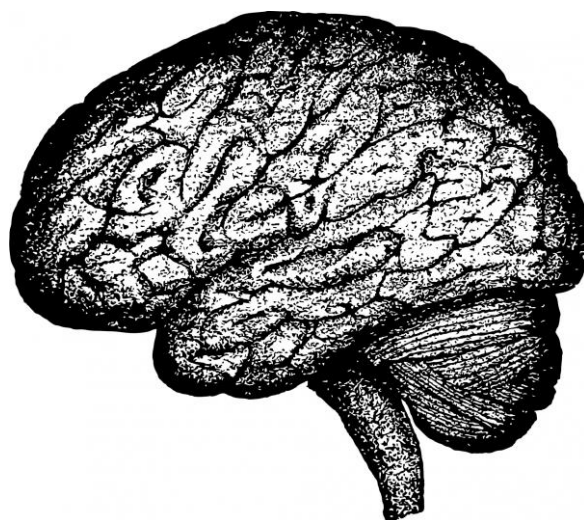


Medically Unexplained Symptoms

Current Awareness Newsletter

Quarterly

November 2016



Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.



Training Calendar 2016

All sessions are 1 hour

November (1pm)

Thurs 3rd **Statistics**

Fri 11th **Information resources**

Mon 14th **Literature Searching**

Tues 22nd **Critical Appraisal**

Wed 30th **Statistics**

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Contents

The Latest Evidence

NICE National Institute for
Health and Care Excellence

[Cultural contexts of health: the use of narrative research in the health sector \(2016\) \[PDF\]](#)

Source: [WHO Regional Office for Europe - WHO Europe - 02 September 2016](#)



No new evidence

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[Conversion disorder in adults: Treatment](#)

Authors: Jon Stone, FRCP, PhD; Michael Sharpe, MD

Literature review current through: Oct 2016. | **This topic last updated:** Jan 28, 2016.

INTRODUCTION — Conversion disorder (functional neurological symptom disorder) is characterized by neurologic symptoms (eg, weakness, abnormal movements, or nonepileptic seizures) that are inconsistent with a neurologic disease, but cause distress and/or impairment [1]. The disorder is common in clinical settings and often has a poor prognosis [2-5].

This topic reviews treatment of conversion disorder. The terminology, diagnosis, epidemiology, prognosis, clinical features, and assessment are discussed separately, as are specific subtypes of conversion disorder (psychogenic nonepileptic seizures and functional movement disorders):

- (See "[Conversion disorder in adults: Terminology, diagnosis, and differential diagnosis](#)".)
- (See "[Conversion disorder in adults: Epidemiology, pathogenesis, and prognosis](#)".)
- (See "[Conversion disorder in adults: Clinical features, assessment, and comorbidity](#)".)
- (See "[Psychogenic nonepileptic seizures](#)".)
- (See "[Functional movement disorders](#)".)

[Factitious disorder imposed on self \(Munchausen syndrome\)](#)

Authors: Michael R Irwin, MD; Brenda Bursch, PhD

Literature review current through: Oct 2016. | **This topic last updated:** Jan 15, 2016.

INTRODUCTION — Factitious disorder imposed on self is characterized by falsified general medical or psychiatric symptoms [1]. Patients deceptively misrepresent, simulate, or cause symptoms of an

illness and/or injury in themselves, even in the absence of obvious external rewards such as financial gain, housing, or medications. Factitious disorder imposed on self is distinguished from factitious disorder imposed on another, such as a child or older adult. Early investigation of a possible factitious disorder can prevent patient self harm as well as iatrogenic complications arising from unnecessary tests and treatments.

Factitious disorder was previously referred to as Munchausen syndrome [2]. Some studies retain the eponym Munchausen syndrome to refer to severe, chronic, and dramatic cases marked by habitual lying, peregrination, and use of aliases; these patients are usually male and constitute a small minority of patients with factitious disorder [3,4].

This topic reviews the epidemiology, pathogenesis, clinical features, assessment, diagnosis, differential diagnosis, management, and treatment of factitious disorder imposed on self. Factitious diarrhea, factitious hypoglycemia, dermatitis artefacta, and factitious disorder imposed on another (child) are discussed separately.

[Somatization: Treatment and prognosis](#)

Author: Donna B Greenberg, MD

Literature review current through: Oct 2016. | **This topic last updated:** May 18, 2015.

INTRODUCTION — Somatization is a syndrome of nonspecific physical symptoms that are distressing and may not be fully explained by a known medical condition after appropriate investigation. This syndrome has also been called "medically unexplained symptoms," "medically unexplained physical symptoms," "functional somatic symptoms," and "somatic symptom disorders." The symptoms are associated with distress and may be caused or exacerbated by anxiety, depression, and interpersonal conflicts [1-4]. Somatization can be conscious or unconscious and may be influenced by a desire for the sick role or for personal gain [1].

Somatization often occurs in primary care patients [5]. It increases use of medical services independent of any accompanying psychiatric or nonpsychiatric disorder, and leads to frustration in both the patient and the clinician [4,6-9].

This topic reviews the treatment and prognosis of somatization. The epidemiology, pathogenesis, clinical features, and medical evaluation of somatization; diagnosis of specific disorders; and the treatment and prognosis of hypochondriasis and conversion disorder are discussed separately.



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Database Articles

Four clinical cases of recurrent surgery addiction (polyoperes): Diagnostic classification in the DSM-IV-TR vs DSM-5

Source: Neuropsychiatry; 2016; vol. 6 (no. 4); p. 178-184

Publication Type(s): Journal: Article

Author(s): Callegari C.; Caselli I.; Bianchi L.; Isella C.; Ielmini M.; Vender S.

Abstract:The article presents four clinical cases of patients with the common history of recurrent surgery. These conditions are interesting first of all for general medicine and surgery, apart from psychiatry. Indeed, patients with these characteristics are almost invariably subjected to psychiatric evaluation by internal doctors and surgeons and this is evident in our case reports, despite the rarity of the phenomenon in latest decades aside from plastic surgery. The first aim of the study is to compare diagnostic classifications between DSM-IV-TR and DSM-5 in reference to the case reports of recurrent surgery in order to observe the changes occurring in the diagnostic criteria and classification and the different attitude of the two manuals towards these disorders. The second endpoint is to describe the common features and the differences between the cases that could motivate a different prognostic evolution to raise a hypothesis that could be a starting point for further research. According to previous classification of mental disorders in the DSM IV-TR, patients addicted to recurrent surgery are included in the diagnostic category of "Factitious Disorder with Predominantly Physical Signs and Symptoms". In the DSM-5 typical clinical manifestations of recurrent surgery are excluded from diagnostic criterions of "Factitious Disorder". The new manual moves away from the classic nosography tradition and highlights a bigger importance of an objective clinical observation of patients in comparison with the sole clinical history: the most suitable diagnosis is the "Somatic Symptom Disorder". Copyright © 2016 IEEE.

Database: EMBASE

Intractable Postoperative Wounds Caused by Self-Inflicted Trauma in a Patient with Cutaneous Munchausen Syndrome Presenting as a Pyoderma Gangrenosum-Like Lesion

Source: Case Reports in Dermatology; 2016; vol. 8 (no. 1); p. 97-101

Publication Type(s): Journal: Article

Author(s): Inui K.; Hanafusa T.; Namiki T.; Ueno M.; Igawa K.; Yokozeki H.

Available in full text at [Case Reports in Dermatology](#) - from National Library of Medicine

Abstract:A 50-year-old Japanese woman consulted the emergency department of our hospital for bleeding due to an intractable postoperative wound on the lower abdomen; the postoperative wound was owing to a laparoscopic cholecystectomy performed 1 year previously for acute cholecystitis. She presented with a painful ulcer on her right lower abdomen. She also presented with multiple scars, skin grafts on the extremities, and a missing left lower leg, the causes for all of which were unexplained. The results of her blood test were normal, except for the hemoglobin level. Histology of the skin biopsy specimen from the ulcer did not show any specific findings. The previous surgeon who had performed the laparoscopic cholecystectomy revealed that surgical wound dehiscence had occurred during her admission. After a body restraint had been applied, the ulcer improved. Medical records indicated that she had been admitted to the department of plastic surgery at our hospital for skin grafting of a leg ulcer. During that admission, she refused to consult with the department of psychiatry, although the staff suspected mental disorders. Therefore, we diagnosed her with cutaneous Munchausen syndrome. After vacuum-assisted closure (VAC) therapy had been performed to prevent her from traumatizing the ulcer again, it rapidly became granulated

and reepithelialized. Munchausen syndrome is characterized by feigning physical symptoms to seek attention. Patients self-inflict numerous lesions, keep getting admitted to different hospitals, and feign acute illness, usually spectacular diseases. VAC therapy may be effective for preventing patients with cutaneous Munchausen syndrome from traumatizing their wounds. Copyright © 2016 The Author(s). Published by S. Karger AG, Basel.

