

# Somatoforme Störung

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## Klassifikation nach ICD-10

F45.0	Somatisierungsstörung
F45.1	Undifferenzierte Somatisierungsstörung
F45.2	Hypochondrische Störung
F45.3	Somatoforme autonome Funktionsstörung
F45.4	Anhaltende somatoforme Schmerzstörung
F45.8	Sonstige somatoforme Störungen
F45.9	Somatoforme Störung, nicht näher bezeichnet

ICD-10 online (WHO-Version 2006) <sup>[1]</sup>

Als **Somatoforme Störungen** werden körperliche Beschwerden bezeichnet, die sich nicht oder nicht hinreichend auf eine organische Erkrankung zurückführen lassen. Dabei stehen neben Allgemeinsymptomen wie Müdigkeit und Erschöpfung Schmerzsymptome an vorderster Stelle, gefolgt von Herz-Kreislauf-Beschwerden, Magen-Darm-Beschwerden, sexuellen und pseudoneurologischen Symptomen.

Somatoforme Störungen treten bei ca. 80 % der Bevölkerung zumindest zeitweise auf, gehen in der Regel „von selbst“ vorüber und werden kaum beachtet. Bei einigen Personen (die Angaben über die Häufigkeit schwanken zwischen 4 % und ca. 20 %) können sich diese Beschwerden aber chronifizieren und eine zentrale Rolle im Leben einnehmen. Sie gehören zu den häufigsten Störungsbildern bei Patienten von Allgemeinärzten und Allgemeinkrankenhäusern. Mindestens 20 % der Patienten, die einen Hausarzt aufsuchen, leiden an einer somatoformen Störung; aus stationären Abteilungen werden somatoforme Störungen in einer Häufigkeit von 10 bis zu 40 % der Patienten berichtet. Patienten mit somatoformen Störungen gelten traditionell als schwierig beim Hausarzt und als unmotiviert beim Psychotherapeuten. Die Kosten für die Behandlung dieser Personengruppe sind immens und liegen bis zu 14-mal höher als die durchschnittlichen Pro-Kopf-Behandlungsausgaben.

Der Begriff „Somatoforme Störungen“ wurde 1980 in die offiziellen Klassifikationssysteme eingeführt. In der Internationalen Klassifikation von Krankheiten (ICD-10) werden sie in der Kategorie F45 erfasst. Traditionelle Bezeichnungen für Krankheitsbilder aus diesen Kategorien sind z. B. psychogene Störungen, funktionelle Störungen, vegetative Dystonie, allgemeines psychosomatisches Syndrom, Konversionshysterie, Briquet-Hysterie, psychische Überlagerung.

## Ursache, Entstehung

Somatoforme Störungen lassen sich normalerweise nicht auf eine einzige Ursache zurückführen. Vielmehr wird ein Wechselspiel verschiedener biologischer, seelischer und sozialer Faktoren als Auslöser angenommen. Auch genetische Faktoren (z. B. eine verstärkte Reaktionsbereitschaft des vegetativen Nervensystems) werden diskutiert. Wahrscheinlich sind aber insbesondere psychosoziale Faktoren für die Entstehung und den Verlauf somatoformer Störungen von Bedeutung:

- zu lange anhaltender Stress führt zu Anspannungen oder Fehlsteuerungen innerer Organe
- ein Teufelskreis von körperlichen Reaktionen, Angst und verstärkter Wahrnehmung körperlicher Symptome
- körperliche Beschwerden als Folge seelischer Konflikte: meist unbewusste seelische Prozesse (z. B. Angst, Wut, Ärger, Unzufriedenheit mit dem eigenen Aussehen) können sich in Körpersymptomen ausdrücken (vgl. Psychosomatik). Patienten mit somatoformen Störungen zeigen in ihren Biographien erhöhte Raten an allgemeinen Belastungsfaktoren wie niedriger sozioökonomischer Status, Scheidung, Verlust, Alkoholkrankheit,

psychische Störung der Eltern oder eines Elternteils. Darüber hinaus liegen auch erhöhte Raten an sexueller Traumatisierung bzw. körperlichem Missbrauch vor.

