

# EMOZIONI E CORPO: I DISTURBI DA SINTOMI SOMATICI E CORRELATI NELLA PERSONA CON DISABILITÀ INTELLETTIVA E DISTURBI DELLO SPETTRO AUTISTICO

Marco O. Bertelli

Direttore Scientifico CREA (Centro di Ricerca e Ambulatori), Fondazione San Sebastiano. Firenze

Past President della sezione Psichiatria della Disabilità Intellettiva dell'Associazione Mondiale di Psichiatria (WPA-SPID)

Past President dell'Associazione Europea per la Salute Mentale nella Disabilità Intellettiva (EAMH-ID)

Presidente della Società Italiana per i Disturbi del Neurosviluppo (SIDiN), ex SIRM

Presidente Eletto e Fondatore dell'Associazione Italiana per lo studio della Qualità di Vita (AISQuV)

# DISTURBI DA SINTOMI SOMATICI E CORRELATI DSM-5

- somatic symptom disorder
- illness anxiety disorder
- conversion disorder (functional neurological symptom disorder)
- psychological factors affecting other medical conditions
- factitious disorder
- other specified somatic symptom and related disorder
- unspecified somatic symptom and related disorder

# DISTURBO DA SINTOMI SOMATICI - CRITERI DM-ID 2

DSM-5 Criteria	Adapted Criteria for Mild/Moderate ID	Adapted Criteria for Severe/Profound ID
<p>A. One or more somatic symptoms that are distressing or result in significant disruption of daily life.</p>	<p>A. One or more somatic symptoms that are distressing or result in significant disruption of daily life or result in treatment being sought or significant impairment in social, occupational, or other important areas of common behaviors and functioning, including daily living skills, usual activities, and routines.</p>	<p>A. One or more somatic symptoms that result in significant disruption of daily life or result in treatment being sought or significant impairment in social, occupational, or other important areas of common behaviors and functioning, including daily living skills, usual activities, and routines.</p>
	<p>NOTE: A person with ID might not complain verbally but might demonstrate through behaviour that he or she has pain or other bodily symptoms. The individual with ID might not have the independence or capacity to seek medical treatment; however, the symptoms and behaviour will gain the attention of caregivers. It is usually another person who seeks treatment for the individual with ID, and that person's motivation and timing might complicate the diagnostic assessment.</p>	

# DISTURBO DA SINTOMI SOMATICI - CRITERI DM-ID 2

DSM-5 Criteria	Adapted Criteria for Mild/Moderate ID	Adapted Criteria for Severe/Profound ID
<p>A. Specify if: with predominant pain (previously pain disorder). This specifier is for individuals whose somatic symptoms predominantly involve pain.</p>	<p>No adaptation.</p>	<p>NOTE: In persons with little or no language and communication ability, it is usually very difficult to assess this specifier. Nevertheless, people sometimes communicate that they feel pain in a part of the body by indicating it or touching it with their own hand or somebody else's hand.</p>

# DISTURBO DA SINTOMI SOMATICI - CRITERI DM-ID 2

DSM-5 Criteria	Adapted Criteria for Mild/Moderate ID	Adapted Criteria for Severe/Profound ID
B. Excessive thoughts, feelings, or behaviors related to the somatic symptoms or associated health concerns as manifested by at least one of the following:	No adaptation.	Excessive behavior related to the somatic symptoms or associated health concerns as manifested by at least one of the following:
1) Disproportionate and persistent thoughts about the seriousness of one's symptoms.	No adaptation.	NOTE: In persons with little or no language and communication ability, it is usually not possible to assess this specifier. Nevertheless, preoccupations may be expressed as behavioral changes, with the person appearing to be frightened, agitated or distressed.
2) Persistently high level of anxiety about health or symptoms.	No adaptation.	NOTE: In persons with little or no language and communication ability, anxiety may be observed rather than self-reported. Commonly the person appears to be frightened, agitated or distressed.
3) Excessive time and energy devoted to these symptoms or health concerns.	No adaptation.	No adaptation.

