

**Table 16-1** Features of Somatoform Disorders of Children and Adolescents**PSYCHOPHYSIOLOGIC DISORDER**

Presenting complaint is a physical symptom.  
Physical symptom is caused by a known physiologic mechanism.  
Physical symptom is stress induced.  
Patient may recognize association between symptom and stress.  
Symptom frequently responds to medication, biofeedback, and stress reduction.

**CONVERSION REACTION**

Presenting complaint is physical (loss of function, pain, or both).  
Physical symptom is not caused by a known physiologic mechanism.  
Physical symptom is related to unconscious idea, fantasy, or conflict.  
Patient does not recognize association between symptom and the unconscious.  
Symptom responds slowly to resolution of unconscious factors.

**SOMATIZATION DISORDER**

Requires more than 13 physical symptoms in girls, more than 11 in boys (see Table 16-2)  
Physical symptoms are not caused by a known physiologic or pathologic mechanism.  
Physical symptoms are related to need to maintain the sick role.  
Patient convinced that symptoms are unrelated to psychological factors.  
Symptoms tend to persist or change character despite treatment.

**HYPOCHONDRIASIS**

Presenting complaint is a physical sign or symptom.  
Patient interprets physical symptom to indicate disease.  
Conviction regarding illness may be related to depression or anxiety.  
Symptom does not respond to reassurance.  
Medication directed at underlying psychological problems often helps.

**MALINGERING**

Presenting complaint is a physical symptom.  
Physical symptom is under voluntary control.  
Physical symptom is used to gain reward (e.g., money, avoidance of military service).  
Patient consciously recognizes symptom as factitious.  
Symptom may not lessen when reward is attained (need to retain reward).

**FACTITIOUS DISORDER (AS IN MUNCHAUSEN SYNDROME)**

Presenting complaint is symptom complex mimicking known syndrome.  
Symptom complex is under voluntary control.  
Symptom complex is used to attain medical treatment (including surgery).  
Patient consciously recognizes symptom complex as factitious but is often psychologically disturbed so that unconscious factors also are operating.  
Symptom complex often results in multiple diagnoses and multiple operations.

**Table 16-2** Criteria for Diagnosis of Somatization Disorder

Each of the following criteria must be met. Individual symptoms may occur at any time during the course of disturbance.

- Four pain symptoms:** pain related to at least four different sites or functions (e.g., head, abdomen, back, joints, extremities, chest, rectum; during menstruation, sexual intercourse, or urination)
- Two gastrointestinal symptoms:** at least two gastrointestinal symptoms other than pain (e.g., nausea, bloating, vomiting, diarrhea, or intolerance of several foods)
- One sexual symptom:** at least one sexual or reproductive symptom other than pain (e.g., sexual indifference, erectile or ejaculatory dysfunction, irregular menses, excessive menstrual bleeding, vomiting throughout pregnancy)
- One pseudoneurologic symptom:** at least one symptom or deficit suggesting a neurologic condition not limited to pain (conversion symptoms such as impaired coordination or balance, paralysis or localized weakness, difficulty swallowing or lump in throat, aphonia, urinary retention, hallucinations, loss of touch or pain sensation, double vision, blindness, deafness, seizures; dissociative symptoms such as amnesia; or loss of consciousness other than fainting)

Either (1) or (2)

- After appropriate investigation, each of the symptoms is not fully explained by a known general medical condition or the direct effects of a substance (e.g., drug, medication).
- When there is a related general medical condition, the physical complaints, social or occupational impairment are in excess of what is expected from the history, physical examination, or laboratory findings.

**Table 16-3** Criteria for Diagnosis of Undifferentiated Somatoform Disorder

- One or more physical complaints (e.g., fatigue, loss of appetite, gastrointestinal complaints)
- Either (1) or (2)
  - After appropriate investigation, the symptoms cannot be fully explained by a known general medical condition or the direct effects of a substance (e.g., drug or medication).
  - When there is a related general medical condition, the physical complaints, social, or occupational impairment is in excess of what is expected from the history, physical examination, or laboratory findings.
- The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- At least 6 months of disturbance
- The disturbance is not better accounted for by another mental disorder (e.g., another somatoform disorder, sexual dysfunction, mood disorder, anxiety disorder, sleep disorder, or psychotic disorder).
- The symptom is not intentionally produced or feigned (factitious disorder, malingering).

Symptoms are often self-limited but may be associated with chronic sequelae, such as contractures or iatrogenic injury.

**Falling out syndrome** (falling down with altered consciousness) is common in several cultures throughout the world, including the United States. **Stocking glove** (nonanatomic) **anesthesia** is another common finding. Symptoms are