MULTIPLE MEDICAL PROBLEMS

In all patients presenting with multiple medical concerns (e.g., complaints, problems, diagnoses), take an appropriate history to determine the primary reason for the consultation.

In all patients presenting with multiple medical concerns, prioritize problems appropriately to develop an agenda that both you and the patient can agree upon (i.e., determine common ground).

In a patient with multiple medical complaints (and/or visits), consider underlying depression, anxiety, or abuse (e.g., physical, medication, or drug abuse) as the cause of the symptoms, while continuing to search for other organic pathology.

Given a patient with multiple defined medical conditions, periodically assess for secondary depression, as they are particularly at risk for it.

Periodically re-address and re-evaluate the management of patients with multiple medical problems in order to:

- simplify their management (pharmacologic and other).

- limit polypharmacy.

- minimize possible drug interactions.

- update therapeutic choices (e.g., because of changing guidelines or the patient’s situation).

In patients with multiple medical problems and recurrent visits for unchanging symptoms, set limits for consultations when appropriate (e.g., limit the duration and frequency of visits).

Somatization disorder (reference upto date)

-Multiple physical symptoms involving several organ systems, but are not explained by any known diagnosable medical illness.

-onset of symptoms before 30 yo

-complaints must include pain, at least two gastrointestinal symptoms, a sexual or reproductive issue, and at least one complaint related to the neurological system.

-symptoms must result in seeking medical treatment, must impair functioning, and must have no known medical cause. These symptoms cause real distress, patient is not ‘faking’

-screen for depression, anxiety, and substance use disorders

-Some keys to management of patients with somatoform disorders:

 -nonjudgmental care

 -consistent physician

 -regularly scheduled appointments every one to two months, with brief focused visits to evaluate new complaints.

 -psychoeducation includes cognitive behavior therapy and behavioral therapy utilizing a basic reward system for health promotion and avoiding increased attention during periods of escalating somatic complaints

-Other somatoform disorders:

-conversion disorder

-pain disorder

-hypochondriasis

-body dysmorphic disorder