CHAPTER 13

Physical illness without an identifiable physical explanation

Virtually every symptom that can be the result of a physical illness may also arise from a non-physical cause. Lack of energy, stomach aches, headaches, pains anywhere in the body, inability to walk or to talk, and difficulties with hearing/sight may all occur for non-physical reasons but be equally as disabling as if a physical illness were present.

13.1 Assessment of physical symptoms

As a health professional your main task will be to assess, diagnose and provide treatment for the physical conditions for which patients attend the clinic. However, research has shown that for a number of patients who come to clinics with physical symptoms (perhaps one in four or one in five), it is not possible to make a medical diagnosis. This is true for children as well as adults. These children need your help just as much as those for whom a physical diagnosis can be made.

In this chapter we provide a general account of ways you can be helpful for the children who fall into this group. Many health professionals find patients for whom a physical diagnosis cannot be made very irritating. They may even get frustrated and angry with these patients. But if you become interested in this type of problem, you will find dealing with it just as rewarding as the rest of your work. How to assess the problem will depend on the main problem the parent talks about.

13.1.1 Assessing a physical symptom or symptoms

Your first task is to find out whether the child has a physical illness or disorder. In a number of children that you see, it is either not possible to make a diagnosis of a physical illness at all or a physical problem is present but cannot account for the degree of disability that the child is exhibiting. This chapter aims to help you to deal with these common situations.

Case 13.1

A 7-year-old boy, Ali, is brought to you with moderately severe abdominal pain. He is not going to school or playing with his friends. He is eating normally. There is no vomiting or diarrhoea. When you examine the boy you find he looks well, is growing normally, has no temperature, has a normal pulse rate and when you press on the abdomen, there is no localised tenderness or rebound tenderness. The urine is normal. You decide that there is almost certainly no physical illness present.

How do you proceed to find out more? There are various principles to bear in mind when deciding what to do next.

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You need to know what the parent thinks the pain is caused by. Are they absolutely convinced that there is something physically wrong with their son? Perhaps another child they know has had a serious illness and they are worried that their child has the same problem. Or do they already suspect the problem is not physical but has something to do with the way their son is reacting to stress? Or do they really have no idea what is going on? All three are quite possible. So you need to ask, for example, 'Why do you think your son has the pain?' and 'What do you think is causing it?'

You need to communicate that you understand there is obviously something wrong but that it is not a physical illness. In doing this you need to make clear that although it is good news that the child does not have a physical illness, you need to try to work out why he has the pain. It is important that you do not convey that because he does not have a physical illness, there is really nothing wrong with him. Clearly, if he cannot go to school or play with his friends there is something really very wrong. So you need to say something such as 'I'm pretty sure that Ali does not have a physical illness. But of course there is something wrong here. We must try to find out what it is. Do you have any ideas?'

Explore a range of stress possibilities. At this point, if you have time, it would be a good idea with children over the age of 8 years to see them separately. If you are not seeing children separately, make sure you include the child in discussions with the parent about possible stresses. You can ask questions such as 'I wonder whether there is anything at school that is upsetting him? What do you think about that, [name of child]?' and 'Or anything at home? What about that, [name of child]?'

While you are talking with the parent, do note how the child reacts, especially during discussion about stresses. Children will sometimes make clear that they do or do not agree with what their parent is saying. Occasionally, they will say what they think, but even if they do not, the expression on their face may tell you a great deal.

Shame, guilt, fear and loyalty may all stop parents talking freely about stresses in the home. A mother may be ashamed of her husband's drink problem, guilty about having hit her child, frightened of what her husband will do to her if she talks about his jealousy, or feel too loyal to her husband to want to talk about what she sees as some of his failings as a father. You need to show that you are aware of how hard it is to talk about stresses by saying things such as 'I know it may be very hard to talk about some of these things' and 'Maybe there are things you do not want to talk about, but perhaps you could just say whether you know what is upsetting him even if you do not want to say what it is?'

Be sensitive about asking questions the parent may not like being asked. When asking questions about stresses you may feel that you are being too personal or intrusive. You need to acknowledge when you think this might be the case, for example: 'I'm sorry. I think it's very hard for you to think about this. Maybe you would prefer not to talk about it?' Remember though that it may be necessary for the parent to feel some emotional distress if they are to help their child. Causing emotional upset is not something a health professional likes doing, but just as it may be necessary to cause pain when diagnosing abdominal pain arising from appendicitis, so too might it may be necessary to probe painful topics when finding out what is upsetting a child.

