

**Somatoform disorders – functional somatic syndromes  
– Bodily distress syndrome.  
Need for care and organisation of care in  
an international perspective  
- EACLPP Lecture**

*Prof. Per Fink  
MD, Ph.D, Dr.Med.Sc.*

## Outline

- The new Bodily Distress Syndrome (BDS) diagnosis
- Implications for treatment and the organisation of care

## Somatoform disorders

- **DSM-IV (300.X)**

Somatization Disorder

Undifferentiated SD

Hypochondriasis

Pain Disorder

SD not otherwise specified

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Conversion disorder

\_\_\_ / \_\_\_

\_\_\_ / \_\_\_

Body Dysmorphic Disorder

\_\_\_ / \_\_\_

- **ICD-10 (F45.X)**

Somatization Disorder

Undifferentiated SD

Hypochondriacal Disorder

Persistent Somatoform Pain

SD unspecified

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Dissociative Disorder (F44.4-7)

Other DS

Somatoform Autonomic Dysfunction

Pers. Delusional Disorders (F22.8)

Neurasthenia (F48.0)

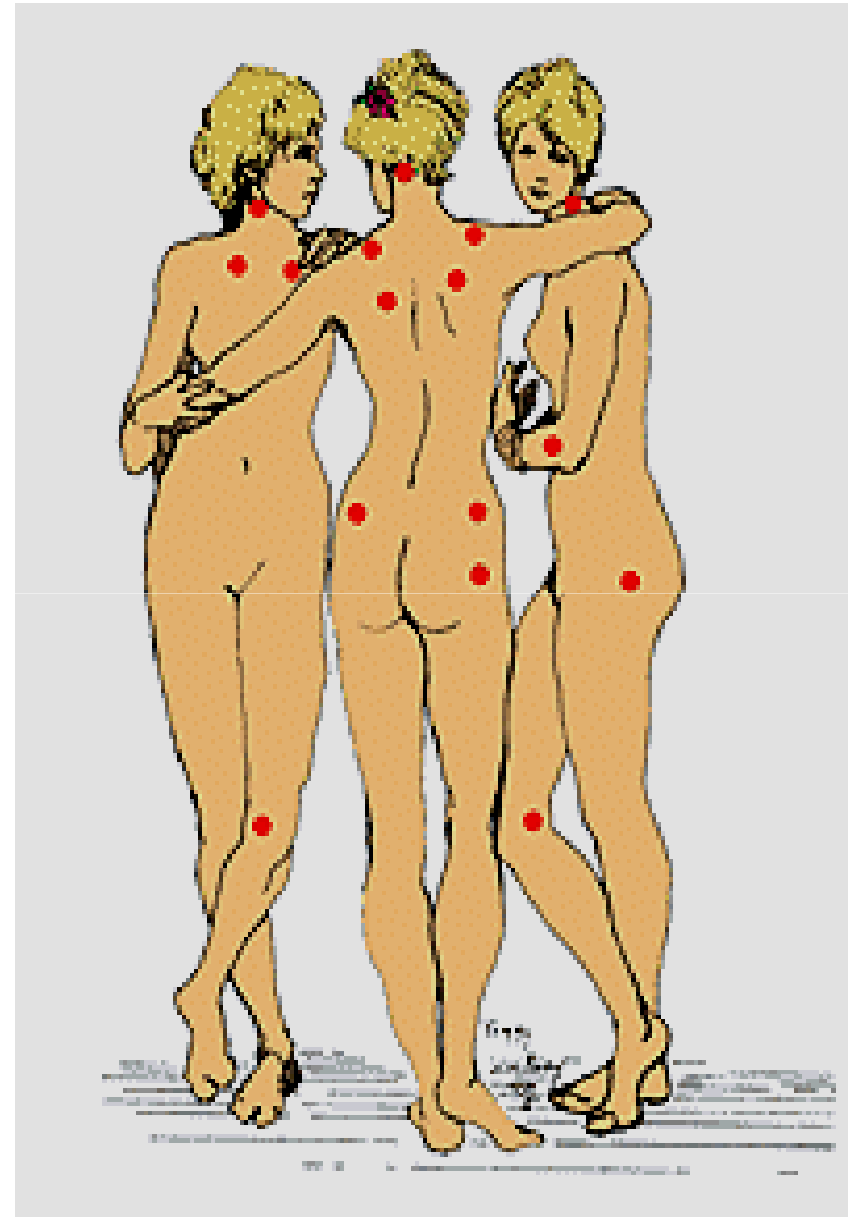
## Functional somatic syndromes by specialty

<b>Gastroenterology</b>	<b>Irritable bowel syndrome (IBS), non-ulcer dyspepsia</b>
<b>Gynaecology</b>	<b>Pelvic arthropathy, premenstrual syndrome, chronic pelvic pain</b>
<b>Rheumatology</b>	<b>Fibromyalgia, lower back pain</b>
<b>Cardiology</b>	<b>Atypical or non-cardiac chest pain, syndrome-X</b>
<b>Respiratory medicine</b>	<b>Hyperventilation syndrome</b>
<b>Infectious diseases</b>	<b>Chronic fatigue syndrome (CFS, ME)</b>
<b>Neurology</b>	<b>Tension headache, pseudo-epileptic seizure</b>
<b>Dentistry</b>	<b>Temporomandibular joint dysfunction, atypical facial pain</b>
<b>Ear, nose and throat</b>	<b>Globus syndrome</b>
<b>Allergy</b>	<b>Multiple chemical sensitivity (MCS)</b>
<b>?</b>	<b>Electricity hypersensitivity</b>
<b>?</b>	<b>Infrasound hypersensitivity</b>
<b>Orthopaedics</b>	<b>WAD – whiplash ass. disorder</b>
<b>Anaesthesiology</b>	<b>Chronic benign pain syndrome</b>
<b>Psychiatry</b>	<b>Somatoform disorders, Neurostenia, Dissociative (conversion)</b>

