

# 8

## Symptoms that are medically unexplained

### 8.1 The person with unexplained physical complaints

Physical complaints are the most common reasons for seeking help from a health worker. Many symptoms, such as fever or cough, can be explained by medical problems. However, there are some complaints for which it is often difficult to find any medical reason. This chapter is about such complaints. Common examples are:

- headaches
- tiredness
- aches and pains all over the body
- burning or crawling sensations on the skin
- chest pain
- heart beating fast (palpitations)
- dizziness
- low back pain
- abdominal pain
- sex-related or menstrual pain
- gynaecological complaints such as vaginal discharge
- bowel problems
- difficulty breathing.

#### 8.1.1 How are physical complaints relevant to mental health?

There is a strong relationship between mental health problems and physical complaints, for a number of reasons.

- Worry and tension can make you tense your muscles for long periods. This makes muscles tender and painful. A good example of this is the ‘tension’ headache as a result of tensing up neck muscles when one is worried.



Unexplained physical complaints often affect multiple parts of the body.

- When you are anxious, you may breathe much faster, which leads to changes in the levels of oxygen and carbon dioxide in the blood. These changes can produce symptoms such as dizziness, palpitations, tingling or numbness of the fingers and toes and a choking or breathless sensation (a ‘panic attack’) (⇨8.2.1).
- When you are depressed, it is common to feel physically exhausted, which can be caused by the poor sleep or low mood associated with depression.
- Alcohol can produce physical complaints because of its effects on various body organs if used in a harmful manner (⇨9.1).
- People may feel that if they tell the health worker that their main problem is emotional, they may not get help. Thus, they focus on the physical complaint as a way of getting your attention.
- Many languages describe emotional pain in a physical way. For example, in English, one can

say ‘my heart is heavy’ to describe a sad mood. Thus, the physical symptom is simply another way of expressing mental pain.

- Painful illnesses, such as arthritis, can make a person feel unhappy and worried. Here, the pain is caused by a physical illness, but it affects the person’s mental health. Feeling depressed can make the pain less bearable.
- Some mental disorders can lead to physical health problems or make them worse, for example, depression or anxiety can increase the risk of developing heart disease.
- In one particular type of anxiety disorder, the key symptom is excess worrying about physical health. Typically the person is convinced that a completely harmless physical sensation indicates a very serious illness, and demands medical intervention. They may fail to be reassured even after a detailed medical examination and tests.
- The medications used for some mental disorders can also produce physical symptoms, such as dryness of mouth with certain types of antidepressants (⇨ Box 5.2 and Table 14.1).

These multiple ways in which mental and physical health are linked together form the basis of the slogan ‘No health without mental health’.

### 8.1.2 When to suspect that physical complaints are related to mental health problems

You should think of a mental health problem particularly in a person who:

- has been examined and has had tests which rule out other medical causes
- has several seemingly unrelated complaints
- has complaints which do not fit into any pattern that you associate with a physical disease
- has an established medical disease but whose physical complaints seem excessive
- whose complaints are associated with problems in their personal life.

### 8.1.3 How to deal with this problem

#### Questions to ask the person



- When did this start? (*The longer the symptom duration, the more likely it is related to a mental health problem, but also, the less likely the person is to fully recover.*)
- Do you have tension in your life? Are you thinking too much about things? Have you been feeling like you have lost interest in things recently? Have you been feeling tense, worried or scared recently? (*Ask questions for depression and anxiety ⇨ 3.9.*)
- Do you drink alcohol? (*If yes, follow further questions on problem drinking ⇨ 3.9, 9.1.*)
- What do you feel has caused your symptoms? (*The person’s views on the illness can be a valuable way of assessing whether it is a mental health problem.*)

#### Things to look for during the interview



- A worried or unhappy look on the face.
- Any signs of physical illness and weight loss.

#### What to do immediately



- Make sure that the person is not suffering from a physical illness before you assume that it is caused by a mental health problem. Carry out a physical examination and any necessary laboratory investigations. If in doubt, consult a colleague. (For tiredness ⇨ 8.4; for sex-related physical complaints ⇨ 8.5.)
- Reassure the person that there is no life-threatening or serious physical illness. This does not mean that they are not suffering from some other type of health problem.
- Explain the link between emotions and physical experiences. Be clear that mental health-related symptoms are just as real as symptoms that are caused by physical health problems, it is just the cause that is different.
- Explain that there is no need, at present, for further tests or investigations.



Laboratory tests should be used to rule out medical causes of physical symptoms.

- Try to avoid using labels such as ‘mental’ since the person may resent this. After all, many people (and health workers) do not associate complaints such as headache with mental health problems. Instead, you could say:

‘Your symptoms are being made worse by your worries and tension. You have been worried about your husband’s drinking problem. This could be giving you a headache and making your heart beat fast.’

- Use the counselling strategies of relaxation exercises (☞5.12), problem-solving (☞5.11), getting active (☞5.13) or improving relationships (☞5.15) as appropriate.
- For a person who is drinking alcohol at a harmful level ☞9.1.
- For a person with irrational anxiety about their physical health, take the approach as for other types of worrying (☞8.2.4).
- Do not prescribe vitamins or painkillers unless there is clear evidence of malnutrition or a painful physical illness.
- Consider antidepressant medication (☞Box 5.2 and Table 14.1) if the person has symptoms of depression, particularly if they also have suicidal ideas, weight loss or sleep disturbance, or if they have panic attacks (☞8.2).



### What to do later

Review the person after 1 week and see them regularly until the complaints have resolved. This will help reassure the person that their complaints are being taken seriously, build their trust in you

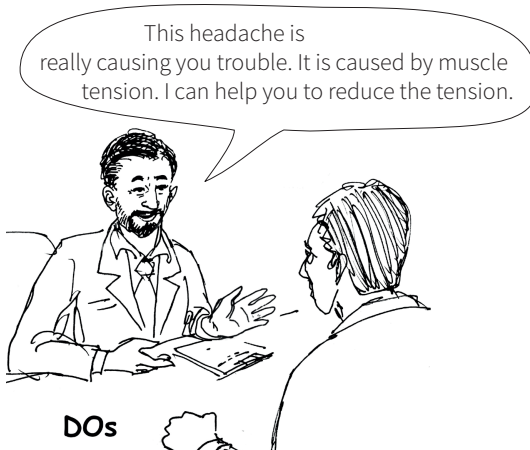
and ultimately help them recover through understanding the link between the complaints and mental health or social difficulties and the counselling strategies you have provided.

If the person develops new physical symptoms, do not automatically assume that they are mental health-related. Take the new complaint seriously and investigate as needed, but do not be tempted to order investigations if you do not think there is a physical cause.

### When to refer



- If you are not sure about the possibility of a physical illness, you should refer for a further opinion.
- Many people with long-standing medically unexplained physical complaints have social and personal problems which may be difficult to resolve in a clinic. Refer such people to other agencies (☞Chapter 15).



## SECTION 8.1 SUMMARY BOX

### THINGS TO REMEMBER WHEN DEALING WITH A PERSON WITH MULTIPLE PHYSICAL COMPLAINTS

- Physical complaints with no clear physical cause are common in general health clinics. These include tiredness, dizziness, aches and pains, and palpitations.
- Depression, anxiety and alcohol problems are important causes of such medically unexplained physical complaints.
- Before you say there is nothing wrong with the person, think about the possibility of a mental health or social problem.
- If you have any concern that the symptoms may be caused by a physical illness, refer to a specialist for another opinion. On the other hand, if the person has already had many tests and examinations, then it may be pointless to do more.
- Avoid unnecessary painkillers, vitamins or sleeping medications. Treat the mental health problem and this will lead to an improvement in the symptoms.

