Psychosomatics 2011:52:154–159

Original Research Reports

What Do Physicians Think of Somatoform Disorders?

Joel Dimsdale, M.D., Neelom Sharma, M.B.Ch.B, Michael Sharpe, M.D.

Objective: *Although somatoform presentations are common, there is considerable confusion regarding the diagnostic terminology and a reluctance to use these diagnostic labels. The aim of this study was to elicit the views of physicians who see these patients.* **Methods:** *Four small group discussions were held in San Diego and Edinburgh. Psychiatrists from very different practice settings attended these groups (child psychiatrists, forensic psychiatrists, psychopharmacologists, consultation psychiatrists, psychotherapists). Non-psychiatrist attendees included neurologists, pediatricians, internists, and gastroenterologists. Using themes identified from the groups, an anonymous internet poll was designed and physicians from a variety of professional organizations were invited to respond to an anonymous poll.* **Results:** *Three hundred thirty-two physicians responded to the poll. Two-thirds were psychiatrists; two-thirds were from the United States. While, in general, physicians reported that somatoform patients were relatively rare in their practices (i.e., 0–2%), some physicians reported high prevalence of these patients (i.e., >20%). Over 30% of the physicians considered the diagnostic guidelines for pain disorder and somatoform disorder not otherwise specified as "unclear." Similar numbers of doctors regarded these particular diagnoses as "not useful." Physicians were uniform in their opinion that patients disapproved of such diagnostic labels. Over 90% of respondents felt that there was an overlap between somatization disorder, pain disorder, hypochondriasis, and somatoform disorder not otherwise specified.* **Conclusion:** *These observations imply a need for considerable restructuring of these diagnoses in DSM-5.*

(Psychosomatics 2011; 52:154–159)

In DSM-IV, "somatoform disorders" refer to a set of disorders involving physical symptoms that are not fully explained by a general medical condition—namely, somatization disorder, hypochondriasis, pain disorder, body dysmorphic disorder, and conversion disorder.[1] Although these disorders as a group are encountered frequently, particularly in primary care settings, there is considerable confusion about the use of these diagnostic criteria. Bass et al.[2] have pointed out that these groups of disorders are neglected by psychiatric researchers and deserve greater attention. One reason for neglect is confusion about classification. In an effort to deal with this confusion, numerous proposals have been made for improving these diagnostic criteria in DSM-5.[3–8]

Data about utility are needed to inform any new criteria. Samples of physician opinion have provided useful information about psychiatric diagnosis.[9] Stern et al.[10] sampled ~150 British psychiatrists concerning their opinions about somatization disorder and concluded that patients with this disorder are seen more commonly by liaison psychiatrists than general psychiatrists. An important point about somatoform disorders is that they are most commonly seen by non-psychiatric physicians.

We therefore aimed to elicit the views of a wide variety of doctors who see patients with somatoform disorders. The study examined how common such disorders

Received March 25, 2010; revised May 28, 2010; accepted June 4, 2010. From Dept. of Psychiatry, University of California, San Diego, CA; University of Edinburgh, UK. Send correspondence and reprint requests to Joel Dimsdale, M.D., Dept. of Psychiatry, University of California, SanDiego,9500GilmanDrive,LaJolla,CA92093-0804.e-mail:jdimsdale@ucsd.edu

were in doctors' practices, doctors' opinions about the clarity and utility of these diagnoses, as well as their assessment of how patients and health insurers regard these diagnoses. Initially, small group discussions sampled physician attitudes. Themes identified in these groups in turn guided construction of an anonymous survey, which was e-mailed to a broad sampling of physicians.

METHOD

The study was approved by the Institutional Review Board of the University of California, San Diego. The study was conducted in two stages.

In stage 1, small groups of doctors were convened to discuss their attitudes and concerns regarding these disorders. The groups were semistructured and were informal in nature, with sessions lasting from 60 to 90 minutes. Attendees' comments were summarized on a flipchart and, at the end of each session, attendees were encouraged to indicate which themes were most important. The sessions were recorded, transcribed, and key themes summarized both from the flip charts and the transcriptions of the groups. Because of the current DSM-V discussions regarding reorganizing diagnostic groupings, some questions also tapped clinicians' clinical experience with factitious disorders.

In stage 2, an anonymous survey was developed with questions based on key themes revealed in the focus groups. The survey was conducted using a web-based questionnaire (SurveyMonkey), and invitations to complete it were e-mailed to lists of physicians obtained from professional societies (Academy of Psychosomatic Medicine, American Psychiatric Association, American College of Physicians, clinical faculty in the departments of medicine and pediatrics of the University of California, San Diego, consultant general and consultation-liaison (C-L) psychiatrists in the United Kingdom, hospital physicians in general internal medicine and primary care practitioners in the United Kingdom). Medical professional societies were contacted and asked for a selection of e-mail addresses of their members, and physicians were invited by e-mail to complete an anonymous survey. In one instance, a professional society posted a link to the survey in their newsletter. The questionnaire was introduced by the statement "We are conducting a survey of doctors to learn about attitudes concerning certain psychiatric disorders. The survey should require no more than 5 minutes to complete and will help inform deliberations about the next diagnostic classification of psychiatric disorders (DSM-5). You may skip any items you do not wish to complete." Data were analyzed with descriptive statistics.

RESULTS

Small Groups

Group participants included general psychiatrists, C-L psychiatrists, psychopharmacologists, forensic psychiatrists, child psychiatrists, gastroenterologists, rural psychiatrists, psychotherapists, neurologists, internists, as well as physicians who worked for the health insurance industry. A total of 19 physicians participated (11 in San Diego and eight in Edinburgh).

Small group participants commented that having a section in the DSM devoted to these sorts of presentations was helpful but that the term "somatoform" itself was unhelpful and confusing. They felt that the term somehow implied that "the patient was faking it," that "these were not real complaints." Most participants commented that they found the term itself pejorative, dismissive, and stigmatizing. They recognized the distinction between malingering and somatoform presentations but were uneasy with the implied emphasis on unconscious factors. They also found it difficult to ascribe motivation in such presentations. They commented that the disorder seemed "a giant wastebasket," that was "unrelated to prognosis or treatment." "It implies you stop looking for other things, that it is a diagnosis of exclusion." Physicians also commented that the diagnosis was "an invitation to a lawsuit." Furthermore, they indicated that they suspected insurance companies would not cover care for such patients, although no one had direct personal experience of a denial of coverage.

TABLE 1. Physician Attitudes About Somatization Disorder, Hypochondriasis, and Somatoform Disorder Not Otherwise Specified*

	% Agreeing
Conveys useful information	46
Fosters awareness of mind/body links	55
Having a diagnosis label for these problems helps	55
A wastebasket term	25
Not related to prognosis or treatment	25
An offensive diagnosis	17
Diagnosis of exclusion	46
Confused with malingering	47

* Respondents were asked to check up to four with which they agreed.