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## **Somatisation**

Somatisation is when physical symptoms develop through stress or emotional problems. Each year in the BEACH program (Bettering the Evaluation and Care of Health), somatisation disorder is managed about 30 times in 100 000 encounters. Although it is rare for general practitioners to identify the problem managed as somatisation, over the 10 years of BEACH we now have 298 encounters where this occurred, and details of these encounters are shown below.

Figure 1. Patient characteristics

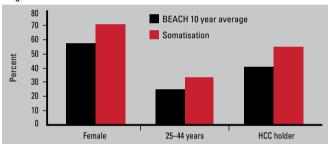


Table 1. Somatisation and its management

Problem label	Percent of somatisation problems (n=298)	
Somatisation disorder	25.2	
Globus hystericus	24.2	
Hypochondriasis	14.8	
False pregnancy	10.7	
Dissociative disorder	8.7	
Conversion disorder	4.0	
Cardiac neurosis	4.0	
Hysteria	3.7	
Psychogenic pain	3.7	
Management	Rate per 100 somatisation problems	Rate per 100 problems BEACH 2006–2007 (n=136 333)
Medications all	25.5	68.4
Other treatments	56.0	30.1
- clinical treatments	50.7	20.0
Referrals	13.4	8.2
Pathology tests	21.1	28.6
Imaging tests	6.7	6.0

Female patients were significantly more likely to present at somatisation encounters (4 per 10 000 encounters) than were males (2 per 10 000). Female patients were therefore significantly over represented at somatisation encounters (70.5%) compared with total BEACH encounters (57.1%), as were health care card holders and patients aged 25–44 years (Figure 1).

The most common reasons for encounters given by patients at these encounters were throat symptom/complaint, pregnancy, chest pain and anxiety. Other problems commonly managed together with somatisation were anxiety, hypertension, depression and oesophageal disease.

The 298 somatisation problems managed are broken down into more specific diagnoses in *Table 1*, together with the treatments provided. Management of somatisation included higher levels of clinical treatments (counselling) but lower rates of medication than the BEACH average. Referral rates were significantly higher than average and most of these were to ear, nose and throat specialists and psychiatrists. Pathology test order rates were low and imaging tests were ordered at average rates.

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