

# **The hypochondriac syndromes: from somatoform disorders to hypochondriac paraphrenia**

**Prof. Dr. Gerald Stöber**

**Department of Psychiatry and Psychotherapy  
University of Würzburg, Germany  
[stoeber\\_g@klinik.uni-wuerzburg.de](mailto:stoeber_g@klinik.uni-wuerzburg.de)**

**descriptive psychopathology**  
|  
**symptom connections**  
(„Symptomverbindungen“)  
**core syndrome / cardinal symptoms**  
**facultative symptoms**  
|  
**clinical entities**  
(„Krankheitsgruppierungen“)  
|  
**nosology of psychic diseases**  
**differentiated aetiology**

# Basic diagnostic differences between ICD-10/DSM-IV and Leonhard's nosology

## DSM-IV / ICD-10

Diagnosis is made by the appearance of a **minimum number of symptoms** from a given symptom-catalogue which have to exist over a **given period of time**.

## Leonhard's nosology

Diagnosis is made by the evidence of **specific symptom constellations** (**specific symptoms form characteristic syndromes**), which run a **typical course (prognosis)**.

## Hypochondriac Symptoms

- ungrounded concerns to suffer from severe somatic illness: nosophobia, „malade imaginaire“ (provoked by discomforts)  
=> „classical“ hypochondriac (neurosis)
- bodily symptoms without adequate medical explanation
  - somatic sensation / physical misperception
  - alienation phenomena of the sphere of body feelings („Leibgefühlsstörung“)
  - somatic / hypochondriac hallucination

# **Differentiation and significance of somatic sensations and body feelings I**

- homonym: usual, ordinary somatic sensations
  - generalized or related to distinct organ systems
  - pain and specific, well characterized discomforts;
  
- neurologic hyper-, hypo, dys- and paraesthesia
- „painful, burning, stinging, drilling, pressing, tearing“ etc. sensations
  
- ==> pathognomonic for distinct physical health problems (somatic disorders)
  
- diagnostically unspecific psychic symptoms

# **Differentiation and significance of somatic sensations and body feelings II**

- heteronym: qualitatively incomparably to known symptoms of somatic disorders or somatic body consciousness („Leibempfindung“)  
experience of bodily misperceptions without organic causation, or somatic results not severe enough to explain the extent of misperception:
  - somatic sensation / physical misperception
  - alienation phenomena of the sphere of body feelings  
(„Leibgefühlsstörung“)
  - somatic / hypochondriacal hallucinations

==> create specific syndromes of distinct neurotic or psychotic disorders

## **Somatic sensations and body feelings**

- exact description of the kind of sensations and perceptions:  
ordinary somatic sensations vs. phenomena incomprehensible to normal perception
- what does the patient think about the origin of the condition:  
somatic illness, psychic disease, symptoms made from outside, being controlled
- evaluation of the patient's affectivity:  
anxious, worried, suspicious and irritated, annoyed, depressed, euphoric, affective flattening with monotonous joyless affect

**concomitant symptoms**

depersonalisation, derealisation, phonemes/hallucinations,  
formal thought disorder, delusions, mannerisms

## **Somatic sensations and hypochondriacal misperceptions in neurotic disorders**

**somatoform disorders (ICD 10)**

**sensohypochondriacal neuroses (K. Leonhard)**

combination of common somatic sensations and misperceptions  
inexplicable to others

peculiar somatic sensations described in more or less vivid way  
discrepancy between physical disability and level of suffering  
rigid psychic fixation to organic causation

**two phenotypes:**

- worried about somatic complications with anxious alertness regarding state of health („Befürchtungsneurose“)
- connected to („unwittingly“) ambitions („Wunschneurose“)  
(i.e. attention, total care, occupational rest)

# Hypochondriac syndromes in the endogenous psychoses

specific core hypochondriac syndromes    facultative hypochondriac symptoms

hypochondriacal depression

manic-depression:  
unipolar depressive episode / partial states /  
mixed states

hypochondriacal euphoria

pure depressions:  
melancholia, agitated depression, apathetic  
depression

hypochondriacal paraphrenia

cycloid psychoses: anxiety psychosis

unsystematic schizophrenias:  
affectladen paraphrenia

systematic schizophrenias:  
eccentric hebephrenia  
phantastic paraphrenia

## Classification of the endogenous psychoses

	<i>favourable prognosis</i>		<i>unfavourable prognosis</i>		
<b>DSM-IV ICD 10</b>	affective disorders	schizoaffective disorders			schizophrenia
<b>Leonhard</b>	monopolar affective psychoses	manic- depressive illness	cycloid psychoses	unsystematic schizophrenias	systematic schizophrenias

# Hypochondriac Depression

## Core Syndrome

peculiar bodily sensations and misperceptions

unspecific misperceptions and sensations unlike and dissimilar to physical illness

