

Somatic Symptom Disorder (SSD) and Abdominal Pain; Increased Opioid Prescribing in Surgical Inpatients.

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Introduction: Undifferentiated pain, and pain out of proportion of diagnosed pathology are sources of frustration to clinician and patient. SSD is a DSM-V diagnosis that has consolidated the previous diagnoses of psychogenic pain. It is a health anxiety condition, sufferers experience somatic symptoms, causing anxiety and distress. This results in frequent ED and GP presentations, leading to increased opioid prescription. Population studies show SSD prevalence to be 15-20%, however SSD has never been studied in the surgical population. We hypothesized that the rates of SSD in the surgical population reflects that in primary care, and that SSD sufferers are more likely to be prescribed opioid analgesia.

Method: Adult patients admitted with abdominal pain of any non-traumatic aetiology to the Acute General Surgical Unit at a major tertiary hospital are being screened for SSD using the PHQ-15 questionnaire, and opioid prescription is being recorded.

Result: 400 participants have been recruited with a total SSD prevalence of 20%. Opioid prescribing rises sharply with SSD diagnosis.

Conclusion: Our data confirms an SSD prevalence of 20% in the surgical population. This is associated with increased opioid use. Opioids fail to adequately manage SSD symptoms. We will continue recruitment to 800 participants by March 2020.



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