## Symptome

**Somatoforme Störungen** können sich in einer Vielzahl von Symptomen äußern:

- im Bereich der Atmung z. B. als Gefühl der Atemhemmung, Globus, Halsenge, Luftnot
- im Bereich des Herzkreislaufsystems z. B. Druckgefühl, Stiche, Beklemmungsgefühl in der Brust, Herzstolpern
- im Magen-Darm-Trakt (Reizmagen und Reizdarm): Übelkeit, Völlegefühl, Bauchschmerzen, Stuhlunregelmäßigkeiten
- in der Gynäkologie (chronische Unterbauchschmerzen, Pelvipathiesyndrom): Schmerzen im Unterbauch mit Ausstrahlung in Leisten und Kreuzbein
- in der Urologie (Reizblase, Urethrasyndrom, Prostatadynie): Häufiges und/oder schmerzhaftes Wasserlassen, Gefühl erschwelter Miktion, Schmerzen im Unterbauch/Damm
- als Somatoforme Schmerzstörung: Anhaltende Schmerzen ohne erklärenden körperlichen Befund.

Häufig handelt es sich um Symptome, die auf eine starke Erregung des autonomen Nervensystems zurückgeführt werden können. Aber auch Fehlfunktionen, die über das nicht-autonome Nervensystem vermittelt sind, wie Zittern und muskulärer Hartspann oder Abweichungen im Hormonsystem sind zu beobachten.

Daneben findet man bei Patienten mit somatoformen Störungen nicht selten andere psychische Störungen, insbesondere depressive Störungen, Angststörungen und Persönlichkeitsstörungen.

## Diagnose

Die Diagnose einer somatoformen Störung beruht zunächst auf dem Ausschluss einer organischen Verursachung der beklagten Körperbeschwerden. Dazu muss aber eine psychische Diagnostik kommen, die gegenwärtige Affekte, psychische Konflikte, Aspekte der psychischen Struktur, biographische Belastungen und soziale und kulturelle Faktoren berücksichtigt.

## Besonderheiten der Arzt-Patient-Beziehung

Die Interaktion zwischen Ärzten und Patienten mit somatoformen Störungen ist häufig schwierig; nicht selten kommt es zu Abbrüchen der Beziehung und zu häufigen Arztwechslern („doctor-hopping“ oder „doctor-swapping“). Als Grund wird zumeist die Diskrepanz in den jeweiligen Ursachenüberzeugungen angesehen: der Arzt vermutet nach fehlendem Nachweis organischer Erklärungen psychogene Ursachen oder Simulation oder (häufig!), dass der Patient ihn belästigen will (also eine aus der Gegenübertragung gespeiste Interpretation des Patientenverhaltens). Möglicherweise werden keine oder falsche Diagnosen gestellt. Der Patient erlebt diese Situation mit großer Sorge und nimmt weiter organische Ursachen an, weil nur diese für ihn eine Legitimierung seiner Beschwerden bedeuten und fühlt sich vom Arzt nicht ernstgenommen.

Der Verlauf somatoformer Störungen wird in dieser Situation wesentlich vom Verhalten der Ärzte mitbestimmt: Wiederholte beschwerdegesteuerte organische Diagnostik trägt z. B. zur Chronifizierung bei.

## Therapie

Die Therapie besteht zunächst darin, ein tragfähiges Vertrauensverhältnis zu schaffen. Dazu muss in geeigneter Form über somatoforme Störungen und über das Wechselspiel von körperlichen und seelischen Prozessen informiert werden. Die eigentliche Arbeit des Arztes für Allgemeinmedizin besteht darin, den Patienten zu einer weiterführenden psychotherapeutischen Behandlung zu motivieren. Dies kann Jahre in Anspruch nehmen und wird trotz bestem Bemühen oft erfolglos bleiben.

Eine mehrwöchige Behandlung in einem Krankenhaus mit dem Schwerpunkt auf somatoforme Störungen wird von den Krankenkassen bezahlt.

## Literatur

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- E. Rauh & W. Rief (2006). Ratgeber Somatoforme Beschwerden und Krankheitsängste. Göttingen: Hogrefe [2]

## Weblinks

- Leitlinie „Somatoforme Störungen im Überblick“ der Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften <sup>[3]</sup>
- Somatisierungsstörungen bei Kindern und Jugendlichen <sup>[4]</sup>
- Sauer, Nina; Eich, Wolfgang: *Somatoforme Störungen und Funktionsstörungen* Dtsch Arztebl 2007; 104(1–2): A-45 <sup>[5]</sup>

## Referenzen

- [1] <http://www.dimdi.de/dynamic/de/klassi/diagnosen/icd10/htmlamtl2006/fr-icd.htm>  
[2] [http://www.hogrefe.de/?mod=prog\\_buecher&so=detail&ka=23&buchid=1682](http://www.hogrefe.de/?mod=prog_buecher&so=detail&ka=23&buchid=1682)  
[3] <http://www.uni-duesseldorf.de/WWW/AWMF/II/051-001.htm>  
[4] <http://www.aerzteblatt.de/v4/archiv/artikel.asp?id=47569>  
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