Somatoform disorders,
Functional somatic syndromes and disorders
Bodily distress syndrome
Concept, consequences and treatment

Prof. Per Fink
MD, PhD, Dr.Med.Sc.

www.functionaldisorders.dk
The Research Clinic for Functional Disorders (est. 1999)

• Department at the Aarhus University Hospital (non-psychiatric)
• Catchment area ~ 1.2-2.5 million people
• Patients referred from primary care physicians and hospital wards
• Multidisciplinary team, around 30-40 clinicians/researchers
• Involved in approx. 20 ongoing research projects
• Training of medical and psychology students, GPs and other doctors, psychologists, social workers etc.
Overview

• Who are the patients?
  • The concept of Bodily Distress Syndrome (BDS)

• Consequences

• Treatment
Definition of functional disorders

- **Functional disorders**: Disorders where the individual is experiencing somatic symptoms affecting the daily functioning or quality of life and where the symptoms cannot be better explained by other physical disease or psychiatric disorder.
”Thickfolder patients” or frequent attenders
<table>
<thead>
<tr>
<th>Specialty</th>
<th>Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenterology</td>
<td>Irritable bowel syndrome (IBS), non-ulcer dyspepsia</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>Pelvic arthropathy, premenstrual syndrome, chronic pelvic pain</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>Fibromyalgia, lower back pain</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Atypical or non-cardiac chest pain, syndrome-X</td>
</tr>
<tr>
<td>Respiratory medicine</td>
<td>Hyperventilation syndrome</td>
</tr>
<tr>
<td>Infectious diseases</td>
<td>Chronic fatigue syndrome (CFS, ME), Chronic Lymes disease</td>
</tr>
<tr>
<td>Neurology</td>
<td>Tension headache, non-epileptic seizure</td>
</tr>
<tr>
<td>Dentistry</td>
<td>Temporomandibular joint dysfunction, atypical facial pain</td>
</tr>
<tr>
<td>Ear, nose and throat</td>
<td>Globus syndrome</td>
</tr>
<tr>
<td>Allergy</td>
<td>Multiple chemical sensitivity (MCS)</td>
</tr>
<tr>
<td>?</td>
<td>Electricity hypersensitivity</td>
</tr>
<tr>
<td>?</td>
<td>Infrasound hypersensitivity</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>WAD – Whiplash ass. disorder</td>
</tr>
<tr>
<td>Anaesthesiology</td>
<td>Chronic benign pain syndrome</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Somatoform disorders, Neurastenia, Dissociative (conversion)</td>
</tr>
</tbody>
</table>
Prevalence self-reported functional somatic syndromes in the general Danish population

<table>
<thead>
<tr>
<th>Have you been told by a physician that you suffer from any of the following conditions?</th>
<th>Males N=3460</th>
<th>Females N=4040</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fibromyalgia</td>
<td>0.2%</td>
<td>1.3%</td>
</tr>
<tr>
<td>IBS</td>
<td>7.6%</td>
<td>15.2%</td>
</tr>
<tr>
<td>CFS/ME</td>
<td>1.1%</td>
<td>1.3%</td>
</tr>
<tr>
<td>MCS</td>
<td>1.2%</td>
<td>3.1%</td>
</tr>
<tr>
<td>WAD</td>
<td>2.1%</td>
<td>3.7%</td>
</tr>
<tr>
<td>One of above</td>
<td>10.0%</td>
<td>16.9%</td>
</tr>
<tr>
<td>Two or more of above</td>
<td>1.1%</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

Dantoft, T.M. et al Clinical Epidemiology 2017
A 26-year-old female suffers from multiple symptoms.

She has been diagnosed with Fibromyalgia and Chronic Fatigue Syndrome, and other diagnoses have been considered.

She has been through all possible examinations, even the most advanced ones, which are only used for research purposes at the university hospitals, but no organic cause has been found.

The patient has an alarm in her home as well as various facilities for disabled persons, and she receives visits from the district nurses.