## Fibromyalgia - definition

Widespread pain condition with  
presenting pain in both body halves -  
beyond and beneath the waist and  
pain at 11 out of 18 tender points  
by a 4-kilo pressure

*ACR criteria (Wolfe et al. A&R 1990)*



# Bodily distress syndrome (BDS), latent class analysis (n=693).

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Yes	No	Symptom groups
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**≥ 3 Cardiopulmonary /autonomic arousal**

Palpitations, heart pounding, precordial discomfort, breathlessness without exertion, hyperventilation, hot or cold sweats, trembling or shaking, dry mouth, churning in stomach, "butterflies", flushing or blushing

**≥ 3 Gastrointestinal arousal**

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

**≥ 3 Musculoskeletal tension**

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

**≥ 3 General symptoms**

Concentration difficulties, impairment of memory, fatigue, headache, dizziness

**≥ 4 symptoms from one of the above groups**

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**Diagnostic criteria:**

- a) 1-3: "yes": Moderate or single-organ system 'bodily distress syndrome'  
4-5: "yes": Severe or multi-organ system 'bodily distress syndrome'
- b) Relevant differential diagnoses ruled out
- c) Impairing
- d) ≥ 6 month (ICD-11)

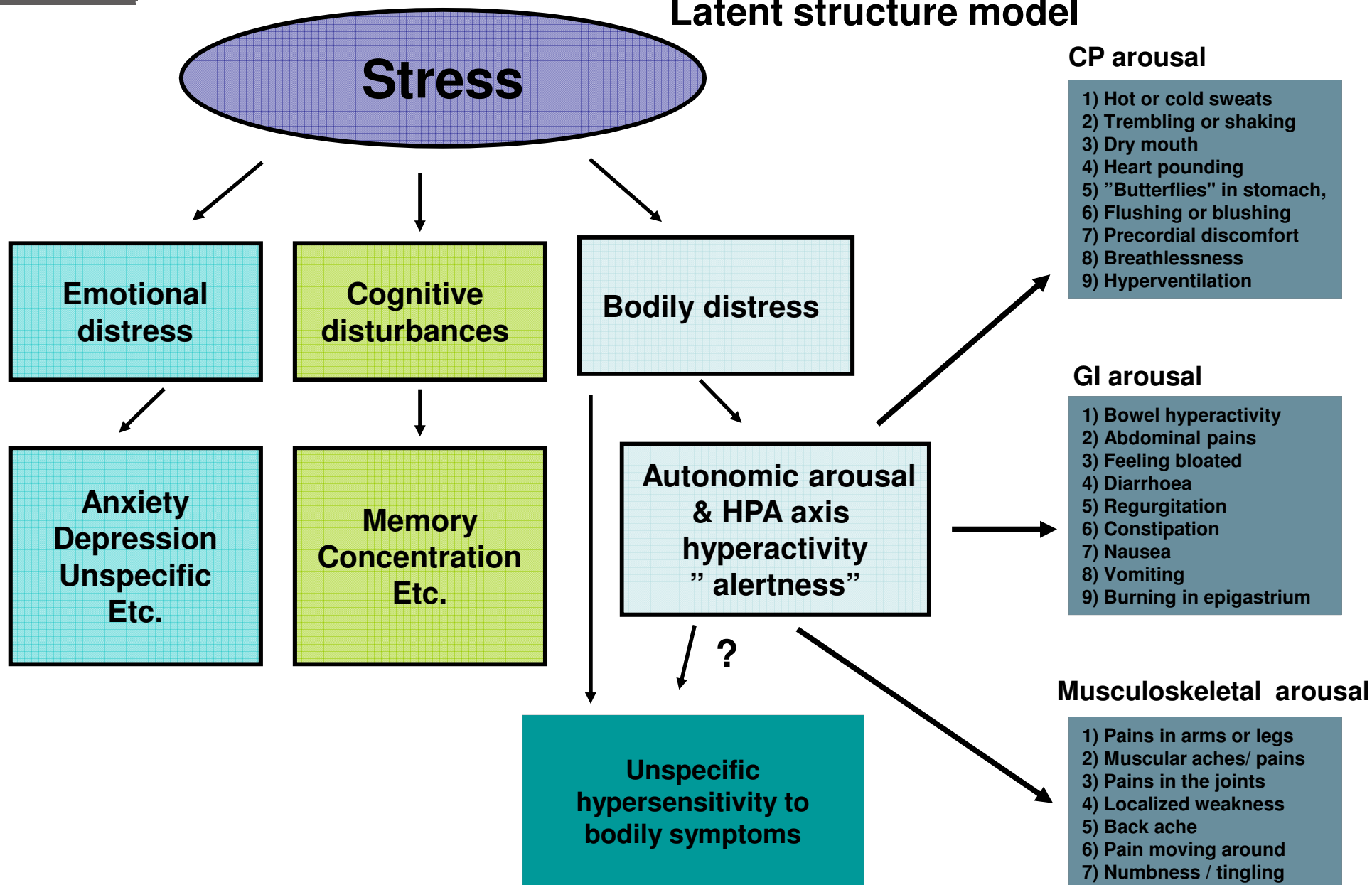
## Symptom clusters or factors in patients presenting with medically unexplained symptoms (exploratory and interview-based studies only)