# DISTURBO DA SINTOMI SOMATICI - CRITERI DM-ID 2

DSM-5 Criteria	Adapted Criteria for Mild/Moderate ID	Adapted Criteria for Severe/Profound ID
C. Although any one somatic symptom may not be continuously present, the state of being symptomatic is persistent (typically more than 6 months).	No adaptation.	No adaptation.
Specify if: Persistent: a persistent course is characterized by severe symptoms, marked impairment, and long duration (more than 6 months).	No adaptation.	No adaptation.
Specify current severity: Mild: Only one of the symptoms specified in Criterion B is fulfilled. Moderate: Two or more of the symptoms specified in Criterion B are fulfilled. Severe: Two or more of the symptoms specified in Criterion B are fulfilled, plus there are multiple somatic complaints (or one very severe somatic symptom).	No adaptation.	Specify current severity: Mild/Moderate: only the symptoms 1 or 2 specified in Criterion B are fulfilled. Severe: all the symptoms specified in Criterion B are fulfilled, plus there are behavioural signs (see above) of multiple somatic complaints (or one very severe somatic symptom behaviour).

# DISTURBO DA ANSIA SOMATICA - CRITERI DM-ID 2

DSM-5 Criteria	Adapted Criteria for Mild/Moderate ID	Adapted Criteria for Severe/Profound ID
A. Preoccupation with having or acquiring a serious illness.	No adaptation. NOTE: A person have more limited ability to verbally communicate his or her concern and preoccupation, but this might manifest as repetitive behavior, such as checking in a mirror or pointing at a minor skin blemish, or preoccupation with medical equipment such as a thermometer or bandage.	NOTE: In persons with little or no language and communication ability, it is usually not possible to identify this symptom. Nevertheless, preoccupation may be expressed as behavioral changes directed at a bodily abnormality such as a bruise or skin blemish or medical equipment such as a thermometer or bandage, and with the person appearing to be frightened, agitated or distressed.

# DISTURBO DA ANSIA SOMATICA - CRITERI DM-ID 2

DSM-5 Criteria	Adapted Criteria for Mild/Moderate ID	Adapted Criteria for Severe/Profound ID
<p>B. Somatic symptoms are not present or, if present, are only mild in intensity. If another medical condition is present or there is a high risk for developing a medical condition (e.g., strong family history is present), the preoccupation is clearly excessive or disproportionate.</p>	<p>No adaptation.</p> <p>NOTE: Limited or distorted knowledge and comprehension can complicate the process of reassuring a person with ID. Simple language, the use of visual means of communication, the involvement of relatives or caregivers, and the provision of physical comfort might help to confirm if reassurance is possible.</p>	<p>NOTE. Somatic symptoms may result in significant disruption of daily life or in treatment being sought or significant changes in social, occupational, or other important areas of common behaviors and functioning, including daily living skills, usual activities, and routines.</p>

# DISTURBO DA ANSIA SOMATICA - CRITERI DM-ID 2

DSM-5 Criteria	Adapted Criteria for Mild/Moderate ID	Adapted Criteria for Severe/Profound ID
C. There is a high level of anxiety about health, and the individual is easily alarmed about personal health status.	C. No adaptation.  NOTE: In comparison with neurotypical individuals, persons with ID are likely to have progressively less insight as the level of ID increases. However, it might be possible to comment on the current level of insight relative to the individual's premorbid level of understanding about serious illness.	NOTE: In persons with little or no language and communication ability, it is usually not possible to identify this symptom. Nevertheless, anxiety and preoccupation may be expressed as behavioral changes, with the person appearing to be frightened, agitated or distressed.