Our diagnosis in the discharge letter; Somatization disorder

Our research diagnosis; Bodily distress syndrome; multi-organ type: BDS
26-year-old woman complaining about ...

Dept. of Infectious Diseases
Chronic Fatigue Syndrome

General symptoms
- Dizziness
- Fatigue
- General discomfort
- Headache
- Trouble concentrating
- Trouble remembering

Dept. of Gastroenterology
IBS (Irritable bowel syndrome)

Gastro-intestinal symptoms
- Nausea
- Sometimes vomiting
- Abdominal tension or heavy sensations
- Burning sensation in the chest or upper epigastrium
- Abdominal pain or bloating
- Diarrhoea

Dept. of Rheumatology
Fibromyalgia

Nervous/musculoskeletal symptoms
- Pain in the joints
- Muscular pain
- Moving pain
- Back, arm or leg pain
- Numbness
- Disturbances of skin sensation
- Feeling of weakness

Dept. of Cardiology
Atypical chest pain

Symptoms from heart and lungs
- Breathlessness without exertion
- Wheezing
- Palpitations
- Chest pain
- Hot or cold sweats
"The existence of specific somatic syndromes is largely an artefact of medical spezialization"

Wessely S et al., Lancet 1999
Functional somatic syndromes and disorders - what binds them together

• The common basis is that:
  – the diagnoses are solely based on the patients’ reports on subjective complaints
  – no true biomarkers or paraclinical tests can objectively verify the diagnoses
  – the complaints are mainly unspecific symptoms that are common in the general population

Fink P. J Psychosom Res, 2017
Functional disorders and syndromes

• Diagnostic constructs based on 3-4 different principles:
  – Symptoms or symptom count
  – Phenotype - symptom pattern/illness picture
  – Psychological and behavioural characteristics
  – Assumed aetiology (i.e. Central Sensitivity Syndrome) or illness attribution (“Blame-X syndrome”)

Fink P. J Psychosom Res, 2017
# Symptom groups are stable across studies

## Table 1.2 Symptom clusters or factors in patients presenting with bodily distress

<table>
<thead>
<tr>
<th></th>
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<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>n=NA</td>
<td>n=3000</td>
<td>n=686</td>
<td>n=1456</td>
<td>n=978</td>
<td>n=964</td>
<td>n=1000</td>
<td>n=3014</td>
<td>n=414</td>
<td>n=414a, n=308</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessment instrument</th>
<th>CIDI</th>
<th>DIS</th>
<th>CIDI</th>
<th>CIDI, DIS</th>
<th>SCAN</th>
<th>CIDI</th>
<th>PHQ-15</th>
<th>PHQ-15</th>
<th>PHQ-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastrointestinal</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Musculoskeletal/pain</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Cardiopulmonary</td>
<td>+</td>
<td>-</td>
<td>+d</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Fatigue/general</td>
<td>-</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

| Headache                    | -                      | -                      | -                         | +                      | -                      | -                         | -                        | -                        | -                             |

CIDI, Composite International Diagnostic Interview; DIS, Diagnostic Interview Schedule; SCAN, Schedules for Clinical Assessment in Neuropsychiatry; PHQ, Patient Health Questionnaire.

* Confirmatory analyses of 3 and 4 factor models previously reported by Kroenke et al. and Fink et al.  
  * General population.  
  * Primary care.  
  * Somatic anxiety

Fink & Schröder J Psychosom Res 2010, Budtz-Lilly et al. 2015
Bodily distress syndrome = BDS, suggested diagnostic criteria

1. Types
   - Multi-organ type >=3 symptoms from 3-4 organ systems
   - Single-organ type >=3 symptoms from 1-2 organ systems
2. The symptoms are distressing or cause substantial distress
3. Relevant differential diagnoses have been ruled out
4. Duration > 6 mdr. (ICD-11 PC)