Cluster	DSM -IV	ICD-10	Gara et al 1998 (prim.care, CIDI,DIS) N=1456	Liu et al 1997 (gen popul.DIS) N=3000	Simon et al 1996 (prim.care, CIDI) N=?	Fink et al 2007 (prim.care, SCAN) N= 986	Rosmalen et al (gen popul. In press)
GI			+		+	+	+
Musc.skel./pain		(+)	+	+	+	+	+
CP		+	+		+	+	+
GU		+	+	(+)	-	(+)	
Neurological	+		-	+	+	-	
Sexual	+		-		-	-	
Headache			+		-	-	
High hierarchy cluster (i.e. multisympt.)			+	+	NA	+	+

Irritable bowel syndrome

Fibromyalgia

## Latent structure model



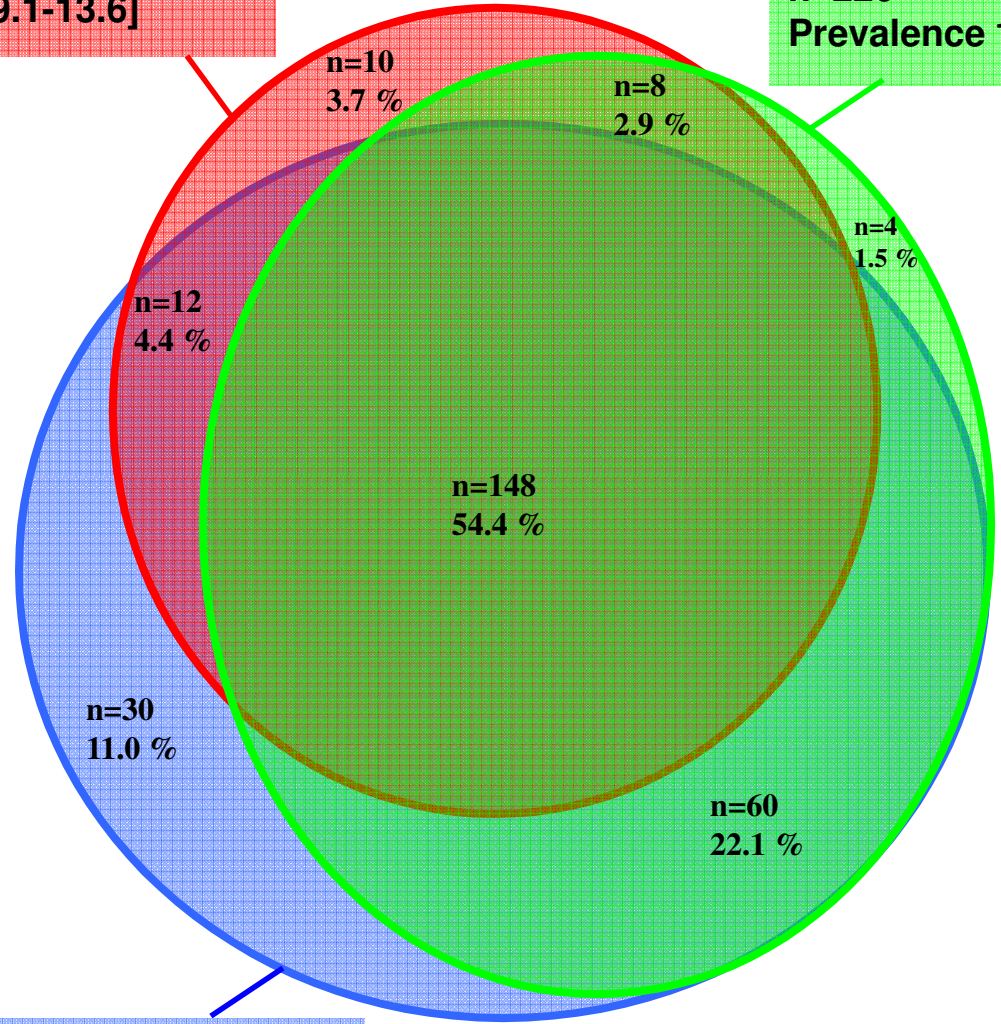


**Any Somatoform disorder**  
n=178  
Prevalence 11.2 [9.1-13.6]

**Any functional somatic syndrome**  
n=220  
Prevalence 14.2 [11.8-17.0]

**Diagnostic overlap of Bodily distress syndrome with explored somatoform disorders and functional somatic syndromes**

Overall diagnostic agreement  
95 % (95 % CI [93.1 ; 96.0];  
kappa 0.86, p<0.0001)

