**Priority Topic: SOMATIZATION**

**Key Features:**

For a single source on this topic: Somatic Symptom Disorder AAFP 2016

| ✓ | Somatic Symptom Disorder AAFP 2016 **THIS is an EXCELLENT summary** |

1. In patients with recurrent physical symptoms, **diagnose somatization only after an adequate work-up** to rule out any medical or psychiatric condition (e.g., depression).

*What you should study:* workup will depend on presenting symptoms, but you should know how to diagnose somatization by DSM 5 criteria and differentiate it from other similarly presenting disorders.

If you want the DSM Criteria for Somatic Disorders: (available via McGill Library)

✓ Conversion Disorder DSM 5  
✓ Somatic Symptom Disorder DSM 5  
✓ Illness Anxiety Disorder DSM 5  
✓ Factitious Disorder DSM 5  
✓ Other Somatic Disorders DSM 5  
✓ Psychological Factors affecting other diagnoses DSM 5
2. **Do not assume** that somatization is the cause of new or ongoing symptoms in patients *previously diagnosed as somatizers*. Periodically reassess the need to extend/repeat the work-up in these patients.

**What you should study:**

✓ Somatic Symptom Disorder AAFP 2016  
Table 4: CAREMD - Assessment for other medical and psychiatric diagnoses applies to patients previously diagnosed with Somatic Symptom Disorder.

3. **Acknowledge the illness experience** of patients who somatize, and strive to find common ground with them concerning their diagnosis and management, including investigations. This is usually a long-term project, and should be planned as such.

**What you should study:**

✓ Somatic Symptom Disorder AAFP 2016  
Table 4: CAREMD

4. In patients who somatize, **inquire about the use of and suggest therapies** that may provide symptomatic relief, and/or help them cope with their symptoms (e.g., with biofeedback, acupuncture, or naturopathy).

**What you should study:**

✓ Non-traditional approaches to enhance mental health care APA Blog