WORKSHOP: SOMATOFORM AND BODILY DISTRESS SYNDROMES AS CHALLENGE TO MEDICAL DELIVERY SYSTEM

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Somatoform disorders and bodily distress syndromes comprise a group of heterogeneous disorders whose prevailing clinical complaints are somatic symptoms without sufficient medical explanation. The concept of "somatization" referring to special illness behaviour is underpinning both these disorders and also other primary psychiatric disorders such as anxiety and disorders presenting with pronounced bodily symptoms. Causes, eliciting situation, and maintenance of somatoform disorders and bodily distress syndromes are mediated by multifactorial factors that have to be considered. Acute and chronic stressors play a role and have to be assessed within a complex biopsychosocial model. There exist various grades of severity and types of courses. Significant rates of psychiatric comorbidity, psychosocial disability, reduced health-related quality of life, and intensive utilization of medical and social facilities have to be reflected. Quite often the basic doctor-patient relationship is heavily hampered by serious emotional conflicts additionally contributing to a chronic course of illness. Meanwhile a series of evidence-based disorder-oriented psychotherapeutic approaches have been established in clinical practice. Some guidelines have been developed for psychopharmacological interventions.

The workshop is aiming to give a survey on basic theoretical knowledge and clinical treatment approaches to this group of patients very often considered as "difficult patients" by the doctors. Clinical vignettes will illustrate the various aims of the workshop.

References:

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ESTABLISHED AND NEW MODELS OF CARE IN THE INTERFACE OF PSYCHIATRY AND MEDICINE

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Psychiatric/ psychosomatic consultation/liaison (CL)-services in hospitals have to address the needs of patients, their families as well as the needs of the somatic treatment teams. Furthermore, it is important to take institutional structures and general conditions into account. Prevalence rates of psychiatric co-morbidity in chronically somatic ill in-patients are about 44% and, depending on the somatic diagnoses, psychiatric co-morbidity can reach even higher rates. Besides the treatment of psychiatric co-morbidity, one has also to consider the importance of psychosomatic support for developing adequate coping strategies. In order to develop a good psychiatric/psychosomatic CL-service, it is important to focus on interdisciplinary co-operation between different professionals in the daily clinical routine (such as somatic specialists, psychologists, psychiatrists, social workers, physiotherapists etc.)

The best known example of a CL-service is the „classical" consultation (C) service which has a rather long history dating back into the 1950s. This kind of C-service is quite easy to establish but on the other hand a „one-person consultation service" cannot cover all complex needs described above. A better quality of this service could be provided by a multiprofessional team working together within a consultation structure.

In psychiatric/psychosomatic liaison services the co-operation between somatic specialists and PSYCH-specialists is mostly very well integrated within a comprehensive treatment concept. Liaison services have shown high efficacy for patient groups with high levels of psychological distress and /or high psychiatric co-morbidity, for instance in the field of oncology, cardiology and transplantation medicine.