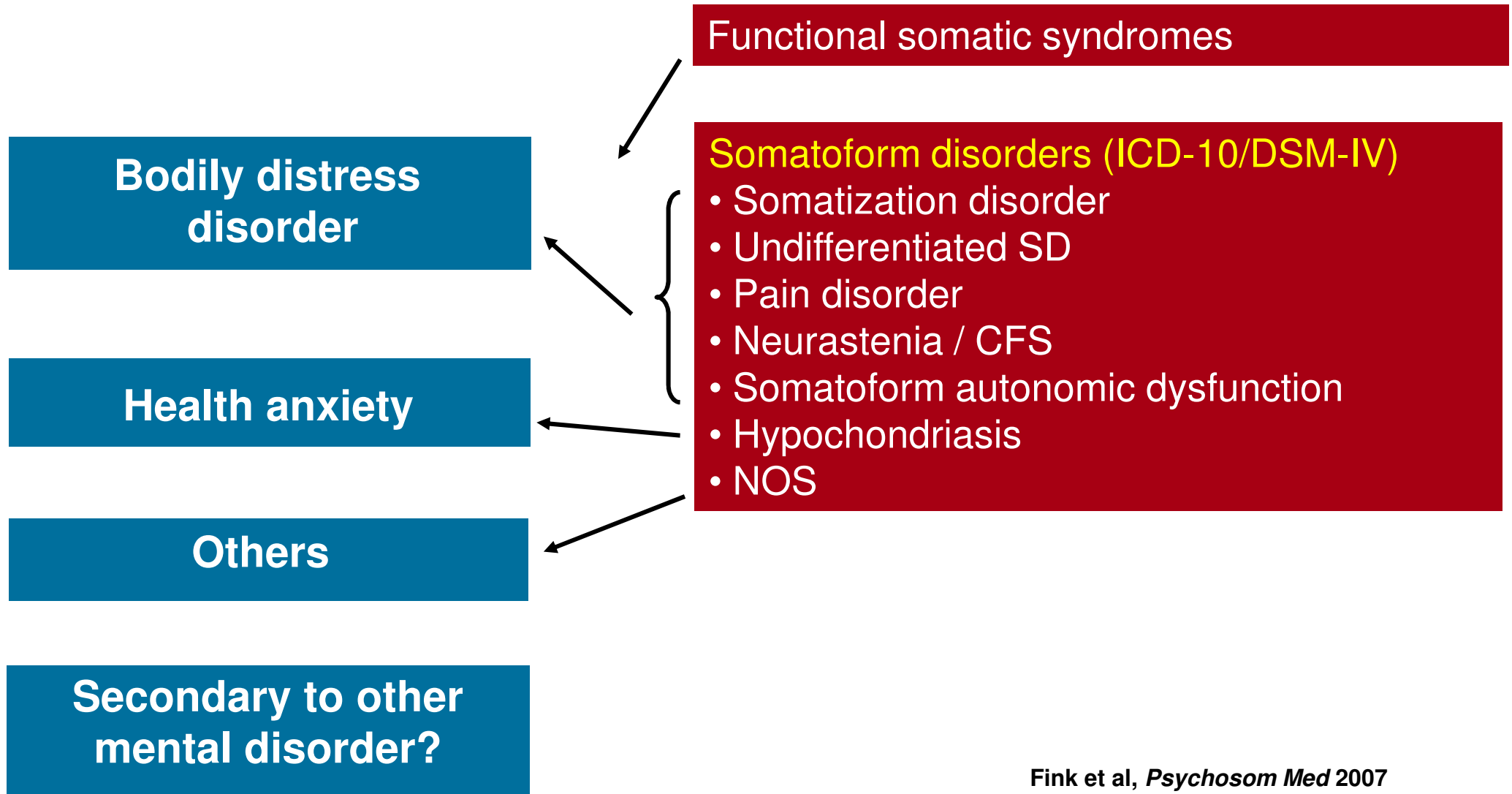


- Explored functional somatic syndromes:**
- fibromyalgia
  - chronic fatigue syndrome
  - irritable bowel syndrome
  - non-cardiac chest pain
  - hyperventilation syndrome
  - pain syndrome (e.g. low back pain or chronic pelvic pain)

## Conclusion – Bodily distress syndrome

- The construct is empirically based on patients from different clinical settings
- It is based on the identification of symptom patterns (not symptom count)
- It does not include psychological or behavioral symptoms / criteria
- Despite this it includes almost all patients with DSM-IV somatoform disorder characterized by physical symptoms
- It includes almost all patients with the most common functional somatic syndromes
- It includes both patients with multiple symptoms and sub-categories

# Patients presenting with physical symptoms



Fink et al, *Psychosom Med* 2007  
Fink & Schröder, *J Psychosom Res* 2010

## Implications for new classification

- **Bodily distress syndrome**
  - **Severe (multi-organ system type)**
  - **Modest (single-organ system type)**
    - **CP type**
    - **GI type (incl. IBS)**
    - **MS type (incl. Fibromyalgia)**
    - **Others**
- **Health anxiety**
- **Others**
- **Factitious disorder (incl. Münchhausen's syndrome)**
- **Secondary to other mental disorder ?**

## Outline

- The new Bodily Distress Syndrome (BDS) diagnosis
- Implications for treatment and the organisation of care

## Evidence for antidepressants, aerobic exercise and psychological interventions in different subtypes of bodily distress

<b>Symptom profile (BDS subtype) and corresponding functional somatic syndrome or diagnostic label</b>  <b>Type of treatment</b>	<b>GS-type</b> Chronic fatigue syndrome	<b>MS-type</b> Fibromyalgia	<b>GI-type</b> Irritable bowel syndrome	<b>CP-type</b> Non-cardiac chest pain	<b>Multi-organ type</b> Multiple medically unexplained symptoms and Somatization disorder
<b>Antidepressants</b>	+	+++	+++	?	++
<b>Exercise</b>	+++	+++	?	?	+
<b>Psychological treatment (mainly CBT)</b>	+++	+++	++	++	+++

Evidence ratings are based on meta-analyses or high-quality randomised controlled trials.

