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Somatoform pain disorder

Somatoform pain disorder is pain that is severe enough to disrupt a person's everyday life.

The pain is like that of a physical disorder, but no physical cause is found. The pain is thought to be due to psychological problems.

The pain that people with this disorder feel is real. It is not created or faked on purpose (malingering).

Causes

In the past, this disorder was thought to be related to emotional stress. The pain was often said to be "all in their head."

However, patients with somatoform pain disorder seem to experience painful sensations in a way that increases their pain level. Pain and worry create a cycle that is hard to break.

People who have a history of physical or sexual abuse are more likely to have this disorder. However, not every person with somatoform pain disorder has a history of abuse.

As researchers learn more about the connections between the brain and body, there is more evidence that emotional well-being affects the way in which pain is perceived.

Symptoms

The main symptom of somatoform pain disorder is chronic pain that lasts for several months and limits a person's work, relationships, and other activities.

Patients are often very worried or stressed about their pain.

Exams and Tests

A thorough medical evaluation, including laboratory work and radiologic scans (MRI, CT, ultrasound, x-ray), is done to determine possible causes of the pain.

Somatoform pain disorder is diagnosed when these tests do not reveal a clear source of the pain.

Treatment

Prescription and nonprescription pain medications often do not work very well. These medications also can have side effects, and may carry the risk for abuse.

Chronic pain syndromes of all types can often be treated with antidepressants and talk therapy.

Cognitive behavioral therapy (CBT), a kind of talk therapy, can help you deal with your pain. During therapy, you will learn:

- To recognize what seems to make the pain worse
- To develop ways of coping with the painful body sensations

- To keep yourself more active, even if you still have the pain

Antidepressant medications also often help with both the pain and the worry surrounding the pain. Commonly used antidepressants include:

- Selective serotonin reuptake inhibitors (SSRIs), such as fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), fluvoxamine (Luvox), citalopram (Celexa), and escitalopram (Lexapro)
- Serotonin–norepinephrine reuptake inhibitors (SNRIs), such as venlafaxine (Effexor), desvenlafaxine (Pristiq), duloxetine (Cymbalta), and ilnacipran (Dalcipran, Ixel, Savella)
- Tricyclic antidepressants

Some patients may not believe that their pain is connected to emotional factors and may refuse these treatments.

Supportive measures that also can be helpful include:

- Distraction techniques
- Hot and cold packs
- Hypnosis
- Massage
- Physical therapy
- Stress reduction exercises

Support Groups

People with this disorder may benefit from treatment at pain centers.

Outlook (Prognosis)

The outlook is worse for patients who have had symptoms for a long time. Your outlook will improve if you can start doing your previous activities, even with the pain.

Seeking out a mental health professional who has experience treating people with chronic pain has been shown to improve outcomes.

Possible Complications

- Addiction to prescription pain medications (if they are not used correctly)
- Complications from surgery
- Depression and anxiety

When to Contact a Medical Professional

Call your health care provider if you or your child experiences chronic pain.

Alternative Names

Pain disorder

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