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>Organ systems</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>≥ 3 Cardiopulmonary /autonomic arousal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Palpitations, heart pounding, precordial discomfort, breathlessness without exertion, hyperventilation, hot or cold sweats, trembling or shaking, dry mouth, churning in stomach, &quot;butterflies&quot;, flushing or blushing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>≥ 3 Gastrointestinal arousal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Frequent loose bowel movements, abdominal pains, feeling bloated, full of gas, distended, heavy in the stomach, regurgitations, constipation, nausea, vomiting, burning sensation in chest or epigastrium</td>
</tr>
<tr>
<td></td>
<td></td>
<td>≥ 3 Musculoskeletal tension</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pains in arms or legs, muscular aches or pains, feelings of paresis or localized weakness, back ache, pain moving from one place to another, unpleasant numbness or tingling sensations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>≥ 3 General symptoms</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Concentration difficulties, impairment of memory, fatigue, headache, dizziness</td>
</tr>
</tbody>
</table>

Fink P et al. Psychosomatic Medicine, 2007
ICD-11 Primary Care draft
Implications for new classification

- Bodily distress syndrome
  - Severe (multi-organ system type)
  - Moderate (single-organ system type)
    - CP type
    - GI type (incl. IBS)
    - MS type (incl. Fibromyalgia)
    - General symptoms type (incl. CFS/ME)
- Health anxiety
- Others
Bodily distress syndrome: a diagnostic category with specific criteria covering the illness phenomenon

Schröder & Fink, Psychiatr Clin North Am, 2011

Fink P. & Schröder A. J Psychosom Res, 2010
Central sensitization can be defined as an amplification of neural signaling within the CNS. When the response is prolonged, central sensitization becomes a pathological state characterized by a dysfunctional response to different and normally non-noxious stimuli that can manifest itself as pain hypersensitivity.

Woolf C J. Pain, 2011
Wallace DJ & Clauw DJ. Fibromyalgia and other pain syndromes, 2005
Functional disorders and syndromes

- Diagnostic constructs based on 3-4 different principles:
  - Symptoms or symptom count
  - Psychological and behavioural characteristics
  - Symptom pattern/illness picture
  - Assumed aetiology (i.e. Central Sensitivity Syndrome) or illness attribution ("Blame-X syndrome")
MCS definition (one of many).
An example

"MCS is characterized by various somatic symptoms, which cannot be explained organically but are attributed to the influences of toxic environmental chemicals in low, usually harmless doses."

Bornschein et al. J Internal Medicine, 2001
"Blame-X" syndrome

• Outbreak of symptoms of functional somatic syndromes among a group of people who are allegedly exposed to a toxic stimulus.

• If stimulus X is suspected or blamed as the cause, it is frequently cited in the title of the outbreak.

• Stimulus X may then receive wide publicity in the media, legislation intended to provide care and compensation for the victims, and litigation aimed at punishing the producers.

Feinstein, J Clin Epidem, 2001
Video BDS
ETIOLOGY
BDS

When the body says stop

The are many causes for functional disorders.

ёт The Danish Committee for Health Education
Etiology
(brief)

Vulnerability:
Biological, psychological and social heritage, social learning, previous illnesses, sexual abuse

Triggering factors:
Infection or other diseases
Physical or psychological trauma, stress or strain
The doctor
”Random” findings at examination

Illness

Chronic illness

Biological factors

- Increased symptom production
- Pathological central processing and modulation of body signals
Unspecific sensitivity to bodily symptoms

Bodily distress

Autonomic arousal & HPA axis hyperactivity

Stress

Cardio-pulmonary arousal

Gastro-intestinal arousal

Musculoskeletal tension

General stress response

Women 6 weeks after sexual assault (n = 83)

Men and women 6 weeks after MVC (n = 948)

Mclean et al, Pain 2014

Ulirsch et al, European J Pain 2013
Etiology
(brief)

Vulnerability:
Biological, psychological and social heritage, social learning, previous illnesses, sexual abuse

Triggering factors:
Infection or other diseases
Physical or psychological trauma, stress or strain
The doctor
"Random” findings at examination

Maintaining factors:
Dysfunctional beliefs about symptoms and illness
Dysfunctional illness behaviour
Hypersensitisation and/or dysfunctional processing of symptoms in the CNS
The health system
Social and economical dependence

Illness

Chronic illness

Cause of persistent symptoms

The reason why some develop persistent symptoms remains unknown.

