Comparison of SSD, BDD, BDS, BSS in classification systems

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For ICD-11, most of ICD-10's *Somatoform disorders* and *Neurasthenia* are being replaced by a single new category, *Bodily distress disorder* (BDD)[1]. Although the terms *"Bodily distress **disorder**"* and *"Bodily distress **syndrome**"* (BDS) are often used synonymously, both the World Health Organization (WHO) and Professor Per Fink[2] have clarified that as defined for ICD-11, BDD is a conceptually different diagnosis. ***ICD-11's BDD and Fink's BDS are differently characterized, have very different criteria and include different groups of patients.***

For ICD-11, the BDD diagnosis requires both the presence of one or more distressing bodily symptoms, which can be either "medically unexplained" or caused by a general medical condition, and also "excessive, disproportionate or maladaptive" responses to the symptoms. BDD potentially captures a *percentage* of patients with CFS, ME[3] or with other general medical conditions and diseases, if the clinician considers they also meet the criteria for an additional diagnosis of BDD. In contrast, Fink's BDS diagnosis requires physical symptom patterns from one or more body systems, for these symptoms to be "medically unexplained" and does not require any emotional or behavioural responses. ***Crucially, BDS includes CFS, ME, IBS and FM under a single, unifying diagnosis.***

Table comparing key features of SSD, BDD, BDS and BSS

	SSD[4]	BDD[5]	BDS[6]	BSS[7]
Term	**Somatic symptom disorder**	**Bodily distress disorder**	**Bodily distress syndrome**	**Bodily stress syndrome**
Developed for	**DSM-5, APA Publishing (2013)**	**ICD-11, WHO (2018 release)**	**Fink et al. (2007, 2010)**	**ICD-11 PHC, WHO (in draft)**
Defined as a mental disorder?	Yes	Yes	Intends to challenge the mental-physical dichotomy (psychosocial ***and*** physiological)	Yes - ICD-11 PHC is for 27 mental disorders
Replaces	Largely replaces DSM-IV somatoform disorders; ***can now also include patients with distressing symptoms attributable to general medical conditions***	Largely replaces ICD-10 somatoform disorders and neurasthenia; ***can now also include patients with distressing symptoms attributable to general medical conditions***	Includes most of DSM-IV and ICD-10 somatoform disorders; pain disorder; neurasthenia; functional somatic syndromes[8]; and **CFS, ME; IBS; FM** under a single, unifying diagnosis	Replaces ICD-10 PHC's F45 Unexplained somatic complaints/Medically unexplained symptoms; and F48 Neurasthenia
Key features	Excessive, disproportionate or maladaptive responses to one or more physical symptoms or sensations of ***any aetiology*** that result in significant distress or impairment	Excessive, disproportionate or maladaptive responses to one or more physical symptoms or sensations of ***any aetiology*** that result in significant distress or impairment	Physical symptom patterns or clusters of cardiopulmonary, gastrointestinal, musculoskeletal or general symptoms that result in significant distress or impairment	At least 3 persistent symptoms over time of cardio-respiratory, gastrointestinal, musculoskeletal or general symptoms of tiredness and exhaustion that result in significant distress or impairment
Symptoms medically unexplained or not?	Both medically unexplained and medically explained physical symptoms	Both medically unexplained and medically explained physical symptoms	Medically unexplained physical symptoms	Medically unexplained physical symptoms
Exclusions/ differential diagnoses	Certain psychiatric disorders have to be excluded; general medical diagnoses are not excluded	Does not exclude presence of depression or anxiety; general medical diagnoses are not excluded	Psychiatric and general medical diagnoses have to be excluded ***but CFS, ME; IBS; FM are not excluded***	Certain psychiatric and general medical diagnoses have to be excluded ***but CFS, ME; IBS; FM apparently not excluded***
Emotional or behavioural responses required?	Yes	Yes	Not required for diagnosis, but considered common and may be important for treatment	Yes
Severity options	*Mild*; *Moderate*; *Severe*; characterized by emotional or behavioural responses and degree of impairment	*Mild*; *Moderate*; *Severe*; characterized by emotional or behavioural responses and degree of impairment	*Moderate* (single-organ system type); *Severe* (multi-organ system type); characterized by physical symptom clusters	*Mild*; *Moderate*; *Severe*; (current proposals for severity characterization unavailable)
Hypothesized aetiology	Makes no assumptions about aetiology	Makes no assumptions about aetiology	Hyperarousal of the autonomic nervous system; HPA axis hyperactivity	Hyperarousal of the autonomic nervous system

Notes:

1 ICD-11 for Mortality and Morbidity Statistics (ICD-11 MMS) 2018 Release, Version for preparing implementation. Accessed July 14, 2018 https://icd.who.int/browse11/l-m/en#/http%3a%2f%2fid.who.int%2ficd%2fentity%2f767044268

2 Syndromes of bodily distress or functional somatic syndromes - Where are we heading. Lecture on the occasion of receiving the Alison Creed award 2017, Fink, Per. Journal of Psychosomatic Research, Volume 97, 127 - 130 https://www.jpsychores.com/article/S0022-3999(17)30445-2/fulltext
Lecture slides: http://www.eapm2017.com/images/site/abstracts/PLENARY_Prof_FINK.pdf

3 In March 2017, Dimmock and Chapman submitted for insertion of exclusions for PVFS, ME and CFS under ICD-11's *Bodily distress disorder* to mitigate the risk of misdiagnosis with BDD, or misapplication of an additional BDD mental disorder diagnosis and to mitigate risk of confusion and conflation of ICD-11's *Bodily distress disorder* with the Fink et al. (2007, 2010) *Bodily distress syndrome*. (This proposal remains to be processed.)

