UNDERSTANDING YOUR DIAGNOSIS

Distressing Physical Symptoms

Also called Somatic Symptom Disorder

Your symptoms are real. This diagnosis is about how much worry, time, and fear they take from you - and that part can get better.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 5 in 100 adults	Often before age 30	Yes - therapy helps a lot	Millions of US adults

What this is

- First, the part that matters most: your symptoms are real. The pain, tiredness, and nausea truly happen in your body.
- This is not saying it is all in your head. It says the symptoms plus the worry have taken over too much of your life.
- You can have this alongside any medical illness. Having a real, proven disease does not rule this diagnosis out.
- Nobody thinks you are faking. Making symptoms up is a completely different thing, and this is not that.

What it can look and feel like

- You have real physical symptoms - pain, tiredness, stomach trouble, dizziness - that stick around or keep moving.
- A large part of your day goes to symptoms: thinking about them, checking, searching online, or getting to appointments.
- Your mind jumps to the worst possible explanation, and it is very hard to talk yourself back down from it.
- A normal test result calms you for a day or two, and then the doubt creeps back in stronger than before.
- You have stopped doing things - exercise, work, outings - in case they make the symptoms worse tomorrow.
- You feel brushed off by doctors, which stings, because you know exactly how real what you feel actually is.
- Sleep, mood, and your closest relationships wear down under the weight of carrying this every single day.

What is happening in your brain and body

- Your nerves and brain can turn up the volume on body signals, so a real sensation registers louder and hurts more.
- Doctors call this central sensitization. The alarm system has grown oversensitive - the alarm itself is not fake.
- Pathways that normally dampen pain, using serotonin and norepinephrine, work less well. Some medicines restore them.
- Attention makes it stronger. Watching one body part closely means you notice more, and that then feels like proof.
- Long-term stress keeps stress hormones and inflammation up, which adds to real pain, fatigue, and stomach trouble.

What can make it more likely

- Serious illness in childhood, or growing up around it, teaches the body to watch itself very closely.
- Stress, trauma, and loss raise the chance, and so does anxiety or low mood running alongside for years.
- It runs in families a little, mostly through the same genes that are linked to anxiety and depression.
- A frightening medical event, or a diagnosis that was missed once, can set this whole pattern in motion.

What to expect

- This tends to come and go over years, but treatment reliably shrinks the worry and gives you back your days.
- The goal is doing more and suffering less, rather than waiting for every symptom to disappear first.
- Most people improve with **talk therapy** over 8 to 16 sessions, and starting sooner works better than later.
- Progress shows up as more activity and fewer urgent visits, often before the symptoms themselves settle down.

What helps

Treatment works. Most people get better.

Talking therapies

- **Cognitive behavioral therapy** is the best-tested treatment. It works on the worry, the checking, and the avoiding.
- A session looks like this: what happened this week, what you thought, what you did, and what to try next.
- **Mindfulness** and **acceptance therapy** teach you to live your life fully with symptoms present, not on hold.
- Therapy links symptoms to stress biology in a way that respects that they are real, never imaginary.
- Graded activity restarts movement in small steps, so your body relearns that doing things is safe again.

Medicines

- No medicine is approved just for this. Medicines treat the anxiety and low mood that so often ride along with it.
- **SNRIs** such as duloxetine ease pain and mood together by strengthening the body's own brakes on pain.
- Low-dose **tricyclics** at bedtime can help pain, sleep, and gut symptoms. Your prescriber sets the dose with you.
- **SSRIs** help when health worry is heavy. Starting low matters, since side effects can feel alarming at first.
- Opioids and sedatives make this worse over time. Ask your team about safer ways to handle the pain.

Everyday things that help

- Pick one main doctor and book short, regular visits on the calendar, not only when symptoms are flaring.
- Move a little every day, at a level you could repeat tomorrow. Steady pacing beats push-and-crash cycles.
- Set a limit on symptom searching and body checking, and cut it down slowly rather than all at once.
- Protect sleep, eat regularly, and go easy on alcohol and caffeine. All three change how loud symptoms feel.
- Track your activity and mood, not just your symptoms. Watching what you can do again is more encouraging.

Get help right away if

- New chest pain, trouble breathing, weakness on one side, or the worst headache of your life: call 911.
- If you think about ending your life, call or text **988** now, or go to the nearest emergency room.
- Call your doctor for symptoms that are genuinely new or different from your usual pattern.

Questions to ask your care team

- *Which of my symptoms still need testing, and which ones do we already understand?*
- *Can we set up short regular visits instead of urgent ones?*
- *Would therapy, a medicine, or both help my pain and worry most right now?*
- *What is our shared goal for what I can be doing again in three months?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.