

# Unravelling the Myth: Somatic Symptom Disorder

## Anna's story

Anna is a 35 year-old woman who presents to her GP with unusual neurological symptoms.

Over the past few years she has described increasing clumsiness, with difficulties with her gait and her hand function. She sometimes finds it hard to “get her hands and feet to do what she wants” describing difficulties doing up buttons, tying shoelaces and taking lids off jars. She also takes a while in the mornings to get moving, feeling like her limbs are “frozen”. In the past few months, she has noticed problems with her speech, with stuttering and difficulty forming words.

Anna has no prior history of illness, apart from mild hypertension in pregnancy, irritable bowel syndrome and the occasional migraine. There is a family history of thyroid disease and cardiac disease. Anna is a non-smoker, drinks alcohol occasionally and has never taken recreational drugs. She is on no regular medication.

Anna works as a policy officer for local government, but has found this hard recently because she is experiencing difficulties typing and speaking. She has recently separated from her husband of 10 years after she discovered he was having an affair, and is raising their two children, aged eight and six. She feels there is no personal or family history of mental illness and denies symptoms of depression, anxiety or psychosis.

When you talk to Anna about her symptoms she seems remarkably unconcerned: she is frustrated about the fact that she may lose her job, but the symptoms themselves seem to not trouble her greatly. You notice during the consultation that she has facial tics and involuntary movements in the limbs. Her gait is unusual, but difficult to characterise.

She has seen a number of neurologists in search of an answer and had multiple tests, including an MRI of her brain and lumbar puncture, which returned normal. Specifically, they have excluded the possibility of multiple sclerosis, Parkinson's disease and other neurological disease. Blood tests (including tests for autoimmune disease) are normal.

You take a psychosocial history and realise that many of her symptoms emerged around the time of her separation. She tells you the separation was “amicable” and she and her ex-husband have negotiated a shared care arrangement for their children “like reasonable adults, thankfully without a lot of conflict”. You ask about her childhood, and she tells you it was “ok” but her mother was “pretty cold”: “we grew up in the country and I guess we learned to just get on with things and cope”.

When you probe further, you recognise there was physical abuse from her father, who hit her and her siblings with a belt if they misbehaved. However, it was her mother she found challenging. “She never wanted a girl: she loved my brothers but she always said I was sent to her as a punishment from God. She always said I was born evil, and no matter what I did it was never good enough”. Her mother used to tell family friends, in front of Anna, that it was a shame her one daughter hadn't inherited her good looks, and was openly critical of her appearance in front of the family. “My mother always criticised how much I ate, and told me I was gross, even though I was really pretty normal”. Anna hasn't seen her parents for years: “it's easier that way”.

*What do you think is going on with Anna?  
How does her history of trauma influence your thinking?  
Could she still have a neurological illness?  
How might we approach her management?*