- embedding the whole body (surface and interior)
- sensations in the interior of the body that healthy persons cannot feel (electrified blood, dried nerves, deformed organs)

moderate depression with worries about bodily well-being and associated anxious ideas, alienation phenomena of the sphere of body feelings (depersonalisation)

facultative symptoms

feelings of insufficiency and inferiority

(mainly) absence of depressive ideas, or tortured, oppressive, restless agitation

absence of thought or psychomotor inhibition

# Hypochondriac Depression

## *Differential diagnosis:*

### ***chronic somatoform disorders***

different detailed description of body misperceptions

fixation on organic causation, and on organ systems (spine, lumbar region, tinnitus, vertigo)

underlying conflicts (worries, ambitions), and fears, that evolve on altered body perception

### ***harried depression (monopolar)***

tortured, depressive state with anxious fears, oppressive, restless agitation

uniform complaints on inner pains, and hypochondriac ideas,

genuine misperceptions are absent

### ***depressive episode in manic depression* (partial states, mixed states)**

polymorphous picture, rapid mood swings, dysphoria, agitation,

hypochondriacal ideas more unspecific, or fixed on distinct organ systems

### ***hypochondriac paraphrenia / affect-laden paraphrenia***

# Hypochondriac Euphoria

## Core Syndrome

varied and peculiar bodily sensations and misperceptions

- embedding the whole body (surface and interior)
- inexplicable sensations in the interior of the body  
(curious feelings in the head, shrinking in the brain, knot in the heat)

euphoric, cheerful mood despite pathological perceptions and alienation phenomena emphasizing how much they suffer  
cheerful facial expression while complaining bitterly  
realize that sensations are signs of a disease process

facultative symptoms

lively report of complaints without pressure of speech

absence of restless acitivity

absence of flight of ideas, excitement of thought or psychomotor agitation

# Hypochondriac Euphoria

## *Differential diagnosis:*

### ***chronic somatoform disorders***

lack of stable euphoric mood

different detailed description of body misperceptions

fixation on organic causation, and on organ systems (spine, lumbar region, tinnitus, vertigo)

underlying conflicts (worries, ambitions), and fears, that evolve on altered body perception

### ***manic episode in manic depression*** (partial states, mixed states)

polymorphous picture, rapid mood swings, dysphoria, agitation, hypochondriacal ideas more unspecific, or fixed on distinct organ systems

### ***hebephrenia***

sympathy and activity well preserved even in a chronic course

# Hypochondriac Paraphrenia

## core syndrome

sensations related to the surface and interior (inner organs)  
grotesque by nature, incomprehensible to normal perception  
mostly in the inner organs, where usually no conscious sensations occur  
(„needle running through the head, shrinking of the skin/spine, electric currents, deforming of extremities, shocks through the body, inner organs inflamed, destroyed, cutted out“)

harassment coming from outside, penetrating into the body  
reflex hallucinations relating sensations/voices to machines operating from a distance  
search for explanations (“Erklärungsideen“)  
no hostile mis-interpretations of the environment

obligatory acoustic hallucinations (isolated verbal expressions) without recognizable meaning, initial stages: thought becoming-loud  
(„Gedankenlautwerden“), visual hallucinations  
unhappy dissatisfied mood  
subtle formal thought disorder (unconcentrated thinking)  
relatively well preserved personalities

## Differential diagnosis:

### Affect-laden Paraphrenia

#### Core Syndrome

irritated reference syndrome  
ideas of reference closely linked to affective irritation (affective tenseness)  
ideas of persecution, ideas of grandeur (illogical or absurd)  
delusions strongly anchored in the affect  
=> hostile mis-interpretations of the environment

hallucinations in all sensorial areas: predominantly acoustic hallucinations

hypochondriac misperceptions and/or hallucinations  
somatic delusions: convinced that external influences operating on their body  
feelings of being influenced from outside

initial stages:  
delusions and hallucinations arise from anxiety or ecstasy

episodic-remitting or continuous course:  
ideas no longer deduced by anxiety/ecstasy  
residual syndrome with paranoid ideations, lack of drive

*Differential diagnosis:*

## Anxiety-Happiness Psychosis

### Anxiety:

- severe anxiety with distrust and ideas of reference
- ideas of threat or persecution, fear of death, fear of relatives' life
- anxiety with paranoid features or mood congruent sensory illusions or hallucinations (e. g. threatening voices)
- anxiety with hypochondriacal somatic sensations

### Ecstasy:

- ecstatic mood and feelings of happiness with illusionary and hallucinatory experiences
- ecstatic ideas with altruistic components (religious ideas, social/political tasks)
- affective waves with ideas of being called, elevated to a divine level or inspired by God

