Mind and Body
-A Psychiatric Summary: by Prof George Ikkos + Dr Susie Lingwood-
January 2013

Introduction:

Body and mind are two sides of the same coin. Here we look at the relation between body and mind when people feel ill, fear they may be ill, are in pain or have other physical symptoms that bother them. We want to help you with your illness or pain, and we believe it is real. However all illness and pain has physical and emotional aspects and both may be making a contribution to your symptoms at present. Often it is possible to help best by looking at both!

We all know what the body is even when we don’t understand its details and ways of working. In order to have a mind we need to have a body, but what is the mind? Mind here refers to one’s thoughts, memories, emotions, attitudes, wishes, relations and so on. Mind extends out beyond our body to our relationships with others and position in society and expectations and fears of the future. It also extends down below our conscious and deliberate experience and willpower.

Emotions and other mental factors cause changes in our body. You may have noticed this yourself in relation to heart palpitations, bowel spasms or pain when you are more stressed? Where psychological factors are important but not identified there are risks for patients. A particular risk is that they may be referred to multiple hospital departments and have multiple physical investigations. Some intrusive and risky investigations may inadvertently cause more harm than good. This is called iatrogenic harm. In extreme cases, patients have had operations that they did not really need. Unfortunately this happens despite doctors’ best intentions and care.

Understanding the relationship between Body and Mind is complex but, to get best results for you, detailed assessments by physicians, surgeons, psychiatrists, psychologists and others working together can help to arrive at a holistic and useful formulation for your problems.

Here are some of the main presentations where mind and body interactions are important, together with some websites where you can find high quality information:
1: Organic Mental Disorders

Diseases of the body may affect the mind. For example, some people suffer from over-activity (often accompanied by swelling) of the thyroid gland, a gland positioned in the neck. When this gland is overactive laboratory tests will show abnormal results in the measurements of thyroid hormones. The symptoms of this disease are physical such as loss of weight and palpitations of the heart and even vomiting, but also mental symptoms such as anxiety and, in very extreme cases, paranoia.

People may sometimes forget that the brain is just another part of the body but it is. Diseases of the brain can also cause mental problems, for example Alzheimer's disease. This is a form of dementia and may cause mental symptoms such as memory impairment, loss of judgment, anxiety and depression and even hallucinations. Looking at brain specimens under the microscope scientists have identified specific changes in the brain, called “amyloid plaques” and “neurofibrillary tangles” which are associated with this disease.

Mental illness caused by diseases of the body and brain are often called “organic”. In such cases we can see a physical abnormality in the body or brain either with the naked eye or under the microscope or with special investigations such as blood tests or x-rays or scans.

2: Functional Mental Disorders:

Here patients have predominantly, but not necessarily exclusively, mental health symptoms. Functional mental or psychiatric disorders are called so because there is assumed to be a change in function of the brain and the various neuro-chemical systems associated with it, but not a change in structure. There is research to support such a view. Common functional psychiatric disorders include affective disorders such as major depression and anxiety disorders such as generalized anxiety disorder, panic disorder and post traumatic stress disorder. Less common functional mental disorders include eating disorders such as anorexia nervosa and, also, hypochondriasis and body dysmorphia (i.e body image fear). Other less common but more severe functional psychiatric disorders include bi-polar disorder (manic depression) and schizophrenia.
Functional Mental Disorders can be the cause of physical symptoms for which doctors cannot find a specific organic/physical cause. Such symptoms may include pain in any part of the body, tiredness, dizziness, change in bowel habit etc. You may find more information specifically written for patients on the full range of functional mental disorders on the helpful website of the Royal College of Psychiatrists:

http://rcpsych.ac.uk/expertadvice

3: Functional Neurological and Dissociative Disorders:

Here patients present with isolated symptoms which are neurological (such as weakness, paralysis and blackouts), real (and not imagined) but not due to neurological disease. Other symptoms that may occur under this category include blindness, fatigue, spasms, shaking, unsteadiness, blackouts, loss of memory etc. When they are not due to neurological or other recognised physical disease they sit on the boundary between neurology, psychiatry and psychology and may be confusing and difficult for patients and sometimes even doctors, nurses and other clinicians to understand. You can find lots of good information on functional neurological and dissociative symptoms on the following website prepared by Dr Jon Stone, Consultant Neurologist:

http://www.neurosymptoms.org

4: Functional Somatic Syndromes

Here patients present with a collection of physical symptoms. “ Syndromes” are groups of symptoms that often occur together in a recognisable pattern. Examples of relevant syndromes for our discussion include irritable bowel syndrome, chronic pelvic pain, fibromyalgia, atypical chest pain, chronic fatigue syndrome, hyperventilation syndrome, chronic back pain, joint hypermobility syndrome, tension headache and so-called multiple food sensitivity.