The cause is probably multifactorial and covers a biopsychosocial spectrum.
Whiplash associated disorder (WAD)
Conclusion - pre-collision risk factors

- If you have widespread pain before the accident, you have higher risk of future neck pain and reduced ability to work
  (Carstensen et al 2008, Coté et al., 2001, Carroll et al., 2008, Holm et al., 2008, Kamper el. al., 2008, Walton et al., 2009)

- If you have high psychological distress before the accident, you have higher risk of future neck pain
  (Carstensen et al 2008, Scholten-Peeters et al., 2003, Willamson et al., 2008)

- Being a woman, being low educated, being unemployed or working as a blue collar worker gives you higher risk of reduced ability to work in the future
  (Carstensen et al 2008, Coté et al., 2001, Carroll et al., 2008, Holm et al., 2008, Kamper el. al., 2008, Walton et al., 2009)
Conclusion - pre-collision risk factors (cont.)
(n=719/3595)

Before the accident, if you are:

**unemployed, sick-listed or on social assistance**
you have a higher risk of future poor attachment to labour market

In particular being **sick-listed** before the accident is a consistent risk factor as relatively short periods of sick-listing increase poor attachment to labour market sick-listing also gives you a higher risk of future neck pain

Pre-collision psychological and social characteristics are important for recovery after whiplash trauma

Carstensen et al., 2008
Development into BDS (Bodily distress syndrome)

Timeline

- Distorsion
  - 3 months post-collision
  - 6 months post-collision

BDS (Somatoform, somatic symptom disorder)
# Bodily distress syndrome (BDS). The FIP study. Labour market drop-out at index consultation in primary care

<table>
<thead>
<tr>
<th>Bodily Distress Syndrome</th>
<th>Control</th>
<th>Pairwise comparisons</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Single-organ type</strong> (n=124 (a)</td>
<td><strong>Multi-organ type</strong> (n=35 (b)</td>
<td>(n=880 (c)</td>
</tr>
<tr>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
</tbody>
</table>

## Labour market drop-out

<table>
<thead>
<tr>
<th></th>
<th>Available for labour market</th>
<th>Partial/full disability pension</th>
<th>Age retirement pension</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>79.0</td>
<td>17.5</td>
<td>3.5</td>
</tr>
<tr>
<td>%</td>
<td>69.0</td>
<td>27.6</td>
<td>3.5</td>
</tr>
<tr>
<td>%</td>
<td>92.9</td>
<td>3.3</td>
<td>3.8</td>
</tr>
</tbody>
</table>

p = 0.000

### Risk of new awards of full or partial disability pension. Ten years of follow-up, primary care. Bodily distress

<table>
<thead>
<tr>
<th>Hazard ratios (95%CI)</th>
<th>Crude</th>
<th>Adjusted*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference group (n=880)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>BDS, single-organ type (n=124)</td>
<td>5.8 (3.6;9.3)</td>
<td>4.9 (2.8 ; 8.4)</td>
</tr>
<tr>
<td>BDS, multi-organ type (n=35)</td>
<td>8.0 (3.8;16.9)</td>
<td>8.7 (3.7 ; 20.7)</td>
</tr>
</tbody>
</table>

*Adjusted: Age, gender, chronic illness, major depressive episode, anxiety disorder and intervention

Current treatment of functional disorders
Bodily distress - a spectrum

The healthcare system is contacted

- Normal physiological reaction
- Temporary symptoms
- Mild bodily distress
- Severe bodily distress

Prevention
General population, doctors etc.

