

- Onset before 30 years of age; symptoms lasting years, decline in function or pursuit of medical treatment
- Symptoms (all 4 of the following): (a) Pain (4 sites), (b) Gastrointestinal (2 non-pain symptoms) (c) sexual (1 non-pain symptom), (d) neurological (1 non-pain symptom)
- Medical explanation inadequate
- Other conditions excluded

Epidemiology:

Female preponderance, this disorder occurs frequently in the primary care setting and is associated with a high psychiatric and medical comorbidity.

Other factors include lower Socio-economic Class and education, and rural more than urban location. There may be a history of sexual abuse. Family history may include males with alcoholism or antisocial personality, and females with somatisation disorder.

Onset is in early adulthood and usually takes a chronic course. It is difficult to diagnose and more difficult to treat. The aetiology may well be a need for the sick role in the absence of other ways to express concerns, fears, or anger.

There may also be some sort of amplification of bodily sensations (altered cognitive schema , "somatic filter") or negative interpretations of normal bodily sensations, or some anxiety from automatic negative thoughts.

There may well be unconscious psychological conflict, and environmental factors such as social learning (especially familial patterns of pain behaviour) and some degree of primary or secondary gain. Comorbidity of various types may well be present. Patients with somatisation disorders have a high rate of personality disorder ([\[1\]](#)).

[1] Stern J, Murphy M, Bass C. *Br J Psych*1993; **163**:785 -9Personality disorders in patients with somatisation disorder. A controlled study.