After 10–15 minutes you will probably be in one of the following situations.

- You have a fairly good idea of why the child has disabling physical symptoms without a physical illness being present. Further, you may be able to offer some advice about what to do to reduce or even eliminate the stress. For example, the child may be being bullied at school and you might suggest to the parent the importance of discussing this with the child's teacher.

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- You may have identified the probable stress, but not be able to think of anything that will help to reduce or eliminate it. In this situation you will be able to suggest ways of achieving symptomatic relief (see Section 13.3.3).
- You may have very little or no idea what is upsetting the child. Again, you will be able to suggest ways of achieving symptomatic relief (see Section 13.3.3).

Aims you should hope to have achieved by the end of an assessment include the following:

- you should have ruled out physical illness with a considerable degree of certainty
- the parent should at least be in the position of considering the possibility that their child's symptoms do not have a physical cause
- you should have explored possible stresses causing the pain
- you and the parent should both have a plan of what to do next
- the parent and child should both feel encouraged and supported by you rather than humiliated by the knowledge that the child does not have a physical illness.

13.2 Weakness without physical cause

Case 13.2

Gethera is a 13-year-old girl carried into the clinic by her parents because she cannot walk. They said that their daughter stopped walking about a week ago. About 10 days before, she had a flu-like illness, with a temperature, shivering and cough. This cleared up and she seemed a lot better. But then one morning, when it seemed she was nearly ready to return to school, she called her parents and told them that she could not move her legs. They were naturally very alarmed and wanted to take her to the clinic straight away, but she said she did not want to go to the clinic. Her legs would get better and she was frightened of the clinic. So they did not take her but brought her meals in bed and helped her to go to the toilet by half carrying her there. But after a week they decided they would have to come to the clinic whether Gethera wanted to go or not. When they came in, Gethera was crying, saying she did not want to see the health professional. Her parents put her in a chair and the health professional noticed immediately that she moved her legs to get them into a more comfortable position. When the health professional examined her she found that when she lifted Gethera's legs and then let go, Gethera gradually lowered her legs, showing that she did have power in them. The reflexes in her legs were normal. The health professional asked the parents what they thought and they said that they suspected Gethera could move her legs. Indeed, they thought that sometimes she got up in the night without telling them, to go to the toilet. What should the health professional do?

13.2.1 Information about physical symptoms without an identifiable physical explanation (conversion disorder)

The physical symptoms most commonly involve inability to walk, a limp, weakness of an arm or hand, deafness, blindness or milder hearing or visual problems. The condition is sometimes called hysterical paralysis or conversion disorder. Symptoms may arise because the child is under stress or occur following a viral infection or other illness. However, they may also arise for no obvious reason. It may be hard for the parents or child to admit that there is a mental health problem. A physical symptom is a more acceptable way of asking for help from a health professional.

The health professional needs to recognise the wish for help, but to be astute enough to realise that there is no physical problem present. The sooner the health professional realises

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that there is no physical problem, the quicker the child's real problems can be dealt with. The temptation to carry out a large number of investigations should be avoided. If there are important investigations needed to exclude serious illnesses, these should be done early on together, not one by one. The diagnosis is made first by exclusion of physical illness and then by the fact that the problem is not consistently present. For example, a child who appears unable to walk may be able to show muscular power in the legs in some circumstances but not in others. There may be an underlying depressive condition or, very occasionally, a psychosis.

There may be a tendency in the family to experience physical complaints for which there does not seem to be a physical explanation.

The child's attitude to his disability may be one of distress or of surprising lack of concern.

