Body System: Pain		
Session Topic: Somatic Symptom Disorder		
Educational Format		**Faculty Expertise Required**
REQUIRED	Interactive Lecture	Expertise in the field of study. Experience teaching in the field of study is desired. Preferred experience with audience response systems (ARS). Utilizing polling questions and engaging the learners in Q&A during the final 15 minutes of the session are required.
OPTIONAL	Problem-Based Learning (PBL)	Expertise teaching highly interactive, small group learning environments. Case-based, with experience developing and teaching case scenarios for simulation labs preferred. Other workshop-oriented designs may be accommodated. A typical PBL room is set for 50-100 participants, with 7-8 each per round table. Please describe your interest and plan for teaching a PBL on your proposal form.

Professional Practice Gap	**Learning Objective(s) that will close the gap and meet the need**	**Outcome Being Measured**
• Knowledge gaps with regard to diagnosing somatoform symptom disorder. • Knowledge gaps with regard to diagnosing and managing co-morbid conditions of somatoform symptom disorder. • Knowledge gaps with regard to developing collaborative treatment plans that include a multidisciplinary clinical approach including education, cognitive behavior strategies, mindfulness-based therapy, and medications for management of somatoform symptom disorder. • Knowledge and practice gaps with regard to inappropriate testing in evaluating somatoform symptom disorder resulting in over-utilization of costly	1. Use screening tools like PHQ-15 and Somatic Symptoms Scale-8 initially and then the American Psychiatric Association DSM-5 criteria to diagnose somatoform disorders. 2. Use tools like PHQ-9, 15, and DSM-5 to distinguish somatoform symptom disorder from co-morbid conditions like anxiety and depression. 3. Refer appropriately for cognitive behavioral therapy and mindfulness-based therapy. 4. Evaluate the safety and efficacy of amitriptyline, SSRI's, and St. John's Wort MOA inhibitors, bupropion, anticonvulsants, and antipsychotics in treating the symptoms of somatic symptoms disorder. 5. Appraise the efficacy of labs and studies used in differential diagnosis. 6. Recognize behavioral presentation of patients with somatoform symptom disorder and that the symptom complex is	Learners will submit written commitment to change statements on the session evaluation, indicating how they plan to implement presented practice recommendations.

services and potential harm to the patient • Knowledge gaps regarding understanding that patients with somatoform disorder are not faking it	reproducible and not fictionalized by individual patients.	

ACGME Core Competencies Addressed (select all that apply)			
X	Medical Knowledge		Patient Care
X	Interpersonal and Communication Skills		Practice-Based Learning and Improvement
	Professionalism		Systems-Based Practice

Faculty Instructional Goals

Faculty play a vital role in assisting the AAFP to achieve its mission by providing high-quality, innovative education for physicians, residents and medical students that will encompass the art, science, evidence and socio-economics of family medicine and to support the pursuit of lifelong learning. By achieving the instructional goals provided, faculty will facilitate the application of new knowledge and skills gained by learners to practice, so that they may optimize care provided to their patients.

- Provide up to 3 evidence-based recommended practice changes that can be immediately implemented, at the conclusion of the session; including SORT taxonomy & reference citations
- Facilitate learner engagement during the session
- Address related practice barriers to foster optimal patient management
- Provide recommended journal resources and tools, during the session, from the American Family Physician (AFP), Family Practice Management (FPM), and Familydoctor.org patient resources; those listed in the References section below are a good place to start
    - Visit http://www.aafp.org/journals for additional resources
    - Visit http://familydoctor.org for patient education and resources
- Explain the demographics of the condition and use screening tools like PHQ-15 and Somatic Symptoms Scale-8 initially and then the American Psychiatric Association DSM-5 criteria to diagnose somatoform disorders
- Provide recommendations for using tools like PHQ-9, 15, and DSM-5 to distinguish somatoform symptom disorder from co-morbid conditions like anxiety and depression
- Provide recommendations for referring appropriately for cognitive behavioral therapy and mindfulness-based therapy and know and understand the use of amitriptyline, SSRI's, and St. John's Wort and limitations in treating somatic symptoms disorder.
- Explain how MOA inhibitors, bupropion, anticonvulsants, and antipsychotics are not effective in treating somatic symptoms disorder and should not be used for that purpose
- Provide recommendations regarding labs and studies that would be useful in primarily excluding physical and metabolic conditions that present similarly
- Provide recommendations for recognizing behavioral presentation of patients with somatoform symptom disorder and that the symptom complex is reproducible and not fictionalized by individual patients