Database: EMBASE

Functional neuroanatomy and neurophysiology of functional neurological disorders (Conversion disorder)

Source: Journal of Neuropsychiatry and Clinical Neurosciences; 2016; vol. 28 (no. 3); p. 168-190

Publication Type(s): Journal: Article

Author(s): Voon V.; Cavanna A.E.; Coburn K.; Sampson S.; Reeve A.; Curt Lafrance W.

Abstract: Much is known regarding the physical characteristics, comorbid symptoms, psychological makeup, and neuropsychological performance of patients with functional neurological disorders (FNDs)/conversion disorders. Gross neurostructural deficits do not account for the patients' deficits or symptoms. This review describes the literature focusing on potential neurobiological (i.e. functional neuroanatomic/neurophysiological) findings among individuals with FND, examining neuroimaging and neurophysiological studies of patients with the various forms of motor and sensory FND. In summary, neural networks and neurophysiologic mechanisms may mediate "functional" symptoms, reflecting neurobiological and intrapsychic processes. Copyright © 2016 American Psychiatric Association. All rights reserved.

Database: EMBASE

Childhood trauma and alexithymia in patients with conversion disorder

Source: Journal of the College of Physicians and Surgeons Pakistan; 2016; vol. 26 (no. 7); p. 606-610

Publication Type(s): Journal: Article

Author(s): Farooq A.; Yousaf A.

Abstract: Objective: To determine the relationship between childhood trauma (physical, sexual, emotional abuse and neglect) and alexithymia in patients with conversion disorder, and to identify it as a predictor of alexithymia in conversion disorder. Study Design: An analytical study. Place and Duration of Study: Multiple public sector hospitals in Lahore, from September 2012 to July 2013. Methodology: Eighty women with conversion disorder were recruited on the basis of DSM IV-TR diagnostic criteria checklist to screen conversion disorder. Childhood abuse interview to measure childhood trauma and Bermond Vorst Alexithymia Questionnaire, DSM-IV TR Diagnostic Criteria Checklist, and Childhood Abuse Interview to assess alexithymia were used, respectively. Results: The mean age of the sample was 18 +/-2.2 years. Thirty-six cases had a history of childhood trauma, physical abuse was the most reported trauma (f = 19, 23.8%) in their childhood. Patients with conversion disorder has a significant association with alexithymia (p < 0.05). Multiple regression analysis showed that childhood sexual abuse could predict alexithymia (F= 7.05, p < 0.05). Among the alexithymia domain, childhood physical abuse significantly predicted the difficulty in verbalizing emotions among the abused patients (F= 6.40, p < 0.05). Conclusion: The study highlighted childhood abuse and emotional pent up as an etiological factor of conversion disorder. Strategies should be devised to reduce this disorder among women in Pakistani society.

Database: EMBASE

No evidence of pregnancy, but she is suicidal and depressed after 'my baby died'

Source: Current Psychiatry; 2016; vol. 15 (no. 7); p. 67-68

Publication Type(s): Journal: Article

Author(s): Pierce A.; Turner A.; Ginory A.; Korah T.; Tandon R.; Gilbo N.

Database: EMBASE

Mindfulness interventions and chronic symptoms in adolescents

Source: Journal of Alternative and Complementary Medicine; 2016; vol. 22 (no. 6)

Publication Type(s): Journal: Conference Abstract

Author(s): Ali A.; Weiss T.R.; Shapiro E.D.; Dutton A.; Silverman W.K.

Abstract: Purpose: Medically unexplained symptoms, including chronic widespread pain (fibromyalgia), irritable bowel syndrome, and others are prevalent in adolescents. The lack of clear pathophysiology in these conditions often results in extensive and expensive diagnostic workups and significant iatrogenic complications. There is increasing evidence that many chronic pain conditions that affect large numbers of adults begin in childhood and persist. Mindfulness meditation interventions, specifically mindfulness-based stress reduction (MBSR) have been used in adults with similar symptomology, with positive results. Methods: Our objective was to test the feasibility, safety, tolerability and acceptability of a mindfulness meditation intervention for adolescents with juvenile fibromyalgia/chronic widespread pain, and other medically unexplained symptoms. We developed an adolescent-focused MBSR program, implemented, and iteratively modified the program in two cohorts of adolescents. Results: Eleven participants completed the program in Cohort 1 (January - March 2015, n = 7) and Cohort 2 (April - June 2015; n = 4). The third cohort will complete in November, 2015. At completion, 10 out of 11 participants demonstrated improvements in physical and psychosocial functional impairment (Functional Disability Inventory; FDI), and 8 out of 11 participants demonstrated improvements in the Fibromyalgia/Symptom Impact Questionnaire (FIQR/SIQR). No major changes in directionality was seen in the measures of mindfulness measures (Child and Adolescent Mindfulness Measure-10) or an anxiety sensitivity index. Participant reports of changes in quality of life were mixed. Of the 11 participants, 7 (64%) reported improvements in perceived stress. A possible dose-response effect was seen where higher levels of home meditation practice were associated with greater magnitudes of changes in our primary outcomes (FDI: R2 = 0.20; FIQR: R2 = 0.31). Conclusion: This ongoing study demonstrates feasibility and the ability to recruit and retain participants in an 8-week MBSR intervention, and it suggests promising clinical utility. This study will be used to determine effect sizes to fully power a future randomized controlled trial.

Database: EMBASE

A case report of munchausen syndrome by proxy presenting as acquired symptomatic west syndrome

Source: Journal of Krishna Institute of Medical Sciences University; 2016; vol. 5 (no. 3); p. 124-126

Publication Type(s): Journal: Article

Author(s): Jadhav S.; Oswal J.

Abstract: Munchausen Syndrome By Proxy (MSBP) is an extremely complicated diagnosis because of the difficulty in finding the incriminating evidence of its existence and because of the ethical issue it raises for caregivers. Its implications from a medical, psychological and legal point of view raise difficult questions for any professional confronted to it. We present a case of 8 month female infant who was diagnosed to have Hyperinsulinism causing hypoglycemic brain injury and later developing

intractable convulsion with head drops, where EEG was suggestive of West Syndrome, was actually a case of Munchausen syndrome by proxy to start with. Copyright © Journal of Krishna Institute of Medical Sciences University.

Database: EMBASE

Migration of a foreign object to the parapharyngeal space: An unusual factitious disorder

Source: Brazilian Journal of Otorhinolaryngology; 2016

Publication Type(s): Journal: Article In Press

Author(s): Comoglu S.; Enver N.; Sen C.; Aydemir L.

Database: EMBASE

Postoperative visual loss due to conversion disorder after spine surgery: A case report

Source: Revista Brasileira de Anestesiologia; 2016

Publication Type(s): Journal: Article In Press

Author(s): Bezerra D.M.; Amorim M.A.S.; Bezerra E.M.; Silva Junior A.J.; Miranda D.B.D.

Abstract:Background and objective: Patients undergoing spinal surgeries may develop postoperative visual loss. We present a case of total bilateral visual loss in a patient who, despite having clinical and surgical risk factors for organic lesion, evolved with visual disturbance due to conversion disorder. Case report: A male patient, 39 years old, 71. kg, 1.72 m, ASA I, admitted to undergo fusion and discectomy at L4-L5 and L5-S1. Venoclysis, cardioscopy, oximetry, NIBP; induction with remifentanyl, propofol and rocuronium; intubation with ETT (8.0. mm) followed by capnography and diuresis for urinary catheterization. Maintenance with full target-controlled intravenous anesthesia. During fixation and laminectomy, the patient developed severe bleeding and hypovolemic shock. After 30. minutes, hemostasis and hemodynamic stability was achieved with infusion of norepinephrine, volume expansion, and blood products. In the ICU, the patient developed mental confusion, weakness in the limbs, and bilateral visual loss. It was not possible to identify clinical, laboratory or image findings of organic lesion. He evolved with episodes of anxiety, emotional lability, and language impairment; the hypothesis of conversion syndrome with visual component was raised after psychiatric evaluation. The patient had complete resolution of symptoms after visual education and introduction of low doses of antipsychotic, antidepressant, and benzodiazepine. Other symptoms also regressed, and the patient was discharged 12 days after surgery. After 60 days, the patient had no more symptoms. Conclusions: Conversion disorders may have different signs and symptoms of non-organic origin, including visual component. It is noteworthy that the occurrence of this type of visual dysfunction in the postoperative period of spinal surgery is a rare event and should be remembered as a differential diagnosis. Copyright © 2015 Sociedade Brasileira de Anestesiologia.