# DISTURBO DA ANSIA SOMATICA - CRITERI DM-ID 2

DSM-5 Criteria	Adapted Criteria for Mild/Moderate ID	Adapted Criteria for Severe/Profound ID
<p>D. The individual performs excessive health-related behaviors (e.g. repeatedly checks his or her body for signs of illness) or exhibits maladaptive avoidance (e.g., avoids doctors appointments and hospitals).</p>	<p>D. No adaptation.</p>	<p>D. No adaptation.</p>
<p>E. Illness preoccupation has been present for at least 6 months, but the specific illness that is feared may change over that period of time.</p>	<p>E. Since there is a likelihood of frequent atypical presentation and difficulties in early identification, the length of illness preoccupation can be lower than 6 months, but still should be present for a period of at least 3 months.</p>	<p>E. Since the difficulties in early identification, the length of illness preoccupation can be lower than 6 months, but still present for a period of at least 3 months.</p>

# DISTURBO DA ANSIA SOMATICA - CRITERI DM-ID 2

DSM-5 Criteria	Adapted Criteria for Mild/Moderate ID	Adapted Criteria for Severe/Profound ID
<p>F. The illness-related preoccupation is not better explained by another medical disorder, such as somatic symptom disorder, panic disorder, generalized anxiety disorder, body dysmorphic disorder, obsessive-compulsive disorder, or delusional disorder, somatic type.</p>	<p>F. No adaptation.</p>	<p>F. No adaptation.</p> <p>NOTE: See A.</p>
<p>Specify whether: <b>Care-seeking type:</b> medical care, including physician visits or undergoing tests and procedures, is frequently used. <b>Care-avoidant type:</b> medical care is rarely used.</p>	<p>No adaptation.</p>	<p>No adaptation.</p> <p>NOTE: See A.</p>

# DISTURBO DA CONVERSIONE- CRITERI DM-ID 2

(Disturbo da sintomi neurologici funzionali)

DSM-5 Criteria	Adapted Criteria for Mild/Moderate ID	Adapted Criteria for Severe/Profound ID
A. One or more symptoms of altered voluntary motor or sensory function.	A. No adaptation. NOTE: A person with ID might not complain verbally but might demonstrate through behavior that he or she has a bodily symptom. The individual with ID might not have the independence or capacity to seek medical treatment; however, the symptoms and behavior will gain the attention of caregivers.	A. No adaptation. NOTE: Persons with little or no language and communication ability, demonstrate through behavior that they have a bodily symptom. Individual with severe ID have not the independence or capacity to seek medical treatment; however, the symptoms and behavior usually gain the attention of caregivers.

# DISTURBO DA CONVERSIONE- CRITERI DM-ID 2

DSM-5 Criteria	Adapted Criteria for Mild/Moderate ID	Adapted Criteria for Severe/Profound ID
B. Clinical findings provide evidence of incompatibility between the symptom and recognized neurological or medical conditions.	B. No adaptation.	B. No adaptation.
C. The symptom or deficit is not better explained by another medical or mental disorder.	C. No adaptation.	C. No adaptation.

# DISTURBO DA CONVERSIONE- CRITERI DM-ID 2

DSM-5 Criteria	Adapted Criteria for Mild/Moderate ID	Adapted Criteria for Severe/Profound ID
<p>Specify symptom type:            with weakness or paralysis            with abnormal movement (e.g. tremor, dystonic movement, myoclonus, gait disorder)            with swallowing symptoms            with speech symptom (e.g. dysphonia, slurred speech)            with attacks or seizures            with anaesthesia or sensory loss            with special sensory symptom (e.g. visual, olfactory, or hearing disturbance)            with mixed symptoms.</p>	<p>No adaptation.</p>	<p>No adaptation.</p>
<p>Specify if:            Acute episode: symptoms present for less than 6 months.            Persistent: Symptoms occurring for 6 months or more.</p>	<p>Since there is a likelihood of frequent atypical presentation and difficulties in early identification, the length of illness preoccupation can be lower than 6 months, but still present for period of at least 3 months.</p>	<p>Since the difficulties in early identification, the length of illness preoccupation can be lower than 6 months, but still present for a period of at least 3 months.</p>

