physical exam
- Body dysmorphic disorder — preoccupation with an imagined defect in physical appearance that is exaggerated and out of proportion
Biopsychosocial Characteristics - continued

- Malingering — conscious falsification of illness, not considered a psychiatric disorder
- Factitious disorder — psychological need to assume the sick role

Theories

- Biologic, genetic, and psychosocial theories
- Biochemical brain imbalances that cause pain to be experienced more intensely

Theories - continued

- Adoption and twin studies show both genetic and environmental contributing factors.
- Communication theorists see symptoms as nonverbal body language intended to communicate a message to significant others.
Theories - continued

- Humanistic theorists view the client in context to what is happening at the time.
- Life stressors like marital or work issues are precipitants for somatic symptoms.

Somatoform Disorders

- Not under voluntary control
- Have unconscious motivation
- Primary gain is reduction of anxiety

Factitious Disorders

- Deliberately produced
- Motivation: to assume the sick role in order to gain attention and/or obtain medical treatment
- No obvious secondary gain
Malingering

- Symptoms are consciously produced or feigned
- Have various motivations, including financial gain, relief of work duties, or obtaining illicit drugs
- Obvious secondary gain(s)

Importance of Comprehensive Assessment

- Client will present with multiple complex problems.
- Utilize nursing process to systematically assess and deliver care.
- Remain cognizant of your own values, beliefs, feelings, and nonverbal behaviors.

Importance of Comprehensive Assessment - continued

- Clients will report physical symptoms for which there is no evidence of physiologic cause.
- Always rule out physical causes for symptoms.
Comprehensive Assessment

- Obtain subjective and objective data.
- Consider psychobiologic factors and utilize critical thinking.
- Be alert to responses indicative of la belle indifference and/or the client who is overly dramatic and emotional when symptoms are discussed.

Comprehensive Assessment - continued

- Careful interviewing reveals a stressful life event with which the client is not coping.
- Suggests that preoccupation with somatic disorder is way of avoiding underlying conflict

Comprehensive Assessment - continued

- Gathering objective data includes thorough physical exam, lab work, and radiologic or other studies
Personal Challenges to Professional Practice

- Focus on your feelings and be cognizant of your reactions.
- Monitor your own feelings of defensiveness, impatience, frustration, or anger toward the client.
- Practice increased self-awareness.

Personal Challenges to Professional Practice - continued

- Don’t judge, criticize, or make assumptions.
- Pain is determined and defined by the client.
- Pain of psychic origin is as hurtful as pain of biologic origin.

Personal Challenges - continued

- Be alert for signs of secondary gain.
- Avoid reinforcing negative behaviors.
- Address client with a matter-of-fact approach.
- Reinforce adaptive vs. maladaptive behaviors.
Theories of Sleep Disorders

- Conflicting evidence that sleep is restorative
- Function of sleep poorly understood
- Beliefs important to mental health nursing

Theories of Sleep Disorders - continued

- Insomnia likely due to combination of factors:
  - predisposing
  - precipitating
  - perpetuating

Theories of Sleep Disorders - continued

- Studies show those with chronic insomnia have physiological differences.
- Studies suggest that gene variations are involved in human circadian activity.
- There is predisposition to sleep disorders based on genetic susceptibility and familial pattern.
Theories of Sleep Disorders - continued

- Any emotional or cognitive arousal can precipitate or perpetuate insomnia.
- Environmental conditions, including associating the sleeping room with lying awake, cause distress and are a powerful perpetuating factor to sleep problems.

Sleep Patterns in Major Depressive Disorder

- Insomnia of maintenance or early wakening type most common
- Insomnia is the most commonly reported residual symptom after remission
- Sleep pattern disturbance may respond to antidepressant treatment sooner than other symptoms

Sleep Patterns in Manic Episodes of Bipolar Disorder

- Sleep time significantly reduced
- Clients don’t complain of insomnia and can go without sleep
- Reduced slow-wave sleep
- Reduced REM latency
Sleep Patterns in Schizophrenia

- Exacerbation of illness causes significant sleep disruption
- Extreme sleep difficulty can accompany severe anxiety
- Heightened concern of delusions and hallucinations
- Circadian cycle disrupted

Sleep Patterns in Schizophrenia - continued

- Reduction in REM sleep
- Do not experience REM rebound
- Deficits in slow-wave sleep found in clients with acute and chronic schizophrenia

Sleep Patterns in Substance Abuse

- Severe sleep disorder during intoxication or withdrawal periods
- Persists even after prolonged abstinence of some substances
Sleep Patterns in Substance Abuse - continued

- Substance-induced mood disorder characterized by sustained use of stimulants to stay awake or alcohol to induce sleep
- Examples of substances

Key Assessments

- "Good sleeper" can be identified three ways:
  - self-defined
  - behaviorally defined
  - sleep-study defined

Key Assessments - continued

- Self-defined - say they get enough sleep to feel refreshed, have energy, fall asleep quickly
Key Assessments - continued

- Behaviorally defined - observe alertness during sedentary, repetitive activity; note ability to fall asleep and final wakening at habitual rising time; utilize photographic serializing of movement during sleep

Key Assessments - continued

- Comprehensive sleep studies are conducted in sleep labs:
  - polysomnogram
  - multiple sleep latency test

Guidelines for Good Sleep Hygiene

- Maintain regular sleep–wake schedule
- Rise at the same time each day
- Go to bed when sleepy and relaxed
- Maintain rituals in preparation for sleep
- Control for temperature, lighting, noise
- Avoid stimulants before bed
- Focus on enjoying sleep that is achieved
Guidelines for Insomnia

- Treatment for sleep disorders is complex
- Follow guidelines for good sleep hygiene
- Utilize good sleep hygiene before taking sedative hypnotic medications
- Instill a sense of hope that insomnia will improve, client can manage it effectively

Guidelines for Insomnia - continued

- Facilitate setting realistic goals.
- Teach normal developmental changes in sleep patterns.
- See treatment provider for continued insomnia.
- Differentiate between myths and evidence-based practice.

Guidelines for Insomnia - continued

- See physician for comprehensive PE to rule out physical factors.
- Interview bed partner.
- Determine if problem is positional or disappears under certain circumstances.
- Treat underlying mental health issues.
Resources

The highlight of this informational link on hypochondriasis is the assessment section by physicians.

- [http://www.goodsleep.com](http://www.goodsleep.com)
Goodsleep.com is an online fatigue management education tool for shift workers and transportation employees of the Fortune 1000.

Resources - continued

Current information about sleep disorders is available on this site, which is a service of the U.S. National Library of Medicine and the National Institutes of Health.

- [http://psyweb.com/Mdisord/jsp/somatd.jsp](http://psyweb.com/Mdisord/jsp/somatd.jsp)
The PSYweb site offers information on mental illnesses such as anxiety, depression, and somatoform disorders as well as information and resources for caregivers.