## 8.2 The person who worries, is fearful or panics

Worrying is thinking too much about unpleasant things which are happening or may happen in the future. Typical worries are related to money problems, relationship difficulties, children's future and health. Worrying itself is common and a normal part of life. However, when worrying becomes persistent, out of proportion to what is actually happening in a person's life, and begins to interfere with daily activities then it is unhealthy. Excess worrying can become a problem and actually prevent the person from thinking clearly and solving real problems. Depression and anxiety are important causes of such excess worrying.



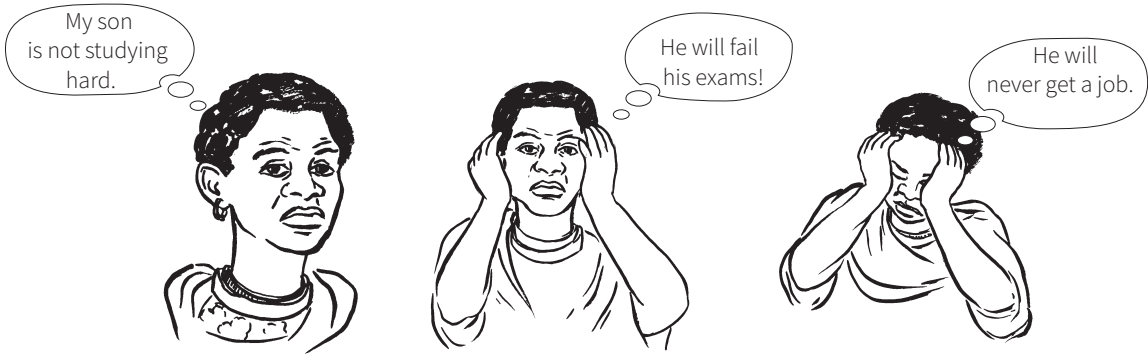
### 8.2.1 Fear and panic

When we worry, we become scared that something unpleasant might happen. This is the basis of the emotion of fear. Fear is an important part of learning in life. For example, when a student fears failing his examinations, he may study harder for them. However, when fear is out of proportion to the situation, it can cause extreme distress, leading to the feeling that the person may die or something terrible might happen to them or their family. When this happens, fear can become a mental health problem.

Panic attacks are attacks of extreme fear. Typically, the attack comes out of the blue without any warning. It is associated with such severe physical symptoms (the heart beating fast or difficulty breathing) that the person is terrified that they may be having a heart attack, are about to die or go mad. Many people will have one or two panic attacks at some point in their lives. However, sometimes panic attacks become more frequent. When they occur regularly, for example, once a month or more often, then this signals a mental disorder ('panic disorder').

### 8.2.2 Being scared of specific situations (phobias)

Some people get scared of a specific situation even though the situation is not dangerous. Typically, the person with these fears will avoid the situation in order to prevent getting scared. These



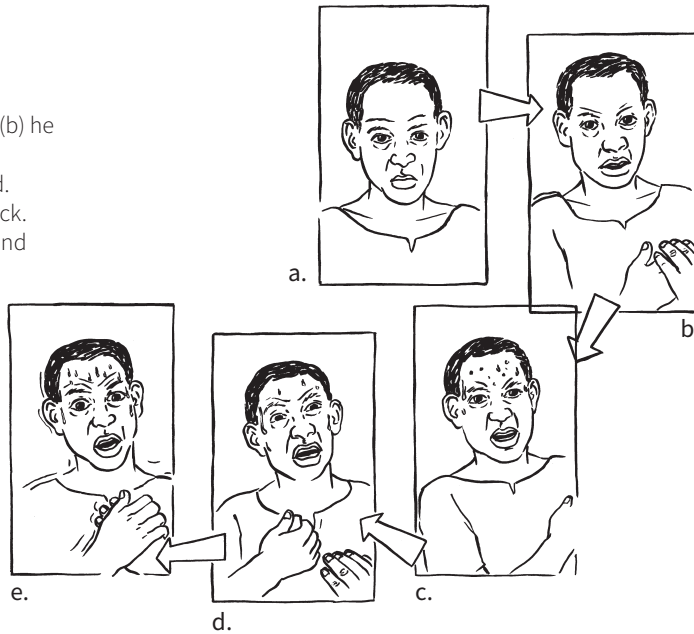
| We all have worries in our lives, but if a person does not find a solution for her worries, then she may become sick with worrying.



| But if she thinks about the possible solutions, then she can do something about her worries and feel better.

A panic attack.

- a. Sometimes when a person is worried (b) he may get palpitations of the heart.
- c. This can make him even more worried.
- d. He may think he is having a heart attack.
- e. He becomes terrified that he will die and consults a health worker.



fears are called phobias. Many people have one phobia or another, for example, of spiders or snakes. However, some people have phobias of everyday situations, such as:

- crowded places, for example, buses or markets
- open places (anywhere out of the house)
- social situations, for example, meeting people.

If a person has a fear of these situations and starts avoiding them, it will severely affect their life, for example, if they are unable to go to work or to the shops. Often the person experiences panic attacks in these situations. When phobias become so severe, they turn into mental disorders.

### 8.2.3 Why do people worry or have panic attacks or phobias?

Some of us worry when we are under stress. Examples of life difficulties that can lead to fear and anxiety are:

- relationship problems, such as marital conflict, conflict with parents
- loss of someone close, for example, due to death
- loss of a job
- physical illness

#### BOX 8.1 ADVISING A PERSON WITH A PANIC ATTACK

Panic attacks are attacks of severe anxiety which result from rapid breathing. A person who is affected by panic can be taught the following steps.

1. To recognise that an attack is beginning when they begin to experience the fearful thoughts or the physical symptoms.
2. To immediately remind themselves that they are breathing too fast and they should take control over their breathing.
3. To breathe in a **slow, steady, controlled manner** (in a way similar to the breathing rhythm in relaxation exercises). The breathing should be continued in this manner until the symptoms of the attack subside.
4. To reassure themselves in their mind that the symptoms are due to breathing too fast and that nothing dangerous will happen.

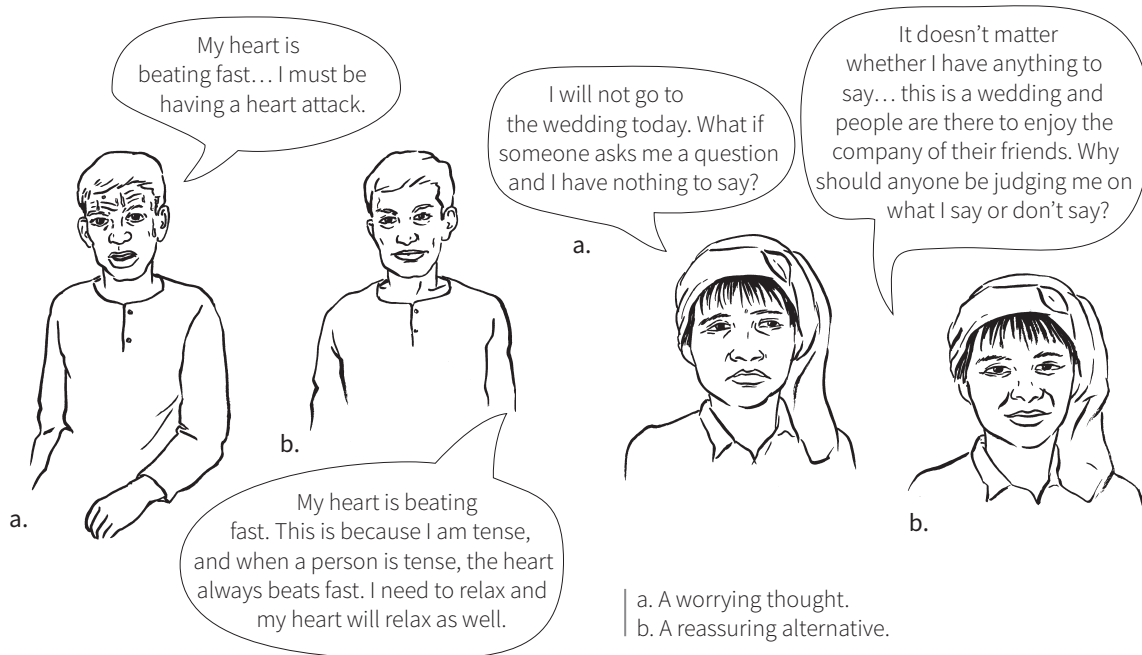
- work difficulties
- money problems, such as being in debt
- sickness in the family.

