

## CASE PRESENTATION OF SOMATIC SYMPTOM DISORDER WITH PSYCHOTIC SYMPTOMS

**Alpaslan Girgin, Dilan Irem Zengin, Güneş Devrim Kıcalı**

*Muğla Sıtkı Koçman University Department of Psychiatry, Türkiye*

**OBJECTIVE:** DSM-5 defines Somatic Symptom Disorder (SSD) as excessive worry and time spent on symptoms for at least six months. Risk factors include female gender, low education, low socioeconomic status, and health anxiety. This case presents a patient with suspected SSD and delusional disorder having somatic.

**CASE:** Before preparing this poster, Informed written consent was obtained from the patient. A 62-year-old woman presented to the emergency department with a 2-year history of inner restlessness, difficulty staying alone, going outside, abdominal pain, trouble swallowing, and only being able to drink liquids. She believed these symptoms were a punishment related to an argument with her daughter-in-law. Despite multiple imaging and lab tests for her throat, stomach, and intestines, no organic cause was found. The patient had no psychiatric history in herself or her family. One year ago, she was prescribed Alprazolam and Mirtazapine, but she refused to take them, leading to her admission. She was started on haloperidol drops (3-5 mg/day), later switched to

Risperidone (2 mg/day) and Mirtazapine (7.5 mg/day). By the end of the first week, she began solid foods, spent more time alone, and her abdominal pain resolved. A treatment plan was made according to her wishes, and she was discharged with plans for follow-up visits.

**DISCUSSION:** The main reason for BBB admission is pain, followed by nausea, vomiting, swallowing difficulty, weakness, shortness of breath, and menstrual issues. Our case, a woman with abdominal pain, nausea, and swallowing difficulty, fits these symptoms. After ruling out physical causes, BBB was diagnosed. The case showed negative attitude, environmental and somatic delusions, initially suggesting psychosis. Improvement with atypical antipsychotics and antidepressants confirmed BBB. This case highlights the need to consider psychosocial stress and somatic symptom disorder in psychosis with refusal to eat.

**Keywords:** Delusional disorder having somatic, somatization, refusal to eat, medication refusal.