CONDITION

Somatic symptom disorder

Somatic symptom disorder causes ongoing distress and disruption related to physical symptoms and health concerns.

WHAT IT IS
Persistent distress and disruption related to physical symptoms

BODY SYSTEM
Brain, emotions, and physical health

MAIN SYMPTOMS
Physical symptoms, health worry, repeated checking, daily-life disruption

WHAT CAUSES IT
Unknown; biological, psychological, and social factors interact

HOW IT IS DIAGNOSED
Clinical assessment; no single confirming test

MAIN TREATMENT
Psychotherapy and coordinated, regular medical care

CAN IT BE CURED?
Sometimes - symptoms and distress can improve greatly

IS IT AN EMERGENCY?
Sometimes - suicidal thoughts or severe new physical symptoms

LONG-TERM OUTLOOK
Often improves with consistent, coordinated care

Overview

Somatic symptom disorder is a mental health condition involving physical symptoms that cause major distress or interfere with daily life. You may also spend a great deal of time worrying about the symptoms, checking your body, or seeking reassurance.

The physical symptoms are real. They are not imagined or deliberately produced. Some people have a diagnosed medical condition that contributes to their symptoms. Others have symptoms for which tests have not found a clear physical cause. Somatic symptom disorder can occur in either situation.

The condition is defined mainly by how strongly symptoms affect your thoughts, feelings, actions, and daily life. It is not defined simply by whether a medical test is normal.

The brain and body constantly exchange information. Stress, attention, emotions, past experiences, sleep, and physical illness can all influence how the brain notices and interprets sensations. This does not make the symptoms less genuine.

Somatic symptom disorder matters because the cycle of symptoms, fear, checking, and repeated medical care can become disabling. Effective care aims to reduce distress, improve function, and continue appropriate monitoring of physical health.

Symptoms

The physical symptoms differ from person to person. Pain is common, but symptoms may involve several parts of the body. Examples include fatigue, dizziness, weakness, digestive problems, shortness of breath, or a racing heartbeat.

Having one or more of these symptoms does not mean you have somatic symptom disorder. Many physical and mental health conditions can cause similar experiences.

With somatic symptom disorder, the symptoms are accompanied by one or more patterns such as:

Symptoms and concerns usually persist for at least six months, although the particular physical sensations may change during that time. Some people have symptoms most days. Others have periods of improvement followed by flare-ups.

Anxiety and depression often occur alongside this condition. Poor sleep, low mood, panic, and social isolation can increase the burden of physical symptoms.

- Persistent fear that the symptoms mean you are seriously ill
- Spending a large amount of time checking your body or researching illness
- Frequently seeking tests, appointments, or reassurance
- Finding that reassurance helps only briefly
- Avoiding activity because it feels unsafe
- Struggling with work, school, relationships, sleep, or self-care

Causes and risk factors

There is no single known cause. Somatic symptom disorder appears to develop through an interaction between biological, psychological, and social factors.

Some people may be especially sensitive to normal body signals or may experience physical

sensations more intensely. The brain may begin to treat harmless or uncertain sensations as signs of danger. This can increase alertness, muscle tension, stress hormones, and symptom awareness.

Past illness, injury, frightening medical experiences, or seeing a family member become seriously ill may shape how someone responds to symptoms. Ongoing stress, trauma, anxiety, and depression may also contribute. These factors do not mean that symptoms are voluntary.

Risk may be higher when a person has difficulty coping with uncertainty about health, receives inconsistent explanations, or undergoes repeated investigations without a clear care plan. Family and cultural beliefs about illness can also influence how distress is understood and expressed.

A physical condition does not rule out somatic symptom disorder. For example, someone may have arthritis or migraine and also experience levels of fear, checking, or disruption that are much greater than the medical condition alone would usually explain.

Diagnosis

There is no blood test, scan, or questionnaire that can confirm somatic symptom disorder. Diagnosis is based on a careful clinical assessment.

A clinician will ask about your symptoms, medical history, daily activities, health worries, mood, and patterns of seeking or avoiding care. They may perform a physical examination and review previous test results.

Medical testing is guided by the type of symptom, examination findings, age, health history, and any warning signs. The goal is to investigate reasonable physical explanations without exposing you to repeated tests or procedures that are unlikely to help.

For the diagnosis, there must be at least one troubling physical symptom. There must also be persistent and disproportionate thoughts, anxiety, or behaviour related to the symptom. The overall pattern is usually present for more than six months.

"Disproportionate" does not mean that concern is unreasonable simply because tests are normal. The clinician considers how much time and energy the concern takes, how it affects your life, and whether it continues despite appropriate assessment and support.

Diagnosis can take time. New or changing symptoms should still be assessed on their own merits rather than automatically attributed to an existing diagnosis.

Treatment and management

Treatment usually works best when physical and mental healthcare are coordinated. A consistent clinician or care team can help review symptoms, limit duplicated testing, and notice meaningful changes.

Regular planned appointments may be more helpful than arranging care only during a crisis. These visits can address physical health, emotional wellbeing, medication, activity, sleep, and treatment goals.

Psychotherapy is a main treatment. Cognitive behavioural therapy, often called CBT, can help you notice links between physical sensations, thoughts, emotions, and actions. It may help reduce body checking, catastrophic thinking, avoidance, and repeated reassurance-seeking. The aim is not to convince you that symptoms are unreal. It is to reduce their control over your life.