The experience of trauma and violence (⇨ 10.1) can also give rise to anxiety and panic, as can alcohol and drug problems (including medications such as sleeping pills ⇨ 9.1, 9.2, 9.3). Some people worry for no obvious reason and some may have a lifelong history of being tense or shy.

#### BOX 8.2 ADVISING A PERSON WITH A PHOBIA

A phobia is when a person experiences fear, often panic attacks, in specific situations and begins to avoid them. A person with a phobia should take the following steps.

1. Teach the person that the way of overcoming this fear is by exposing themselves to this situation until the fear subsides ('facing the fear'). This is the way they can become confident that there is nothing to fear about the situation.
2. Explain that avoiding the situation only makes the fear worse. Exposure must be done consistently to build up the person's confidence and overcome the phobia. They can be taught to deal with the fear during exposure by breathing exercises (as with panic attacks) and by reassuring themselves in their minds that the fear is temporary.
3. Identify the situations which lead to fear and then grade these situations in a list from the least fearful to the most fearful.
4. Expose the person in steps starting from the less fearful situations; once they have mastered this situation and can face it with no fear, encourage them to move to the next situation. For example, a house-bound person could be encouraged to take a short walk to the neighbour's home as the first step. This step is practised daily until no more fear is experienced. The person must not leave the situation under any circumstances. After overcoming this fear, they should move on to the next step, which could be walking further, say to the post office. Finally, the person will need to walk to the market.



a. A worrying thought.  
b. A reassuring alternative.

## 8.2.4 How to deal with this problem?



### Questions to ask the person

- How long have you felt like this? (*The longer the duration, the more severe the problem is likely to be and the harder it may be to recover fully.*)
- How did the symptoms begin? (*Symptoms which begin following a stressful event are often short-lived and the person is more likely to fully recover.*)
- Are you using sleeping pills or alcohol? (*If yes, ask about alcohol problems* [↗ 3.9, 9.1](#) *and dependence on sleeping pills* [↗ 9.3.](#))
- Have you been avoiding any situation because of your fear? If yes, what situation? How has this affected your life? (*These are questions for phobias.*)
- Does your fear ever get so bad that you feel you might collapse or die? If yes, how often? (*These are questions for panic attacks.*)
- Have you been affected by violence in the past? (*This is to identify trauma-related anxiety* [↗ 10.1.](#))

- Have there been any problems in your life recently? For example, problems in your marriage/relationship or at work? (*Finding out about such problems is an important step in making the link between life difficulties and worry.*)
- Have you lost interest in daily life? (*Ask questions about depression* [↗ 3.9.](#))

### Things to look for during interview



A worried or tense look is typical of a fearful person. A sad or emotionless face may suggest depression. Some anxious people are very restless and fidgety, for example, constantly wringing their hands or shifting in the seat.

### What to do immediately



- Reassure the person, specifically about the following:
  - the symptoms are not a sign of serious physical illness (it is important that this reassurance is only given if you have completed a thorough physical examination and appropriate laboratory tests)

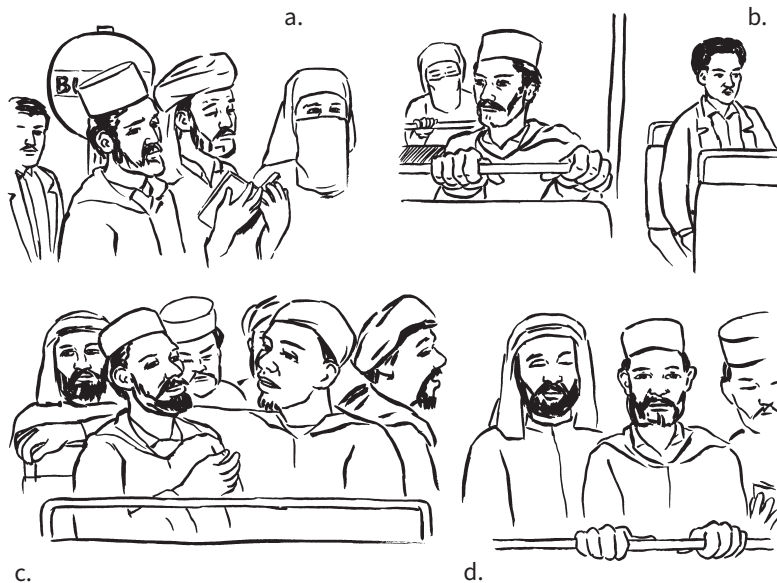


*Steps in overcoming phobias*  
I. Getting used to speaking in front of strangers

- a. First, try going with a friend to a shop and asking for an item.
- b. Once you can do this without feeling anxious, when with a friend, try asking a stranger for directions.
- c. When you feel comfortable doing that, try going to a shop and asking for an item by yourself.
- d. Once you can do that, try going to a restaurant and have a tea all by yourself.

*Steps in overcoming phobias*  
II. Getting used to travelling on a crowded bus

- a. Walk to the bus stop and wait for the bus but don't get on.
- b. Once you can do this without feeling anxious, take a bus at a time when it is not crowded.
- c. When you can do this without fear, take a bus journey with a friend when it is crowded.
- d. When this no longer causes anxiety, take a bus journey alone when it is crowded.



- the symptoms are not a sign that the person is 'going mad'
- if relevant, the symptoms are not a sign of witchcraft or spirit possession.
- Explain that worrying is the cause of the symptoms and that the symptoms can make the person even more worried. The way to break this cycle is to reassure oneself when the symptoms start that they are only the result of worrying.
- The most useful counselling strategies for panic attacks are relaxation exercises (☞5.12).
- Other useful counselling strategies are those related to thinking healthy (☞5.14) and problem-solving (☞5.11).
- Give specific advice on panic attacks or phobias as shown in Box 8.1 and Box 8.2.



## When to use medication

Two types of medication can be used.

1. Short-term (1 to 2 weeks) prescription of benzodiazepines (⇨ Box 5.8 and Table 14.5) should be restricted to special situations, such as when:
  - the person's anxiety is so great that they are not able to listen or understand your advice
  - the person is very tense following a severe life event such as the death of a spouse
  - the person is so tense that they have not slept well for many days and are now tired – a good night's sleep may help them recover faster
  - you are starting an SSRI antidepressant for an anxiety disorder (see below); the person may need 3 to 5 days of a benzodiazepine medication while their body gets used to the medication. You could use diazepam 5 mg twice daily.
2. Antidepressant medication can be very useful in these situations:
  - if there are repeated panic attacks
  - if the person has depression (⇨ 7.4)
  - if the worrying lasts more than 4 weeks despite your explanation and breathing exercises
  - if the person's life is severely affected (e.g. not going out of the house at all).