Database: EMBASE

Repeat "quadripareisis" during and after spinal cord stimulator revision surgery

Source: Regional Anesthesia and Pain Medicine; 2016; vol. 41 (no. 2)

Publication Type(s): Journal: Conference Abstract

Author(s): Potru S.; Schmidt K.; Buvanendran A.

Abstract:Results/Case report A 48-year-old female with past medical history of sleep apnea and complex regional pain syndrome (CRPS) of the right upper and bilateral lower extremities s/p spinal

cord stimulator placement presented for revision of thoracic SCS electrodes and battery (IPG) replacement due to lead migration and battery failure. Three years prior, when cervical leads were placed, she had undergone a full psychological testing workup which was normal. Patient was consented for revision of lower extremity leads and IPG. During surgery, the patient was given light sedation due to her sleep apnea; she was still able to communicate with anesthesia staff. Dissection down to the lumbar dorsal fascia demonstrated intact anchors, which were removed along with the IPG and both electrodes uneventfully. Lead placement under fluoroscopy to the left side of the T12-L1 epidural space (entry L3 level) proceeded without paresthesia or evidence of blood/CSF upon needle placement, and the electrode was passed up to the top of the T9 vertebral body level. This was repeated on the right side. Sedation was stopped and the patient was communicating with surgical and anesthesia staff clearly. Analysis of neurostimulation began and the patient noted that she felt SCS paresthesias in her lower extremities and her abdomen. The leads were adjusted. After repositioning, the patient noted that she could not feel or move either lower extremity.

Approximately one minute later, the patient stated that she was unable to move her upper extremities, and soon she was no longer responsive to questions. All hardware was removed and incisions were quickly closed and stapled. She was turned supine and maintained a patent airway, spontaneous breathing, and stable vital signs. With extreme noxious stimuli, she awakened more and spoke. She was taken emergently for CT scan of the brain and entire spine, which showed only minimal postsurgical air and edema in the soft tissues at the L1-L2 level. Upon transfer to neuro ICU, she was able to move only both thumbs and wiggle her right great toe, but had intact upper and lower extremity reflexes. Due to this atypical exam and with no other imaging or exam evidence of acute neurologic compromise, previous records were reviewed, and a 2011 episode of weakness was noted after SCS placement that resolved in 24 hours. This raised concern for conversion/somatoform disorder, and psychiatry was consulted. Further history revealed that her fiancée of sixteen years had recently passed, and coping was difficult. She also had other risk factors for conversion disorder, including female gender, possession of medical knowledge, and previous transient symptoms changing with mood. Psychotherapy and PT/OT were prescribed for her weakness, which improved with inpatient rehabilitation. She was discharged from rehab on POD#15 with no neurologic deficits. Discussion Despite low incidence, somatoform disorders can present in myriad ways; it behooves pain physicians to know patients' psychiatric history well and have thorough evaluations performed prior to major interventions. Weakness after any spinal surgery presents cause for alarm, and we await reading similar cases, further considerations and relevant conclusions. (Figure presented).

Database: EMBASE

Dermatitis artifacta of tongue: A rare case report

Source: Indian Journal of Psychiatry; 2016; vol. 58 (no. 2); p. 220-222

Publication Type(s): Journal: Article

Author(s): Sahoo S.; Choudhury S.

Available in full text at [Indian Journal of Psychiatry](#) - from ProQuest

Available in full text at [Indian Journal of Psychiatry](#) - from National Library of Medicine

Abstract: Dermatitis artifacta is a psychiatric disorder in which the patient deliberately produces self-inflicted skin lesions to satisfy an unconscious psychological or emotional need, often a desire to receive medical treatment. We present a case of a 20-year-old female with pain in abdomen, pain during urination, and multiple skin lesions, mostly in the reach of her dominant hand and in tongue. She gave a history of several episodes of similar illnesses with admission in various hospitals. She was improved with selective serotonin reuptake inhibitor, supportive and insight-oriented psychotherapy. Copyright © 2016 Indian Journal of Psychiatry Published by Wolters Kluwer - Medknow.

Database: EMBASE

A bizarre presentation of dermatitis artefacta

Source: Przegląd Dermatologiczny; 2016; vol. 103 (no. 3); p. 254-255

Publication Type(s): Journal: Letter

Author(s): Khare A.K.; Srivastava A.; Gupta L.K.; Mittal A.; Balai M.; Mehta S.

Available in full text at [Przegląd Dermatologiczny](#) - from ProQuest

Database: EMBASE

Functional networks of motor inhibition in conversion disorder patients and feigning subjects

Source: NeuroImage: Clinical; 2016; vol. 11 ; p. 719-727

Publication Type(s): Journal: Article

Author(s): Hassa T.; Schoenfeld M.A.; De Jel E.; Schmidt R.; Tuescher O.

Abstract:The neural correlates of motor inhibition leading to paresis in conversion disorder are not well known. The key question is whether they are different of those of normal subjects feigning the symptoms. Thirteen conversion disorder patients with hemiparesis and twelve healthy controls were investigated using functional magnetic resonance tomography under conditions of passive motor stimulation of the paretic/feigned paretic and the non-paretic hand. Healthy controls were also investigated in a non-feigning condition. During passive movement of the affected right hand conversion disorder patients exhibited activations in the bilateral triangular part of the inferior frontal gyri (IFG), with a left side dominance compared to controls in non-feigning condition. Feigning controls revealed for the same condition a weak unilateral activation in the right triangular part of IFG and an activity decrease in frontal midline areas, which couldn't be observed in patients. The results suggest that motor inhibition in conversion disorder patients is mediated by the IFG that was also involved in inhibition processes in normal subjects. The activity pattern in feigning controls resembled that of conversion disorder patients but with a clear difference in the medial prefrontal cortex. Healthy controls showed decreased activity in this region during feigning compared to non-feigning conditions suggesting a reduced sense of self-agency during feigning. Remarkably, no activity differences could be observed in medial prefrontal cortex for patients vs healthy controls in feigning or non-feigning conditions suggesting self-agency related activity in patients to be in between those of non-feigning and feigning healthy subjects. Copyright © 2016 The Authors.

Database: EMBASE

Factitious administration of analogue insulin to a 2-year-old child

Source: British Journal of Diabetes and Vascular Disease; 2016; vol. 16 (no. 2); p. 82-84

Publication Type(s): Journal: Article

Author(s): Thanawala N.; Cheney S.; Tziaferi V.; Greening J.; Wark G.; Thevis M.; Thomas A.; Madira W.

Database: EMBASE

Hemiparesis in an adolescent with Acute lymphoblastic leukemia: Everything is not always what it seems

Source: Journal of Pediatric Hematology/Oncology; 2016; vol. 38 (no. 1); p. 63-64

Publication Type(s): Journal: Article

Author(s): Andina D.; Lassaletta A.; Sevilla J.; Gutierrez S.; Madero L.

Abstract: Acute lymphoblastic leukemia is a common malignancy in childhood. Managing adverse events during treatment can result in very complex situations. A previously healthy adolescent diagnosed with T-cell acute lymphoblastic leukemia developed on day +55 of induction chemotherapy hemiparesis, dysesthesia, and facial palsy. Blood tests and brain imaging techniques were unremarkable. The patient was diagnosed with a conversion disorder, which completely resolved. Although rare in clinical practice, children and adolescents with cancer do not always have organic pathology explaining their symptoms. Psychiatric disorders such as those of the somatoform spectrum must be considered, particularly in patients with anxiety or depression. © Copyright 2015 Wolters Kluwer Health, Inc. All rights reserved.

