

Miscellaneous Disorders Part One Worksheet:

Miscellaneous Disorders	Answer	Matching Options
Alcohol Use Disorder		A. A sexual disorder characterized by intense and recurrent urges to expose one's genitals to an unsuspecting person, typically for the purpose of achieving sexual arousal.
Substance-induced Disorder		B. Excessive or repeated online health-related searches that lead to increased anxiety and distress about potential illnesses based on internet findings, often without substantial medical evidence.
Voyeuristic Disorder		C. Repeated urination into bed or clothes, occurring twice a week or more, in children aged five or older, not due to a medical condition.
Exhibitionistic Disorder		D. A psychological disorder marked by numerous, recurrent, and medically unexplained physical symptoms, typically involving multiple organ systems.
Hypochondriasis		E. A disorder involving intense and recurrent urges or behaviors related to observing unsuspecting individuals who are naked, in the process of disrobing, or engaging in sexual activities.
Cyberchondria		F. A condition characterized by a problematic pattern of drinking leading to significant impairment or distress, including strong cravings, loss of control over use, and withdrawal symptoms.
Somatic Symptom Disorder		G. A condition involving neurological symptoms incompatible with medical conditions, such as paralysis, non-epileptic seizures, or sensory loss, often triggered by psychological stress.
Conversion Disorder (Functional Neurological Symptom Disorder)		H. Persistent fear or belief that one has a serious, undiagnosed medical illness despite medical reassurance and lack of confirmatory physical findings.
Factitious Disorder Imposed on Self (Munchausen Syndrome)		I. Involuntary urination that occurs during sleep, typically diagnosed in children older than age five when it persists at least twice a week.
Factitious Disorder Imposed on Another (Munchausen by proxy)		J. A psychological disorder where an individual deliberately falsifies, exaggerates, or induces physical, psychological, or emotional symptoms purely to assume the sick role and receive medical attention.
Enuresis		K. Repeated passing of feces into inappropriate places such as clothing or floor by a child who is at least four years old, typically not attributable to physical anomalies or medications.
Nocturnal Enuresis		L. A disorder involving symptoms of intense intoxication and significant psychological changes (like anxiety, mood swings, or hallucinations) directly resulting from the consumption of drugs, medications, or exposure to toxins.
Encopresis		M. A psychological disorder where an individual deliberately produces, feigns, or exaggerates health problems in someone else, typically a child, to gain attention and sympathy.

Case Study Exercises

Case Study 1

Martin, a 47-year-old high school teacher, frequently spends hours each day searching health websites for symptoms of rare diseases. Despite numerous doctor visits and tests that show normal results, he is convinced he has a serious, undetected condition. His preoccupation with these health concerns has significantly interfered with his professional and personal life, leading to increased stress and isolation.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 2

Sarah, a 34-year-old accountant, has been repeatedly brought to the emergency room by her mother due to various alleged medical emergencies. Medical staff noticed inconsistencies in her symptoms and test results, which didn't align with her mother's claims. Further investigation revealed that her mother had been administering doses of medication that Sarah did not need, in order to induce or exaggerate symptoms.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 3

Emily, a 52-year-old writer, has been experiencing intermittent episodes where she cannot feel her legs and is unable to walk. These episodes began suddenly after the death of her spouse. Neurological examinations and MRI scans show no physiological basis for her symptoms, which seem to occur primarily under stress.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 4

John, a 28-year-old software developer, presents to the clinic with complaints of alternating diarrhea and constipation, along with frequent abdominal pain, headaches, and fatigue. He has undergone extensive tests over the past year, all of which have returned normal results. He

expresses frustration over not finding a diagnosis, which has led to significant distress and time off work.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 5

Rachel, a 22-year-old university student, has been caught multiple times trying to look through keyholes and windows of her dormitory to watch her unaware neighbors. She admits to feeling a compulsion to watch others, especially in intimate situations, which she finds sexually arousing.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 6

Tim, a 40-year-old mechanic, has been struggling with controlling his urge to drink alcohol for several years. His drinking has escalated to the point where he needs to consume alcohol every day to avoid withdrawal symptoms such as shaking and sweating. His job performance and family relationships have deteriorated due to his alcohol use.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 7