Managed in primary care or medical specialist
In collaborative care with specialist

Treated in specialised multidisciplinary team
RCT studies – Research Clinic for Functional Disorders

**BDS multi-organ type**


2. Mindfulness therapy for Bodily distress syndrome  
   Fjorback LO et al. J psychosom Res, January 2013

3. Imipramine versus placebo for multiple functional somatic syndromes (STreSS-3): a double-blind, randomised study  
   Agger J et al. Lancet Psychiatry, April 2017

4. a) ACT in small groups vs. large groups  
   b) ACT vs. standard treatment  
   Agger J et al. Under analysation

**Health anxiety**

5. ACT in groups vs. wait-list  
   Eilenberg T. et al Psychological med 2015

6. Internet-based treatment of Health anxiety  
   Jensen DH. Under analysation

**Whiplash (WAD) (our pain clinic)**

7. The effect of an educational video following acute whiplash trauma. A randomised controlled trial  
   Petersen MM et al. Under analysation

**BDS multi-organ type, adolescents**

8. Acceptance and Commitment group Therapy for adolescents with a range of functional somatic syndromes: randomized trial  
   Rask C, Schröder A et al. Recruiting

**Post-concussional syndrome** (together with neurological rehabilitation)

9. Early intervention for impairing post-concussional symptoms in adolescents and young adults: randomised trial  
   Schröder A, Rask C et al. Recruiting
RCT: CBT group treatment (STreSS) for patients with severe FSS / multi-organ BDS

Assessment & 9 group sessions
N=120
Bodily Distress Syndrome, multi-organ type, chronic (> 2 years)
No severe psychiatric comorbidity (psychosis)
Age 20-45
Exclusion criteria
  Abuse of narcotics, alcohol or (non-prescribed) medicine
  Pregnancy
  Litigation
Results - Effect of STreSS on primary outcome

Physical Health (Primary outcome)

- Enhanced usual care
- STreSS
- Effect size

SF-36 Perceived health score

Group * time: p<0.0001

Is group CBT cost-effective over a medium-length period (16 months)?
Group CBT saved health care costs

... from the second year after treatment

<table>
<thead>
<tr>
<th>Total annual healthcare costs</th>
<th>1 year before</th>
<th>Treatment period</th>
<th>1 year after</th>
<th>2 years after</th>
</tr>
</thead>
<tbody>
<tr>
<td>EUC</td>
<td>4106</td>
<td>976</td>
<td>4200</td>
<td>3937</td>
</tr>
<tr>
<td>STreSS</td>
<td>3544</td>
<td>2369</td>
<td>2250</td>
<td>2560</td>
</tr>
</tbody>
</table>

Difference (bootstrap, ASL<0.05):
- no
- yes (STreSS>EUC)
- yes (STreSS<EUC)
- baseline-adjusted difference (estimate):
- no ±1545
- yes (STreSS<EUC)

Treatment costs in similar studies:

- Multi-centre study in Germany, individual psychodynamic therapy (Sattel et al. BJP 2012): 893 € (Chernyak et al. PLoS One 2014)

Schröder et al. J Psychosom Res, 2017
Number of weeks where patients and population controls received benefits or were self-supporting

Modified from: Schröder et al. J Psychosom Res, 2017
Imipramine versus placebo for multiple functional somatic syndromes (STreSS-3): a double-blind, randomised study

Johanne L. Agger, Andreas Schröder, Lise K. Gormsen, Jens S. Jensen, Troels S. Jensen, Per K. Fink

Summary
Background Functional somatic syndromes, including chronic fatigue syndrome or irritable bowel syndrome, often co-exist. Treatment guidelines supported by high quality evidence exist for most functional somatic syndromes, but are lacking for multiple comorbid functional somatic syndromes. We aimed to assess the effect of the tricyclic antidepressant, imipramine, in patients with multiple functional somatic syndromes defined by the criteria for multiorgan bodily distress syndrome, a unifying diagnosis that encompasses most functional somatic syndromes and somatoform disorders.

