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## PSYCHOSOMATIC DISORDERS IN CLINICAL PRACTICE

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### Abstract

Psychosomatic disorders in a broad sense represent a group of conditions that are different in etiology and pathogenesis, characterizing the interconnection and mutual influence of the somatic and mental sphere: psychosomatic diseases, somatoform disorders, somatogenia, psychogenia, personality traits and behavior that lead to the development of somatic diseases. Diagnosis of psychosomatic disorders in patients in the somatic network is of great practical importance in connection with the early detection of pathology and effective action on the immediate causes of its occurrence.

**Key words:** psychosomatic disorders; psychosomatic diseases; psychogeny; somatogeny; medical and psychological assistance.

Psychosomatic disorders are, in a broad sense, a group of conditions distinctive in the etiology and pathogenesis that characterize the interaction and crosstalk between the somatic and mental realms. According to ICD - 10, psychosomatic disorders are included in various sections: "Organic, including symptomatic, psychiatric disorders" (F04-F07 sections corresponding to exogenous type reactions), "Neurotic, stress-related and somatoform disorders" (F44.4 —F44.7 corresponding to psychogenia and F45 - somatoform disorders,

“Behavioral syndromes related to physiological disorders and physical factors” (sections F50 to F53) - F50 (“eating disorders”), F52 (“sexual dysfunction”) and F54 (“psychological and behavioral factors associated with the disorder or disease, qualified in other sections”) [1].

By A. B. Smulevich the following psychosomatic disorders [2] are distinguished:

1. Somatized psychic (somatoform) reactions formed in neurotic or constitutional disorders (neuroses, neuropathies).

2. Psychogenic reactions (nosogenia) that occur in connection with a somatic disease (the latter acts as a psycho-traumatic event) and belong to the group of reactive states.

3. Reactions by type of symptomatic lability - psychogenically induced manifestation or exacerbation of a somatic disease (psychosomatic diseases in their traditional sense).

4. Reactions of exogenous type (somatogenia), which manifest as a result of the influence of somatic harm on the mental sphere and fall into the category of symptomatic psychoses, belong to the category of exogenous mental disorders.

The main feature of somatoform disorders is the patient's periodic or ongoing complaints of certain somatic manifestations that prompt the patient to undergo a thorough medical examination. GPs surveys usually do not reveal organic changes in the body's systems, or are functionally impaired. By clinical manifestations, this group includes somatized disorder (F 45.0), somatoform disorder, undifferentiated (F 45.1), hypochondrial disorder (F 45.2), somatoform vegetative dysfunction (F4S.3), chronic somatoform pain disorder (F45.4), others somatoform disorders (F 45.8), somatoform disorders not specified (F45.9) [1].

Patients with somatoform disorders for a long time are treated by specialists in the general somatic network, which does not give a positive result and potentiates confidence in the presence of a serious disease, causes a high level of mental stress, psychological and psychosocial disadaptation of patients. Lack of confidence in medical care is forming that complicates the treatment process. It is very difficult to explain the cause of symptoms in the psychiatric setting for such patients and it requires high communicative competence of the medical staff.

Psychogenies reflect the patient's attitude to his illness, psychological response to somatic distress at the sensory level (pain, shortness of breath, discomfort), limitations caused by the disease (diet, exercise regime, need for medication, dependence on treatment), prognosis (decrease in duration and quality of life). Psychogenia develops against the background of the patient's expectations and real health situation, is supported by irrational

ideas, lack of knowledge, and is accompanied by affective and neurotic psychopathological symptoms [3].

Somatogeny is the result of direct or indirect pathological effects of the disease on the CNS. Somatogenic factors include:

- traumatic brain lesions;
- volumetric formations (tumors, malformations);
- brain lesions of vascular genesis (hemorrhage);
- degenerative and atrophic processes;
- exogenous intoxication (use of toxic substances, drug overdose);
- endogenous intoxication (impaired metabolic processes against the background of renal, hepatic, cardiovascular failure);
- infectious brain lesions;
- hypoxia;
- water-electrolyte balance disturbances.

Somatogenies also occur in response to hormonal disorders and changes in neurochemical processes in the brain (neurotransmitters).

Features of somatogenies treatment are the elimination of the causes of CNS damage, against which the stabilization of the mental state and the disappearance of psychopathological symptoms takes place.

Psychosomatic diseases are a group of diseases in which the effect of mental factors and stressors is so powerful that they are largely involved in the development and course of somatic disease [4]. These include the "big seven" according to F. Alexander: hypertension, neurodermatitis, duodenum peptic ulcer, bronchial asthma, rheumatoid arthritis, nonspecific ulcerative colitis and thyrotoxicosis [5]. Other authors have added to this list of ischemic heart disease, diabetes and a number of other diseases [6-10]. The term "psychosomatic" was proposed by J. Heinrot in 1818. Today, there are many theories and concepts that explain the development of psychosomatic diseases and conditions [11].