Database: EMBASE

Investigation of mental health in patients with medically unexplained physical symptoms

Source: Iranian Journal of Psychiatry; 2016; vol. 11 (no. 1); p. 24-29

Publication Type(s): Journal: Article

Author(s): Riahi F.; Khajeddin N.; Izadi-mazidi M.; Nasirzadeh S.; Shafieian F.; Helalinasab A.; Deilamani M.

Available in full text at [Iranian Journal of Psychiatry](#) - from ProQuest

Abstract: Objective: Medically unexplained symptoms are physical symptoms, which cannot be explained by organic causes. This study aimed to investigate mental health in patients with medically unexplained physical symptoms. Method: One hundred outpatients who were admitted to the Electro Diagnosis Clinic of Imam Khomeini hospital, Ahvaz/Iran, participated in this study. Data were collected using physical examination, paraclinical examinations, and SCL-90-R, and analyzed through multivariate analysis of variance (MANOVA), Chi-square test and Fisher's exact test. Results: The findings revealed significant differences between clients with medically explained and unexplained symptoms in obsessive compulsive and somatization ($p < 0.05$). Differences in depression, anxiety, phobia, psychosis, aggression and paranoia were not significant ($p > 0.05$). Conclusion: The present study suggested an association between some psychological problems and somatic symptoms. Therefore, screening for psychological impairments can improve clinical outcomes.

Database: EMBASE

Erratum to: Uncovering the etiology of conversion disorder: Insights from functional neuroimaging [Corrigendum]: Neuropsychiatr Dis Treat. 2016;12:143-153

Source: Neuropsychiatric Disease and Treatment; 2016; vol. 12 ; p. 779

Publication Type(s): Journal: Erratum

Author(s): anonymous

Available in full text at [Neuropsychiatric Disease and Treatment](#) - from National Library of Medicine

Database: EMBASE

Unspezifische funktionell-somatoforme "herz"-Beschwerden Non-specific, functional and somatoform bodily complaints

Source: Journal fur Kardiologie; 2016; vol. 23 (no. 3); p. 74-78

Publication Type(s): Journal: Letter

Publisher: Krause und Pachernegg GmbH (Mozartgasse 10, Gablitz A-3003, Austria)

Author(s): Kunschitz E.; Friedrich O.; Sipotz J.

Abstract: Between 4 and 10% of the general population and up to 40% of patients in specialised institutions have cardiac symptoms without somatic findings. These medically unexplained symptoms are called "nonspecific, functional and somatoform bodily complaints." The appropriate treatment depends on the severity of the condition. For mild, uncomplicated courses, simultaneously biopsychosocial diagnostic and physical/social activation are recommended. More severe courses need collaborative and coordinated management, including regular appointments instead of ad hoc appointments, graded activation and psychotherapy. Iatrogen fixation to somatic reasons, often unconsciously by physicians, and overdiagnosis could lead to chronic course, impairment of quality of life, and give rise to high costs. Challenging but crucially important is the patient-physician-relationship. Physicians should establish a therapeutic alliance with the patient, adopt a patient-oriented attitude, and avoid stigmatizing comments. Most of the patients accept the medically inexplicable symptoms of their bodies when they get appropriate emotional and medical support. Effective treatment requires the patients' active cooperation and the collaboration of all treating professionals under a transparent medical and shared-decision management.

Database: EMBASE

The girl shedding glass pieces from her body parts: Unfolding the mystery behind dermatitis artefacta

Source: Indian Journal of Dermatology; 2016; vol. 61 (no. 2); p. 193-195

Publication Type(s): Journal: Article

Author(s): Singh H.; Tripathi A.; Kar S.

Available in full text at [Indian Journal of Dermatology](#) - from ProQuest

Available in full text at [Indian Journal of Dermatology](#) - from National Library of Medicine

Abstract: Patients presenting with unusual symptoms are uncommon. Unusual symptoms often catch the attention of the public including the health professionals. Atypicality in the symptoms is usually seen in patients with factitious disorder. In patients with factitious disorder, there occurs conscious production of symptoms with an unconscious motive, irrespective of the fact whether they are ill or not. Self-inflicted injuries to skin often give rise to typical skin lesions known as dermatitis artefacta, which many a times simulate other dermatological conditions. Patients with factitious disorder often have a narrow line of demarcation from malingering. We present a case of an adolescent girl presenting with spontaneous extrusion of glass pieces from her body parts with focus on diagnostic dilemma and management.

Database: EMBASE

Functional dyspepsia: A new approach from traditional Persian medicine.

Source: Avicenna journal of phytomedicine; 2016; vol. 6 (no. 2); p. 165-174

Publication Type(s): Journal Article Review

Author(s): Pasalar, Mehdi; Nimrouzi, Majid; Choopani, Rasool; Mosaddegh, Mahmoud; Kamalinejad, Mohammad; Mohagheghzadeh, Abdolali; Bagheri Lankarani, Kamran

Abstract: One of the most common global disorders is related to gastrointestinal system. Functional dyspepsia (FD) defined as upper abdominal pain and discomfort in the absence of organic ailments is a prevalent disease without any confirmed medication. The purpose of this study was to find gastric disorders which might be coincidental to FD based on traditional Persian medicine (TPM). We searched the main textbooks of TPM including Al-Havi (by Rhazes), Canon of medicine (by Avicenna),

ZakhireKhawrazmshahi (by Ismail Jorjani), Moalijat-e Aghili and Makhzan Al-adviya (by Mohammad Hosein AghiliShirazi), and ExirAzam (by Hakim Azam Khan). Also, we searched Pubmed, Scopus, Science Direct, Medline, scientific information database (SID), Iranmedex and Google Scholar from 1980 to 1 August 2014 for dyspepsia, gastrointestinal disease, traditional Persian medicine, and gastric dystemperaments. There is no equivalent term for FD in traditional Persian medicine although similar signs and symptoms are visible in terms like simple cold dystemperament of stomach, indigestion, and digestion debility in TPM sources. Some treatments mentioned in TPM have shown promising results in the current experimental tests. Finding these similarities in complementary and alternative medicine (CAM) textbooks may lead to discovering new remedies for this widespread disease.

Database: Medline

Health-Related Quality of Life in Older Persons with Medically Unexplained Symptoms

Source: American Journal of Geriatric Psychiatry; Nov 2016; vol. 24 (no. 11); p. 1117-1127

Publication Type(s): Journal: Article

Author(s): Hanssen D.J.C.; Lucassen P.L.B.J.; Hilderink P.H.; Naarding P.; Voshaar R.C.O.

Abstract:Objective Research on health-related quality of life (HRQoL) in older persons with medically unexplained symptoms (MUS) is scarce, and, in contrast with younger patients, interactions with chronic somatic diseases are more complex. Design In the current study we compared HRQoL between older persons with MUS and older persons with medically explained symptoms (MES). Our study sample consisted of 118 older MUS-patients and 154 older MES-patients.

Setting/Measurements The diagnosis of MUS was ascertained by the general practitioner and confirmed by a geriatrician within a multidisciplinary diagnostic assessment. Additional characteristics, including the HRQoL (Short Form-36), were assessed during a home visit. MES-patients received two home visits to assess all measures. Multiple linear regression analyses, adjusted for age, sex, education, cognitive functioning, and psychiatric diagnoses, were performed to assess the relationship between group (MUS/MES) and HRQoL. Analyses were repeated with additional adjustments for somatization and hypochondriacal cognitions. Results Older patients with MUS had a significantly lower level of HRQoL compared with older patients with MES. Even after adjustments, the presence of MUS was still associated with both a lower physical and mental HRQoL. These associations disappeared, however, after additional adjustments for somatization and hypochondriacal cognitions. Within the subgroup of MUS-patients, higher levels of hypochondriac anxiety and of somatization were significantly associated with both lower physical and mental HRQoL. Conclusions Associations between HRQoL and late-life MUS disappear when corrected for somatization and hypochondriacal cognitions, which is in line with the DSM-5 classification of somatic symptom disorder. Appropriate psychological treatment seems needed to improve HRQoL in older MUS-patients. Copyright © 2016 American Association for Geriatric Psychiatry

Database: EMBASE

Identifying and Managing Malingering and Factitious Disorder in the Military

Source: Current Psychiatry Reports; Nov 2016; vol. 18 (no. 11)

Publication Type(s): Journal: Review

Author(s): Schnellbacher S.; O'Mara H.