What is interesting about functional somatic syndromes is that if a person has one of these they are also more likely (but not certain) to have one of the others and possibly a functional mental disorder
such as depression or anxiety too. So, for example, a patient who suffers from fibromyalgia or chronic fatigue syndrome may also be more at risk than the average person of suffering from irritable bowel syndrome or atypical chest pain. They may also have a common mental disorder such as anxiety or depression but not all do.

If you want to check individually for any of many medical syndromes, including functional somatic syndromes, you will find reliable information on the following NHS Choices Web-pages:

http://www.nhs.uk/Conditions

5: Somatoform Disorders

This group has proven difficult to define. People that have two or more of the functional somatic syndromes referred to above may fall in this category, but others do as well. Basically, if you belong to this category you will have changing physical symptoms over a period of time, for which doctors cannot find a specific physical cause. One of the paradoxes of these conditions is that although such patients are investigated extensively and no underlying medical condition can be found, which should be reassuring, patients remain worried and are not infrequently angry and dissatisfied about medical care.

The most severe end of the somatoform disorders is called Somatisation disorder. This is characterised by a significant number of changing medical symptoms (including pain, neurological, heart/chest, gynaecological/ reproductive/sexual etc) leading to referrals to multiple hospital departments and repeated investigations over more than two years, plus dissatisfaction with medical care!

Patients with somatoform disorders, like those with functional somatic syndromes, are also at higher risk of functional mental disorders. Whether they have an additional functional mental disorder or not they will benefit from seeing a psychiatrist specialising in these problems. In the UK this specialist would be a Liaison Psychiatrist/ Psychological Medicine specialist.
6: Pain

Pain is a symptom of very many organic and functional medical conditions. These can be organic/physical conditions such as cancer or injury or the various functional and somatoform conditions discussed in the previous sections. Pain is real in all these categories and the British Pain Society has produced useful information for patients and this may be found on:

http://www.britishpainsociety.org/pub_patient.htm

If you are interested in self-help books for pain you will find the information you need on:

http://www.britishpainsociety.org/patient_suggest_reading.htm

7: Medically Unexplained (Physical) Symptoms

Strictly speaking this term should be reserved for symptoms about which doctors cannot find an explanation at all. In practice it often includes people from the various groups from categories 2 to 6 we discussed above. The Royal Colleges of GP’s and Psychiatrists have produced a very helpful report for GP’s to manage patients from groups with such symptoms in primary care and you may access it and have a read too if you go to these webpages:

www.rcpsych.ac.uk/expertadvice/improvingphysicalandmh/medicallyunexplainedsymptoms.aspx

8: Stress

Human stress can cause widespread changes in our nervous, hormonal and immune system particularly through a complex set of functions that connects these systems and is called the “hypothalamic- pituitary- adrenal” axis (HPA).

The acute effects of stress may include palpitations of the heart, shortness of breath, increased pain, increased alertness, anxiety, worry, and even panic attacks. It can also cause changes in our body that take place but we are not aware of, such as increasing the readiness of our immune system to respond or suppressing the capacity of our reproductive organs and thus contribute to
infertility. The effects of long term stress may include hypertension, heart disease, obesity, diabetes, continuing infertility, impaired concentration and memory and clinical depression or relapse of psychosis.

Research shows that patients with functional psychiatric disorder, functional somatic syndromes, somatoform disorders, chronic pain and medically unexplained physical symptoms on average have higher levels of stress compared to the general population.

9: The Role of Personality

By personality, we mean one’s habitual way of thinking, responding to stress, temperament and mood and attitudes towards and relations with others.