*Differential diagnosis:*

## Eccentric Hebephrenia

**prominent affective flattening with monotonous moody, joyless affect**

**initial stages: obsessive-compulsive and listless, lethargic, „depressive“ symptoms**

**uniformity of behavior and habits, covering daily life (without psychomotor disturbances) ,**

**stereotyped hypochondric complaints in a querulous undertone  
„feel unwell and uneasy, not enough blood in the brain, pulling in the spine, shivering in the arms“**

**complaining in a monotonous, affectless manner, repeating at each visit**

**impoverished thinking, monotony in action and speech  
lack of hallucinations and delusions**

## **Die hypochondrische Euphorie**

(monopolar phasische Psychose)

Kardinalsymptome:

- gehobene Stimmungslage ohne euphorische Ideenbildung
- körperliche Mißempfindungen von eigenartigem Charakter ohne Organerkrankung
- bei Schilderung der Beschwerden können Patienten kurzzeitig etwas betrübt wirken, die euphorische Grundstimmung bricht immer wieder durch
- trotz mannigfacher körperlicher Mißempfindungen zeigen die Patienten eine euphorische Grundstimmung (objektiv und subjektiv)

aus Kardinalsymptomen abzuleitende Symptome

- lebhafte und eindringliche Schilderung der Beschwerden
- auf der Höhe des Affektes zeigen Klagen oft querulatorisch anmutenden Charakter
- Entfremdungserscheinungen

# Die hypochondrische Depression

(monopolar phasische Psychose)

mäßig tiefe, inhaltsarme Depression mit als quälend empfundenen körperlichen Mißempfindungen und Entfremdungserlebnissen

Kardinalsymptome:

- mäßig depressive Verstimmung mit Klagsamkeit
- körperliche Mißempfindungen oft recht eigenartiger Natur ohne Organerkrankung
- Entfremdungserlebnisse und Depersonalisationserscheinungen

charakteristische Symptome:

- schwere Befürchtungen um das körperliche Wohl
- oft eigenartige, abstruse Beschreibungen der fremdartigen Körpersensationen

fakultative Symptome:

- Minderwertigkeitsideen
- geringgradig depressiv getönte Beziehungsideen

Differentialdiagnostische Erwägungen:

- Hypochondrische Neurosen, insbesondere bei chronifizierten Verläufen

Cave: Die Diagnose stützt sich auf die quälenden körperlichen Mißempfindungen, nicht auf die Befürchtungen, die sich wegen der veränderten

# Die hypochondrische Paraphrenie

halluzinatorische Form der Paraphrenien

- körperliche Mißempfindungen mit halluzinatorischem Charakter

Belästigungen, die von außen her erzeugt werden

Lokalisation: innere Organe, Körperoberfläche

- akustische Halluzinationen (obligat)

- Stimmung mißmutig-unzufrieden

- Erklärungsideen

# **Die verschrobene Hebephrenie**

- schwerer affektiver Abbau mit schlechendem Beginn  
ethische Abstumpfung
- mißgestimmter, freudloser Affekt, affektarm  
(lustlos, nicht eigentlich depressiv)  
gereizte Verstimmungszustände
- einförmige Verhaltensweisen
- hypochondrische Beschwerden

# **Die verschrobene Hebephrenie**

- schwerer affektiver Abbau mit schlechendem Beginn  
(im Beginn an Zwangsstörung oder Depression erinnernd)
- mißgestimmter, freudloser Affekt, schwere Affektarmut  
(lustlos, moros, nicht eigentlich depressiv)  
gelegentlich gereizte Verstimmungszustände
- Denkverarmung mit Einförmigkeit,  
Wiederholung der immer gleichen Themen,  
einförmiges Klagen, stereotype Reaktionsweisen bis hin zum  
einförmigen Querulieren
- einförmige, hypochondrisch anmutende Beschwerden
- einförmige Verhaltensweisen  
verschrobene Gewohnheiten → Manieren  
Psychomotorik im engeren Sinn nicht betroffen

# **Die verschrobene Hebephrenie**

- schwerer affektiver Abbau mit schleichendem Beginn  
(im Beginn an Zwangsstörung oder Depression erinnernd)**
- mißgestimmter, freudloser Affekt, schwere Affektarmut  
(lustlos, moros, nicht eigentlich depressiv)  
gelegentlich gereizte Verstimmungszustände**
- Denkverarmung mit Einförmigkeit,  
Wiederholung der immer gleichen Themen,  
einförmiges Klagen, stereotype Reaktionsweisen bis hin zum  
einförmigen Querulieren**
- einförmige, hypochondrisch anmutende Beschwerden**
- einförmige Verhaltensweisen  
verschrobene Gewohnheiten → Manieren  
Psychomotorik im engeren Sinn nicht betroffen**