Other psychological approaches may focus on coping skills, emotional awareness, relationships, or the effects of trauma. The most suitable approach depends on your needs and what services are available.

Treatment may also include:

Medication is not required for everyone. Antidepressant medicines may sometimes be considered when depression or anxiety is also present. Medication decisions should include a discussion of likely benefits, side effects, and other health conditions.

Repeated procedures, emergency visits, or changes between many clinicians can sometimes increase fear and expose you to unnecessary harm. This does not mean avoiding medical care. A shared plan should explain when symptoms can be reviewed routinely and when new signs need prompt assessment.

- Gradually returning to valued activities
- Improving sleep and daily routines
- Learning ways to manage stress and symptom flare-ups
- Physical rehabilitation when pain, weakness, or inactivity limits movement
- Treating related anxiety, depression, or another mental health condition

Complications

Without effective support, symptoms and health concerns can take up increasing amounts of time. You may stop exercising, working, studying, travelling, or seeing other people because

these activities feel unsafe or exhausting.

Possible complications include:

A further risk is that new physical illness may be overlooked if every symptom is assumed to be part of the existing condition. Clear follow-up arrangements and reassessment of important changes help reduce this risk.

- Reduced independence and physical fitness
- Difficulties at work, school, or in relationships
- Financial strain from missed work or repeated care
- Depression, anxiety, or substance misuse
- Side effects or injury from unnecessary tests, medicines, or procedures

Prevention

There is no proven way to prevent somatic symptom disorder completely. Its causes are complex, and developing it is not a personal failure.

Early support for persistent symptoms, anxiety, depression, or trauma may reduce distress and disruption. A clear explanation and a coordinated care plan may also prevent cycles of repeated testing and short-lived reassurance.

If you have recovered or improved, recognising your early warning patterns may help limit future flare-ups. These patterns might include more body checking, online searching, appointment-seeking, avoidance, or loss of sleep.

Living with it and what to expect

The course differs between people. Symptoms may continue for months or years, change location, or become stronger during stress, illness, poor sleep, or major life events. Improvement is often gradual rather than immediate.

Recovery does not always mean that every physical sensation disappears. Many people improve by becoming less frightened by symptoms, returning to activities, and needing less urgent reassurance. Symptoms may become more manageable even when some remain.

A steady relationship with a clinician can provide continuity. Keeping brief notes about major symptom changes may be useful, but constant tracking can increase attention and worry. Your care plan can set out what to monitor and what does not need repeated checking.

Gradual activity is usually more sustainable than alternating between doing too much and prolonged rest. Goals may focus first on function, such as walking regularly, returning to a hobby, or attending work for planned periods.

Setbacks do not necessarily mean that treatment has failed. A flare-up can be a signal to return to coping strategies, review current stress, and check whether any symptom has changed in a medically important way.

With coordinated care and suitable psychological treatment, many people experience less distress and better daily functioning. Some continue to need long-term follow-up, particularly when symptoms are severe or occur with other health conditions.

When to get medical help

Arrange a routine appointment if physical symptoms or health worries are disrupting sleep, work, school, relationships, or normal activities. Follow-up is also appropriate if you are repeatedly seeking reassurance, avoiding activity, feeling persistently low, or struggling with treatment side effects.

Contact a healthcare service promptly if a symptom is new, has changed clearly, or is becoming steadily worse. An existing diagnosis of somatic symptom disorder should not prevent an appropriate physical assessment.

Seek urgent or emergency help for:

Use your local emergency number or crisis service when there is immediate danger. Do not assume an urgent symptom is caused by somatic symptom disorder.

- Thoughts of suicide, a suicide plan, or an immediate risk of self-harm
- New chest pressure, severe breathing difficulty, or loss of consciousness
- Sudden weakness on one side, facial drooping, or difficulty speaking
- Any other sudden or severe symptom that may represent an emergency

Common questions

Are the symptoms real?

Yes. The pain, fatigue, dizziness, or other sensations are genuinely experienced. The diagnosis does not mean you are pretending. It describes a pattern in which symptoms and health concerns cause persistent distress or disruption.

Does a normal test mean nothing is wrong?

A normal result can rule out the specific problem the test was designed to detect. It cannot prove that you have no symptoms, and no test detects every possible condition. Your clinician should consider the whole pattern and investigate new warning signs appropriately.

Can I have somatic symptom disorder and a physical illness?

Yes. The diagnosis can occur with conditions such as migraine, arthritis, or digestive problems. Treatment should address both the physical condition and the distress, fear, or behaviours surrounding the symptoms.

Is somatic symptom disorder the same as health anxiety?

No. In somatic symptom disorder, one or more physical symptoms are a major part of the problem. With illness anxiety disorder, fear of serious illness is central even when physical symptoms are absent or mild. The conditions can have overlapping features.

Will it ever go away?

Some people recover fully, while others continue to have symptoms but become much less distressed or limited by them. Progress is more likely to be gradual. Consistent care, psychotherapy, and treatment of related anxiety or depression can help.

Why suggest therapy when my symptoms are physical?

Psychotherapy can change how the nervous system responds to symptoms and reduce fear, checking, and avoidance. It does not replace appropriate medical care or imply that symptoms are imaginary. Physical and psychological treatment can be used together.

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