Posttraumatic stress and somatization during pregnancy

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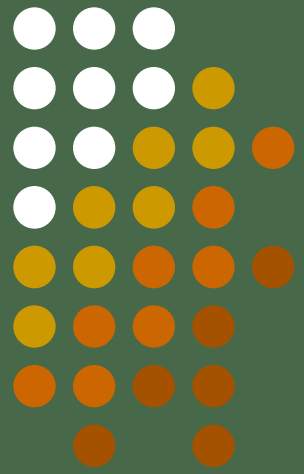

Normal pregnancy

- Normal somatic changes and symptoms, inherent to pregnancy
- Changes in taste, preferences, cravings
- Physiological changes, tiredness, mood changes
- Anxieties during pregnancy, of outcome, of delivery, etc.
- More “neediness” during pregnancy and need of mothering

Excessive somatic complaints

- Excessive concern about weight gain
- Excessive tiredness, lack of energy
- Multiple sites of pain, abdomen, back, legs, head, joints, etc. etc.
- Excessive vomiting or nausea, or salivation
- Difficulties breathing, getting enough air, something “stuck” in throat.

Excessive somatic complaints

- Excessive need for reassurance
- Frequent visits to physician
- Frequent telephone calls
- Not reassured by explanations and procedures
- Requesting multiple or repeated laboratory tests of investigative procedures

Emotional trauma and somatic complaints

- History of emotional/physical/ sexual trauma and impact on pregnancy?

- Possible reactivation of traumatic memories or symptoms due to pregnancy or delivery or re-traumatization
- Relationship between history of trauma and multiple somatic complaints in pregnancy (Seng et al, 2004)

History of trauma

- 20 to 30% (fifth to a third) of women coming to obstetric clinic or in labor have a history of sexual abuse
- In 70% of cases the abuse has been carried out by someone known to the girl (Leeners et al, 2003)
- 33-60% of cases the perpetrator is a relative

Posttraumatic symptoms

- Constant anxiety or being on edge
- Flashbacks, nightmares, panic attacks
- Anxiety triggered by everyday experiences
- Multiple somatic complaints, pains, dysfunction, tumors, interest in medical conditions and treatments
- Heightened sensation of pain

Posttraumatic symptoms

- Nature of pregnancy/delivery may trigger traumatic memories (e.g. breast enlargement, explorations, delivery room)

- Dissociative symptoms, e.g. feeling like a “spectator” of labor or delivery
- Diminished sensation or pain

Intervention Posttraumatic

- Inquiry about previous negative experiences
- Early diagnosis
- Inquiry about anxiety,
- Suspicion if multiple physical complaints
- Increasing sense of control in the woman
- Support person
- Listening to feelings and or memories

Intervention posttraumatic

- Psychosocial interventions
- Normalization of current symptoms given previous history
- Calm attitude about referral for psychological intervention
- Relaxation techniques, biofeedback,
- EMDR and psychotherapeutic strategies
- May require pharmacotherapy

Hypochondria and pregnancy

- Concern with physical symptoms and diseases without medical condition
- Not fabricated by patient
- Patient has genuine worry about being ill and illness not being properly diagnosed or identified
- Sense of great vulnerability (plus the pregnancy)

Hypochondria and pregnancy

- Heightened attention to bodily signals
- (amplification)
- Possible more intense perception of sensations
- Patient cannot be easily reassured, as continued symptoms suggest new condition or new evidence

Hypochondria

- Possible association with traumatic experiences, losses and deprivation in childhood

- Possible relationship with high stress in the mother of the patient during pregnancy

(Cheung et al, 2002. British 1970 Birth cohort study . Malaise inventory)

Exposure to illness in caregiver, or interest in illnesses (illness leads to affection)

Hypochondria

- Association with perfectionistic tendencies
- Everything should function perfectly
- 10% of all visits to physicians

Hypochondria intervention

- Supportive and respectful attitude vs. dismissive and annoyed with constant complaints and worries
- Empathy toward the patient’s perception of being ill, vulnerable, overlooked
- Balance between studies , consultations and listening and reassurance

Hypochondria intervention

- Try to establish regular schedule of visits vs. only when “there is something wrong”
- Devote time to listen and reassure the patient
- “even paranoids have enemies”
- Not dismiss all somatic complaints as some may be true signs of malfunction or condition
- Patient usually reticent about mental health interventions, as the problem is “somatic”

Hypochondria intervention

- Goal to help the patient live with symptoms, rather than try to eliminate them completely
- Face symptoms, cope with them
- Tolerate a certain degree of discomfort without going to the emergency room or a new physician

Somatization disorder (Briquet's syndrome)

- Collection of multiple symptoms in various organ systems in the same patient, without medical explanation
- i.e. the patient has multiple symptoms at the same time
- Symptoms are usually chronic but exacerbated at certain times, e.g. pregnancy
- More frequent in women (10 times)

Somatization. Pain symptoms

- Headaches
- Abdominal pain,
- Back pain
- Joints
- Chest, etc.
- Associated with urinarion, sexual activity, defecation, etc.

Somatization. gastrointestinal

- Bloating of stomach
- Constant nausea (except pregnancy)
- Vomiting
- Frequent diarrhea
- Intolerance of many foods

Somatization/ Pseudoneurological

- Lump in throat
- Problems with balance and coordination. dizziness
- Difficulty swallowing
- Paresthesias or abnormal sensations on body
- Retention of urine
- Loss of voice
- Vomiting throughout pregnancy

Somatization disorder

- Tends to “run in families”
- Pedigrees with members who have antisocial personality and substance abuse (men)
- More frequent in patients who visit the physician often, multiple phone calls, emergency room visits, frequent changes in medication, “doctor shopping” or changes in physician

Somatization disorder

- Strong correlation with posttraumatic disorder
  (VA study, Escalona et al, 2004)

- Diagnosis with 8 symptoms: Eg
- 4 pain symptoms
- 1 sexual dysfunction
- 2 gastrointestinal symptoms
- 2 pseudoneurological symptoms

Interventions

- Assess if personality disorder
- Patient usually reluctant to seek or accept mental health
- Principles similar to those of hypochondria
- i.e. balance between studies
- Psychosocial support, regular appointments
- Live with symptoms.