⇨ Box 5.2 and Table 14.1 for information on how to use antidepressants.

## When to refer

- If you are concerned that the symptoms may be the result of a physical illness, such as asthma or a health problem.
- If there are serious life difficulties which could be helped by some other agency, for example, the police or women's groups (⇨ Chapter 15).



### SECTION 8.2 SUMMARY BOX

#### THINGS TO REMEMBER WHEN DEALING WITH A PERSON WHO IS WORRIED, FEARFUL OR PANICS

- When worry and fear start affecting a person's daily life, then they become a mental health problem.
- Panic attacks are attacks of severe anxiety. They are often mistaken for a medical problem, especially a heart attack, because of the severe physical symptoms.
- Some people avoid situations which make them scared (phobias). Common situations which cause this fear are crowded places and social situations.
- Treatment consists of advice about the cause of symptoms, relaxation exercises and counselling on how to overcome the mental health problem.
- Antidepressant medication may help people with persistent and disabling anxiety problems.

## 8.3 The person with sleep problems (insomnia)

A typical person needs between 6 and 8 h of sleep a night. Sleep gives the body and mind time for rest and makes the person feel fresh in the morning. Insomnia is the term for the most common type of sleep difficulty in which sleep is no longer refreshing. Some people may have difficulty in falling asleep, while others may wake up too early in the morning and be unable to get back to sleep. Some may wake up repeatedly through the night. Insomnia is one of the most common health complaints. As a result of the excessive use of sleeping pills, many people with insomnia become dependent on these medications (⇨9.3).



### 8.3.1 How do sleep problems affect the person?

Imagine what would happen if you had poor sleep. Insomnia leads to:

- feeling drowsy during the day
- tiredness
- poor concentration
- feeling irritable and short-tempered
- problems in thinking clearly
- being uncoordinated, an increase in errors or accidents.

### 8.3.2 What causes sleep problems?

The most common causes of insomnia are:

- **alcohol problems:** people who drink alcohol suffer insomnia because they sleep poorly when drunk and tend to wake up early because of withdrawal symptoms (⇨9.1);
- **depression and anxiety** (⇨7.4 and 8.2): depression is typically associated with waking very early in the morning and not being able to get back to sleep, while anxiety is typically associated with difficulty in falling asleep;

- **misuse of sleeping pills:** this can lead to withdrawal reactions when the effect of the medication wears off (⇨9.3);
- **medical problems:** particularly those that cause pain, breathing difficulties or urinary infections which lead to increased passing of urine;
- **obesity:** can cause insomnia for various reasons, including heavy snoring which wakes the person at night;
- **certain types of medications:** including some types of antidepressants and medication used to treat asthma;
- **mania:** often associated with a reduced need for sleep, although the person still feels refreshed and full of energy (⇨7.5);
- **environmental disturbances,** for example, noise or light when trying to sleep (including a partner who snores loudly!).

### 8.3.3 How to deal with this problem

#### Questions to ask the person



- What is your sleep pattern? (*Ask about the amount of sleep, daytime sleep and type of insomnia.*)
- Do you take any medications or alcohol to help you sleep? (*This will give you a clue to the possibility of an alcohol problem or dependence on sleeping pills.*)
- Do you suffer from any pain or other medical problem?
- Do you have tension in your life? Are you thinking too much about things? Have you been feeling like you have lost interest in things recently? Have you been feeling tense, worried or scared recently? (*Ask questions for depression and anxiety* ⇨3.9.)

#### What to do immediately



- Explain that insomnia is a common complaint. For many people, sleep will go back to normal once the cause is resolved. For others, their sleeping pattern has got stuck into a bad habit and the person may need to train themselves to get back into a better sleep pattern.

### BOX 8.3 ADVICE ON HOW TO SLEEP BETTER

- Keep to a regular sleep routine:
  - go to bed at a fixed time
  - wake at the same time no matter how much sleep you have had during the night
  - use an alarm clock if you have difficulty waking at a fixed time in the mornings.
- Do not use alcohol or sleeping medications to get to sleep.
- Do not smoke before sleeping; coughing can keep you awake.
- Empty your bladder just before sleeping.
- Avoid tea and coffee in the evening; these are stimulants and can keep you awake.



- Try relaxation exercises before sleeping (⇨ 5.12).
- Avoid exercise in the evenings, but exercise in the daytime may help.
- Avoid daytime naps.
- Worrying about not being able to sleep worsens the sleep problem.
- Make your sleeping environment 'sleep friendly': keep the room dark using curtains or use eye masks. Close your windows if it is noisy outside or use ear plugs.
- If you cannot fall asleep, do not lie in bed; get up, read a book or relax for 15 to 30 min and then go back to bed.

- Educate the person about how to sleep better (Box 8.3).
- If you identify an underlying mental health problem which may be causing sleep problems, treat this as indicated in other sections of this manual (the likeliest underlying mental health problems are alcohol problems and depression or anxiety).

### When to use sleeping pills

Sleeping pills are most commonly benzodiazepines (e.g. diazepam, lorazepam, nitrazepam and so on (⇨ Box 5.8)). They are among the most commonly used medications in the world. This fact alone shows us how frequent complaints of insomnia are. Other medications used for sleep are the 'Z medications' (zopiclone and zolpidem), which are similar to benzodiazepines. However, sleeping medications produce an artificial sleep. They are all addictive so that once a person becomes used to taking them, they will not be able to sleep without them (⇨ Box 5.8, 9.3).

The best way to avoid such problems is to follow these rules.

- Do not prescribe sleeping medications for people with long-standing difficulties with sleep or with a history of problem with alcohol or drugs.

- If you must use medication, monitor the person closely.
- Give 1 week's supply of a sleeping medication, for example, diazepam 5–10 mg at night or lorazepam 1–2 mg at night. Ask the person to return in a week.
- If the person is feeling better, stop the medication. Do not prescribe sleeping pills for more than 2 to 3 weeks. The prescription should be for 1 week at a time so that you can review the person each week.
- Consider alternative medications which also produce sleepiness but are not addictive, for example, antihistaminic medications used for colds and allergies (e.g. promethazine).
- If there is no underlying mental disorder, do not use sedating antipsychotic medications to treat sleep problems.
- Give advice about how to sleep better.
- For people who are overweight, give advice on weight loss, for example, through diet and exercise.
- For guidance on how to help a person who has been using sleeping medications for a long time ⇨ 9.3.



## When to refer

- Physical illness which is causing pain or other discomfort.

- Insomnia which does not respond to the advice above and is causing severe difficulties to the person's daily life.

### SECTION 8.3 SUMMARY BOX

#### THINGS TO REMEMBER WHEN DEALING WITH A PERSON WITH A SLEEP PROBLEM

- Sleeping problems are very common. Insomnia is a health problem if it has been present for at least 2 weeks and is causing difficulties.
- Depression, alcohol problems, excessive use of sleeping medications and painful physical illnesses can cause insomnia.
- Simple changes in lifestyle are the best way of restoring healthy sleep.
- If using sleeping pills, never use them for more than 2 to 3 weeks at a time.
- If insomnia is part of a mental health problem (for example, depression), treat that problem first.

## 8.4 The person who is tired all the time

Tiredness is one of the most common reasons for feeling unwell. Tiredness can present in many ways. One way is feeling fatigued all the time. When this is severe, even minor activities such as dressing oneself can seem too difficult. Another common way of expressing tiredness is 'feeling weak' or 'having no energy' to do things. Tiredness is often accompanied by a strong desire to sleep (though often the person cannot sleep) or to just lie down.