# DISTURBO FITTIZIO - CRITERI DM-ID 2

DSM-5 Criteria	Adapted Criteria for Mild/Moderate ID	Adapted Criteria for Severe/Profound ID
<p>A. Falsification of physical or psychological signs or symptoms, or induction of injury or disease, associated with identified deception.</p>	<p>A. No adaptation</p> <p>NOTE: It might be difficult to assess intention and motivation in persons with limited language and communication ability. However, if the repeated consequence of symptoms that are shown not to have a medical cause is the achievement of a sick role, then the criterion is indicated.</p>	<p>A.</p> <p>NOTE: In persons with little or no language and communication ability, it is usually not possible to assess this criterion.</p>
<p>B. The individual presents himself or herself to others as ill, impaired, or injured.</p>	<p>B. No adaptation.</p> <p>NOTE: See A.</p>	<p>B.</p> <p>NOTE: See A.</p>

# DISTURBO FITTIZIO - CRITERI DM-ID 2

DSM-5 Criteria	Adapted Criteria for Mild/Moderate ID	Adapted Criteria for Severe/Profound ID
<p>C. The deceptive behavior is evident even in the absence of obvious external rewards.</p>	<p>C. The deceptive behavior is evident even in the absence of external rewards (such as economic gain, avoiding legal responsibility, achieving a favorite activity, avoiding a disliked activity, or improving well-being).</p>	<p>C. Note: See A.</p>
<p>D. The behavior is not better explained by another mental disorder, such as delusional disorder or another psychotic disorder.</p>	<p>D. No adaptation.</p>	<p>D. Note: See A.</p>

# DISTURBO FITTIZIO AD ALTRO - CRITERI DM-ID 2

DSM-5 Criteria	Adapted Criteria for Mild/Moderate ID	Adapted Criteria for Severe/Profound ID
<p>A. Falsification of physical or psychological signs or symptoms, or induction of injury or disease, in another, associated with identified deception.</p>	<p>A. No adaptation</p> <p>NOTE: Diagnosis is possible only in those individuals with mild ID who are able to have another person under their care. It might be difficult to assess intention and motivation in persons with limited language and communication ability. However, if the repeated consequence of symptoms that are shown not to have a medical cause is the achievement of a sick role, then the criterion is indicated.</p>	<p>A.</p> <p>NOTE: In persons with little or no language and communication ability who are not likely to be responsible for the care of another it is not possible to make tis diagnosis.</p>

# DISTURBO FITTIZIO AD ALTRO - CRITERI DM-ID 2

DSM-5 Criteria	Adapted Criteria for Mild/Moderate ID	Adapted Criteria for Severe/Profound ID
B. The individual presents another individual (victim) to others as ill, impaired, or injured.	B. No adaptation.  NOTE: See A.	B.  NOTE: See A.
C. The deceptive behavior is evident even in the absence of obvious external rewards.	C. The deceptive behavior is evident even in the absence of external rewards (such as economic gain, avoiding legal responsibility, achieving a favorite activity, avoiding a disliked activity, or improving well-being).	C. NOTE: See A.
D. The behavior is not better explained by another mental disorder, such as delusional disorder or another psychotic disorder.	D. No adaptation.	D. NOTE; See A.
Specify: Single episode Recurrent episodes (two or more events of falsification of illness and/or induction of injury)	No adaptation.	NOTE : See A.

# Marco Bertelli

Psichiatra, psicoterapeuta

Direttore Scientifico CREA (Centro di Ricerca e Ambulatori), Fondazione San Sebastiano. Firenze

Past President della sezione Psichiatria della Disabilità Intellettiva dell'Associazione Mondiale di Psichiatria (WPA-SPID)

Past President dell'Associazione Europea per la Salute Mentale nella Disabilità Intellettiva (EAMH-ID)

Presidente della Società Italiana per i Disturbi del Neurosviluppo (SIDiN), ex SIRM

Presidente Eletto e Fondatore dell'Associazione Italiana per lo studio della Qualità di Vita (AISQuV)

## CONTACT DETAILS:

[mbertelli@crea-sansebastiano.org](mailto:mbertelli@crea-sansebastiano.org)

[bertelli.fi@tiscali.it](mailto:bertelli.fi@tiscali.it)