Abstract:Malingering is the intentional fabrication of medical symptoms for the purpose of external gain. Along similar lines as malingering, factitious disorder is the intentional creation or exaggeration of symptoms, but without intent for a concrete benefit. The incidence of malingering and factitious disorder in the military is unclear, but likely under reported for a variety of reasons. One should be

aware of potential red flags suggesting malingering or factitious disorder and consider further evaluation to look for these conditions. A deliberate and intentional management plan is ideal in these cases. Furthermore, a multi-disciplinary team approach, a non-judgmental environment, and the use of direct but dignity sparing techniques will likely be most "successful" when confronting the patient with malingering or factitious disorder. Copyright © 2016, Springer Science+Business Media New York.

Database: EMBASE

What's 'difficult'? A multi-stage qualitative analysis of secondary care specialists' experiences with medically unexplained symptoms

Source: Journal of Psychosomatic Research; Nov 2016; vol. 90 ; p. 1-9

Publication Type(s): Journal: Article

Author(s): Maatz A.; Wainwright M.; Russell A.J.; Macnaughton J.; Yiannakou Y.

Abstract:Background The term 'difficult' is pervasively used in relation to medically unexplained symptoms (MUS) and patients with MUS. This article scrutinises the use of the term by analysing interview data from a study of secondary care specialists' experiences with and attitudes towards patients suffering from MUS. Design Qualitative design employing semi-structured open-ended interviews systematically analysed in three stages: first, data were analysed according to the principles of content analysis. The analysis subsequently focused on the use of the term 'difficult'. Iterations of the term were extracted by summative analysis and thematic coding revealed its different meanings. Finally, alternative expressions were explored. Setting Three NHS trust secondary care hospitals in North-East England. Participants 17 senior clinicians from seven medical and two surgical specialities. Results Unsolicited use of the term 'difficult' was common. 'Difficult' was rarely used as a patient characteristic or to describe the therapeutic relationship. Participants used 'difficult' to describe their experience of diagnosing, explaining, communicating and managing these conditions and their own emotional reactions. Health care system deficits and the conceptual basis for MUS were other facets of 'difficult'. Participants also reported experiences that were rewarding and positive. Conclusions This study shows that blanket statements such as 'difficult patients' mask the complexity of doctors' experiences in the context of MUS. Our nuanced analysis of the use of 'difficult' challenges preconceived attitudes. This can help counter the unreflexive perpetuation of negative evaluations that stigmatize patients with MUS, encourage greater acknowledgement of doctors' emotions, and lead to more appropriate conceptualizations and management of MUS. Copyright © 2016 Elsevier Inc.

Database: EMBASE

Medically unexplained somatic symptoms and bipolar spectrum disorders: A systematic review and meta-analysis.

Source: Journal of affective disorders; Nov 2016; vol. 204 ; p. 205-213

Publication Type(s): Journal Article Review

Author(s): Edgcomb, Juliet Beni; Tseng, Chi-Hong; Kerner, Berit

Abstract:Patients with bipolar spectrum disorders (BSD) frequently report medically unexplained somatic symptoms. However, the prevalence and the consequences for treatment and outcome are currently unknown. To estimate the prevalence of somatic symptoms in BSD, we conducted a systematic review and meta-analysis of empirical studies published between 1980 and 2015. The odds for somatic symptoms in BSD were compared with unipolar depression (UPD) and general population or mixed psychiatric controls. Studies were retrieved from four electronic databases utilizing Boolean operations and reference list searches. Pooled data estimates were derived using

random-effects methods. Out of 2634 studies, 23 were eligible for inclusion, yielding an N of 106,785 patients. The estimated prevalence of somatic symptoms in BSD was 47.8%. The estimated prevalence of BSD in persons with somatic symptoms was 1.4%. Persons with BSD had a higher prevalence of somatic symptoms compared with population or mixed psychiatric controls (OR 1.82, 95% CI 1.14-2.92). Persons with BSD had a similar prevalence of somatic symptoms compared with UPD controls (OR 0.99, 95% CI 0.68-1.44). This study is correlational; thus causal inferences cannot be made. Reporting of somatic symptoms likely varies with BSD severity and subtype. Some studies reported insufficient information regarding comorbid medical conditions and medications. Persons with BSD suffer from somatic symptoms at a rate nearly double that of the general population, a rate similar to persons with UPD. Our results suggest the utility of an integrated care model in which primary care and specialist physicians collaborate with mental health professionals to jointly address psychological and bodily symptoms. Copyright © 2016 Elsevier B.V. All rights reserved.

Database: Medline

Functional neurological symptom disorder in youth

Source: Pediatric Annals; Oct 2016; vol. 45 (no. 10)

Publication Type(s): Journal: Article

Author(s): Kodish I.

Available in full text at [Pediatric Annals](#) - from ProQuest

Abstract:Functional neurological symptom disorder (FNSD) is characterized by motor or sensory impairments inconsistent with recognized neurologic conditions. Usually emerging in adolescence, somatic symptoms remain challenging for the physician to assess and treat. Also termed "conversion disorder," FNSD has been recently reconceptualized with greater diagnostic emphasis on positive neurologic findings while eliminating the requirement for a precipitating stressor. This has broadened the initial treatment emphasis from mandating psychotherapeutic engagement to a more collaborative model that requires open communication of neurologic findings and strives to align with families' perspectives. Severe disorders necessitate a unified treatment approach from several clinical specialties, including behavioral approaches, and pediatricians may play a central role in the management of youth with FNSD as well as their families. Treatment engagement can be facilitated by validating the distress of the patient, providing resources to address diagnostic questions and parental concerns, and implementing shared goals toward rapid return to self-efficacy. Copyright © SLACK Incorporated.

Database: EMBASE

Long-Term Outcome of Bodily Distress Syndrome in Primary Care: A Follow-Up Study on Health Care Costs, Work Disability, and Self-Rated Health

Source: Psychosomatic Medicine; Oct 2016

Publication Type(s): Journal: Article In Press

Author(s): Rask M.T.; Ornbol E.; Rosendal M.; Fink P.

Abstract:OBJECTIVE: The upcoming International Classification of Diseases, 11th Revision for primary care use suggests inclusion of a new diagnostic construct, bodily (di)stress syndrome (BDS), for individuals with medically unexplained symptoms. We aimed to explore the long-term outcome of BDS in health care costs, work disability, and self-rated health. METHODS: Consecutive patients consulting their family physician for a new health problem were screened for physical and mental symptoms by questionnaires (n = 1785). A stratified subsample was examined with a standardized diagnostic interview (n = 701). Patients with single-organ BDS (n = 124) and multiorgan BDS (n = 35), and a reference group with a family physician-verified medical condition (n = 880) were included. All

included patients completed a questionnaire at 3, 12, and 24 months of follow-up. Register data on health care costs and work disability were obtained after 2 and 10 years of follow-up, respectively. RESULTS: Patients with BDS displayed poorer self-rated health and higher illness worry at index consultation and throughout follow-up than the reference group ($p < .001$). The annual health care costs were higher in the BDS groups (2270 USD and 4066 USD) than in the reference group (1392 USD) (achieved significance level (ASL) < 0.001). Both BDS groups had higher risk of sick leave during the first 2 years of follow-up (RRsingle-organ BDS = 3.0; 95% confidence interval [CI] = 1.8-5.0; RRmultiorgan BDS = 3.4; 95% CI = 1.5-7.5) and substantially higher risk of newly awarded disability pension than the reference group (HRsingle-organ BDS = 4.9; 95% CI = 2.8-8.4; HRmultiorgan BDS = 8.7; 95% CI = 3.7-20.7). CONCLUSIONS: Patients with BDS have poor long-term outcome of health care costs, work disability, and subjective suffering. These findings stress the need for adequate recognition and management of BDS. This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-No Derivatives License 4.0 (CCBY-NC-ND), where it is permissible to download and share the work provided it is properly cited. The work cannot be changed in any way or used commercially. Copyright © 2016 by American Psychosomatic Society

Database: EMBASE

Stroke mimic diagnoses presenting to a hyperacute Stroke unit

Source: Clinical Medicine, Journal of the Royal College of Physicians of London; Oct 2016; vol. 16 (no. 5); p. 423-426

Publication Type(s): Journal: Article

Author(s): Dawson A.; Cloud G.C.; Pereira A.C.; Moynihan B.J.