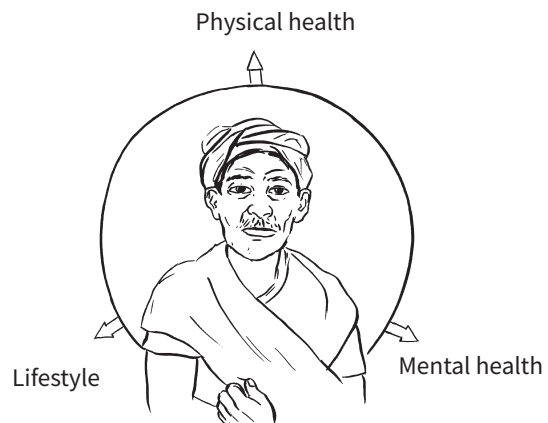
### 8.4.1 Why do some people feel tired?

Many people feel tired because of viral or other common infections. In such cases, the tiredness will have started only a few days earlier. Whenever tiredness has been present for less than 2 weeks, you should treat it as if it is probably caused by an infection. If tiredness lasts more than 2 weeks, it becomes 'chronic' tiredness or 'chronic fatigue'. Box 8.4 lists the most common causes of chronic tiredness.

### 8.4.2 When to suspect that tiredness is the result of a mental health problem

Never suspect a mental health problem until you have confidently ruled out the common physical illnesses. Suspect a mental health cause for the tiredness:

- when there is no evidence to suggest a physical disease, such as lack of any signs of a physical disease or the absence of abnormal findings on tests



#### BOX 8.4 THE COMMON REASONS FOR CHRONIC TIREDNESS

##### Physical health problems

- Moderate or severe anaemia
- Chronic infections including tuberculosis, hepatitis and HIV/AIDS
- Diabetes
- Cancer
- Chronic diseases such as rheumatoid arthritis, kidney disease
- Chronic undernutrition

##### Mental health problems

- Depression or anxiety
- Alcohol and drug problems
- Poor sleep

##### Lifestyle problems

- Overwork, especially manual labour
- Underactivity – doing too little can lead to feelings of tiredness

- if there are other features of a mental health problem such as multiple physical complaints, sleep problems or suicidal feelings
- if the tiredness is out of proportion to the physical illness (e.g. a person may be anaemic, but the tiredness is so extreme that the anaemia alone cannot explain it).

### 8.4.3 Why tiredness is not the same as laziness

People who feel tired find it very difficult to get any work done. For some women, this can be a great problem and can cause conflict with their partner or in-laws. When a health worker tells the family that ‘there is nothing wrong with her’ because they cannot find any physical illness, the family assumes that the woman is pretending to be tired. Even health workers may think that the woman is lazy. Similarly, a man who feels too tired to work but has no obvious illness may be criticised or ridiculed by family members and neighbours. Remember that tiredness is often a sign of a mental health problem. Just because there is no obvious physical illness, it does not mean that the person is pretending to be sick. **Tiredness is not laziness.**

### 8.4.4 How to deal with this problem

#### Questions to ask the person



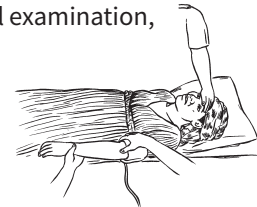
- Since when have you been feeling tired? (*If more than 2 weeks, the tiredness is chronic.*)
- Have you been feeling physically sick in any other way? For example, have you been coughing? Losing weight? Do you pass blood in your stools? (*These are examples of questions for chronic physical health problems.*)
- Have you been feeling under stress recently? Are you thinking too much about things? Have you been feeling like you have lost interest in things recently? Have you been feeling tense, worried or scared recently? (*Ask questions for depression and anxiety* ⇨ 3.9.)
- Do you drink alcohol? Do you use drugs? Do you use sleeping pills? (*Ask questions for these types of habit problems* ⇨ Chapter 9.)
- Tell me about the activities you did on an average day in the past week. (*This will give you an accurate idea of the impact of tiredness on daily activities.*)

#### Things to look for during interview



Carry out a proper physical examination, in particular:

- a sickly appearance
- fever
- abnormal pulse rate and blood pressure
- abnormal respiratory rate
- signs of anaemia such as a ‘washed-out’ or pale tongue, eyes or fingernails
- signs of weight loss such as thinning of the muscles of the arms or legs.



#### Tests and investigations

Because tiredness can be a sign of serious physical illness, it is helpful to do tests for common illnesses:

- haemoglobin levels for anaemia
- white blood cell counts for infections
- urine sugar for diabetes.



## What to do immediately

- Make sure the person is not suffering from a physical illness.
- Explain to the person and the family that the tiredness is real and is being caused by a health problem. There is no need to specify that this is a mental health problem since this may have a negative effect on the family's support to the person. Instead, you can say that 'When we are under any type of stress we can feel tired'.
- Explain that there are no specific medications for tiredness. However, if the tiredness is caused by excess stress, medications for stress may be given.
- Give dietary advice. Ask the person to eat more fruits, green vegetables and eggs, and drink milk.
- If the person is not sleeping well, give advice on how to sleep better (⇨8.3).
- If the person has an alcohol or drug problem, give appropriate advice (⇨9.1 and 9.2).
- If the person is depressed or anxious, suggest ways of dealing with this (⇨7.4 and 8.2).
- Gradually increasing activity levels is often a helpful way of overcoming tiredness. See the figure below for an example of how to do this. The most effective counselling strategy is getting active (⇨5.13).

- Tell the person to keep in regular touch with friends and relatives. If they are religious, recommend regular visits to places of worship.
- Relaxation exercises and problem-solving counselling strategies can help (⇨5.12, 5.11).
- In cases where nothing else seems to be working, you can try an antidepressant medication, such as fluoxetine (⇨Table 14.1).

## When should tonics or vitamins be used?

Tonics and vitamins are commonly used by people who feel tired. This is because many people feel that tiredness is the result of not having enough vitamins or other nutrients. However, most people with tiredness do not have problems which will improve with tonics or vitamins. It is not helpful to give tonics or vitamins to a person who is not anaemic or who does not have features of malnutrition. Dietary advice, such as eating more green leafy vegetables, eggs, fish or lentils, is far better than tonics. Do not be fooled by the drug company marketing materials which recommend tonics for anyone who complains of feeling tired.

## When to refer

If you suspect that the tiredness is due to a serious physical illness, such as tuberculosis or cancer, refer to a hospital. A reliable indicator of such an illness is weight loss.



### Getting active

- A person who is so tired that he does not feel like getting out of bed should first try a simple, enjoyable activity such as (b) watering the garden.
- When he can manage this, he can then try something more demanding, such as walking to the market and shopping.
- When he can manage this, he may be ready to return to work.



## SECTION 8.4 SUMMARY BOX

### THINGS TO REMEMBER WHEN DEALING WITH SOMEONE WHO FEELS TIRED ALL THE TIME

- Tiredness is not always the result of an illness. If a person has been working too much without the chance for proper rest, the body will get tired.
- Tiredness has both mental and physical causes. Always exclude physical causes before considering mental health problems.
- Depression, anxiety and alcohol problems are mental health problems which can cause tiredness.
- There are no specific medications for tiredness; vitamins and tonics will not help the tired person unless there is clear evidence of anaemia or vitamin deficiency.
- Gradually increasing activities, antidepressants and problem-solving can be used for a person with tiredness.