Kevin, a 30-year-old graphic designer, has a history of deliberately harming himself and then seeking medical help. He often presents with self-inflicted wounds or fabricated stories of illnesses. His actions appear driven by a desire for attention and care from medical professionals rather than from external incentives.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 8

Lisa, a 25-year-old librarian, has been waking up in the middle of the night to find her bed wet, despite not having any such issues during the day. This problem has persisted several times a week for the past six months, causing her significant embarrassment and anxiety about sharing a room or sleeping away from home.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 9

George, a 6-year-old boy, has been having frequent accidents at school, where he soils his clothes. His parents report that these incidents occur without any apparent physical cause or discomfort. He has been reluctant to use the bathroom at school and often appears anxious or distressed about school in general.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 10

Jason, a 38-year-old electrician, has begun exhibiting behaviors where he exposes himself in public spaces. He reports that these acts are driven by a compulsion for the shock or surprise of others, which provides him a sense of thrill and sexual gratification.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 11

Sophie, a 15-year-old high school student, has been dealing with involuntary urination both during the day and at night. She finds herself unable to control her bladder when she laughs or coughs forcefully. This issue has caused her significant embarrassment and has impacted her participation in school activities.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 12

Betty, a 31-year-old software engineer, began experiencing severe anxiety related to her health after reading several medical articles online about cancer. She often misinterprets her normal bodily sensations as signs of serious illness, leading her to make frequent visits to the doctor for reassurance.

This is an example of which disorder: _____

What is your treatment plan: _____

Case Study 13

Tom, a 24-year-old marketing analyst, has been experiencing a variety of symptoms that appear to be drug-induced, including severe mood swings, hallucinations, and paranoia. These symptoms emerged shortly after he started using recreational drugs with his friends during weekends. Despite the clear triggers, he is struggling to link his substance use with his deteriorating mental health.

This is an example of which disorder: _____

What is your treatment plan: _____

Answers

Matching
F
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K

Case Study 1: Cyberchondria

The focus on obsessive health-related internet searches and the resultant stress and anxiety about having undiagnosed diseases match the characteristics of cyberchondria. It is not an official DSM-5 disorder, but it has grown in use over the last few years.

- **Pharmacological:** While pharmacological intervention is not typically the primary treatment for Cyberchondria, Selective Serotonin Reuptake Inhibitors (SSRIs) may be prescribed in cases where the individual also suffers from underlying anxiety or depression. Common SSRIs used include Fluoxetine (Prozac), Sertraline (Zoloft), and Paroxetine (Paxil). These medications can help reduce the anxiety and depressive symptoms that may drive the compulsive searching behavior.
- **Non-pharmacological:** Cognitive-behavioral therapy (CBT) is the mainstay of treatment for cyberchondria. This therapy helps patients understand and modify the thought processes that lead to excessive online health research. CBT techniques include training to challenge the validity and utility of the information found online, developing healthier research habits, and learning to tolerate uncertainty about health-related issues. Additionally, CBT aims to address any underlying anxiety by teaching coping strategies that reduce the need to seek reassurance through compulsive searching.

Case Study 2: Factitious Disorder Imposed on Another (Munchausen by Proxy)

The deliberate exaggeration and induction of medical symptoms in another person (her daughter) by the mother to gain attention and sympathy are indicative of Munchausen by proxy.

- **Pharmacological:** Interventions are used to address any underlying psychiatric conditions in the perpetrator, which may include disorders such as depression, anxiety, or personality disorders. Medications might include antidepressants like SSRIs or

antipsychotics if there are psychotic features. Treatment with these medications aims to stabilize the perpetrator's mental health and reduce the psychological drivers that contribute to their harmful behaviors.

- **Non-pharmacological:** Ensuring the safety of the victim is the immediate priority. This may involve removing the victim from the perpetrator's care and placing them in a safe environment. Psychotherapy for the perpetrator is essential for addressing the underlying psychological mechanisms that lead to their behavior. This therapy might include cognitive-behavioral therapy (CBT) to help them understand and change their behaviors and motivations. Legal intervention often plays a role in Munchausen by proxy cases. This may involve the criminal justice system to ensure that the perpetrator is appropriately dealt with in a way that prioritizes the victim's safety and well-being. Legal steps might also include supervised visitations or permanent removal of custody.