+++ strong evidence

++ moderate evidence

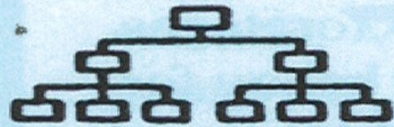
+ weak evidence

? no evidence, or lack of studies

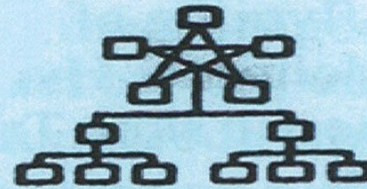


# Overhead-model

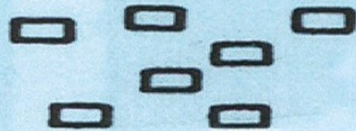
**Traditionel**



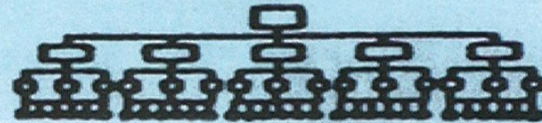
**Russian**



**Arab**



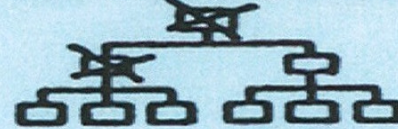
**Chinese**



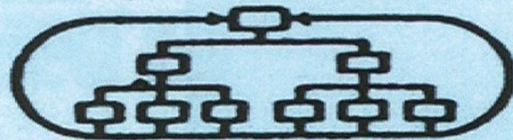
**Vatican**



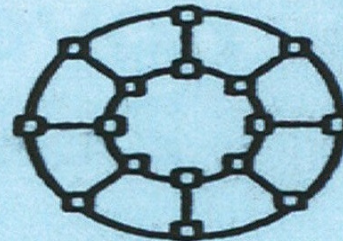
**Latin American**



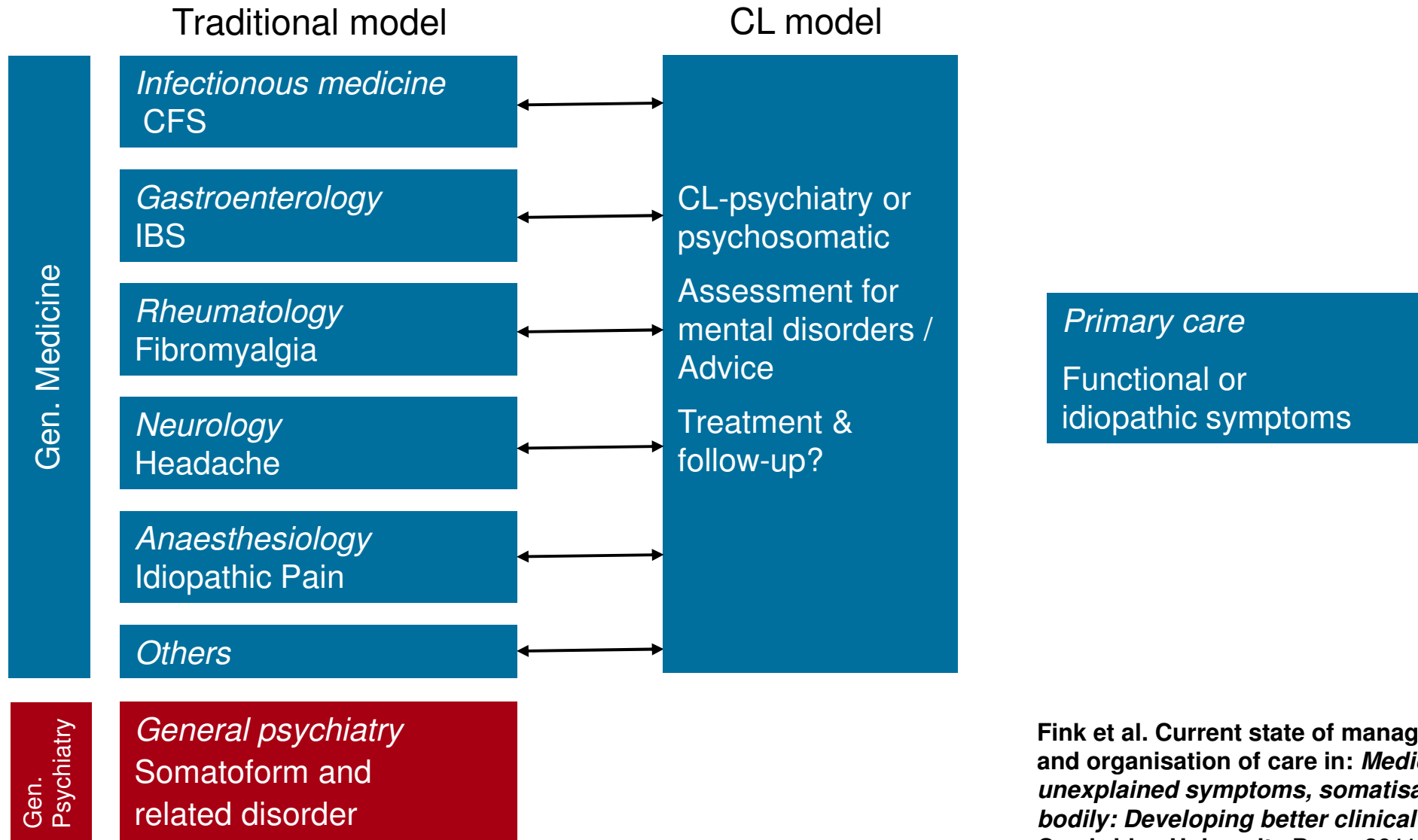
**American**



**United Nations**



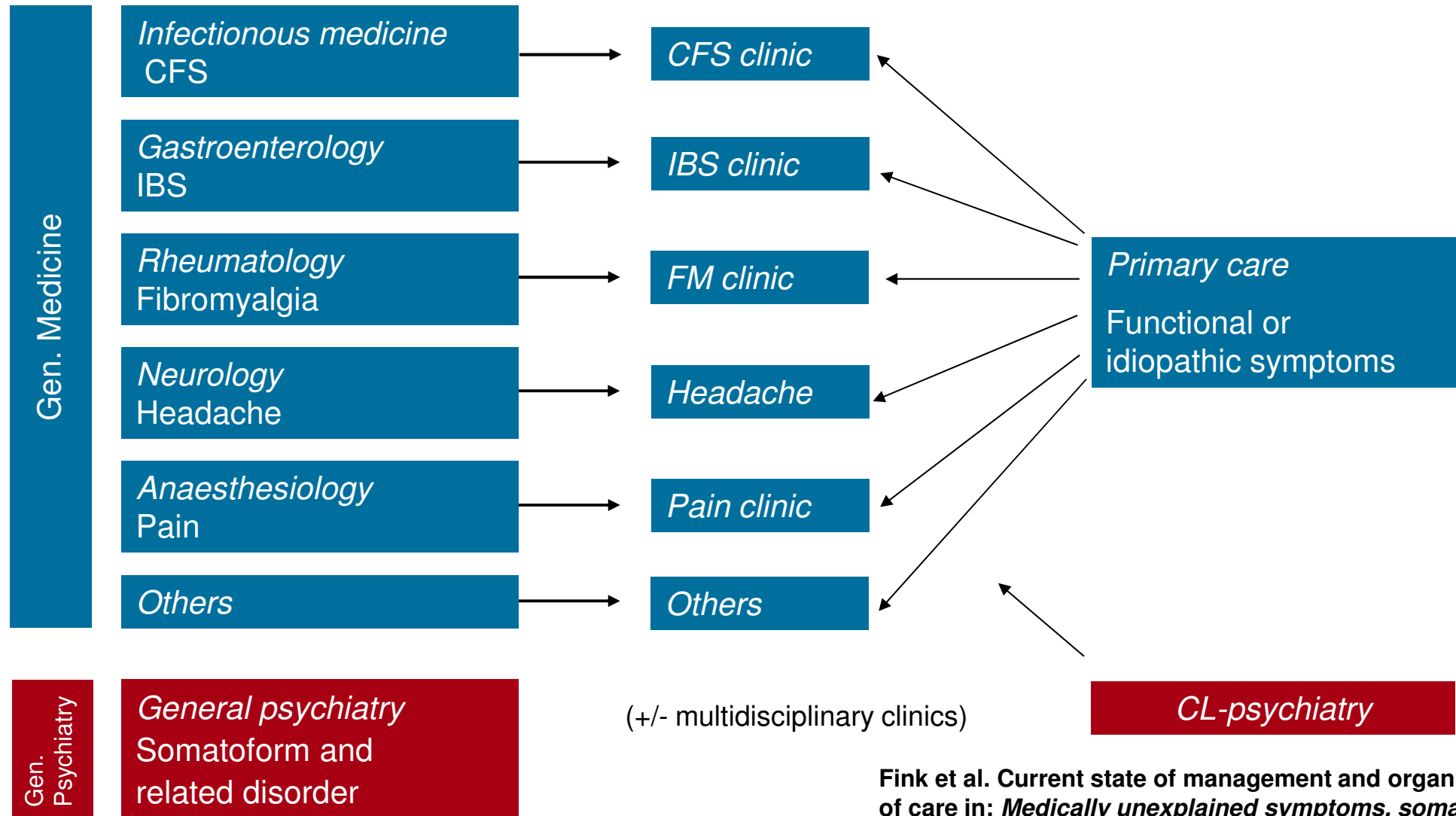
## A) Organisation of service for bodily distress (functional somatic syndromes and disorders)



Fink et al. Current state of management and organisation of care in: *Medically unexplained symptoms, somatisation and bodily: Developing better clinical services*. Cambridge University Press 2011