13.2.2 Finding out more about a child with physical symptoms without an identifiable physical cause

- Take a careful history:
  - When did the problem begin?
  - Was the onset sudden or gradual?
  - Was it accompanied by any other symptoms such as fever or headache?
  - Were any other parts of the body affected?
  - Is the symptom consistent or is it variable?
  - Has such an episode occurred before?
  - Has the child had any fits/seizures?
  - Is the child under stress at home, at school, in the neighbourhood?
  - Has anyone in the family or at school had a similar problem?
- Carry out an examination by first asking the child what the problem is.
- Ask the child about his life and listen carefully to what he says.
- Ask whether there are any difficult things happening at home or at school at the present time?
- Carry out as full an examination as you can. For example, if the child is unable to walk, examine especially the legs for power and reflexes, noting whether the signs are consistent with any known neurological disorder.
- Observe whether there is any variation in the symptom. If the symptom is present at some times but not others, it is more likely that the problem is not physical.
- Note whether the child seems upset by the problem or seems untroubled by it.
- If after you have taken a history and carried out an examination you have made a physical diagnosis, then you need to treat the physical condition.
- If, however, you are uncertain whether the child has a physical condition or you are sure the child does not have such a disorder, then, if possible, refer to a more experienced clinician. If there is no one more experienced to whom you can refer, then treat as if the condition is not physical. Keep an open mind and reconsider if new symptoms occur.

Now, using the information you have obtained from the child with such physical symptoms without an obvious physical cause and the family member(s) you have seen, try to understand what has happened and decide what is the best course of action.

13.2.3 Helping a child with physical symptoms without an obvious physical cause

- Explain to the child and parents that you have not been able to find a physical explanation for the problem.

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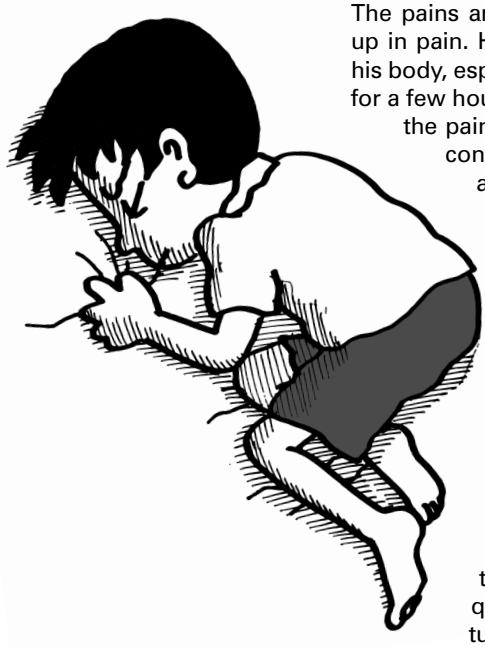
- Make clear that this does not mean there is nothing wrong. Obviously there is something wrong or the child would not have the symptom.
- Ask the child and family whether they can explain why the problem has occurred – sometimes such symptoms appear because a child is upset about something.
- If the child is under stress, work out with the family how this can be reduced.
- In any case, tell the child and family that you expect the symptom to gradually improve but that it can get better more quickly with treatment.
- With the child and family devise a programme of very gradual rehabilitation. If you have someone to work with in rehabilitation, all the better.
- With the child, set targets for a gradual recovery, one day at a time.
- At the same time, continue to give the child opportunities to talk about what is worrying him. Occasionally, for example, a history of abuse emerges during rehabilitation.
- Note you should always keep under review the possibility that the child has a physical problem, especially if new physical symptoms or signs emerge. Remember too that sometimes new physical symptoms may be caused by things that are still causing the child upset or stress.

Now make a list of the ways in which the health professional might be able to help Gethera.

13.3 Stomach aches



Case 13.3

Jamil is a 10-year-old boy brought by his mother to the health clinic with abdominal pains, present for several months. The pains are often quite severe and he sometimes curls up in pain. He also sometimes has pains in other parts of his body, especially his legs. The pains are episodic and last for a few hours at most. He has vomited once or twice with the pain. He has no other symptoms, no diarrhoea or constipation. He is doing reasonably well at school, although his mother says he does not like going very much. At the time he was brought to the clinic he was in the middle of an attack. He looked tense and unhappy. On examining him, he did not have a temperature. When he was asked to point to where the pain was he pointed to all over his abdomen. When his abdomen was pressed he did not show any signs of distress. There was no localised tenderness even with deep palpation and no rebound tenderness when the health professional suddenly removed her hand from the abdomen. His urine was normal. Having failed to find a physical cause for the pain, the health professional asked more detailed questions about when the pain occurred. It turned out that the pain almost always began on Sunday evenings and was often at its worst on Monday mornings when he was sometimes allowed to stay at home because of the pain. The pain virtually never occurred during the school holidays.