Available in full text at [Clinical Medicine](#) - from ProQuest

Abstract: Stroke services have been centralised in several countries in recent years. Diagnosing acute stroke is challenging and a high proportion of patients admitted to stroke units are diagnosed as a non-stroke condition (stroke mimics). This study aims to describe the stroke mimic patient group, including their impact on stroke services. We analysed routine clinical data from 2,305 consecutive admissions to a stroke unit at St George's Hospital, London. Mimic groupings were derived from 335 individual codes into 17 groupings. From 2,305 admissions, 555 stroke mimic diagnoses were identified (24.2%) and 72% of stroke mimics had at least one stroke risk factor. Common mimic diagnoses were headache, seizure and syncope. Medically unexplained symptoms and decompensation of underlying conditions were also common. Median length of stay was 1 day; a diagnosis of dementia ($p=0.028$) or needing MRI ($p=0.006$) was associated with a longer stay. Despite emergency department assessment by specialist clinicians and computed tomography brain, one in four suspected stroke patients admitted to hospital had a nonstroke diagnosis. Stroke mimics represent a heterogeneous patient group with significant impacts on stroke services. Co-location of stroke and acute neurology services may offer advantages where service reorganisation is being considered. Copyright © Royal College of Physicians 2016. All rights reserved.

Database: EMBASE

Cognitive Behavioural Therapy and Adjunctive Physical Activity for Functional Movement Disorders (Conversion Disorder): A Pilot, Single-Blinded, Randomized Study

Source: Psychotherapy and Psychosomatics; Oct 2016 ; p. 381-383

Publication Date: Oct 2016

Publication Type(s): Journal: Article In Press

Publisher: S. Karger AG

Author(s): Dallochio C.; Tinazzi M.; Bombieri F.; Arno N.; Erro R.

Database: EMBASE

Hemiplegic Migraine Presenting with Prolonged Somnolence: A Case Report

Source: Case Reports in Neurology; Oct 2016 ; p. 204-210

Publication Type(s): Journal: Article In Press

Author(s): Saleh C.; Pierquin G.; Beyenburg S.

Available in full text at [Case Reports in Neurology](#) - from National Library of Medicine

Abstract: Hemiplegic migraine is a rare and complex disease, characterized by migraine with a reversible motor aura. Hemiplegic migraine can be easily misdiagnosed at its first presentation with an atypical severe form of migraine, a stroke, multiple sclerosis, metabolic disorders, conversion disorder or an epilepsy. We present the case of a young 24-year-old male patient, who since the age of 4 years had been having multiple episodes of migraine associated with hemiparesis, paraesthesia, prolonged somnolence, aphasia and confusion. We review the literature and discuss important diagnostic findings in hemiplegic migraine to help establishing a prompt diagnosis. Copyright © 2016 The Author(s) Published by S. Karger AG, Basel

Database: EMBASE

Big Five personality traits and medically unexplained symptoms in later life

Source: European Psychiatry; Oct 2016; vol. 38 ; p. 23-30

Publication Type(s): Journal: Article

Author(s): van Dijk S.D.M.; Oude Voshaar R.; Hanssen D.; Naarding P.; Lucassen P.; Comijs H.

Abstract: Background Personality dysfunction has been postulated as the most clinically salient problem of persons suffering from medically unexplained symptoms (MUS) but empirical studies are scarce. This study aims to compare the personality profile of older patients suffering from MUS with two comparison groups and a control group. Methods Ninety-six older patients with MUS were compared with 153 frequent attenders in primary care suffering from medically explained symptoms (MES), 255 patients with a past-month depressive disorder (DSM-IV-TR), and a control group of 125 older persons. The Big Five personality domains (NEO-Five-Factor Inventory) were compared between groups by multiple ANCOVAs adjusted for age, sex, education, partner status and cognitive functioning. Linear regression analyses were applied to examine the association between health anxiety (Whitley Index) and somatization (Brief Symptom Inventory). Results The four groups differed with respect to neuroticism ($P < 0.001$), extraversion ($P < 0.001$), and agreeableness ($P = 0.045$). Post hoc analyses, showed that MUS patients compared to controls scored higher on neuroticism and agreeableness, and compared to depressed patients lower on neuroticism and higher on extraversion as well agreeableness. Interestingly, MUS and MES patients had a similar personality profile. Health anxiety and somatization were associated with a higher level of neuroticism and a lower level of extraversion and conscientiousness, irrespective whether the physical symptom was explained or not. Conclusions Older patients with MUS have a specific personality profile, comparable to MES patients. Health anxiety and somatization may be better indicators of psychopathology than whether a physical symptom is medically explained or not. Copyright © 2016 Elsevier Masson SAS

Database: EMBASE

Comprehensive Treatment: Intensive Exposure Therapy for Combat-Related PTSD and Comorbid Conversion Disorder

Source: Clinical Case Studies; Oct 2016; vol. 15 (no. 5); p. 343-359

Publication Type(s): Journal: Article

Author(s): Neer S.M.; Trachik B.; Munyan B.G.; Beidel D.C.

Abstract: This clinical case describes the assessment and treatment of Roger, a 31-year-old veteran who served in Operation Iraqi Freedom. In addition to combat-related post-traumatic stress disorder (PTSD), Roger presented with a conversion disorder (globus pharyngeus) and avoidance of consuming solid food without also consuming alcohol. A multicomponent treatment program for PTSD, trauma management therapy (TMT), was provided 5 times per week over a 3-week period. TMT included daily-exposure therapy (EXP) as well as daily social and emotion regulation (SER) group therapy to target anger, social withdrawal, and depression. In addition to TMT, exposure to food consumption in the absence of alcohol was provided in the final week. PTSD symptoms were assessed via semi-structured interview and self-report measures, while food intake was assessed via behavioral observation. PTSD symptoms as measured by the Clinician-Administered PTSD Scale (CAPS) decreased from 63 at pre-treatment to 17 at post-treatment, indicating that Roger no longer met criteria for PTSD. Exposure to food intake was equally successful with Roger consuming full meals (e.g., hamburger and french fries) without consuming alcohol. This case study exemplifies the successful use of intensive exposure therapy to target comorbid anxiety-based disorders in a short period. Copyright © The Author(s) 2016.

Database: EMBASE

Differences in Physical and Psychosocial Characteristics Between CFS and Fatigued Non-CFS Patients, a Case-Control Study.

Source: International journal of behavioral medicine; Oct 2016; vol. 23 (no. 5); p. 589-594

Publication Type(s): Journal Article

Author(s): De Gucht, Veronique; Garcia, Franshelis Katerinee; den Engelsman, Marielle; Maes, Stan

Abstract: The main research question is: "Do CFS patients differ from fatigued non-CFS patients with respect to physical, cognitive, behavioral, social, and emotional determinants?" In addition, group differences in relevant outcomes were explored. Patients who met the Centers for Disease Control (CDC) criteria for CFS were categorized as CFS; these patients were mainly recruited via a large Dutch patient organization. Primary care patients who were fatigued for at least 1 month and up to 2 years but did not meet the CDC criteria were classified as fatigued non-CFS patients. Both groups were matched by age and gender (N = 192 for each group). CFS patients attributed their fatigue more frequently to external causes, reported a worse physical functioning, more medical visits, and a lower employment rate. The results of a multiple logistic regression analysis showed that patients who believe that their fatigue is associated with more severe consequences, that their fatigue will last longer and is responsible for more additional symptoms are more likely to be classified as CFS, while patients who are more physically active and have higher levels of "all or nothing behavior" are less likely to be classified as having CFS. A longitudinal study should explore the predictive value of the above factors for the transition from medically unexplained fatigue to CFS in order to develop targeted interventions for primary care patients with short-term fatigue complaints.

Database: Medline

Patients' experiences of healthcare encounters in severe irritable bowel syndrome: an analysis based on narrative and feminist theory.