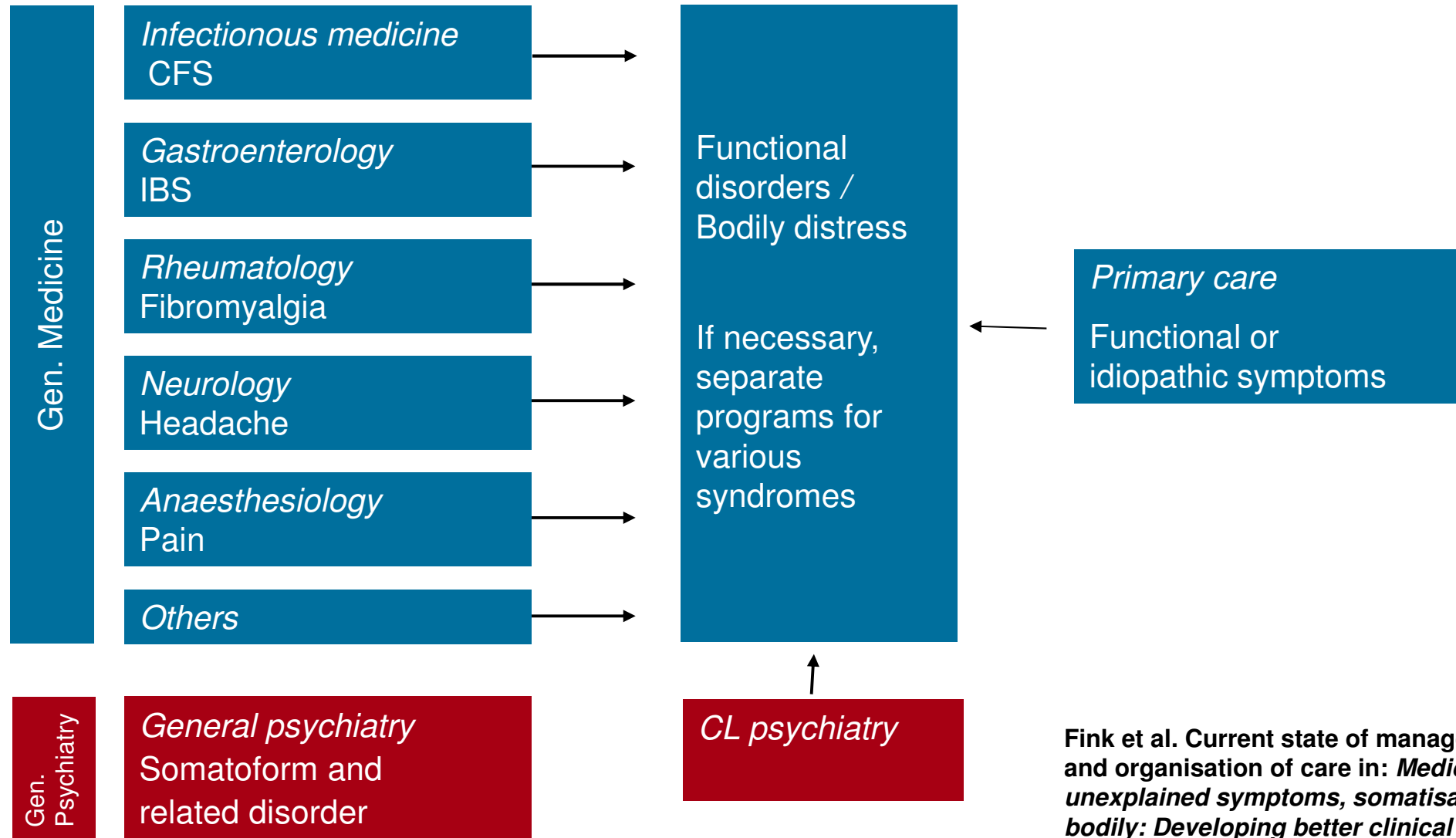


## B) Fractionated specialised clinics



Fink et al. Current state of management and organisation of care in: *Medically unexplained symptoms, somatisation and bodily: Developing better clinical services.* Cambridge University Press 2011

