
Preface

The effect of emotions in the practice of medicine has long been acknowledged, given their underpinning for the development of double-blinded placebo-controlled trials. Blinding of patients for research is necessary because sometimes the act of taking even an inert substance can lead to improvement in a patient's health condition (which is defined as a placebo response). This improvement can be attributed to a patient's *psychological* response to a therapy, which can lead to beneficial *physiological* changes. Blinding of the clinician also is helpful because a clinician's expectation of a therapeutic outcome can also affect the patient's response to a therapy or the clinician's interpretation of the therapeutic outcome. The importance of recognizing the significant psychological impact within medicine has been further underscored by the recent modification of the Medical College Aptitude Test (MCAT).¹ Beginning in 2015, this test will include assessment of knowledge regarding behavioral and social sciences among applicants to US medical schools. In order to broaden the knowledge of healthcare providers about the impact of psychology in the practice of pediatric medicine, this book introduces readers to the wide spectrum of functional symptoms that can affect children.

All children with medical conditions are affected by psychological factors that may have been a precursor to and/or the result of the development of their illness. Further, a significant number of these children fail to improve completely despite their physicians' best medical interventions. Sometimes, we ascribe this failure to lack of adherence to therapy or to the severity of the condition. What we often fail to appreciate or address is that the patients' psychological states may contribute to the lack of response to medical therapy. For example, some patients with asthma may experience shortness of breath as a result of anxiety rather than from physical exacerbation of their asthma. Some patients with inflammatory bowel disease may experience increased abdominal discomfort related to depression. Patients with migraine headaches may experience an increase in the frequency and severity of their symptoms as a result of psychosocial stress. Treating such patients by intensifying their medical therapy is often of little use and may even be harmful. Another group of patients have complaints that many clinicians recognize to

¹ Kaplan RM, Satterfield JM, Kington RS. Building a better physician – the case for the new MCAT. *NEJM*. 2012;266(14):1265–8.

have arisen as a result of functional issues such as functional abdominal pain, pseudoseizures, stress-related chest pain, and vocal cord dysfunction.

Review of the first section of this book will enable healthcare providers to recognize functional symptoms that can complicate organic disease, as well as symptoms that are believed to be mostly functional in origin. Children's healthcare providers need to keep in mind that the manifestation of functional symptoms can vary depending on the patients' developmental age. Material will be introduced through literature reviews, case studies, and quizzes. Video demonstrations are provided with some of the chapters and can be accessed on SpringerImages. Links to these videos are provided on the chapter's opening page as well as on the copyright page of the book and are freely accessible to anyone who purchases the print version.

Even when clinicians are comfortable in identifying patients with functional disorders, planning a treatment program can be a challenge. Some patients may be reluctant to undergo evaluation by mental health providers, even when such competent providers are available. For this reason, the second section of the book will help clinicians differentiate the patients for whom referral to a mental health provider is mandatory from those for whom other approaches may be useful. For the latter group, the book will teach clinicians to empower themselves by learning how to incorporate various approaches for the management of functional disorders in their practice, including acupressure, biofeedback, basic cognitive behavioral therapy techniques, hypnosis, imagery, meditation, and yoga. Means of obtaining training in these modalities are provided in the appendix.

Our target readers are practicing clinicians including pediatricians, family practitioners, pediatric subspecialists, child psychiatrists, psychologists, other mental healthcare providers, and practitioners of alternative and complementary medicine. Other readers may include students of medicine, other health and behavioral sciences, and residents and fellows undergoing advanced training.

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