*Hysterical conversion model.* Initially, the content (specificity) of the psychosomatic symptom was determined by the essence of the conflict submerged in unconscious. Z. Freud described the mechanism of hysterical conversion to an organ - the symbolic expression of repressed attractions in impaired body functions. The symptoms of conversion are attributed because they are of primary and secondary benefit to the patient. The primary benefit is that the symptoms do not allow inner conflict into consciousness, and the secondary benefit is that

the symptoms allow one to receive attention and concern from others or to avoid unpleasant activity.

*F. Alexander's theory of specific emotional conflict.* Alexander believed that one or another organic disease was not a symbolization of emotions, but a physiological response to the impact of recurring emotional stress. According to this theory, specific conflict creates patient's predisposition to certain diseases only when there are other genetic, biochemical and physiological factors. Some life situations in which the patient is sensitized by his key conflicts reactivate and exacerbate these conflicts. Strong emotions accompany this activated conflict and on the basis of autonomous hormonal and neuromuscular mechanisms act in such a way that changes occur in body structure and functions.

*The concept of personality profile of psychosomatic patients F. Dunbar* is to identify specific personality traits of patients with certain diseases.

*M. Schur's Theory of De- and Resomatization.* This theory is based on the idea of the continuity of somatic and mental processes in early childhood. As the relationship grows weaker, desomatization occurs. Whereas the tendency to psychosomatic diseases is caused by insufficient differentiation of emotional and somatic processes against the background of infantilism, and therefore in the case of mental tension appears it transforms into a violation of somatic functions.

*Cortico-visceral theory.* This theory considers the possibility of somatic disease occurrence due to excessive or prolonged stimulation of the nervous system; the psychophysiological basis for the formation of pathological conditioned reflex was the zone of extrinsic inhibition formed in the CNS.

*The concept of alexithymia.* Limited awareness of emotions and cognitive processing of affect leads to somatic component of emotional disturbance focusing and, thus, its amplification. Alexithymics are prone to chronic anxiety because of their inability to properly define their emotions.

*Search Activity Concept.* According to this theory, search behavior is the most important determinant of somatic health. It prevents psychosomatic diseases and increases the body's resistance to stress. On the contrary, refusal to search is a non-specific and universal prerequisite for the development of various forms of pathology, including psychosomatic.

*Stress theory* studies the impact of acute and chronic stress situations on pathogenesis susceptibility and features, course, and therapy of psychosomatic diseases.

H. Selye described an adaptation syndrome that has the following stages of development: the stage of anxiety during which the mobilization of the body's resources takes

place; the stage of resistance at which the body resists the stressor; the stage of exhaustion, during which there is a depletion of physiological and mental resources.

There is eustress, which has a developing potential, and distress, which action is excessive and causes disorders.

Adaptation syndrome is realized by the endocrine system through the mobilization of corticoliberin, ACTH, somatotropic hormone, corticosteroids, adrenaline and thyroid hormones.

Emotional stress mechanism is in the violation of neurotransmitter systems, inadequate excitation of brain structures, activation of the autonomic nervous system, which does not cease even after the cessation of stress and becomes the basis for the development of pathological conditions. The most important role in the emergence of emotional stress is played by disturbances in the ventromedial department of hypothalamus, basal-lateral region of the tonsils, septum and reticular formation. Inconsistency in the activity of these structures leads to changes in CVS and GIT normal functioning, changes in the blood coagulation system, disorders of the immune system.

A separate group of conditions are features of personality and behavior that lead to the development of somatic diseases: reducing stress by "stress - induced negative emotions snacking" causes GIT pathology, obesity, diabetes mellitus of the second type; change in reality through the use of psychoactive substances and alcohol; self-injurious behavior in the form of risky actions to increased traumatism; inattention as a character trait to frequent visits to the traumatologist.

Thus, psychosomatic disorders in a patient can be suspected by the following criteria:

- history of acute or chronic stress;
- coincidence of the effect of psychogenic factor and the occurrence and exacerbation of clinical symptoms of somatic disease;
- inconsistency of patient's complaints and objective and instrumental examination data;
- expressive disorders in the patient's psycho-emotional state;
- presence of pronounced personality traits (accentuations);
- violation of adherence to treatment as manifestation of irrational ideas about the disease, inclusion of psychological mechanisms of protection;
- significant deviations in the predicted effect of treatment and no positive changes;
- improvement of the patient's somatic condition when joining the treatment plan psychocorrection or psychopharmacotherapy.

The diagnosis of psychosomatic disorders in patients in the somatic network is of great practical importance in connection with the early detection of the pathology and the effective action on the immediate causes of its occurrence.

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