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13.3.1 Information about recurrent, non-organic abdominal pain

In high-income countries, non-organic abdominal pain is far more common than abdominal pain caused by physical disease. This is not the case in LAMI countries, but non-organic pain does occur in these countries too.

Non-organic abdominal pain occurs equally frequently in boys and girls. It is linked to depression and anxiety in both the child and parents, and to non-organic pain elsewhere in the body, especially headache. It sometimes occurs before a stressful experience such as going to school, but more often there is no such obvious link.

13.3.2 Finding out more about a child with stomach aches

The health professional should take a careful account of the pain from the parent and child.

- When did it start?
- How long does it last when it occurs?
- Are there other gastrointestinal symptoms: diarrhoea, constipation, blood in the stools, vomiting?
- What is the child's appetite like?
- Has the child lost weight?
- What is the child's general health like? Are there any other physical symptoms?
- Does the pain stop the child from everyday activities, going to school, playing with his friends?
- Is the timing of the pain associated with stress?

The health professional should also carry out a physical examination.

- Weigh the child
- Take the child's temperature
- Examine the child's abdomen, palpating for tenderness and rebound tenderness
- Look for other signs of physical illness
- Examine a specimen of urine
- Carry out an abdominal X-ray if indicated and if facilities are available.

If no organic cause for the child's pain (e.g. appendicitis, infestation, giardisis, abdominal tuberculosis, urinary tract lesions, amoebic colitis) is found, consider the possibility of non-organic pain. Differences between organic and non-organic pain are shown in Table 13.1.

Table 13.1 Organic *v*. non-organic pain

	Organic pain	**Non-organic pain**
Type of pain	Localised	Diffuse
Pain elsewhere in body	Unusual	Common
Pain wakes child at night	Often	Rarely
Vomiting	May be present	May be present
Emotional state	Usually normal	Usually tense, anxious
Abnormalities on examination and investigation	Present	Absent
Timing related to stress	Unusual	More frequent

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Now, using the information you have obtained from the child with the stomach ache and the family member(s) you have seen, try to understand what has happened and decide what is the best course of action.

13.3.3 Helping children with non-organic stomach aches

Explain to the parent and child that no serious physical disorder is present but clearly something is wrong. What does the parent think the pain might be due to? Explain the following possibilities:

- the pain is part of a general emotional upset
- there is no general upset, but the child's pain is due to stress that may or may not be obvious
- there is no clear stress or emotional disturbance, but the child may be reacting to stresses that are not obvious.

If the child's pain appears to be part of a general emotional disturbance, most likely an anxiety state, then if the parent accepts this possibility, follow the guidelines on the management of anxiety (see the relevant sections on helping anxiety in Chapter 7).

If there is no general disturbance and time allows, explore what stressful circumstances may be important here (see the relevant sections on helping anxiety in Chapter 7). Act to remove or reduce stress if at all possible. If the expertise is available, a course of relaxation or CBT be helpful (see Section 2.3.1).

If it remains unclear whether the problem is organic or non-organic, then explain that the pain is likely to clear up over the next few days or weeks. Paracetamol may be useful symptomatically.

Reassure the parents and child that the presence of serious organic illness is extremely unlikely, but add that the pain may recur, in which case the child will need to be seen again (remember that children with non-organic abdominal pain may develop organic disease in the future).

Now make a list of the ways in which the health professional might be able to help Jamil.

13.4 Headaches

Case 13.4

Tara is a 9-year-old girl who came to the health clinic with her mother, who said that Tara had been complaining of headaches for several weeks. The headaches occurred in her forehead and occasionally on top of her head. They had been present for about 6 weeks. They seemed to occur in the mornings and evenings when she was at home and not at school. They never woke her at night. Tara said the pain is 'like a pressure'. It was continuous and not throbbing. It was partly but not completely relieved by paracetamol. Tara was doing well at school, where she had friends. She was a rather tense girl who easily got upset if things did not go well for her. There did not seem to be any particular stresses at home. Her mother said that she and her husband got on well together. There was an older sister and a younger brother who did not have any problems. What can the health professional do to help?