## 8.5 The person with sexual problems<sup>†</sup>

Sexual health is that aspect of health that is related to the sex organs and to sexual behaviour. Sexual health includes the prevention of sexually transmitted diseases and unwanted pregnancies, the enjoyment of sex as part of intimate relationships, the acceptance of different levels of sexual desire across individuals and greater control over one's sexual decisions. In this manual, only common sexual behaviour problems are described. For a discussion on infectious diseases which affect the sexual organs, refer to other manuals (⇨ Chapter 18).

Sex can be an important aspect of intimate relationships, although not everyone desires it. Sex is such a personal and private aspect of our lives that it is rarely discussed with others. It is difficult for people to get hold of trustworthy information. As a result, there is a lot of ignorance about what is 'normal' sexual behaviour and little understanding that there is a wide range of 'normal'. People also know little about the types and causes of sexual problems. Sexual problems are basically problems that men and women have that interfere with their sexual health.

<sup>†</sup>With Pramada Menon and Suvrita.

### 8.5.1 Sexual problems in men

There are two common types of sexual problems in men:

- **impotence:** this is when the penis does not become or stay hard and erect, so that the man cannot have sexual intercourse;
- **premature ejaculation:** this is when the man ejaculates (passes semen) so quickly that neither partner is able to enjoy the sexual act.

The most common causes of these sexual problems are:

- **tension about sex,** typically when a man is having sex for the first time with a particular person or when there is anxiety after having experienced occasions when the penis did not become hard;
- **misconceptions** about the size of the penis or mistakenly thinking that there can be bad effects of having had sexual intercourse with a woman during her menstrual periods or of masturbation;
- **ignorance** about healthy sexual function is one of the main reasons for the 'dhat syndrome' seen in men in Asia (Box 8.5);
- **depression and tiredness:** it is difficult to enjoy sex when one is unhappy or tired;
- **alcohol problems:** drinking heavily can make a man impotent;
- **loss of interest in sex;**

- **cigarette smoking**, which can affect the blood supply to the sexual organs;
- **diabetes**, which can affect the nerves and blood supply to the sexual organs;
- some **medications**, such as antidepressants and medications for high blood pressure;
- **growing old**: as with all bodily functions, sexual function can also become impaired with ageing;
- more rarely, past experiences of **sexual abuse** can affect sexual health in the future.

## 8.5.2 Sexual problems in women

Common sexual problems in women are:

- **pain during sexual intercourse**: this may occur if the woman's sexual passage (the

vagina) is dry or when a man tries to have sex before she is ready, or when he forces sex on her;

- **loss of interest in sex.**

Women's sexual problems are commonly caused by:

- **lack of control over sexual decision-making**: this means the woman cannot choose when she wants (or does not want) to have sex;
- **tension or fear** about having sex;
- **depression and tiredness**: it is difficult to enjoy sex when one is unhappy or tired;
- **loss of interest in sex**, which can happen if the woman does not find the partner attractive;
- **infections** in the sexual organs;
- **sexual abuse** in childhood (⇨11.5) and unhappy or painful sexual experiences can make enjoyment of sex difficult;
- some **medications**, such as antidepressants, can reduce desire for sex.

### BOX 8.5 THE DHAT SYNDROME

'I am feeling weak because I pass semen in my sleep'

Men in some parts of Asia believe that semen is a source of physical strength. Young men may become concerned when they notice that they are 'losing' semen by passing it in their underwear during the night, or when passing urine or stool. They may become very anxious about their desire to masturbate. If they do masturbate, they suffer guilt and tension. Many men will complain of tiredness, aches and pains, impotence and even suicidal feelings. Typically, they will blame these complaints on the passing of semen in their urine. The health worker must spend time explaining male sexuality. An example which helps is that of a glass of milk to which more milk is being continuously added all the time. Once the glass is full, milk will begin to dribble out of the glass; the same happens with semen in the body. Education about masturbation being a healthy sexual behaviour is important. If the person has become stressed or depressed, treat as directed elsewhere in this manual (⇨7.4, 8.2).



### BOX 8.6 GENDER AND SEXUAL PROBLEMS

In many places, women do not have the same control over their bodies and sexual lives as their male partner. A woman may not be able to choose whether she has sex and when. She may have to have sex whenever her partner desires, and yet may not feel free to ask for sex when she desires it. While there may be little a health worker can do from a clinic to change this social problem, there are things that can be done to reduce sexual problems. For example, the health worker can explain to a woman that her desire to have sex or her desire to stimulate herself are healthy behaviours may help counter the beliefs that this is shameful. Or, the health worker can explain to a woman that she has the right to protect herself from an unwanted pregnancy and teach her how to do this. A woman who wishes to enjoy sex but finds that her vagina is too dry can be advised to use butter or some other oily substance to make her vagina wet. As a health worker, there is much you can do to change negative attitudes about gender (⇨Chapter 13).



### BOX 8.7 SEX AND RELATIONSHIPS

Sex can be a way of expressing affection and love. Sex is the way through which a couple can have children and start a family. Sex can be a way of experiencing physical and mental pleasure. If one person has a sexual problem, the relationship with their partner is also affected. Because sex is such a sensitive issue and is rarely discussed as a 'health' issue, the problems tend to remain hidden. The couple may suffer much unhappiness and guilt. They may start blaming each other or themselves in an effort to understand why they no longer enjoy sex with each other. Sometimes, one partner may accuse the other of being unfaithful. Sexual problems can cause increasing tension in everyday life between partners and lead to depression and alcohol abuse.

Sexual problems can end up making relationships deeply unhappy or even terminate them, sometimes due to the partners finding new lovers. On the other hand, sexual problems can be the result of an unhappy relationship. Thus, if there is much fighting or conflict between two partners, it is unlikely that they will have a satisfying sexual relationship.



The first couple is more likely to enjoy sexual relations than the second couple.

### 8.5.3 Problem sexual behaviour

Problem sexual behaviour is when a person shows sexual behaviour at the wrong times, for example, in a public place or in a manner which is threatening to others. The intent of the person is important here. A person might, for example, lack a private space for masturbation and choose a secluded public space instead. This is not a mental health problem: the person just needs advice and support to find a more appropriate place for masturbation. Examples of problem sexual behaviour which might indicate the presence of a mental health problem are:

- taking off clothes in a public place, for instance, someone who is 'high' in their mood (☞ 7.5) and no longer cares about social norms;
- showing one's sexual organs in a public place, for instance, a person with intellectual disability who is having difficulty fulfilling their sexual needs;
- an elderly person trying to have sex with their partner even though they may not have had sexual relations for several years.

When this happens, it causes great concern to the family. Sometimes, the person is abused or

beaten for behaving in this manner. Many people who show problem sexual behaviour have either a severe mental disorder or a disability such as psychosis, intellectual disability or dementia. Referral to a mental health specialist may be needed.

### 8.5.4 How to deal with this problem

#### Special interview suggestions



- Allow some time to build rapport and trust. Talking about sex is not easy. Don't be in a hurry.
- Never feel embarrassed to ask about sexual health: this is as important as physical or mental health for a person.
- Interview the person in private first. If they agree, invite the partner to join the interview later.
- Frank questions about the problem will help the person feel more comfortable in discussing this sensitive subject with the health worker. It is also important to get a clear history of the problem.



## Questions to ask the person

- What is the problem? When did the problem start? What have you done about it so far?
- Tell me about your relationship. How long have you known each other? How much do you love each other? Have you enjoyed sex with each other before? What sorts of things do you enjoy doing? (*It is difficult to enjoy sex when the relationship is unhappy.*)
- Do you masturbate? Are you having sex with anyone else (other than your partner)? (*If the person only has a sexual problem with a specific partner, then the problem may be because of a difficulty in their relationship.*)
- Have you been experiencing tension or thinking too much recently? Do you feel as if you have lost interest in daily life? (*Ask about symptoms of anxiety and depression* ↗ 3.9.)
- Have you had any infections of the sexual organs?
- Are you taking any medications?