Source: Journal of clinical nursing; Oct 2016; vol. 25 (no. 19-20); p. 2967-2978

Publication Type(s): Journal Article

Author(s): Björkman, Ida; Simrén, Magnus; Ringström, Gisela; Jakobsson Ung, Eva

Abstract: This study aimed to explore patients' experiences of healthcare encounters in severe irritable bowel syndrome. Irritable bowel syndrome is a common functional disorder with symptoms such as abdominal pain and disturbed bowel habits, the cause of which is not completely known. Treatment options are limited, and healthcare encounters in irritable bowel syndrome have been described as unsatisfying and frustrating for both patients and professional healthcare providers. Furthermore, the influence of power on healthcare encounters has long been recognised, especially regarding the disadvantaged position of those suffering from functional illness which cannot be identified by commonly used tests or investigations. We interviewed 10 patients during 2014, all attending an outpatient clinic and suffering from severe irritable bowel syndrome. Relying on narrative and feminist theory, we explored how they actively negotiate professional discourse communicated to them in the clinical encounter. The patients' experiences of healthcare encounters in irritable bowel syndrome were mostly described as negative, and often induced feelings of confusion and self-doubt. Positive encounters were described as being listened to, believed and taken seriously. Narrators found it especially problematic when healthcare professionals described irritable bowel syndrome as a minor disorder with primarily stress or psychological aetiology and put the responsibility for recovery onto the patient. Patients actively negotiated such professional discourse by presenting a counternarrative describing their own suffering and strengths, experienced healthcare shortcomings and possible organic aetiology of irritable bowel syndrome. Patients suffering from severe irritable bowel syndrome described how they often felt a need to protect their positive identities in the face of trivialisation and disbelief by healthcare professionals. A deepened understanding of patients' experiences of healthcare encounters in irritable bowel syndrome could enable more helpful and supporting interventions by healthcare professionals. © 2016 John Wiley & Sons Ltd.

Database: Medline

Factitious disorder presenting with attempted simulation of Fournier's gangrene

Source: Journal of Radiology Case Reports; Sep 2016; vol. 10 (no. 9); p. 26-34

Publication Type(s): Journal: Article

Author(s): Tseng J.; Poulos P.

Abstract: Fournier's gangrene is a severe polymicrobial necrotizing fasciitis of the perineal, genital, or perianal regions. The classic presentation is severe pain and swelling with systemic signs. Crepitus and cutaneous necrosis are often seen. Characteristic CT findings include subcutaneous gas and inflammatory stranding. Unless treated aggressively, patients can rapidly become septic and die. Factitious Disorder is the falsification of one's own of medical or psychological signs and symptoms. Many deceptive methods have been described, from falsely reporting physical or psychological symptoms, to manipulating lab tests, or even injecting or ingesting foreign substances in order to induce illness. We present a case of a 35-year-old man with factitious disorder who attempted to simulate Fournier's gangrene by injecting his scrotum with air and fluid. We will review the clinical presentation and diagnosis of Factitious Disorder, as well as Fournier's gangrene. Copyright © 2016, EduRad. All rights reserved.

Database: EMBASE

Alimemazine poisoning as evidence of Munchausen syndrome by proxy: A pediatric case report

Source: Forensic Science International; Sep 2016; vol. 266

Publication Type(s): Journal: Article

Author(s): Gomila I.; Barcelo B.; Quesada L.; Lopez-Corominas V.; Pellegrini M.; Pichini S.; Miravet E.
Available in full text at [Forensic Science International](#) - from ProQuest

Abstract: Munchausen syndrome by proxy (MSBP), also known as fabricated or induced illness in a child by a caretaker, is a form of abuse where a caregiver deliberately produces or feigns illness in a person under his or her care, so that the proxy will receive medical care that gratifies the caregiver. The affected children are often hospitalized for long periods and endure repetitive, painful and expensive diagnostic attempts. We present an analytically confirmed case of MSBP by alimemazine. A 3-year-old boy was brought repetitively to a Pediatric Emergency Department by his mother because he presented limb tremors, dysarthria, obnubilation, and ataxia and generalized tonic-clonic seizures coinciding with intermittent fever. Neither the rest of the physical examination nor the complementary tests showed any significant alterations. MSBP was suspected and a routine systematic toxicological analysis in urine and blood was requested. Alimemazine was detected in all biological samples. The administration of this drug was never mentioned by the mother and the subsequent interview with her corroborated the suspicion of MSBP. Clinically, after separation from the mother, the child's neurological symptoms gradually improved until the complete disappearance of the cerebellar symptoms. Alimemazine was quantified in serum, urine, gastric content and cerebrospinal fluid samples by gas chromatography-mass spectrometry (maximum serum level was 0.42 µg/ml). Hair quantification of alimemazine was performed by ultra-performance liquid chromatography-tandem mass spectrometry in different segments of hair. The results confirmed regular substance use during the at least eight last months (8.8, 14.7, 19.7 and 4.6 ng/mg hair starting from most proximal segment). This patient represents the first case published with analytical data of alimemazine in blood, urine, gastric content, cerebrospinal fluid and hair, which allowed us to prove an acute and repetitive poisoning with alimemazine as evidence of MSBP. Copyright © 2016 Elsevier Ireland Ltd

Database: EMBASE

Factitious Graves' disease due to biotin immunoassay interference-A case and review of the literature

Source: Journal of Clinical Endocrinology and Metabolism; Sep 2016; vol. 101 (no. 9); p. 3251-3255

Publication Type(s): Journal: Review

Author(s): Elston M.S.; Sehgal S.; Yarnley T.; Toit S.D.; Conaglen J.V.

Abstract: Context: Biotin (vitamin B7) is an essential co-factor for four carboxylases involved in fatty acid metabolism, leucine degradation, and gluconeogenesis. The recommended daily intake (RDI) of biotin is approximately 30 µg per day. Low-moderate dose biotin is a common component of multivitamin preparations, and high-dose biotin (10 000 times RDI) has been reported to improve clinical outcomes and quality of life in patients with progressive multiple sclerosis. Biotin is also a component of immunoassays, and supplementation may cause interference in both thyroid and non-thyroid immunoassays. Objective: To assess whether biotin ingestion caused abnormal thyroid function tests (TFTs) in a patient through assay interference. Design: We report a patient with biotin-associated abnormal TFTs and a systematic review of the literature. Setting: A tertiary endocrine service in Hamilton, New Zealand. Results: The patient had markedly abnormal TFTs that did not match the clinical context. After biotin cessation, TFTs normalized far more rapidly than possible given the half-life of T4, consistent with assay interference by biotin. Multiple other analytes also tested abnormal in the presence of biotin. Conclusion: Biotin ingested in moderate to high doses can cause immunoassay interference. Depending on the assay format, biotin interference can result in either falsely high or low values. Interference is not limited to thyroid tests and has the potential to affect a wide range of analytes. It is important for clinicians to be aware of this interaction to prevent misdiagnosis and inappropriate treatment. Copyright © 2016 by the Endocrine Society.

Database: EMBASE

Illness cognitions in later life: Development and validation of the extended Illness Cognition Questionnaire (ICQ-Plus)

Source: Psychological Assessment; Sep 2016; vol. 28 (no. 9); p. 1119-1127

Publication Type(s): Journal: Article

Author(s): van Driel D.; Hilderink P.; Hanssen D.; Lucassen P.; Naarding P.; Rosmalen J.; Oude Voshaar R.

Available in full text at [Psychological Assessment](#) - from ProQuest

Abstract: Illness cognitions are mediators between illness and well-being in patients with physical symptoms. The Illness Cognitions Questionnaire (ICQ) explores these illness cognitions but has not been validated in older persons. This study aimed to validate the ICQ in adults aged 60 years and above and to develop an extended version (ICQ-Plus) suitable for older persons. Qualitative interviews were conducted to explore illness cognitions in 21 older persons suffering physical symptoms. The items in the original ICQ and items of these interviews that potentially reflect dimensions not covered by the original ICQ were combined in the ICQ-Plus. Then the ICQ-Plus was completed by 220 older patients with physical symptoms, and its factor structure was explored by maximum-likelihood factor analyses. Analysis of covariance was performed to assess differences in illness cognitions between older persons suffering from medically explained symptoms (MES) and medically unexplained symptoms (MUS). The interviews generated 26 new items. Factor analysis confirmed the 3-factor structure of the original ICQ, including factors covering helplessness, disease benefits, and acceptance. In addition, exploratory factor analysis on the ICQ-Plus items revealed 4 additional factors, including cognitions referring to perseverance, illness anxiety, avoidance, and catastrophizing. Patients with MUS scored significantly lower than did patients with MES on acceptance and disease benefits and higher on helplessness and illness anxiety. We concluded that older patients with physical symptoms express illness cognitions that are relevant for treatment but are not covered by the ICQ and recommend that the extended ICQ-Plus be used in studies of older persons. Copyright © 2016 American Psychological Association.