4 SSD: DSM-5's *Somatic symptom disorder* term was added to the October 2016 Release of the U.S.'s ICD-10-CM. The SSD term does not replace any of the ICD-10-CM *Somatoform disorders* categories but was added as an inclusion term under F45.1 *Undifferentiated somatoform disorder* (the DSM-5 to ICD-10-CM mapping code for SSD).

Somatic symptom disorder has not been added to the WHO's ICD-10. But for ICD-11, SSD is listed under Synonyms to *Bodily distress disorder* and assigned the Index code 6C20.Z *Bodily distress disorder, unspecified*. There is currently no *Somatic symptom disorder* term included in SNOMED CT.

For the DSM-IV *Somatoform disorders*, the concept of "medically unexplained" bodily complaints had been a key feature. For DSM-5, a single new disorder category, *Somatic symptom disorder*, largely replaced the *Somatoform disorders* and removed the distinction between "medically explained" and "medically unexplained" physical symptoms. The focus is no longer on the nature of the symptoms, themselves, but on the degree to which a patient's thoughts, feelings, preoccupations and behaviours in response to persistent symptoms are considered *"excessive, disproportionate or maladaptive."*

According to the DSM-5 chapter for *Somatic Symptom and Related Disorders*: *"The presence of somatic* [physical] *symptoms of unclear etiology is not in itself sufficient to make the diagnosis of somatic symptom disorder. The symptoms of many individuals with disorders like irritable bowel syndrome or fibromyalgia would not satisfy the criterion necessary to diagnose somatic symptom disorder (Criterion B). Conversely, the presence of somatic* [physical] *symptoms of an established medical disorder (e.g., diabetes or heart disease) does not exclude the diagnosis of somatic symptom disorder if the criteria are otherwise met."* [1]

However, patients with chronic, multisystem diseases like chronic fatigue syndrome and myalgic encephalomyelitis, or who are awaiting a diagnosis, may be particularly vulnerable to misapplication of a diagnosis of SSD or of receiving an additional "bolt-on" SSD diagnosis.

1 American Psychiatric Association. (2013). Somatic Symptom and Related Disorders. In Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC: Author.

What Is Somatic Symptom Disorder? American Psychiatric Association:
https://www.psychiatry.org/patients-families/somatic-symptom-disorder/what-is-somatic-symptom-disorder

Somatic Symptom Disorder, MSD Manuals, Joel E. Dimsdale, MD:
https://www.msdmanuals.com/en-gb/home/mental-health-disorders/somatic-symptom-and-related-disorders/somatic-symptom-disorder

5 BDD: *Bodily distress disorder* was added to the SNOMED CT terminology system for the July 2017 release as an exact match for ICD-11's BDD concept term. The three BDD severity options are scheduled to be added to the SNOMED CT International Edition in July 2018.

The WHO released an "advance preview" version of *ICD-11 for Mortality and Morbidity Statistics (ICD-11 MMS)* in June 2018 to enable member states to begin preparing for implementation. Endorsement by the World Health Assembly (WHA) is scheduled for May 2019. Member States can start reporting using the new edition from January 2022.

At the point at which the WHO released the "advance preview" version, the companion specialty publication: *Clinical Descriptions and Diagnostic Guidelines for ICD-11 Mental and Behavioural and Neurodevelopmental Disorders* (which expands on the ICD-11 browser description texts for clinical professionals) had not been completed. The WHO has not confirmed a release date.

The full clinical description and diagnostic guideline texts as drafted for this specialty publication have not been made available for public stakeholder review. But according to the ICD-11 MMS browser Description text and published papers and editorials:

"Bodily distress disorder is characterized by the presence of bodily symptoms that are distressing to the individual along with excessive attention directed toward the symptoms, which may be manifest by repeated contact with health care providers. If another health condition is causing or contributing to the

symptoms, the degree of attention is [considered by the health care professional to be] *clearly excessive in relation to its nature and progression. Excessive attention is not alleviated by appropriate clinical examination and investigations and appropriate reassurance. Bodily symptoms are persistent, being present on most days for at least several months. Typically, bodily distress disorder involves multiple bodily symptoms that may vary over time. Occasionally there is a single symptom—usually pain or fatigue—that is associated with the other features of the disorder."* [1][2].

Though they differ to some extent in the characterization of their severity options, ICD-11's *Bodily distress disorder* and DSM-5's *Somatic symptom disorder* are considered essentially very similar disorder concepts. For ICD-11, SSD has been listed under Synonyms to *Bodily distress disorder*.