### Ask a man the following

- Do you suffer from diabetes, high blood pressure or any other medical disease?
- Are you taking any medications?
- Do you drink alcohol?
- Do you smoke cigarettes?
- Do you get erections in the mornings? (*Usually, if a man does not get any erections at all, then you should suspect a medical cause for the impotence.*)
- Ask men about their being in sexual contact with commercial sex workers; if so, this may make them feel guilty. Counselling and testing for HIV and other sexually transmitted infections is necessary.

### Ask a woman the following

- How much control do you have about having sex? For example, do you feel sometimes that your husband forces you to have sex?
- Have you had any difficult experiences of sex in the past?

## BOX 8.8 MASTURBATION: A HEALTHY WAY OF GIVING ONESELF SEXUAL PLEASURE

Every person has a sexual life of their own. For example, a person may have sexual fantasies or may stimulate their own sexual organs (masturbation). Some people who masturbate feel scared of being 'caught' or guilty that they are doing something wrong. This can cause tension and unhappiness. In some situations, women feel very guilty when they masturbate. Some people think it is a sign of moral weakness. However, it is important to stress that **masturbation is a healthy sexual activity for both men and women. It is a safe sexual activity and does not cause any health problems.** Impotence can be a problem when men who are masturbating cannot get their penis to go hard.



## What to do immediately

Do some simple tests such as urine sugar and culture to exclude diabetes or infections.

### For impotence

- Explain that this is a common problem and that it is often short-lived.
- Advise against cigarette smoking and drinking alcohol before having sex.
- Discuss possible reasons the person may be tense or worried and explain the links between these emotions and impotence.
- Ask the person to try out sexual intercourse in a slow and unhurried way and not to be disappointed if the sexual problem does not resolve. Try again another day. As with all anxiety problems, facing up to what is causing the anxiety is the best treatment.
- If the problem persists, advise the man to avoid sexual intercourse for 2 weeks. During this time, encourage him to practise pleasurable physical contact with his partner and social activities which do not involve intercourse.
- Counsel the partner and encourage them to be part of this treatment. It is especially important for the partner to understand that this is a treatable problem and not caused by weakness.

- If the problem persists, you could consider referral to a doctor to prescribe one of the medications which are useful for this condition, such as sildenafil or tadalafil.

#### For premature ejaculation

- Explain that this is a common problem, most often caused by tension.
- Ejaculation can be delayed by the squeeze technique or the stop-start technique. The man is asked to recognise the sensation that he is soon going to ejaculate. The moment he feels this way, he should stop sexual movements immediately. Then, he must wait until that desire has gone away before starting sexual movements again. In the squeeze technique, just as the person begins to feel he is going to ejaculate, he squeezes his penis with his fingers. This reduces the urge to ejaculate and helps prevent it. These techniques help the man feel more confident that he can control his ejaculation.

#### For women who have pain during intercourse

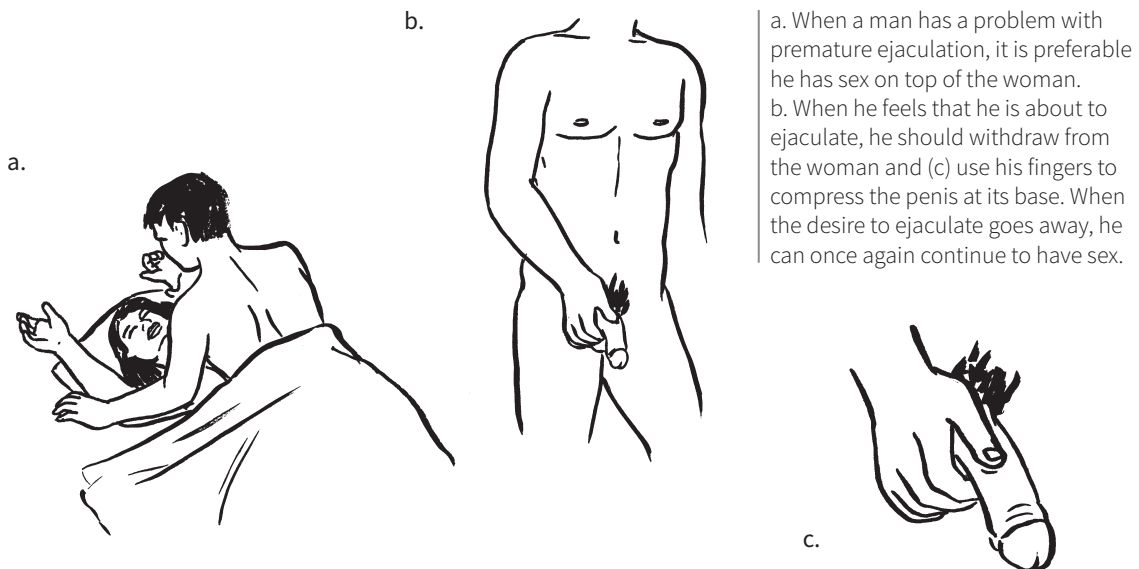
- Explain that this is common and most often due to tension or because she is not sexually excited.
- If she agrees, counsel the man to explain the need for taking time to build up to sexual

intercourse so that his partner feels sexually excited and her vagina is wet. Explain to him the need to only have sex when both of them want to have sex.

- Recommend the use of vaginal lubricants such as butter or oil or commercially available synthetic lubricants.

#### For lack of sexual desire

- This is usually a problem when one partner has less desire than the other. Counsel both separately and together, if possible. Reassure both that the reason for this problem is often because of marital problems rather than a physical problem with the sexual organs.
- Explore marital problems between the partners. Encourage them to discuss their feelings and concerns. Use counselling strategies for addressing relationship problems (⇨ 5.15).
- Loss of sexual desire can be a symptom of depression. If depression is present, treat this underlying cause first.
- Suggest masturbation as a way of sexual release for the partner whose sexual desire is greater.



There are many ways of enjoying your lover's company besides having sex.



### When to refer

- Any person showing problem sexual behaviour that seems to be related to a mental health problem.
- Any person whose sexual problems continue despite education and counselling.
- If you suspect that the sexual problem is related to a serious physical disease such as diabetes or a sexually transmitted disease.



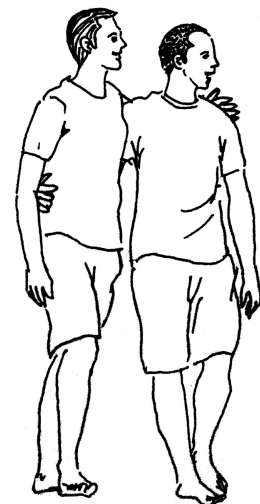
### What to do later

Review the person or couple after a week and then every 2 weeks to monitor how they are following your advice. Often, the explanation and the sharing of the problem makes people more relaxed and this improves their sexual health.

## 8.5.5 Same-sex relationships and mental health

Homosexuality means sex between a man and a man (gay relationship) or a woman and a woman (lesbian relationship). There are strong views about this sort of sexual behaviour. In many

places around the world nowadays it is seen as normal and healthy, but in some it is seen as a mental health problem or even a criminal act. It is very important that, as a health worker, you treat same-sex relationships as another example of the diversity of human relationships. Homosexuality is not a mental health problem. Just as sexual problems can arise in a relationship between a man and a woman, so can they in same-sex relationships. In reality, few people in same-sex relationships will discuss this with health workers because they fear being criticised or mocked. As people who are attracted to a person of their own gender are often persecuted, some may suffer loneliness, guilt, fear and unhappiness. If you are sensitive to this situation and can offer a space for homosexual men and lesbian women to discuss their feelings in an



atmosphere of trust, you may help them cope better with their isolation and loneliness.

