

A practical approach to interviewing a somatizing patient

Douglas J. Opler, MD

Dr. Opler is an Assistant Professor of Psychiatry, Rutgers New Jersey Medical School, Newark, New Jersey.

Disclosure

The author reports no financial relationship with any company whose products are mentioned in this article or with manufacturers of competing products.

Somatization is the experience of psychological distress in the form of bodily symptoms. Somatic symptom and related disorders frequently prompt psychiatric consultation. Patients with suspected somatization disorders might resist psychiatric intervention, therefore modified approaches to the initial interview are helpful. Here I present an approach to such resistance.

Collecting a detailed history of physical symptoms can help the patient feel that you are listening to him (her) and that the chief concern is important. A detailed review of psychiatric symptoms (eg, hallucinations, paranoia, suicidality, etc.) should be deferred until later in the examination. Asking questions relating to psychiatric symptoms early could lead to further resistance by reinforcing negative preconceptions that the patient might have regarding mental illness.

Explicitly express empathy regarding physical symptoms throughout the interview to acknowledge any real suffering the patient is experiencing and to contradict any notion that psychiatric evaluation implies that the suffering could be imaginary.

Ask, "How has this illness affected your life?" This question helps make the connection between the patient's physical state and social milieu. If somatization is confirmed, then the provider should assist the patient in reversing the arrow of causation. Although the ultimate goal is for the patient to understand how his (her) life has affected the symptoms, simply understanding that

there are connections between the two is a start toward this goal.¹

Explore the response to the previous question. Expand upon it to elicit a detailed social history, listening for any social stressors.

Obtain family and personal histories of allergies, substance abuse, and medical or psychiatric illness.

Review psychiatric symptoms. Make questions less jarring² by adapting them to the patient's situation, such as "Has your illness become so painful that at times you don't even want to live?"

Perform cognitive and physical examinations. Conducting a physical examination could further reassure the patient that you are not ignoring physical complaints.

Educate the patient that the mind and body are connected and emotions affect how one feels physically. Use examples, such as "When I feel anxious, my heart beats faster" or "A headache might hurt more at work than at the beach."



Discuss this article at www.facebook.com/CurrentPsychiatry



Every issue of CURRENT PSYCHIATRY has its 'Pearls' Yours could be found here.

Read the 'Pearls' guidelines for manuscript submission at CurrentPsychiatry.com, or request a copy from Assistant Editor Jason Orszat at jorszt@frontlinemedcom.com. Then, share with your peers a 'Pearl' of wisdom from your years of practice.

Elicit feedback and questions from the patient.

Discuss your treatment plan with the patient. Resistant patients with confirmed somatization disorders might accept psychiatric care as a means of dealing with the stress or pain of their physical symptoms.

Consider asking:

- What would you be doing if you weren't in the hospital right now?
- Aside from your health, what's the biggest challenge in your life?

- Everything has a good side and a bad side. Is there anything positive about dealing with your illness? Providing the patient with an example of negative aspects of a good thing (such as the calories in ice cream, the high cost of gold, etc.) can help make this point.

- What would your life look like if you didn't have these symptoms?

References

1. Creed F, Guthrie E. Techniques for interviewing the somatising patient. *Br J Psychiatry*. 1993;162:467-471.
2. Carlat DJ. *The psychiatric interview: a practical guide*. 2nd ed. Philadelphia, PA: Lippincott, Williams, & Wilkins; 2005.

Questions relating to psychiatric symptoms should be deferred until later in the examination