13.4.1 Information about headaches

There are three types of headache:

1 organic headaches: these have a physical cause (unusual)

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2 migraine headaches: relatively common
3 non-organic headaches (tension headache): very common.

Organic headaches

Organic headaches may be caused by:

- short-sightedness, needing spectacles
- infection of the teeth or sinuses
- brain tumours or other brain disease such as cerebral abscess
- brain infections such as meningitis
- diseases of the blood vessels such as aneurysms, stroke or high blood pressure
- epilepsy
- other rare diseases.

Organic headaches are often continuous, worse in the evening and may interfere with sleep.

Migraine headaches

Migraine headaches do not usually start until 8 or 9 years old. A migraine attack:

- often begins with blurry vision in one eye, a blind spot, and a sensation of vague, dancing shapes in front of the eye
- may be all that is experienced, but may be followed by:
  - a throbbing headache on one side of the head
  - nausea and vomiting
  - avoidance of the light (photophobia)
- varies in the side of the head that is affected; if it always occurs on the same side, an organic cause is more likely
- usually lasts less than half an hour but may go on for hours
- may be triggered by:
  - eating various foods or food additives such as chocolate, nuts, cheese or glutamates
  - stress or the removal of stress
  - strenuous physical exercise
  - a mixture of the above
- is caused by the narrowing and then expanding of small arteries, putting pressure on pain receptors
- may delay sleep, but does not wake the person up
- may be followed by drowsiness or sleep
- may be shortened by paracetamol or anti-migraine medication, especially if taken early in the attack.

Non-organic headaches

Non-organic headaches are sometimes called tension headaches, but it is often impossible to identify any stress that is causing them. They:

- usually occur daily
- are usually in the front of the head but may feel like tightness, pressure or a 'band' around the head; there may be mild throbbing
- often run in families
- may occur at times of tension, such as before school or a party
- may be accompanied by anxiety or depression
- may overlap in symptoms with migraine headaches

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- may be helped by a mild painkiller such as paracetamol
- may occur when the child gets some benefit from them such as being allowed to avoid school or a teacher he does not like.

There is significant overlap between migraine and non-organic headaches.

13.4.2 Finding out more about children with headaches

Listen to the account given by the parent and child, and ask questions such as:

- When did the headaches begin?
- Where do they occur and what do they feel like to the child – throbbing, continuous?
- Do they start with 'odd' sensations in front of one eye and/or with a 'blind spot'?
- What part of the day are they worst?
- Do they wake the child at night?
- What seems to trigger them or set them off: certain foods, stress or relief from stress, position the head is held?
- Are there any stresses in the family or at school?
- Is the child getting any benefit from the headaches?
- Does the child have difficulty reading?
- Is there any weakness of the arms or legs?
- Does the child have toothache?
- Has the child had any fits?

The child will then need a brief physical examination.

- Does the child have a temperature?
- Take the blood pressure.
- Check eyesight for short-sightedness.
- Check the mouth and teeth.

A brief physical examination should reveal any weakness of the arms or legs suggestive of a brain disease.

A skull X-ray and a magnetic resonance imaging scan will only be required in the unusual situation when the account or examination suggests an organic cause affecting the brain.

Now, using the information you have obtained from the child or adolescent with headaches and the family member(s) you have seen, try to understand what has happened and decide what is the best course of action.

13.4.3 Helping children with headaches

This will depend on what type of headache the health professional thinks the child has after listening to the parents and child, and carrying out an examination. If the headache is thought to be organic, the health professional will need to continue his investigations, then treat or refer on for treatment of the underlying cause. Remember that some organic causes of headache are medical emergencies and require rapid intervention; for example, severe headache with a temperature and stiff neck is likely to be caused by meningitis.

For migraine headaches, first try and eliminate or reduce possible triggers, including foods (especially chocolate and cheese) and additives (especially glutamates). The removal or reduction of stressful triggers will require more detailed enquiries, followed by, for example, trying to change what is going on in school. Treat migraine headaches with medication, paracetamol or anti-migraine tablets.

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Non-organic (tension) headaches need management along similar lines to migraine headaches. If stresses can be identified, take steps to reduce or eliminate them. If the child is gaining some benefit, such as being allowed to be absent from school, then work out ways in which the benefit is reduced, for example not being allowed to watch television if the child is off school.

