

APPENDIX 2

Diagnostic criteria for Pain Disorder

DSM IV 307.8x

- Pain in one or more sites as the focus of clinical presentation
- Pain severity warrants clinical attention
- Pain causes significant distress or impaired function
- Psychological factors are judged to play a significant role in the onset, severity, exacerbation and maintenance of pain
- Pain is not intentionally produced or feigned
- Pain is not better accounted for by a mood, anxiety or psychotic disorder, and does not meet the criteria for dyspareunia.

Synonyms include: Somatoform disorder, Psychogenic pain disorder, Idiopathic pain disorder, Chronic pain syndrome, Psychalgia.

Somatoform disorders include:

- Somatisation disorder
- Hypochondriasis
- Conversion Disorder
- Body Dysmorphic Syndrome
- Pain Disorder
- Undifferentiated Somatoform Disorder

Differential Diagnosis

- Factitious/malingering
- Compensation related
- Psychiatric disorder
- Medical condition
- Substance-induced
- Cultural

Comorbidity:

- Personality disorder
- Secondary depression
- Secondary anxiety
- General medical
- Substance-induced

Pain Disorder:

Epidemiology:

- 40% prevalence in chronic pain populations
- females>males 2:1
- family history of depression, alcohol, pain
- low SEC
- older age of onset 30-40 years old

Conversion Disorder

1. Unexplained symptoms of voluntary motor or sensory function
2. associated psychological factors
3. significant distress/functional decline
4. not merely pain or sexual dysfunction
5. rule out other conditions

Epidemiology:

- prevalence 10-300/100,000
- 15% conversion symptoms at times
- 1-3% of psychiatric referrals
- 5-15% psychiatric consultations
- 4% neurology outpatient visits
- onset 10-35 years old
- females>males 2-10:1
- especially rural, low SEC, 'medically naive' (Source: Somatoform Disorders online lecture Rosenstock J 2002)

Course:

- may remit within 2 weeks
- 25% recur within 1 year
- 50% symptom free at 1 year
- 80% symptoms free at 5 and 15 years

Prognosis:

Good if:

- acute onset
- clear precipitant
- early treatment
- intelligence
- good social environment
- no comorbidity

Hypochondriasis

1. Preoccupation with fears of having a serious disease, triggered by misinterpreted bodily sensations

2. occurs despite reassurance
3. significant distress/functional decline
4. >6 months' duration
5. other conditions excluded

Epidemiology:

- 4-9% prevalence in primary care setting
- males>females generally
- low SEC
- family history
- variable age of onset, peak symptoms generally in 30s/40s

Prognosis:

Good if:

- acute onset
- high functioning, high SEC
- comorbid medical or Axis I diagnosis present
- Axis II absent
- No secondary gain

- **307.80 Pain Disorder Associated With Psychological Factors:** psychological factors are judged to have the major role in the onset, severity, exacerbation, or maintenance of the pain. (If a general medical condition is present, it does not have a major role in the onset, severity, exacerbation, or maintenance of the pain.) This type of Pain Disorder is not diagnosed if criteria are also met for Somatization Disorder.

Specify if:

Acute: duration of less than 6 months

Chronic: duration of 6 months or longer

307.89 Pain Disorder Associated With Both Psychological Factors and a General Medical Condition: both psychological factors and a general medical condition are judged to have important roles in the onset, severity, exacerbation, or maintenance of the pain. The associated general medical condition or anatomical site of the pain (see below) is coded on [Axis III](#).

Specify if:

Acute: duration of less than 6 months

Chronic: duration of 6 months or longer

Note: The following is not considered to be a mental disorder and is included here to facilitate differential diagnosis.

Pain Disorder Associated With a General Medical Condition: a general medical condition has a major role in the onset, severity, exacerbation, or maintenance of the pain. (If psychological factors are present, they are not judged to have a major role in the onset, severity, exacerbation, or maintenance of the pain.) The diagnostic code for the pain is selected based on the associated general medical condition if one has been established or on the anatomical location of the pain if the underlying general medical condition is not yet clearly established--for example, low back (724.2), sciatic (724.3), pelvic (625.9), headache (784.0), facial (784.0), chest (786.50), joint (719.4), bone (733.90), abdominal (789.0), breast (611.71), renal (788.0), ear (388.70), eye (379.91), throat (784.1), tooth (525.9), and urinary (788.0).