Case Study 3: Conversion Disorder (Functional Neurological Symptom Disorder)

The presentation of neurological symptoms (inability to walk) that are not consistent with any neurological condition, especially following emotional stress, aligns with conversion disorder.

- **Pharmacological:** While there are no specific medications approved for the treatment of Conversion Disorder itself, pharmacological interventions may be utilized to manage associated symptoms that often accompany the disorder, such as anxiety and depression. Medications such as SSRIs, like fluoxetine (Prozac) or sertraline (Zoloft), are commonly prescribed to alleviate these conditions. This helps reduce overall psychological distress, indirectly improving neurological symptoms.
- **Non-pharmacological:** The primary treatment for Conversion Disorder involves a range of non-pharmacological strategies. Physical therapy is crucial as it helps patients improve or maintain motor functions and manage physical symptoms through structured exercises. Psychotherapy, especially Cognitive-Behavioral Therapy (CBT), is effective in addressing the psychological aspects of the disorder. CBT helps patients understand and change the thought patterns contributing to the physical symptoms, thereby improving coping mechanisms. Additionally, education about the disorder plays a significant role in treatment by helping patients and their families understand the nature of the symptoms and the best approaches to manage them. This can reduce the anxiety associated with the disorder and demystify the symptoms, leading to better management.

Case Study 4: Somatic Symptom Disorder

The variety of recurrent physical symptoms that cannot be medically explained, impacting multiple systems, aligns with somatization disorder.

- **Pharmacological:** Although no medications are specifically approved for the sole treatment of Somatic Symptom Disorder, combining antidepressants may occasionally be beneficial in cases where symptoms are severe or significantly impairing. For example, citalopram (Celexa), a SSRI, can be used to alleviate associated depressive symptoms and

anxiety, while paliperidone (Invega), typically used as an antipsychotic, may help manage thought distortions related to health anxieties. However, the use of medications should be approached with caution, and typically as part of a broader treatment plan, as relying solely on medication often results in poor outcomes.

- **Non-pharmacological:** Cognitive-behavioral therapy (CBT) is the cornerstone of non-pharmacological treatment and is highly effective in addressing the maladaptive thoughts and behaviors associated with Somatic Symptom Disorder. CBT helps patients challenge and change their beliefs related to their symptoms, reduce checking behaviors, and improve coping strategies. Alongside CBT, stress management techniques such as mindfulness, relaxation exercises, and biofeedback can help manage the physical symptoms by reducing overall stress levels. Regular follow-up with a primary care provider is also crucial to manage symptoms effectively, provide reassurance, and avoid unnecessary medical tests and procedures.

Case Study 5: Voyeuristic Disorder

The compulsive behavior of observing unsuspecting individuals in intimate settings, coupled with sexual arousal from such acts, is typical of voyeuristic disorder.

- **Pharmacological:** Selective Serotonin Reuptake Inhibitors (SSRIs) are frequently prescribed due to their efficacy in increasing serotonin levels in the brain, which can improve mood and decrease compulsive urges. Specific SSRIs used include Fluoxetine (Prozac), Sertraline (Zoloft), and Paroxetine (Paxil).
- **Non-pharmacological:** Psychotherapy, particularly Cognitive-behavioral therapy (CBT), is integral to the treatment plan. CBT assists individuals in identifying and altering negative thought patterns and behaviors, teaching practical self-help strategies to manage and mitigate compulsive behaviors. Additionally, behavioral interventions such as exposure and response prevention (ERP) are employed. ERP involves gradually exposing individuals to their impulses in a controlled manner, enabling them to resist the urge to act on them, which enhances impulse control.

Case Study 6: Alcohol Use Disorder

The dependence on alcohol, evidenced by daily consumption and withdrawal symptoms, fits the criteria for alcohol use disorder.

- **Pharmacological:** The pharmacological approach includes medications such as Disulfiram (Antabuse), which discourages drinking by causing unpleasant effects like nausea and flushing when alcohol is consumed. Naltrexone (Vivitrol or Revia) is used to reduce the euphoric effects of alcohol, thereby decreasing the motivation to drink. Additionally, Acamprosate (Campral) helps restore the chemical balance in the brain of someone who has recently stopped drinking and reduces the physical distress and emotional discomfort often experienced during early sobriety.