Needs Assessment

Approximately 5% to 7% of the general population has somatic symptom disorder; and of those, an estimated 20% to 25% go on to develop a chronic somatic illness.[1] Primary care physicians often treat patients who manifest symptoms for which there are no biologic cause, and patients with somatic symptom disorder may be subjected to unnecessary testing and procedures.[1]

Practice Gaps

Data from a recent American Academy of Family Physicians (AAFP) CME Needs Assessment survey indicate that family physicians have knowledge gaps with regard to diagnosing and managing somatic symptom disorder.[2] More specifically, data from a 2016 AAFP CME Training Needs Survey indicates that physicians have educational gaps with regard to initial diagnosis for somatic symptom disorder.[3]

In the Diagnostic and Statistical Manual of Mental Disorders, 5th ed., (DSM-5), the nomenclature for the diagnostic category previously known as somatoform disorders was changed to somatic symptom and related disorders.[4] The purpose of this change was to better define these disorders to make them more relevant to the primary care setting. Some physicians find patients with somatic symptom disorder frustrating, and may describe them in derogatory terms. They may consider physical disorders genuine, while essentially accusing somaticizing patients of manufacturing their symptoms.[1]

Somatization often occurs in primary care patients. It increases use of medical services independent of any accompanying psychiatric or non-psychiatric disorder and leads to frustration in both the patient and the clinician.[5-9] Instruments for identifying and monitoring somatic symptoms are few in number and not widely or consistently adopted.[10]

Physicians may improve their care of patients with somatic symptom disorder by engaging in continuing medical education that provides practical integration of current evidence-based guidelines and recommendations into their standards of care, including, but not limited to the following:[1,11,1213-16]

- In addition to a comprehensive clinical interview and assessment for diagnostic criteria, the use of screening instruments, such as the Patient Health Questionnaire-15 or the Somatic Symptom Scale-8, should be considered in patients with suspected somatic symptom disorder.
- Cognitive behavior therapy and mindfulness-based therapy are effective for the treatment of somatic symptom disorder.
- Amitriptyline, selective serotonin reuptake inhibitors, and St. John's wort are effective pharmacologic treatments for somatic symptom disorder.
- Other antidepressants (monoamine oxidase inhibitors, bupropion [Wellbutrin], anticonvulsants, and antipsychotics) are ineffective for the treatment of somatic symptom disorder and should be avoided.
- Cognitive behavior therapy may improve PMS and PMDD symptoms.

Because of overlap with symptoms of depression and anxiety, it is recommended that clinicians assess for these comorbidities as well. It should be emphasized, however, that although screening

instruments are useful as a first step in the diagnostic process, the DSM-5 criteria still must be met to diagnose somatic symptom disorders.[1,17]

These recommendations are provided only as assistance for physicians making clinical decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient's family physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations. These recommendations are only one element in the complex process of improving the health of America. To be effective, the recommendations must be implemented. As such, physicians require continuing medical education to assist them with making decisions about specific clinical considerations.

Resources: Evidence-Based Practice Recommendations/Guidelines/Performance Measures

- Somatic Symptom Disorder[1]
- Premenstrual Syndrome and Premenstrual Dysphoric Disorder[12]
- Familydoctor.org - Somatic Symptom and Related Disorders (patient education)[18]

References

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