### C) Specialised clinic for bodily distress syndrome including functional somatic syndromes



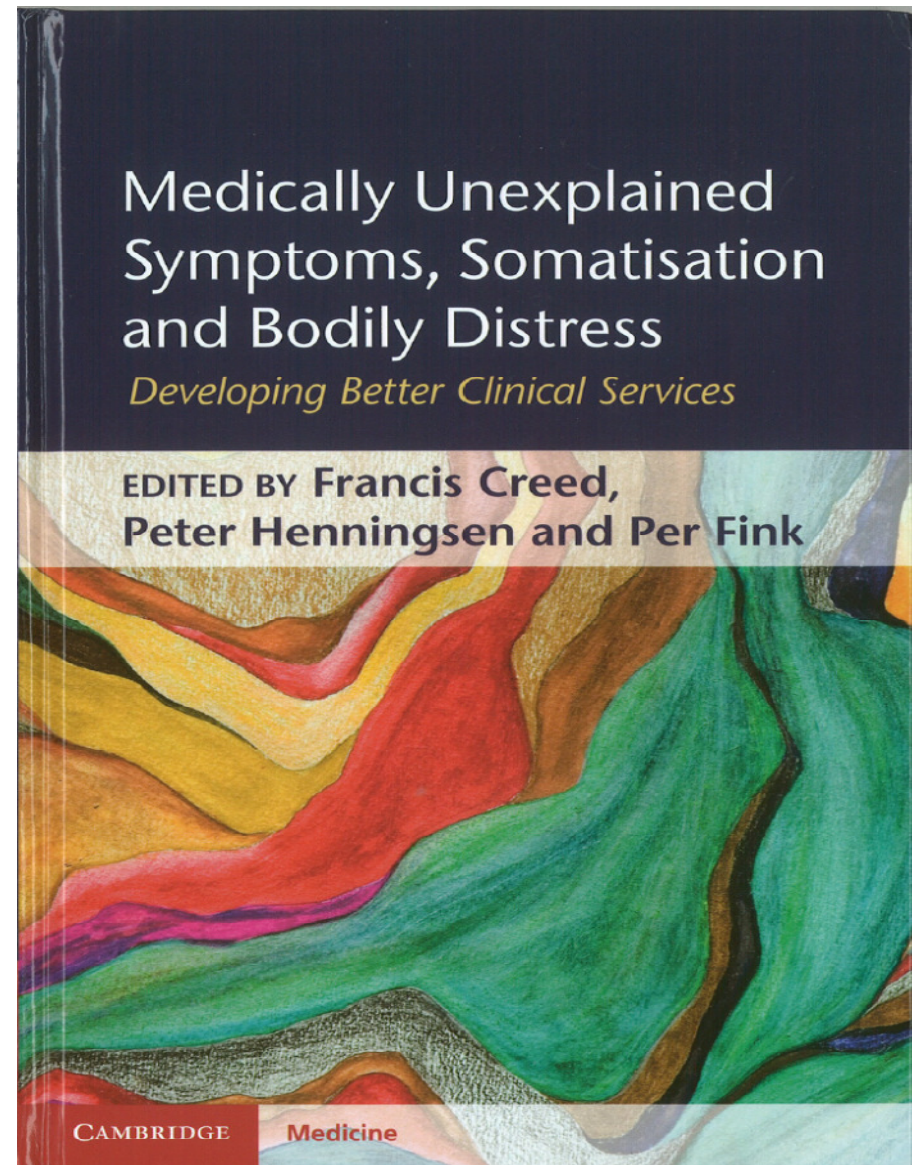
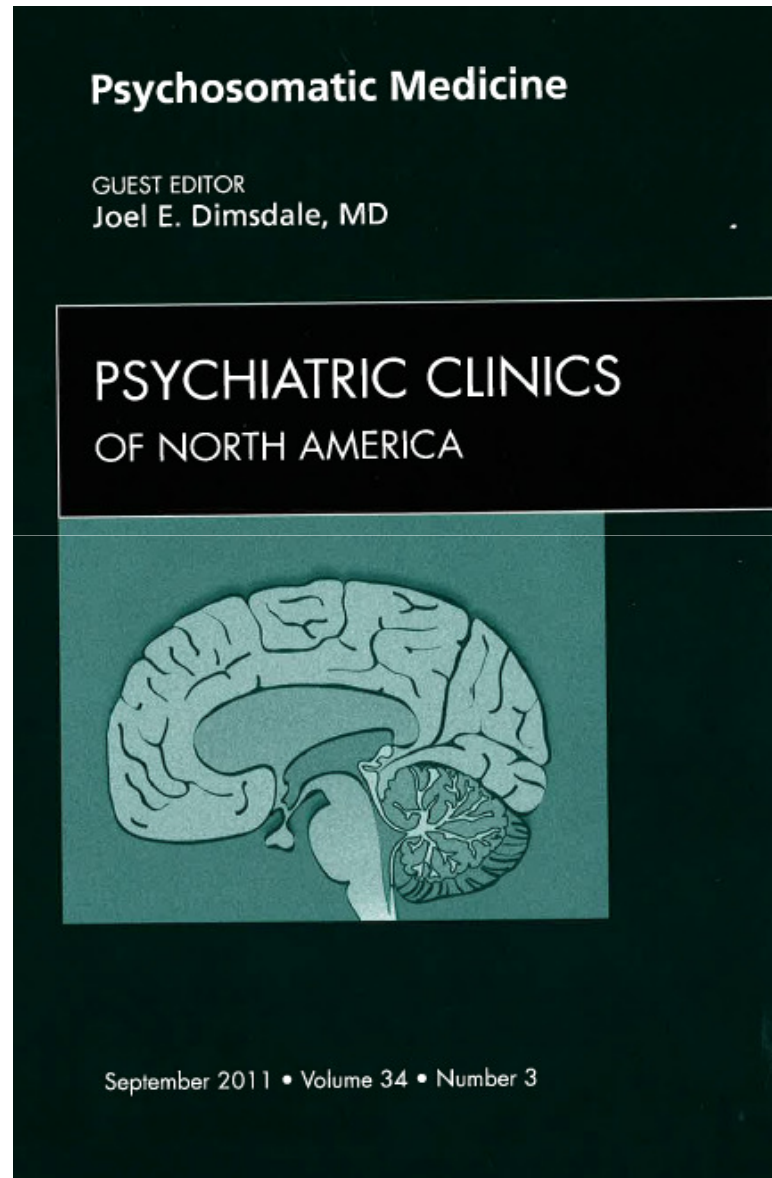
Fink et al. Current state of management and organisation of care in: *Medically unexplained symptoms, somatisation and bodily: Developing better clinical services*. Cambridge University Press 2011

