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THEORETICAL CONSIDERATIONS AND CLINICAL IMPLEMENTATIONS OF THE SOMATOFORM DISORDERS CONCEPT

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The existing ICD-10 typology of somatoform disorders is often criticized. The alternative approach to pseudo-somatic complaints as an expression of anxiety-affective disorders still deserves much recognition among practicing psychiatrists.

To evaluate the validity of these views a group of 53 patients (24 men and 29 women) was studied with the help of clinical interview, symptomatic scales, personality and neuropsychological tests. Results of statistical analysis demonstrate that there are four relatively independent "core" variants of somatoform syndromes, which closely resemble ICD disorders: anxiety-depressive, psychovegetative, dissociative, and paranoid hypochondriac. These variants differ in symptomatology, levels of disturbance and prognosis.

The obtained data evidence that differences in clinical features of somatoform disorders are determined by specificity of cognitive styles, changes in sensory levels, dysfunction of brain antinociceptive system, higher integrative brain functions and personality/behavioral patterns. It also means that contradiction between empirically and operationally based approaches to somatoform disorders reflects the consecutive transition from phenomenological to descriptive and then - to bio-psycho-social paradigm in modern psychiatry.