In a number of children it is not possible to identify a cause (e.g. stress for headaches), yet the symptom may persist. In these cases the health professional should explain that the headache almost certainly is not caused by anything serious and that it will probably disappear with time. If the pain is disabling, then muscle relaxation techniques (see p. 53) may be helpful. If psychological expertise is available, a course of CBT is sometimes effective (see Section 2.3.1). Paracetamol or anti-migraine medication may be indicated if the headache is severe and persistent.

Now make a list of the ways in which the health professional might be able to help Tara.

13.5 Tiredness/fatigue

Case 13.5

Fourteen-year-old Anand was brought by his father to the clinic. Anand's father said that for the past 6 months his son was always tired and lacking in energy. He did not seem to be able to get up in the morning and when his father insisted he got up, he took ages to dress and was always late for school. In the afternoon when he came home he did not want to do the homework he was given and just sat in front of the television. Occasionally he would go out, came back home late and was even more tired the next morning. Anand did not seem worried about his lack of energy, but he did complain of numerous physical symptoms, especially headache, ringing in his ears and tingling in his hands. He has had difficulty getting off to sleep, wakes two or three times in the night, and does not want to get up in the morning. He does not seem able to concentrate on his schoolwork. Before this trouble began he was an energetic boy who liked to see his friends, but now he has no interest in his friends. He had been a good student, but now he is failing in school. What should the health professional do?

13.5.1 Information about lack of energy

Lack of energy can have a number of causes, both physical and psychological or both. Physical causes include:

- anaemia
- chronic infections, including tuberculosis, HIV, sleeping sickness and malaria
- infestations
- malnutrition
- chronic physical illness
- a combination of the above, with perhaps a chronic infection resulting in lack of appetite, causing malnutrition and anaemia.

Non-physical (psychological) causes include:

- depression
- anxiety
- psychosis
- physical symptoms without a physical cause

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- excessive drug (especially marijuana) or alcohol use
- a combination of the above.

13.5.2 Assessment of lack of energy

It is first important to find out whether there is a physical problem. You will need to ask about:

- symptoms suggestive of fever, sweats, diarrhoea, blood in urine or faeces
- adequate diet
- any other physical symptoms.

You will then need to take the child's temperature and carry out a full physical examination to see whether he:

- looks malnourished, has dry skin, is underweight
- has any signs of chronic physical illness, such as pallor, difficulty breathing or jaundice.

Then examine a specimen of urine for evidence of infection and a specimen of faeces for signs of infestation.

If there is no physical problem accounting for the lack of energy, then you should try to work out the nature of the psychological problem. This might be:

- depression – as well as lack of energy, does the child show:
  - generally low mood, sadness, unhappiness
  - difficulties sleeping
  - lack of interest in everyday activities he normally enjoys
  - difficulties in attention and concentration
  - ideas of self-harming
- anxiety symptoms, such as fearfulness and excessive worrying.

In some areas, older adolescents and young men show a pattern of tiredness, difficulties sleeping, physical symptoms, irritability and difficulties in concentration and attention known as brain fag syndrome. This syndrome is probably a local expression of a depressive problem.

Drugs, especially marijuana or cannabis (use local terminology) use, may be another reason. As well as asking the teenager about cannabis use, you can ask the parents whether they have noticed the characteristic smell. In addition, ask the teenager about the presence of hallucinations ('Do you sometimes hear voices or sounds?') and delusions ('Do you get the feeling you are being watched, or that people are against you?', 'Does anything strange or odd seem to be happening to you?', 'Do you get the idea that people are interfering with your thoughts?').

In Western society, lack of energy is often regarded as part of normal adolescence. But it is unwise to regard lack of energy as part of normal adolescence unless physical and psychological reasons have been ruled out. Note especially that it is dangerous to regard lack of energy as normal if it is accompanied by ideas of self-harm.

Now, using the information you have obtained from the young person with lack of energy and the family member(s) you have seen, try to understand what has happened and decide what is the best course of action.

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13.5.3 Helping children who lack energy

This will depend entirely on the results of the assessment, as described earlier. If there is physical illness present, this will need treatment. If there is no physical illness present, most commonly lack of energy is part of a depressive state. For management of this problem, see Section 7.7.4.

Now make a list of the ways in which the health professional might be able to help Anand.

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