- **Non-pharmacological:** On the non-pharmacological front, Cognitive-Behavioral Therapy (CBT) is essential for helping patients understand the thoughts and situations that lead to drinking and teaching them coping strategies to manage stress and triggers without resorting to alcohol. Motivational Interviewing (MI) is a counseling style that helps individuals resolve ambivalence toward change and enhance their motivation to maintain sobriety. Furthermore, participation in support groups like Alcoholics Anonymous (AA) provides a supportive community environment where individuals can share experiences, challenges, and success stories, which is crucial for long-term recovery.

Case Study 7: Factitious Disorder Imposed on Self (Munchausen Syndrome)

Self-inflicted injuries and fabricated illnesses to receive medical attention, without external incentives, are characteristic of Munchausen syndrome.

- **Pharmacological:** Interventions are primarily used to treat any co-occurring psychiatric conditions that often accompany Factitious Disorder, such as mood disorders, anxiety disorders, or personality disorders. Medications may include antidepressants, such as SSRIs, to manage symptoms of depression and anxiety. In some cases, antipsychotic medications or mood stabilizers may be necessary if there are features of psychosis or bipolar disorder.
- **Non-pharmacological:** Treatment is complex due to the deceptive nature of the disorder and the challenge of establishing therapeutic trust. Long-term psychotherapy is crucial and can include approaches such as cognitive-behavioral therapy (CBT), which helps modify the patient's behavior and attitudes related to their health. However, engagement in therapy is often challenging as patients may not consistently participate due to their underlying need to deceive others. Additionally, monitoring in medical settings is recommended to prevent unnecessary procedures and manage the disorder more effectively. This involves a team of healthcare providers being aware of the patient's history and working together to ensure that treatment is coordinated and that new symptoms are evaluated carefully.

Case Study 8: Nocturnal Enuresis

The occurrence of involuntary urination during sleep in an individual older than the typical age for developing such control highlights nocturnal enuresis.

- **Pharmacological:** Desmopressin acetate (DDAVP, Minirin, and Stimate) is commonly prescribed to decrease nighttime urine production. This medication works by concentrating the urine during sleep, thereby reducing the likelihood of bedwetting. Additionally, anticholinergic medications such as oxybutynin (Ditropan) or tolterodine (Detrol) are used to increase bladder capacity and reduce bladder contractions, further helping to manage symptoms of enuresis. These medications are particularly useful when there's a noted bladder instability or overactive bladder contributing to the condition.

- **Non-pharmacological:** Often involve behavioral interventions. Bladder training exercises help strengthen the bladder muscles and increase bladder control. Moisture alarms, which wake the child at the first sign of wetness, help train the brain to respond to bladder filling during sleep. Establishing a regular nighttime bathroom routine can also be beneficial, such as limiting fluid intake before bed and ensuring the child goes to the bathroom right before sleeping.

Case Study 9: Encopresis

Frequent involuntary defecation in inappropriate places, such as clothing, by a child past toilet-training age, points to encopresis.

- **Pharmacological:** Often involves the use of laxatives to alleviate constipation, which is a common underlying cause of the condition. Polyethylene glycol (often sold under the brand name Miralax) is frequently recommended because it is effective and generally safe for long-term use in children. Laxatives help to soften the stool and make bowel movements less painful, thus reducing the likelihood of the child avoiding going to the bathroom.
- **Non-pharmacological:** Strategies designed to address the behavioral and educational aspects of the condition. Behavioral changes are key; for instance, implementing a reward system can motivate regular toilet use and promote positive bathroom habits. Dietary changes also play a significant role; increasing the intake of fiber-rich foods and ensuring adequate fluid consumption are essential for preventing constipation and encouraging regular bowel movements. Establishing a regular toileting schedule is another important component; it helps the child develop consistent bowel habits by encouraging them to use the toilet at specific times each day, especially after meals. Additionally, psychoeducation for both the child and their family is vital.

Case Study 10: Exhibitionistic Disorder

The compulsion to expose one's genitals to an unsuspecting person for sexual gratification describes exhibitionistic disorder.

