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DIAGNOSIS	DIAGNOSTIC FEATURES	EPIDEMIOLOGY	PROGNOSIS	MECHANISM OF ILLNESS PRODUCTION	MOTIVATION FOR ILLNESS BEHAVIOR
Somatoform Disord Somatization Disorder	 •Multiple symptoms/complaints which are recurrent and chronic •Diffusely + review of systems •Sickly by history •Multiple clinical contacts •Multiple surgeries and tests 	•Onset at young age •Female:male=20:1 •Familial pattern •5-10% incidence in primary care settings	Poor to fair	Unconscious	Unconscious
Conversion Disorder	 Single symptom, incompatible with known disease Mostly acute Neurological Disease sensory motor mixed seizures 	•Onset at young age •Female>male •Rural, low s-e class •Less educated and psychologically unsophisticated	Excellent except if chronic	Unconscious	Unconscious
Hypochondriasis	 inaccurate interpretation of physical symptoms/sensations Disease concern or preoccupation 80% dependent or anxious Often complain about care Seek multiple medical opinions 	•Middle to old age •Equal male:female •Previous physical dz •4-6% prevalence	Fair to good Waxes and wanes 1/3 to ¹ / ₂ improve	Unconscious	Unconscious
Body Dysmorphic Disorder	•Subjective feelings of ugliness or concern with body defect	•Adolescence or young adult	Unknown	Unconscious	Unconscious
Pain Disorder	 Pain simulation or pain intensity incompatible with known physiology/anatomy Co-morbid substance abuse 	 Female:male=2:1 Older: 40s, 50s Familial pattern Up to 40% pain patients 	Guarded/variable	Unconscious	Unconscious
Factitious Disorder	Feigned illness with no obvious external goal or gainsMultiple hospitalizations	•Female>male •Younger •Socially conforming •Employed in medical field	Chronic with poor prognosis	Conscious	Unconscious
Malingering	Feigned or simulated illness with physical or psychological symptomsFrequently leaves against medical advice	•?Male>female •Antisocial tendencies	Not applicable	Conscious	Conscious

Somatoform Disorders, Factitious Disorder, and Malingering