What is a somatic symptom disorder?
Somatic symptom disorders are conditions in which individuals experience physical symptoms that are not fully explained by the presence of a general medical condition after standard-of-care evaluations and diagnostic tests. In some patients, there may be a known medical condition or injury, but the amount of distress, worry about the condition, and disturbance in daily life is greater than what medical professionals and parents/caregivers would expect given the actual severity of the medical condition or injury.

Are the symptoms real?
Most definitely, yes! The symptoms your child is experiencing, whether abdominal pain, headache, muscle weakness or tingling, are very real, but medically unexplained. Telling your loved one that their symptoms are not real, or that they are “faking” or “making it up” just because the medical work-up cannot explain the cause almost never helps the symptoms go away.

What symptoms are most commonly involved?
Children and adolescents with this disorder may experience headaches, abdominal pain, nausea, vomiting, bloating, fatigue, muscle aches and soreness, back pain, diarrhea, vocal cord or voice problems, numbness, tingling, blurry vision, inability to walk or move a limb, and other issues. People of all ages have occasional aches and pains that come and go without an obvious explanation. In this instance, however, the severity of the symptoms intrudes on and disrupts functioning in daily life at home, school, and in other activities.

What other problems are seen with these disorders?
Sometimes disabling somatic symptoms may begin after a physical illness, infection, or injury. Examples include prolonged abdominal pain after a viral illness has cleared up, or numbness or tingling of the leg after being kicked in soccer practice. The somatic symptoms seem to “take on a life of their own” after the initial problem should have healed or resolved. Youth with somatic symptom disorders also have higher rates of depression and anxiety than general pediatric populations.

Are there other risk factors?
Physical and emotional abuse or neglect and sexual abuse are known risk factors for medically unexplained symptoms. Also, having other family members or significant others with unexplained medical symptoms may predispose a child to symptom expression, particularly during stressful life events.

How serious is this?
Somatic symptoms disorders are not fatal, but they can be serious if they interfere with a child’s normal growth and development, including learning and academic achievement, peer and family relationships. Occasionally a child may be harmed if concerns about illness lead to prolonged physical inactivity and loss of healthy muscle tone. Children may also be harmed if clinicians order unnecessary tests, procedures, and treatments. Consequently, it is critical to avoid the temptation to request unnecessary medical testing or treatments that put the child at risk for complications and adverse effects.

How is the diagnosis made?
There is no single test or procedure for somatic symptom disorders. The diagnosis is made from a thorough clinical history, physical examination, and laboratory, imaging, and diagnostic tests.
appropriate for the concerns and problems the child is experiencing. Children should also be assessed for depression, anxiety, and the possibility of abuse or other traumatic experiences.

**How are somatic treatment disorders treated or managed?**

There is no single quick and easy procedure or medication for this. Treatment is based primarily on accumulated clinical wisdom and experience.

First of all, children and families should be assured that appropriate medical monitoring will be done for new or changing symptoms. In the meantime, many types of healthcare professionals may be involved in your child’s care, including pediatric subspecialists, psychiatrists, nurses, physical and occupational therapists, teachers, and others. Families and the treatment team should establish and collaborate to achieve shared goals.

**Specific treatment modalities often helpful include:**

- Cognitive behavioral therapy – a particular type or school of therapy helpful in addressing stresses and behaviors that may be exacerbating the symptoms, as well as accompanying symptoms of depression and anxiety; encouraging a “rehabilitative” mindset that emphasizes the child’s fundamental strengths and relative health is often critical.
- Behavioral therapies and parent training – assist parents with addressing illness behaviors and reinforcing healthy habits at home
- Family therapy – helps the patient and the entire family deal with the effects of the illness on everyone, as well as factors at home that might be contributing to the symptoms
- Many children and adolescents benefit from relaxation techniques, guided imagery, biofeedback, and hypnosis for symptom management
- Psychotropic medications for accompanying depression, anxiety, or other psychiatric disorders can sometimes be very helpful
- Communication with significant others in the youth’s life is essential, including teachers, counselors, primary care doctors, therapists, clergy, and coaches