Sometimes functional psychiatric disorders, functional somatic syndromes, somatoform disorders or unexplained medical symptoms may occur in individuals who are vulnerable because of their personality characteristics. This is particularly the case for people who tend to be worriers, perfectionist and/or find it difficult to handle emotions and conflict confidently. They may be prone to thinking negatively in different ways and “catastrophise” when faced with problems in their life.

Treatment: Ways forward

Can anything be done to help people that suffer from the above conditions and pain? The unequivocal answer is often YES, there is help!

It is important to remember that all people have strengths. This is particularly the case for those who have been through severe trauma or abuse and have shown remarkable resilience by soldiering on despite the impact of such experiences. It is often a matter of identifying and building on such strengths. Patients themselves sometimes may not be aware of their strengths.

A good conversation and relationship with a well informed doctor or other health professional is often all that a patient may need. Such a conversation can help the patient understand their difficulties more accurately and adopt better coping strategies. Many patients will also follow up
conversations with health professionals by reading reliable information on websites such as the ones recommended here or self help books (see below). In general keeping active will be an essential part of getting better but it is important to pace one’s self well and guidance may be needed specifically in relation to this from a psychologist or physiotherapist depending on the problem.

People that have an inborn tendency to worry and catastrophise, those that have suffered abuse or deprivation in childhood or may be in abusive relationships or other current traumatic circumstances may find it more difficult to recover. Often, though, it is possible to help through counselling or Cognitive Behavioural or Trauma Focused or Psychodynamic or Mentalisation Based or other Psychotherapy. Accurate assessment is needed to select the right treatment for the specific patient and problem. Not any form of counselling will do!

Physiotherapy and psychological treatments not infrequently can go hand in hand with each other to ensure a better outcome. There are both outpatient and inpatient treatment programmes for patients with functional neurological symptoms and functional somatic syndromes such as fibromyalgia, chronic fatigue syndrome and joint hypermobility syndrome which carefully combine the two as a matter of routine. Some people need this more intense treatment and support.

A variety of pain killers and antidepressant medication has also been shown to help, but need to be used judiciously. Importantly antidepressants often help even patients that don’t suffer from a functional mental disorder such as an affective or anxiety disorder! The GP, a Neurologist, a Pain specialist, a Liaison Psychiatrist/Psychological Medicine Specialist or another appropriate specialist, depending on the problem, can be a very helpful in identifying the right medication and monitor its effects.

Often when taking medication for functional somatic syndromes and somatoform disorders, patients need to be realistic about expectations. Such treatments may reduce the severity and duration of symptoms and their impact on daily life without eliminating them completely. Small but significant improvements, rather than a complete cure, may be brought about. This is one reason for attending
to mental/psychological issues as well. The other reason for attending to such factors is that medication can have side effects and when doctors are not informed of mental/psychological factors they may prescribe higher doses, sometimes unhelpfully high doses of such medication, which may place the patient at increased risk. Paradoxically, in fact, painkillers themselves may also place patients at some risk of experiencing more rather than less pain, thus leading to a vicious circle.

Where there are problems of personality these may need treatment in their own right to ensure good results from other treatments.

Self Help

Finally, many people are very keen on self help to overcome their problems. This is not something for all but research has shown it works for many and a variety of self help booklets (and more) may be found and purchased through, for example, the website www.overcoming.co.uk. There are separate self help books on all the topics below!

- Anger and Irritability
- Anorexia Nervosa
- Bulimia Nervosa and Binge Eating
- Body Image Problems including Body Dysmorphic Disorder
- Childhood Trauma
- Chronic Fatigue
- Chronic Pain
- Compulsive Gambling
- Depersonalisation and Feelings of Unreality
- Depression
- Grief
- Insomnia and Sleep Problems
- Low Self-esteem
- Mood Swings
- Obsessive Compulsive Disorder
- Panic
- Paranoid thoughts
- Problem Drinking
- Relationship Problems
- Sexual Problems
- Social Anxiety and Shyness
- Traumatic Stress
- Weight Problems
- Worry

We hope that the above information has been helpful, though not all will be immediately relevant to you. To clarify which, if any, applies to you please discuss with you GP or other doctor or healthcare provider.