Database: EMBASE

How do Dutch GPs address work-related problems? A focus group study.

Source: The European journal of general practice; Sep 2016; vol. 22 (no. 3); p. 169-175

Publication Type(s): Journal Article

Author(s): de Kock, Cornelis A; Lucassen, Peter L B J; Spinnewijn, Laura; Knottnerus, J André; Buijs, Peter C; Steenbeek, Romy; Lagro-Janssen, Antoine L M

Abstract: In the Netherlands, there is a lack of knowledge about general practitioners' (GPs) perception of their role regarding patients' occupation and work related problems (WRP). As work and health are closely related, and patients expect help from their GPs in this area, a better understanding is needed of GPs' motivation to address WRP. To explore GPs' opinions on their role in the area of work and health. This is a qualitative study using three focus groups with Dutch GPs from the catchment area of a hospital in the Southeast of the Netherlands. The group was heterogeneous in characteristics such as sex, age, and practice setting. Three focus groups were convened with 18 GPs. The moderator used an interview guide. Two researchers analysed verbatim transcripts using constant comparative analysis. We distinguished three items: (a) work context in a GP's integrated consultation style; (b) counselling about sick leave; (c) cooperation with occupational physicians (OPs). The participants are willing to address the topic and counsel about sick leave. They consider WRP in patients with medically unexplained symptoms (MUS) challenging. They tend to advise these patients to continue working as they think this will ultimately benefit them. The

participating GPs seemed well aware of the relation between work and health but need more knowledge, communication skills and better cooperation with occupational physicians to manage work-related problems. [Box: see text].

Database: Medline

Illness cognitions in later life: Development and validation of the Extended Illness Cognition Questionnaire (ICQ-Plus).

Source: Psychological assessment; Sep 2016; vol. 28 (no. 9); p. 1119-1127

Publication Type(s): Journal Article

Author(s): van Driel, Dorine; Hanssen, Denise; Hilderink, Peter; Naarding, Paul; Lucassen, Peter; Rosmalen, Judith; Oude Voshaar, Richard

Available in full text at [Psychological Assessment](#) - from ProQuest

Abstract: Illness cognitions are mediators between illness and well-being in patients with physical symptoms. The Illness Cognitions Questionnaire (ICQ) explores these illness cognitions but has not been validated in older persons. This study aimed to validate the ICQ in adults aged 60 years and above and to develop an extended version (ICQ-Plus) suitable for older persons. Qualitative interviews were conducted to explore illness cognitions in 21 older persons suffering physical symptoms. The items in the original ICQ and items of these interviews that potentially reflect dimensions not covered by the original ICQ were combined in the ICQ-Plus. Then the ICQ-Plus was completed by 220 older patients with physical symptoms, and its factor structure was explored by maximum-likelihood factor analyses. Analysis of covariance was performed to assess differences in illness cognitions between older persons suffering from medically explained symptoms (MES) and medically unexplained symptoms (MUS). The interviews generated 26 new items. Factor analysis confirmed the 3-factor structure of the original ICQ, including factors covering helplessness, disease benefits, and acceptance. In addition, exploratory factor analysis on the ICQ-Plus items revealed 4 additional factors, including cognitions referring to perseverance, illness anxiety, avoidance, and catastrophizing. Patients with MUS scored significantly lower than did patients with MES on acceptance and disease benefits and higher on helplessness and illness anxiety. We concluded that older patients with physical symptoms express illness cognitions that are relevant for treatment but are not covered by the ICQ and recommend that the extended ICQ-Plus be used in studies of older persons. (PsycINFO Database Record (c) 2016 APA, all rights reserved).

Database: Medline

Developing Services for Patients with Depression or Anxiety in the Context of Long-term Physical Health Conditions and Medically Unexplained Symptoms: Evaluation of an IAPT Pathfinder Site.

Source: Behavioural and cognitive psychotherapy; Sep 2016; vol. 44 (no. 5); p. 553-567

Publication Type(s): Journal Article

Author(s): Kellett, Stephen; Webb, Kimberley; Wilkinson, Nic; Bliss, Paul; Ayers, Tom; Hardy, Gillian

Abstract: There are national policy drivers for mental health services to demonstrate that they are effectively meeting the psychological needs of people with long-term health conditions/medically unexplained symptoms (LTC/MUS). To evaluate the implementation of a stepped-care service delivery model within an Improving Access to Psychological Therapies (IAPT) service for patients with depression or anxiety in the context of their LTC/MUS. A stepped-care model was designed and implemented. Clinical and organizational impacts were evaluated via analyses of LTC/MUS patient profiles, throughputs and outcomes. The IAPT service treated N = 844 LTC and N = 172 MUS patients, with the majority (81.81%) receiving a low intensity intervention. Dropout across the service steps was low. There were few differences between LTC and MUS outcome rates regardless of step of

service, but outcomes were suppressed when compared to generic IAPT patients. The potential contribution of IAPT stepped-care service delivery models in meeting the psychological needs of LTC/MUS patients is debated.

Database: Medline

Life events and escape in conversion disorder.

Source: Psychological medicine; Sep 2016; vol. 46 (no. 12); p. 2617-2626

Publication Type(s): Journal Article

Author(s): Nicholson, T R; Aybek, S; Craig, T; Harris, T; Wojcik, W; David, A S; Kanaan, R A

Available in full text at [Psychological Medicine](#) - from ProQuest

Abstract: Psychological models of conversion disorder (CD) traditionally assume that psychosocial stressors are identifiable around symptom onset. In the face of limited supportive evidence such models are being challenged. Forty-three motor CD patients, 28 depression patients and 28 healthy controls were assessed using the Life Events and Difficulties Schedule in the year before symptom onset. A novel 'escape' rating for events was developed to test the Freudian theory that physical symptoms of CD could provide escape from stressors, a form of 'secondary gain'. CD patients had significantly more severe life events and 'escape' events than controls. In the month before symptom onset at least one severe event was identified in 56% of CD patients - significantly more than 21% of depression patients [odds ratio (OR) 4.63, 95% confidence interval (CI) 1.56-13.70] and healthy controls (OR 5.81, 95% CI 1.86-18.2). In the same time period 53% of CD patients had at least one 'high escape' event - again significantly higher than 14% in depression patients (OR 6.90, 95% CI 2.05-23.6) and 0% in healthy controls. Previous sexual abuse was more commonly reported in CD than controls, and in one third of female patients was contextually relevant to life events at symptom onset. The majority (88%) of life events of potential aetiological relevance were not identified by routine clinical assessments. Nine per cent of CD patients had no identifiable severe life events. Evidence was found supporting the psychological model of CD, the Freudian notion of escape and the potential aetiological relevance of childhood traumas in some patients. Uncovering stressors of potential aetiological relevance requires thorough psychosocial evaluation.

Database: Medline

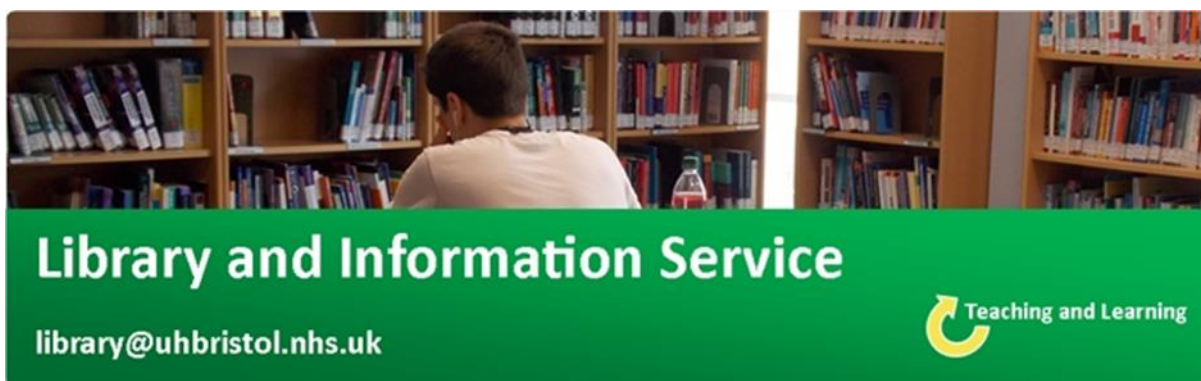
Fear of flying: Relying on the absence of organic disease in functional somatic symptoms.

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