



Mental health organizations and the ostrich policy



Selim R Benbadis*

“...it certainly appears that both the American Psychiatric Association and American Psychological Association are uncomfortable with this subject area. But is the answer really to adopt the ostrich policy?”

Psychogenic nonepileptic seizures (PNES) and psychogenic symptoms in general are common. However they may be termed or classified, they constitute an important part of psychiatry and psychology. The largest professional mental health organizations (American Psychiatric Association and American Psychological Association [APAs]) both have abundant patient education material, but curiously have no information on this entire category of disorders. It is surprising that, with so many members for so many years, this ‘omission’ seems to have gone unnoticed.

PNES are very common at epilepsy centers, where they represent 30–40% of referrals [1,2]. Contrary to what is often implied in the literature, PNES are not a unique disorder, but rather a specific subtype of somatoform disorders [1–5]. PNES are, however, a good prototype of somatoform disorders since, unlike other psychogenic symptoms, they can be diagnosed with a very high degree of certainty (with EEG video monitoring). The vast majority of the literature on psychogenic symptoms deals with psychogenic seizures, followed

(distantly) by psychogenic movement disorders [3,4]. However, psychogenic symptoms are not the monopoly of neurology and are common in every specialty [1]. It is estimated that at least 10% of medical services are for patients whose symptoms are psychogenic [1–5]. Of course, the differences between specialties are related to the ability to make that diagnosis with any confidence [1–2]. The degree of confidence is highest for PNES and lowest for pain, so much so that pain specialists do not endorse the diagnosis of ‘psychogenic pain’ [6]. Be that as it may, whether they like it or not, all clinicians will face such patients. Where should these patients go for help?

Outcome and follow-up are notoriously poor for this patient population [1,2,4,7]. For PNES, a common scenario is that patients are caught going back and forth between psychiatry and neurology. It is also well known that psychiatrists in general tend to be skeptical of the diagnosis [1,2,8], and will often insist that patients with proven PNES have ‘seizures’ and should be treated by their neurologist.

“If the American Psychiatric Association and American Psychological Association are not comfortable with this, who is going to take in on?”

*Comprehensive Epilepsy Program, University of South Florida & Tampa General Hospital, 2 Tampa General Circle, Tampa, FL 33606, USA; Tel.: +1 813 259 8577; sbenbadi@health.usf.edu

The APAs are two powerful professional organizations, who clearly recognize the importance of patient information. Indeed, they both have extensive patient education materials available, as shown in **Boxes 1 & 2**. Their websites are very professionally designed, and almost all possible topics are covered, including some unexpected ones such as ‘Mental health in American Indians and Alaska natives’ (**Box 1**) [101], ‘Immigration’ and ‘Money’ (**Box 2**) [102]. Not to minimize the importance of those particular topics, but it is rather surprising that neither APA has anything related to somatoform, psychogenic or somatic symptoms. This would be analogous to the American Academy of Neurology leaving out the entire category of, for example, motor neuron disease. If the APAs are not comfortable with this, who is going to take it on? Patient education is widely available, generally found helpful and available for

practically every disease state in every specialty. For example, the American College of Rheumatology has patient information material on Paget’s disease and Takayasu’s arteritis, both of which are not very common. Patient education is always good, despite the fact that patients with Paget’s or Takayasu’s disease can be treated without great knowledge or understanding of their disease. Medications will work the same whether the patient learned about the disease or not. This is not true for mental health, and certainly not true for somatoform disorders, where it is even more important that patients understand their illness. Unlike pharmacotherapy, patients here have an active role in treatment. Some degree of insight and understanding by the patient is even more critical today, with recent evidence that cognitive behavior therapy can be helpful [9,10].

Accidental oversight or deliberate strategy?

Box 1. Fact sheets and pamphlets (‘Let’s talk facts’ brochures) available on the American Psychiatric Association website.

- Alzheimer’s disease
- Anxiety
- ADHD
- Autism spectrum disorder
- Bipolar disorder
- Choosing a psychiatrist
- College students and alcohol abuse
- Common childhood disorders
- Depression
- Domestic violence
- Eating disorder
- Electroconvulsive therapy
- Obsessive–compulsive disorder
- Panic disorder
- Phobias
- Psychiatric dimensions of HIV and AIDS
- Psychotherapy
- Seasonal affective disorder
- Teen suicide
- Mental health in American Indians and Alaska natives
- Mental health in Asian–Americans and Pacific Islanders
- Mental health in the Hispanic/Latino community
- Mental health in African–Americans
- Mental health of seniors
- Substance abuse and addiction
- Warning signs of major mental health (*sic*)
- What is mental health?
- What is a psychiatrist?

Note the remarkable absence of any information related to somatoform disorders, somatization disorder, conversion and factitious disorder. Information taken from [101].

“The American Psychiatric Association, founded in 1844, is the world’s largest psychiatric organization. It is a medical specialty society representing more than 36,000 psychiatric physicians from the United States and around the world. Its member physicians work together to ensure humane care and effective treatment for all persons with mental disorders ... American Psychiatric Association is the voice and conscience of modern psychiatry.”
American Psychiatric Association

“The American Psychological Association is the largest scientific and professional organization representing psychology in the United States. American Psychological Association is the world’s largest association of psychologists, with more than 137,000 researchers, educators, clinicians, consultants and students as its members.”
American Psychological Association

Considering the breadth of the two associations, it seems remarkable that nobody has noticed this ‘omission’.