### 8.5.6 Sex and intellectual disability

We often assume that a person with intellectual disability is 'sex-less'. Just because someone has an intellectual disability, it does not mean that they will not have sexual feelings and desires. Unfortunately, because of the disability, they are less likely to meet a person who may want to have sex

with them. They may not be able to communicate their sexual feelings as well as others. For these reasons, they may become unhappy and angry and may show abnormal sexual behaviour. Such people (and their families) need counselling to explain sexual behaviour. In particular, you can focus on masturbation as a way of achieving sexual pleasure. Sometimes, however, the sexual behaviour can become a problem and even dangerous to others. Refer such people to a specialist mental health service.

#### **SECTION 8.5 SUMMARY BOX**

##### **THINGS TO REMEMBER WHEN DEALING WITH SEXUAL PROBLEMS**

- Sexual problems are often the result of an unhappy relationship; they can cause further problems in the relationship. As far as possible, work with the couple.
- Some sexual problems are related to serious physical diseases, such as diabetes.
- Sexual behaviour that is considered to be a problem to the community may be caused by a severe mental disorder or disability.
- Confidentiality is very important; if a person shares sexual problems that they do not want the partner to hear about, you must respect these wishes.
- People will rarely complain of sexual problems; often their main complaint may be a physical one (such as tiredness). It is good practice to ask all people a simple question such as 'How is your relationship with your husband/wife/partner recently?'
- Depression, anxiety and alcohol problems can cause sexual problems.
- Many sexual problems are the result of ignorance about sexual performance. Education is often the single most effective treatment for sexual problems.

### 8.6 The person who suddenly loses their voice or other body function

The sudden loss of a function of the body, whether a physical function such as the ability to move a part of the body or a mental function such as memory or consciousness, can be terrifying for those affected and their family members. The first reason you must think of is a brain disease, particularly a stroke. This will need immediate medical attention. However, such sudden loss of function can also be due to mental health problems. When this happens, the condition is called a 'conversion' disorder.

#### 8.6.1 How can something so 'physical' happen because of mental health problems?

Imagine someone, often a young woman, who is under a lot of stress. The stress could be related to failing in an examination, to a broken love affair or to being forced to marry someone the woman does not want to. It may be difficult for her to talk frankly about the cause of the distress with her family. When strong emotions cannot be expressed freely, the mind may 'convert' them into a physical symptom. This is what happens in conversion disorder. The condition usually appears suddenly and is dramatic in nature. It has also

been called ‘hysteria’ in the past. It is important to understand that conversion of emotional distress into physical symptoms happens without the person being aware of it. It is real to them. However, the effect of the conversion symptom on the person’s situation (e.g. getting more attention and perhaps avoiding the stressful situation) may contribute to the symptoms persisting.

The most common types of conversion symptoms are:

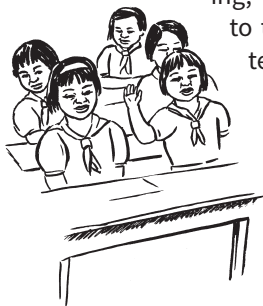
- loss of voice
- loss of sight
- loss of ability to walk or use the arms
- convulsions or seizures (⇨7.10).

Mental functions can also be suddenly affected in a conversion disorder, for instance:

- the ability to remember things: the person may forget entire periods of their life
- the level of consciousness: the person may appear confused or in a trance.

## 8.6.2 Can this happen like an epidemic?

Even though mental health problems are not infectious, conversion disorder can sometimes occur in many people who are living close to one another. The typical example is in school children, often girls. If one child develops a conversion symptom, some of the other children may also develop the same symptom, and this gives the appearance of an epidemic. One reason for this is that young people may be more likely to fear that the problem is a serious disease. Because of this fear and ignorance, the children feel very stressed and, because they already know what the symptom looks like, for example, fainting, this stress is ‘converted’ to the same symptom. Most teachers and parents are, however, completely unaware of the psychological nature of this apparent epidemic and health authorities may cordon off the school and evacuate all



the students to a hospital as an emergency just in case this was some mysterious infectious epidemic or mass poisoning!

## 8.6.3 When to suspect a mental health problem

There are many clues to the possibility of a psychological cause for the symptom:

- if the person is younger than 40 years of age (in this case, brain disease is unlikely)
- if there are no other signs of serious physical illness (e.g. persons with a stroke may have paralysis on one side of the face)
- if the symptoms change from time to time
- if there is evidence of recent stress, such as an exam
- if someone close to the person has developed similar symptoms in the previous few hours or days
- if there is evidence that the person might be escaping from a stressful situation by becoming sick, for example, avoiding getting married.

## 8.6.4 How to deal with this problem

### Questions to ask the person



- How did this symptom start? (*Ask about any injuries or other physical illnesses which suggest a brain disease.*)
- When did it start? (*The shorter the duration, the greater the chances of a rapid recovery.*)
- Have you been worried about something recently? (*Ask about problems in the family and with intimate relationships such as boyfriend/girlfriend or husband/wife. If the person is a student, ask about school difficulties and exam performance.*)
- Are you having tension or thinking too much? (*Ask about symptoms of depression and anxiety* ⇨3.9.)



## Things to look for during the interview

- Obvious signs of brain disease, for example, signs of paralysis of the limbs (such as holding them in a limp manner or with signs of thinning muscles).
- Some people with conversion symptoms seem to be not concerned about their symptoms even though they appear very serious. This apparent lack of concern may give a clue to the psychological origin of the symptoms.



## Questions to ask the family or friends

- How did it start? (*A symptom which happened suddenly and without any previous signs of ill health is more likely to be a conversion symptom.*)
- Has there been any stress recently? (*Enquire specifically about exams, job problems and relationship difficulties.*)



## Special interview suggestions

- The person may have personal issues which are worrying to them, for example, being sexually assaulted. They will not be comfortable to share these with you if their family or other people are nearby.
- Sometime the person will be completely mute. They do not speak at all and may even appear not to be listening to you. Never get angry because of this. The person is mute because they are under stress; they are not deliberately trying to make your work harder.



## What to do immediately

- Make sure that the symptoms are not caused by a medical illness; if they are, refer immediately for emergency care.
- Explain to the family that there is no life-threatening illness. However, do not make them think that the person is pretending to be sick.
- Symptoms often resolve quickly, within hours or a few days. Use this time to establish a rapport with the person. Do not appear too

concerned about the symptoms themselves. Focus instead on the stresses the person is facing.

- The key to quick improvement is the person talking openly about their worries or stresses and coming to accept that the symptoms may be related to these life difficulties.
- Encourage the person to find ways to solve her problems (⇨5.11). Consider using counselling strategies for relationship issues if needed (⇨5.15).
- Advise against admission to hospital or prolonged rest. These may only convince the person that their illness is a serious physical illness and may prolong the symptoms.
- Avoid prescribing medication except if there are clear features of depression.
- Counsel the family members who may be involved in the stressful circumstances which may have led to the symptoms.

## When to refer

- If the person has signs indicating a serious physical health problem such as high fever or paralysis of a limb.
- If the person is injured during an attack of the symptoms or has not been taking food or fluids for 24 h.
- If the symptoms have lasted more than 1 week and do not respond to the efforts described above.

