

## PROFILE CHARACTERISTICS

Marks said patients with this profile may represent a stereotype of the disgruntled medical patient who angrily complains about the unfairness of an illness or injury (Marks, 1991). The profile is characteristic of an individual who is preoccupied with fears of having, or the idea that they do have a serious disease. This 'disease' is based upon their misinterpretation of one or more bodily signs or symptoms. The preoccupation may be with bodily functions, with minor physical abnormalities, or with vague and ambiguous physical sensations (Ettari 2001). The patient may have a tendency to focus on these symptoms or signs of the suspected disease(s) and become extensively and chronically concerned with their meaning, authenticity, and etiology (DSM-IV) The concerns may involve several body systems at different times or simultaneously. Alternatively, there may be preoccupation with a specific organ or a single disease. Frequent utilization of a variety of healthcare resources, from private practitioners to hospitalization may be likely, with questionable and often diminishing effectiveness "doctor-shopping" and deterioration in doctor-patient relationships, which result in frustration and anger on both sides are common (Wallace 2001).

Wallace, J. L., (2001). "A Clinicians Guide to Minnesota Multiphasic Personality Inventory Interpretation" Ex Libris.

Individuals with this disorder often believe that they are not getting proper care. They may strenuously resist referral to mental health settings. Complications result from repeated diagnostic procedures that carry their own risks and costs. Because these individuals have histories of multiple complaints that lack a clear physical basis, they could receive cursory evaluations. The presence of general medical condition may be missed (Nims 2002).

Social relationships become strained due to their preoccupation with his or her condition. Family life may become disturbed as it becomes centered on the individual's physical well being. There may be no effect on functioning at work if the individual limits the hypochondriacal preoccupation to non-work time. More often, the preoccupation interferes with performance and causes the person to miss time for work. In more severe cases, the individual with this type of prolific may resolve to a level of subnormal functioning and become a complete invalid (Christopher, 2001). However, serious clinical consideration would be given to the possibility of an underlying general medical condition, such as the early stages of neurological conditions. Multiple sclerosis, myasthenia gravis, endocrine conditions (e.g., thyroid or parathyroid disease), diseases that affect multiple body systems (e.g., systemic lupus erythematosus), and occult malignancies are all possibilities (Addario 1999).

The patient's responses; may also reflect a mourning process, which is based upon some real or imaginary loss, that has been repressed or blocked for a period of time. The sadness, fear, and/or anger are being discharged through a locus on physical symptoms. This fear is associated with resentments that the person has not been well cared for by others and that their body has let them down (Marks, 1998). These individuals usually describe their complaints in colorful, exaggerated terms, but specific factual information is often lacking. They are, often-inconsistent historians, so that a checklist approach to diagnostic interviewing may be less effective than a thorough review of medical treatments and hospitalizations to document a pattern of frequent somatic complaints (DSM-IV).