# Questions

## **Bodily distress or functional disorder**

- Should it be a medical specialty of its own?
- Should it be a psychiatric subspecialty?
- Is it part of CL–psychiatry / psychosomatic medicine?
- Could the German psychosomatic model be used?
- Is it all pain?
- Is the time ripe for an international association for BDS?
- Should it be organised under psychiatry or under general medicine?
- How do we integrate other specialties?
- How can psychologists work with this group of patients?

[www.functionaldisorders.dk](http://www.functionaldisorders.dk) (Soon in English, later in German)







**Towards a New Agenda:  
Cross-Disciplinary  
Approach to  
Psychosomatic  
Medicine**

Aarhus Denmark

**27-30 June 2012**

29<sup>th</sup> European Conference on Psychosomatic Research (ECPR) &

15<sup>th</sup> Annual Scientific Meeting of the European Association for Consultation-Liaison Psychiatry and Psychosomatics (EACLPP)



## **Invitation**

We are pleased to invite you to the Annual Scientific Meeting of the European Association for Consultation-Liaison Psychiatry and Psychosomatics (EACLPP) and the European Conference on Psychosomatic Research (ECPR) entitled

### **Towards a New Agenda: Cross-disciplinary Approach to Psychosomatic Medicine**

The conference is held in the beautiful city of Aarhus, Denmark, on **27 – 30 June 2012**.

Please see the conference website for more details, [www.eaclpp-ecpr2012.dk](http://www.eaclpp-ecpr2012.dk)

**We look forward to welcoming you in Aarhus!**

## One or many – pros and cons

### Pros

- Substantial evidence that functional somatic syndromes belong to the same diagnosis category
- The treatment is by large the same regardless of the name
  - CBT
  - Gradual excercises
  - Antidepressants
- The symptoms are by large the same
- The behaviour of the patients is by large the same
- Emotional comorbidity is by large the same
- It seems a Sisyfos task to establish services for multiple syndromes

### Cons

- CBT may be tailored to specific syndromes / symptoms
- Distinct services for each syndrome are more acceptable to some patients
- The patients attend specific specialties

## Agreement between Bodily distress concept and various functional somatic syndromes and somatoform disorders

	Fibro- myalgia (n=58) %	CFS (n=54) %	IBS (n=43) %	Chest pain (n=129) %	Hypervent. synd. (n=49) %	Pain syndrome (n=130) %	Any Som. dis. (n=178) %	Any FSS (n=242) n/% of BD
<b>Bodily distress syndrome (n=250)</b>	100.0	100.0	97.7	95.3	82.8	93.8	89.0	88.0
<b>Multi-organ type (n=57)</b>	43.1	51.9	48.8	30.2	43.8	26.9	24.2	22.0
<b>Single-organ type (n=193)</b>	56.9	48.1	48.8	65.1	56.3	66.9	65.7	66.0
CP subtype (n=60)	8.6	13.0	11.6	29.5	27.1	19.2	18.5	21.2
GI subtype (n=46)	6.9	9.3	44.2	20.2	10.4	14.6	14.0	16.4
MS subtype (n=71)	46.6	33.3	7.0	18.6	16.7	31.5	27.0	24.0
GS subtype (n=66)	25.9	29.6	7.0	22.5	16.7	22.3	25.8	23.6