In addition to patient education, research in this area also seems to generate little interest. A review of the 2012 American Psychiatric Association annual meeting abstracts book (approximately 300 pages consisting of 589 abstracts) found no presentations on conversion, none on somatoform, one with the word ‘somatic’ and one on somatization [103]. A search in the *American Journal of Psychiatry* (2011) for the same terms in the article title found no articles on conversion, somatoform,

somatic illness and somatization. By comparison, a search for 'depression' found 25 articles and four for 'anxiety'. The recent data on cognitive behavior therapy for PNES were, illustratively, published in the neurology/epilepsy literature. Although there is an Academy of Psychosomatic Medicine with its own journal (*Psychosomatics*), even they do not seem interested in this discussion.

All in all, it certainly appears that both APAs are uncomfortable with this subject area. But is the answer really to adopt the ostrich policy? Neurologists are not trained to manage psychogenic symptoms. If mental health professionals are not interested, patients will continue to find themselves caught between neurology and psychiatry.

Financial & competing interests disclosure

SR Benbadis has served as a consultant for, has received research support from or is on the speakers' bureau for Cyberonics, GlaxoSmithKline, Lundbeck, Sunovion, UCB Pharma and Vertex Pharmaceuticals. SR Benbadis received royalties for Emedicine-WebMD-Medscape, UpToDate, Demos (Handbook of EEG Interpretation, 2007). SR Benbadis serves as Editor-in-Chief (Neurology) for WebMD-Medscape. SR Benbadis serves on the Editorial Boards of Epilepsy and Behavior, Epileptic Disorders, European Neurology and Expert Review of Neurotherapeutics. The author has no other relevant affiliations or financial involvement with any organization or entity with a financial interest in or financial conflict with the subject matter or materials discussed in the manuscript apart from those disclosed.

No writing assistance was utilized in the production of this manuscript.

Box 2. 'Psychology topics' from the American Psychological Association.

- Abortion
- Addictions
- ADHD
- Aging
- Alzheimer's disease
- Anger
- Anxiety
- Autism
- Bipolar disorder
- Bullying
- Children
- Death and dying
- Depression
- Disability
- Eating disorders
- Education
- Emotional health
- Environment
- Ethics
- Hate
- Crimes
- Health disparities
- HIV and AIDS
- Human rights
- Hypnosis
- Immigration
- Intelligence
- Kids and the media
- Law and psychology
- Learning and memory
- Marriage and divorce
- Military
- Money
- Natural disasters
- Obesity
- Parenting
- Personality
- Post-traumatic stress disorder
- Race
- Safety and design
- Schizophrenia
- Sexual abuse
- Sexuality
- Shyness
- Sleep
- Socioeconomic status
- Sport and exercise
- Stress
- Suicide
- Teens
- Testing issues
- Therapy
- Trauma
- Violence
- Women and men
- Workplace issues

Note the remarkable absence of any information related to somatoform disorders, somatization disorder, conversion and factitious disorder. Information taken from [102].

References

- 1 Benbadis SR. The problem of psychogenic symptoms: is the psychiatric community in denial? *Epilepsy Behav.* 6, 9–14 (2005).
- 2 Benbadis SR. Psychogenic nonepileptic seizures. In: *The Treatment of Epilepsy: Principles and Practice (5th Edition)*. Wyllie E (Ed.). Lippincott, Williams & Wilkins, PA, USA, 486–494 (2010).
- 3 Edwards MJ, Bhatia KP. Functional (psychogenic) movement disorders: merging mind and brain. *Lancet Neurol.* 11, 250–260 (2012).
- 4 Reuber M, Mitchell AJ, Howlett SJ, Crimlisk HL, Grunewald RA. Functional symptoms in neurology: questions and answers. *J. Neurol. Neurosurg. Psychiatry* 76, 307–314 (2005).
- 5 Driver-Dunkley E, Stonnington CM, Locke DE, Noe K. Comparison of psychogenic movement disorders and psychogenic nonepileptic seizures: is phenotype clinically important? *Psychosomatics* 52, 337–345 (2011).
- 6 Covington EC. Psychogenic pain – what it means, why it does not exist, and how to diagnose it. *Pain Med.* 1, 287–294 (2000).
- 7 Reuber M, Mitchell AJ, Howlett S, Elger CE. Measuring outcome in psychogenic nonepileptic seizures: how relevant is seizure remission? *Epilepsia* 46, 1788–1795 (2005).
- 8 Harden CL, Burgut FT, Kanner AM. The diagnostic significance of video-EEG monitoring findings on pseudoseizure patients differs between neurologists and psychiatrists. *Epilepsia* 44, 453–456 (2003).
- 9 LaFrance WC Jr, Miller IW, Ryan CE *et al.* Cognitive behavioral therapy for psychogenic nonepileptic seizures. *Epilepsy Behav.* 14, 591–596 (2009).
- 10 Goldstein LH. Cognitive-behavioral therapy for psychogenic nonepileptic seizures: a pilot RCT. *Neurology* 74, 1986–1994 (2010).

■ Websites

- 101 American Psychiatric Association. Let's talk facts brochures. www.psychiatry.org/mental-health/lets-talk-facts-brochures (Accessed 3 January 2013)
- 102 American Psychological Association. www.apa.org/topics/index.aspx (Accessed 3 January 2013)
- 103 American Psychiatric Association. New research abstract book. www.psych.org/File%20Library/Learn/Archives/am_newresearch_2012.pdf