Somatoform Disorders

People with somatoform disorder (which used to be known as hysteria) present with a range of symptoms that may last for years and can not be traced to a specific physical cause. Such symptoms may include frequent headaches; back pain; abdominal cramping and pelvic pain; pain in the joints, legs and arms; chest or abdominal pain, and gastrointestinal problems, but classically present as medically unexplained neurological symptoms.

This book is an indepth, clinically oriented review of the somatoform disorders and related clinical presentations (such as chronic fatigue syndrome) with special reference to how they present in a medicolegal setting. It is aimed at both clinicians and lawyers who deal with injury claims where these disorders impact much more frequently than is generally recognised.

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A Medicolegal Guide

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Every effort has been made in preparing this book to provide accurate and up-to-date information that is in accord with accepted standards and practice at the time of publication. Although case histories are drawn from actual cases, every effort has been made to disguise the identities of the individuals involved. Nevertheless, the authors, editors, and publishers can make no warranties that the information contained herein is totally free from error, not least because clinical standards are constantly changing through research and regulation. The authors, editors, and publishers therefore disclaim all liability for direct or consequential damages resulting from the use of material contained in this book. Readers are strongly advised to pay careful attention to information provided by the manufacturer of any drugs or equipment that they plan to use.

For Jenifer, now Dame – 22 years later

Contents

Preface

Hysteria, we are often told, is an old-fashioned term for a disorder which has virtually disappeared. Certainly the term is old-fashioned, having been ingrained into medical practice for over 2000 years. Certainly it carries with it a considerable amount of intellectual and emotional baggage which, over the centuries, has rendered it a cumbersome subject to discuss. It has not however disappeared, in spite of the attempts of some to abolish it by renaming it, or others to suggest it is a merely culturally derived set of symptoms which peaked in incidence with the rise of oppressive Victorian male doctors delighting in the symptomatology in their pretty petulant female patients. In fact, patients who present to doctors with medically unexplained symptoms are as common now as they ever have been, although the more extravagant forms are certainly restricted in any large numbers to specialist centres. However, this was probably the case when, for example, the great Charcot collected together his coterie at the Salpêtrière in Paris towards the end of the nineteenth century.

Hysteria was renamed by committee, and now masquerades under such terms as somatoform disorder and somatisation disorder. The change of name reflects the fact that the patients with these chameleon symptoms come to the clinic for the comfort of a diagnosis, as long as the diagnosis is not that of hysteria!

The National Hospital for Neurology and Neurosurgery, or, as it was once more elegantly called, the National Hospital for Nervous Diseases, is one specialist centre which has attracted, particularly, the neurological variants of hysteria ever since it first opened. My predecessor, Eliot Slater, took a particular interest in these patients and his pronouncements on the subject are well known. Another predecessor, Harold Merskey, has also written extensively in this area.

It is then with considerable hesitation that I too have written on this subject. In part, this has been driven, as with my predecessors, by the very fact of the large number of patients that come to the hospital who in the past would have borne the diagnosis of hysteria or conversion disorder. In my experience these conditions are even more prevalent today than previously, and the diagnostic difficulties which

they can present are still as complex as in earlier times. Arguments still abound (in non-medicolegal circles) about the nature and causes of symptomatology, about the organic and the non-organic, about the role of consciousness in the development of the symptoms, and the potential for therapeutic remediation.

There are several recently published books on the subject of hysteria, and this one is not an attempt to go over old ground. In 1981 I published a book entitled *Post-Traumatic Neurosis*, with a subtitle 'From railway spine to whiplash injury'. This book led me into the fascinating history of posttraumatic hysteria, and the nineteenth-century debates about the cause of symptoms following accidents, particularly railway accidents, and the role of compensation in either creating or maintaining the symptomatology. To some extent this book is an update of that earlier version, but now written with many more years of medicolegal experience in the kit bag.

I think the final motive for writing the book was the persistent interrogation by lawyers about the issue of consciousness: 'Doctor, are the symptoms conscious or not?' Further, I found that amongst the legal profession there was even more ignorance about hysteria, posttraumatic hysteria, somatoform disorders and somatisation, than amongst many medical practitioners, particularly referring here to non-psychiatrists.

The book then is intended to help and hopefully satisfy the needs of several groups. This of course is a difficult task. However, it is hoped that psychiatrists will enjoy the exploration of the history of the subject, and the discussion of the clinical presentations, especially at the fringes. It is hoped that these clinical chapters will also be of relevance to lawyers and those interested in the law who may in their professional work come across people with the medical problems discussed herein. More difficult has been the excursion into issues of causation and consciousness, and also the legal aspects of compensation for psychiatric injury. Here I have done my best to lay out the current position as I understand it, with the help of a number of legal colleagues, and to express it in a way which I hope is intelligible enough for non-legal practitioners who seek access to this kind of knowledge. I apologise in advance to those who may feel I have simplified the text in some areas, with the hope of explaining the complicated simply, and to others who feel that I have somehow missed the simple by making it too complicated.

Chapter 1 presents a historical overview: this goes over old ground, but with an emphasis on the development of the concept of posttraumatic hysteria. In Chapter 2 I have tried to outline the way that the term 'hysteria' has transmogrified to become somatoform and dissociative disorders, with variants on that theme.

Chapter 3 looks at some of these variants, a number of which readers may be surprised to find in the context of a book on somatoform disorders. However, in many of these settings we are dealing with patients who have medically unexplained

symptoms. This naturally leads on to the consideration of malingering in Chapter 4. Malingering is central to many of the medicolegal arguments, and is a subject which, like many a troublesome child, should, according to many, be seen but not heard. Testing for malingering is notoriously difficult, but in medicolegal practice it is often suggested this is assisted with psychological testing, and this is discussed in Chapter 5. This chapter explores in some detail the whole area of memory in a medicolegal context. This issue of memory is reverted to later when, in Chapter 8, mechanisms are discussed (following on from the earlier theories outlined in Chapter 1), and in the final chapter on consciousness.

Chapter 6 deals with assessment and treatment and prognosis. There are not many studies in this area, but summarised here are also the results of studies which have looked at the issue of the role of compensation in the maintenance of symptoms and thus prognosis.

It is in Chapter 7 that I have tried to understand the intricacies of the legal process of claiming for psychiatric injury, and have put in a section on the new Civil Procedure Rules (CPRs). This is intended as a guide, but also has a plea. I have tried to outline some of the difficulties that experts have in following the terms of the CPR and also pointed out some of the anomalies. If I have come down somewhat harshly on lawyers here, it is because lawyers continue to come down harshly on experts in relationship to their failure or otherwise to obey the strictures of the new directives.

In the last chapter I discuss the issues surrounding causation and finally the question of consciousness. Those seeking a ready answer to the question outlined above, about whether the patient is conscious of his or her symptoms, may be disappointed with this exegesis, and I am sure there will be those who disagree with both the underlying philosophies presented and the conclusions, particularly on aspects of free will. However, the chapter does reveal the differences between the legal and the medical mind both in relationship to causation and to consciousness, both of which are central to the posttraumatic hysteria debate.

I have avoided the development of new terminology, with the exception of introducing the term 'lexigenic', to refer to the harmful effects of the legal process on patients' symptomatology. It is hoped that by introducing the term, more attention may be given to these factors in claimant assessment, and this may stimulate some much-needed work into this malign protean effect.

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