Methods In this single-centre, double-blind, randomised trial done in a Danish university hospital setting, participants were patients consecutively referred (age 20–50 years) fulfilling criteria for multiorgan bodily distress syndrome with no concurrent comorbid depression or anxiety disorder. Participants were randomly assigned (1:1) to receive either 10 weeks of low-dose imipramine or placebo (oral daily doses of 25–75 mg). The hospital pharmacy handled randomisation (computer-generated) and masking, providing sequentially numbered packs of study drug that were given serially to the participants. All others involved were blinded to allocation. Primary outcome was...
Multiple FSS ≈ multi-organ Bodily Distress Syndrome (BDS)

Aim
To test the effect of 10 weeks of low-dose imipramine in patients with multiple FSS in a double-blind, randomized trial

N=138, age 20-50

Agger JL. et al Lancet Psych. 2017
Hypotheses and outcome measures

Imipramine improves:

1. Patient-rated overall health

2. Physical, mental and social health
   (SF-36, SCL-92, Whiteley-7)

Clinical Global Improvement Scale CGI:
How do you consider your health status now compared with when you first came to the clinic?

- Much worse
- Worse
- Unchanged
- Better
- Much better

Agger JL. et al Lancet Psych. 2017
OR for an improved outcome with imipramine of estimated 3.3 (95% CI 1.61-6.76); p<0.001

<table>
<thead>
<tr>
<th>CGI-5</th>
<th>Imipramine</th>
<th>Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Much worse</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Worse</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>Unchanged</td>
<td>25</td>
<td>31</td>
</tr>
<tr>
<td>Better</td>
<td>22</td>
<td>14</td>
</tr>
<tr>
<td>Much better</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Missing</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>65</strong></td>
<td><strong>60</strong></td>
</tr>
</tbody>
</table>

Agger JL. et al Lancet Psych. 2017
Secondary outcomes

Difference between groups adjusted for baseline (per protocol)

Agger L. et al Lancet Psych. 2017
Conclusion - BDS or functional disorders

Can be diagnosed by positive criteria & not only by exclusion
Frequent & persistent
Low health-related quality of life
High use of health care
Loss of working years due to sick leave, disability pension etc.
Very few treatment opportunities in most countries
Most benefit from treatment, some become well
Treatment significantly reduces cost
Thank you!
BDS - multiorgan type.
Illness severity more important than diagnostic label

Figure: Effect of cognitive-behavioural group treatment in various subgroups

Schröder et al. Lancet Psychiatry 2015
## Bodily Distress Syndrome - Functional disorders

<table>
<thead>
<tr>
<th>Assumption</th>
<th>Reality</th>
</tr>
</thead>
<tbody>
<tr>
<td>The patients misinterpret normal physical sensations as indication of severe disease</td>
<td>The case in health anxiety but not in BDS. The patients have their symptoms</td>
</tr>
<tr>
<td>Preoccupation with their physical health and bodily sensations</td>
<td>Suffering from symptoms</td>
</tr>
<tr>
<td>High health care use - frequent attenders</td>
<td>The patients cannot get any help or explanations A problem of the health care system</td>
</tr>
<tr>
<td>It is a chronic illness</td>
<td>The same spectrum as in other disorders/diseases</td>
</tr>
<tr>
<td>Unresponsive to therapy</td>
<td>Quite good treatment results even in the chronic group</td>
</tr>
<tr>
<td>The symptoms represent a (disguised) mental disorder</td>
<td>The problem is physical symptoms. It is a distinct disorder of its own</td>
</tr>
</tbody>
</table>

Fink P. Psychosom Res, 2017
How often is physical disease overlooked? Systematic review

- 22 studies (total N=4244 patients)
- 6 diagnostic evaluation studies (N=1804 patients)
  - Revised diagnosis in patients initially diagnosed with FSS 8.8%
- 16 follow-up studies (N=2440 patients)
  - Revised diagnosis in patients initially diagnosed with FSS 0.5%
- No specific physical diagnosis seemed to be missed systematically.

**Conclusions:** The percentage of underlying somatic diseases in patients previously diagnosed with FSS is relatively small but unneglectable.

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