

Researchers identify new spectrum disorder called ALPIM syndrome

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The relationship between mental and physical health is well established. But when mental and physical illnesses co-occur, patients' accounts of physical illness are sometimes arbitrarily discredited or dismissed by physicians.

Research by Jeremy D. Coplan, MD, professor of psychiatry at SUNY Downstate Medical Center, and colleagues has documented a high rate of association between panic disorder and four domains of [physical illness](#). The research could alter how physicians and psychiatrists view the boundaries within and between psychiatric and medical disorders.

"Patients who appear to have certain somatic disorders - illnesses for which there is no detectable medical cause and which physicians may consider to be imagined by the patient - may instead have a genetic propensity to develop a series of real, related illnesses," says Dr. Coplan, an expert in neuropsychopharmacology.

The researchers found a high correlation between panic disorder, [bipolar disorder](#), and physical illness, with significantly higher prevalence of certain physical illnesses among [patients](#) with panic disorder when compared to the general population.

"Panic disorder itself may be a predictor for a number of physical conditions previously considered unrelated to mental conditions, and for which there may be no or few biological markers," explains Dr. Coplan.

In the study, published in the *Journal of Neuropsychiatry and Clinical Neurosciences*, the researchers proposed the existence of a spectrum syndrome comprising a core anxiety disorder and four related domains, for which they have coined the term ALPIM:

A = Anxiety disorder (mostly panic disorder);

L = Ligamentous laxity ([joint hypermobility syndrome](#), scoliosis, double-jointedness, mitral valve prolapse, easy bruising);

P = Pain (fibromyalgia, migraine and chronic daily headache, [irritable bowel syndrome](#), prostatitis/cystitis);

I = Immune disorders (hypothyroidism, asthma, nasal allergies, chronic fatigue syndrome); and

M = Mood disorders (major depression, Bipolar II and Bipolar III disorder, tachyphylaxis. Two thirds of patients in the study with mood disorder had diagnosable bipolar disorder and most of those patients had lost response to antidepressants).

Dr. Coplan notes that the proposal of ALPIM as a syndrome is not entirely new, in that it contains significant elements of previously described spectrum disorders. ALPIM's primary contribution is to add novel elements and groupings, and to shed light on how these groupings overlap.

The study documented high prevalence of physical disorders among patients with [panic disorder](#) compared to the general population.

For example, joint laxity was observed in 59.3% of patients in the study compared with a prevalence of approximately 10% to 15% in the general population; fibromyalgia was observed in 80.3% of the subjects

compared with approximately 2.1% to 5.7% in the general population; and allergic rhinitis was observed in 71.1% of subjects, whereas its prevalence is approximately 20% in the [general population](#).

"Our argument is that delineations in medicine can be arbitrary and that some disorders that are viewed as multiple disparate and independent conditions may best be viewed as a single spectrum disorder with a common genetic etiology," says Dr. Coplan. "Patients deserve a more informed scientific understanding of spectrum disorders. The disorders that are part of the ALPIM syndrome may be better understood if viewed as a common entity."

More information: The article is available online at: [neuro.psychiatryonline.org/doineuropsych.14060132](https://neuro.psychiatryonline.org/doi/10.1097/NP.0000000000000132).

Provided by SUNY Downstate Medical Center

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