



Somatic Symptom Disorder



The upcoming fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) replaces somatoform disorders with somatic symptom and related disorders and makes significant changes to the criteria to eliminate overlap across the somatoform disorders and clarify their boundaries. The changes better reflect the complex interface between mental and physical health.

Characteristics of Somatic Symptom Disorder

Somatic symptom disorder (SSD) is characterized by somatic symptoms that are either very distressing or result in significant disruption of functioning, as well as excessive and disproportionate thoughts, feelings and behaviors regarding those symptoms. To be diagnosed with SSD, the individual must be persistently symptomatic (typically at least for 6 months).

Several important changes have been made from previous editions of DSM. The DSM-IV disorders of somatization disorder, hypochondriasis, pain disorder, and undifferentiated somatoform disorder have been removed, and many, but not all, of the individuals diagnosed with one of these disorders could now be diagnosed with SSD. The DSM-IV diagnosis of somatization disorder required a specific number of complaints from among four symptom groups. The SSD criteria no longer have such a requirement; however, somatic symptoms must be significantly distressing or disruptive to daily life and must be accompanied by excessive thoughts, feelings, or behaviors.

Another key change in the DSM-5 criteria is that while medically unexplained symptoms were a key feature for many of the disorders in DSM-IV, an SSD diagnosis does not require that the somatic symptoms are medically unexplained. In other words, symptoms may or may not be associated with another medical condition. DSM-5 narrative text description that accompanies the criteria for SSD cautions that it is not appropriate to diagnose individuals with a mental disorder solely because a medical cause cannot be demonstrated. Furthermore, whether or not the somatic symptoms are medically explained, the individual would still have to meet the rest of the criteria in order to receive a diagnosis of SSD.

Promoting Holistic Care

The well-tested DSM-5 criteria for SSD remove overlap and confusion from previous editions and encourage comprehensive assessment of patients for accurate diagnoses and holistic care.

The DSM-IV criteria included a large number of disorders that overlapped and made it difficult for primary care providers to effectively isolate the problem plaguing their patients. Because those suffering from SSD are primarily seen in general medical settings as opposed to psychiatric settings, the criteria in DSM-5 clarify confusing terms and reduce the number of disorders and sub-categories to make the criteria more useful to non-psychiatric care providers.

To ensure that the new criteria would indeed help clinicians better identify individuals who need care; scientists tested the SSD criteria in actual clinical practices during the DSM-5 field trials. SSD's diagnostic reliability performed very well in these field tests.

Comprehensive assessment of patients requires the recognition that psychiatric problems often co-occur in patients with medical problems. While DSM-IV was organized centrally around the concept of medically unexplained symptoms, DSM-5 criteria instead emphasize the degree to which a patient's thoughts, feelings and behaviors about their somatic symptoms are disproportionate or excessive. The new narrative text for SSD notes that some patients with physical conditions such as heart disease or cancer will indeed experience disproportionate and excessive thoughts, feelings, and behaviors related to their illness, and that these individuals may qualify for a diagnosis of SSD. This in turn may enable them to access treatment for these symptoms. In this sense, SSD is like depression; it can occur in the context of a serious medical illness. It requires clinical training, experience and judgment based on guidance such as that contained in the DSM-5 text to recognize when a patient's thoughts feelings and behaviors are indicative of a mental disorder that can benefit from focused treatment.

This change in emphasis removes the mind-body separation implied in DSM-IV and encourages clinicians to make a comprehensive assessment and use clinical judgment rather than a check list that may arbitrarily disqualify many people who are suffering with both SSD and another medical diagnosis from getting the help they need.

DSM is the manual used by clinicians and researchers to diagnose and classify mental disorders. The American Psychiatric Association (APA) will publish DSM-5 in 2013, culminating a 14-year revision process. For more information, go to www.DSM5.org.

APA is a national medical specialty society whose more than 36,000 physician members specialize in the diagnosis, treatment, prevention and research of mental illnesses, including substance use disorders. Visit the APA at www.psychiatry.org and www.healthyminds.org. For more information, please contact Eve Herold at 703-907-8640 or press@psych.org.

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