- **Pharmacological:** SSRIs are commonly prescribed to help modulate sexual urges and impulsive behaviors. SSRIs increase serotonin levels in the brain, improving mood and reducing impulsivity. Common SSRIs used include Fluoxetine (Prozac), Sertraline (Zoloft), and Paroxetine (Paxil). These medications have been found to be effective in reducing the intensity and frequency of compulsive sexual behaviors.
- **Non-pharmacological:** Cognitive-behavioral therapy (CBT) is a crucial component of treatment. CBT addresses the thoughts, beliefs, and behaviors that contribute to the disorder. It focuses on helping individuals develop better impulse control and improve their social skills. Techniques used in CBT for this purpose might include role-playing, social skills training, and strategies to manage and redirect inappropriate sexual impulses.

This therapy aims to help individuals understand the consequences of their actions and develop healthier ways of relating to others.

Case Study 11: Enuresis (Involuntary Urination)

The inability to control urination, occurring both during the day and at night, which significantly impacts daily activities and self-esteem, matches enuresis.

- **Pharmacological:** Desmopressin acetate (DDAVP, Minirin, and Stimate) is commonly prescribed to decrease nighttime urine production. This medication works by concentrating the urine during sleep, thereby reducing the likelihood of bedwetting. Additionally, anticholinergic medications such as oxybutynin (Ditropan) or tolterodine (Detrol) are used to increase bladder capacity and reduce bladder contractions, further helping to manage symptoms of enuresis. These medications are particularly useful when there's a noted bladder instability or overactive bladder contributing to the condition.
- **Non-pharmacological:** Often involve behavioral interventions. Bladder training exercises help strengthen the bladder muscles and increase bladder control. Moisture alarms, which wake the child at the first sign of wetness, help train the brain to respond to bladder filling during sleep. Establishing a regular nighttime bathroom routine can also be beneficial, such as limiting fluid intake before bed and ensuring the child goes to the bathroom right before sleeping.

Case Study 12: Hypochondriasis (Illness Anxiety Disorder)

The severe anxiety about having a serious illness based on misinterpretation of bodily sensations, despite reassurance from medical professionals, aligns with hypochondriasis.

- **Pharmacological:** Interventions primarily include antidepressants. SSRIs, such as Fluoxetine (Prozac), Sertraline (Zoloft), and Paroxetine (Paxil), and Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) like Venlafaxine (Effexor) and Duloxetine (Cymbalta) are commonly prescribed. These medications help by modulating neurotransmitters in the brain, thereby reducing anxiety and obsessive thoughts about health. Patients who show a positive response to these medications are often recommended to continue the treatment for at least 6 to 12 months to prevent relapse and stabilize mood.
- **Non-pharmacological:** Cognitive-behavioral therapy (CBT) is the cornerstone of non-pharmacological treatment for Hypochondriasis. CBT focuses on challenging and changing unhelpful cognitive distortions (e.g., beliefs about illness and health risks) and behaviors (e.g., excessive health monitoring). The therapy helps patients learn to interpret bodily sensations more realistically, which decreases unnecessary health anxiety. Techniques such as exposure therapy, in which patients confront their health fears in a controlled manner, can also be effective in reducing the severity of the disorder.

Case Study 13: Substance-Induced Disorder

The onset of severe psychological symptoms, such as mood swings, hallucinations, and paranoia, following recreational drug use, is indicative of a substance-induced disorder.

- **Pharmacological:** Pharmacologically, the first step usually involves detoxification under medical supervision to manage the acute physical symptoms of withdrawal safely. This process is critical as it helps stabilize the individual's physical health before other types of therapy can be effective. For specific substance dependencies, such as opioids, Methadone is frequently used to reduce cravings and withdrawal symptoms, helping to ease the transition to sobriety. For alcohol dependence, Benzodiazepines such as Diazepam (Valium), Chlordiazepoxide (Librium), Lorazepam (Ativan), and Oxazepam (Serax) are commonly prescribed during the detox phase to manage withdrawal symptoms, which can include severe anxiety, tremors, and even seizures. These medications are chosen based on their ability to provide effective sedation and seizure control, and their selection may be influenced by patient-specific factors such as underlying health conditions.
- **Non-pharmacological:** Substance abuse counseling plays a crucial role in recovery by helping individuals understand the root causes of their addiction, develop coping strategies, and plan for relapse prevention. Both inpatient and outpatient rehabilitation programs offer structured treatment environments that provide various therapeutic interventions tailored to individual needs. Additionally, participation in support groups such as Narcotics Anonymous (NA) or other community support structures can offer ongoing peer support and motivation, which are vital for long-term sobriety.