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# Somatic symptom and related disorders: A Case of Illness Anxiety Disorder in a young relatively treatment naive African American male



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## Introduction

According to the DSM-5, the diagnosis of illness anxiety disorder requires the presence of: preoccupation with having or developing a serious illness, mild or nonexistent somatic symptoms, substantial anxiety about health and low threshold for becoming alarmed of one's health, and either excessive health related behaviors (such as repeated checking oneself for illness) or maladaptive avoidance of situations or activities that are thought to represent health threats; illness preoccupation present for at least six months (7).

The prevalence of illness anxiety disorder is estimated to be approximately 0.75% in a primary care setting and 0.1% in the general population (4, 6). A literature search on african americans, young adults, or those with limited medical history prior to diagnosis with this disorder returns scarce, with studies showing IAD to be more common in females and adults between the ages of 25-35 (8, 10).

This report details a clinical case of a relatively treatment naive african american young adult male with multiple recent emergency room visits presenting with illness anxiety. We discuss diagnostic challenges and acute management in the inpatient setting in this unique patient with an uncommon presentation of an uncommon disorder.

## Background

Somatic symptom and related disorders (including illness anxiety disorder and somatic symptom disorder) have replaced Somatoform and Related Disorders in the (DSM-5) (1). This has eliminated the requirement that somatic symptoms must be nonorganic in nature (3), to reliably detect more cases of significant health anxiety than previously with DSM-4 criteria (2). Illness anxiety disorder is a primary anxiety disorder (5) characterized by persistent preoccupation or excessive concern about having or developing an undiagnosed disease despite medical evaluation and reassurance (4). It is distinguished from somatic symptom disorder as the patient's distress stems from unfounded fear of having a serious medical illness rather than somatic symptoms (4), whereas in somatic symptom disorder there is a focus on relief of distress from physical symptoms present (5). It is considered a disorder when the preoccupation with health causes clinically significant distress or impairment (4, 7).

## Case Report

An 18 year old African American male presented to the emergency room for increasing depression and insomnia. Following medical evaluation in the ER, he was admitted to the mental health facility.

Initial evaluation:

- Chief Complaint: "I think I have a disease, it's driving me crazy, I feel like I'm going to die"
- Primary anxiety disorder (excessive, difficult to control, causing significant distress over past year)
- Depressive disorder secondary to the anxiety (passive death wish to escape his anxiety)

Source of anxiety:

- Poor perceived sleep despite proper sleep hygiene
- "Fatal Familial Insomnia" (despite no family history)
- "I am dying right before your eyes"
- Fear that he would be dead within a year

Impairment in functioning:

- Difficulty completing high school due to anxiety. Unemployment
- Dysphoria, anhedonia, amotivation, guilt
- Isolated to home. No longer playing basketball with friends
- Three Emergency Room visits within the past ten days
  - Chest pain, palpitations, dyspnea, tremors
  - Self resolved, unremarkable workup, attributed to anxiety
  - Concerned that these symptoms were a sequela of his FFI

Hospital Course:

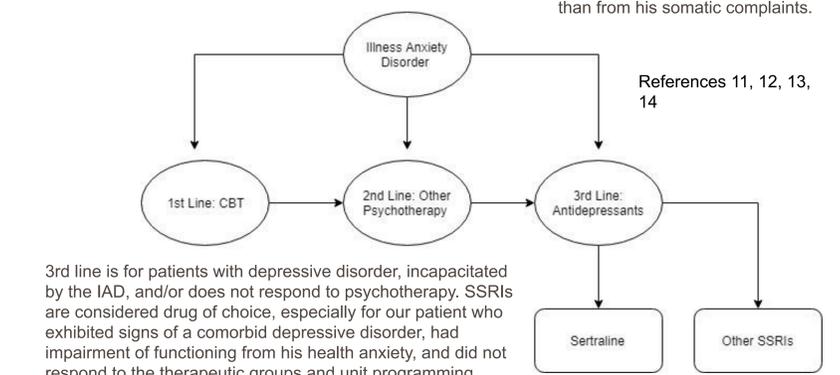
- Day 1:
  - Perceived insomnia (found resting peacefully during nightly checks)
  - Worried about blood pressure (normal BP on multiple exams)
  - "Rings" across chest and left arm (residual glue from ECG pads)
    - Started on Sertraline
- Day 3:
  - Limited improvement, still distressed about FFI
  - Daily hospitalist evaluation - no outstanding medical condition or issues, no further workup indicated
    - Started on Aripiprazole
- Day 5:
  - Improvement in mood symptoms with reduction in anxiety
  - Still believed he had an undiagnosed illness, but no longer convinced he had FFI
- Day 6:
  - Discharged to home with recommendations for regular, frequent followup with his PCP and for outpatient psychotherapy.

## Discussion

Illness Anxiety Disorder	Somatic Symptom Disorder
<ul style="list-style-type: none"><li>• None or mild somatic symptoms</li><li>• Higher health anxiety from fear of having serious illness than from somatic symptoms</li></ul>	<ul style="list-style-type: none"><li>• Presence of somatic symptoms</li><li>• Higher rates of healthcare utilization</li><li>• Higher rates of comorbid mood or anxiety disorders</li></ul>

References 2, 4, 5

In our patient with both perceived somatic complaints and excessive health anxiety related to fear of having a serious illness, it was difficult to distinguish the exact diagnosis. However, our patient exhibited greater distress from his fear of having a serious illness than from his somatic complaints.



3rd line is for patients with depressive disorder, incapacitated by the IAD, and/or does not respond to psychotherapy. SSRIs are considered drug of choice, especially for our patient who exhibited signs of a comorbid depressive disorder, had impairment of functioning from his health anxiety, and did not respond to the therapeutic groups and unit programming.

In our case, Aripiprazole was used off label for augmentation given the patient's limited response to treatment. Aripiprazole specifically was chosen given its activity as a partial agonist at the 5-HT1A receptor (16), which is involved in anxiolysis (17). Unfortunately, there is limited evidence indicating use of antipsychotics for anxiety disorder, and use is limited to a case-by-case basis based on clinical judgement. Further research should be pursued to examine the potential use of antipsychotics as monotherapy or as adjunctive therapy in the treatment of illness anxiety disorder.

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