The thresholds for meeting criteria for a diagnosis of BDD are substantially lower than those of the ICD-10 *Somatoform disorders* which BDD largely replaces. A much simplified criteria set, based on difficult to measure emotional and behavioural responses and reliant on subjective clinical judgements as to whether a patient is devoting *"excessive"* time, energy and attention to their symptoms or has become *"overly preoccupied"* with health concerns presents significant potential for misapplication of an inappropriate mental disorder diagnosis.

Additionally, the term "Bodily distress disorder" is often used synonymously for "Bodily distress syndrome" risking confusion and conflation of ICD-11's BDD with the differently conceptualized, Fink et al. (2007, 2010) Bodily distress syndrome (BDS) diagnostic concept.

To date, the WHO has failed to address the inconsistencies in how BDD, BSS and BDS are conceptualized whilst proposing to use very similar names for constructs capturing different patient groups. This will likely result in confusion for clinicians, coders and commissioners with potentially negative consequences for data analysis and especially for patients. There are currently no exclusions for CFS, ME under *Bodily distress disorder* [see **Note 3**].

1 Bodily distress disorder, ICD-11 for Mortality and Morbidity Statistics (ICD-11 MMS) 2018, Version for preparing implementation. Accessed July 14, 2018 https://icd.who.int/browse11/l-m/en#/http%3a%2f%2fid.who.int%2ficd%2fentity%2f767044268

2 Gureje O, Reed GM. Bodily distress disorder in ICD-11: problems and prospects. World Psychiatry. 2016 Oct;15(3):291-292. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5032513/

6 BDS: There is no *Bodily distress syndrome* (BDS) concept term in ICD-11 or SNOMED CT. The ICPC-2 Revision Committee has in the past discussed the potential for inclusion of a *Bodily distress syndrome* or similar disorder concept in the revision of ICPC-2 for ICPC-3, which is currently under development.

For the Fink et al. (2010) *Bodily distress syndrome* diagnostic concept, emotional or behavioural characteristics do not form part of the criteria. Physical symptom patterns or symptom clusters from organ/body systems (cardiopulmonary; gastrointestinal; musculoskeletal or general symptoms) are central to the diagnosis, which is exclusively made on the basis of the symptoms, their severity and duration, with moderate to severe impairment in daily life.

There is a *"Moderate: single organ"* type (≥ 3 symptoms from 1-2 organ systems) and a *"Severe: multi-organ"* type (≥ 3 symptoms from 3-4 organ systems). Psychiatric and general medical diagnoses have to be excluded. *"If the symptoms are better explained by another disease, it is not considered part of BDS."* ***But BDS includes CFS, ME*** [1].

CFS, ME; IBS; and fibromyalgia are all discretely classified in separate chapters in ICD-10 and ICD-11.The Fink et al. (2010) BDS construct is considered by its authors to capture the somatoform disorders, neurasthenia, "functional symptoms" and the so-called "functional somatic syndromes" (including CFS, ME; IBS and FM, noncardiac chest pain, chronic pain disorder, MCS and some others) under a single, unifying diagnostic construct.

Fink and colleagues consider the separation of "functional somatic syndromes" into different conditions e.g. CFS, IBS and FM, to be an artifact of medical specialization and different manifestations of a similar, underlying disorder with a common, hypothesized aetiology.

1 Syndromes of bodily distress or functional somatic syndromes - Where are we heading. Lecture on the occasion of receiving the Alison Creed award 2017, Per Fink, Lecture Slides: http://www.eapm2017.com/images/site/abstracts/PLENARY_Prof_FINK.pdf

2 Bodily Distress Syndrome (BDS), The Research Clinic for Functional Disorders and Psychosomatics, Aarhus University Hospital
[In English] http://funktionellelidelser.dk/fileadmin/www.funktionellelidelser.au.dk/patient_Pjecer/7_BDS_information.pdf
[In Danish] http://funktionellelidelser.dk/fileadmin/www.funktionellelidelser.au.dk/patient_Pjecer/Patientinformation__BDS_.pdf

7 BSS: *The Diagnostic and Management Guidelines for Mental Disorders in Primary Care: ICD-10 Chapter V Primary Care Version*, 1996 (also known as "ICD-10 PHC") was a diagnostic and management guideline for 25 common mental disorders aimed at primary care practitioners, non medically trained health workers and for use in training and in low- to middle-income countries.

Unlike ICD-10 (and eventually ICD-11) this publication is not mandatory for use by WHO member states and it does not override the ICD-10 and ICD-11 code sets.

ICD-10 PHC is under revision for ICD-11 PHC, for which 27 common mental disorders are proposed to be included. *Bodily stress syndrome* (BSS) is proposed to replace the ICD-10 PHC categories: F45 *Unexplained somatic complaints* (aka *Medically unexplained symptoms*); and F48 *Neurasthenia*.

The *Bodily stress syndrome* (BSS) disorder concept is being developed by the WHO, advised by an external Primary Care Consultation Group (PCCG). This is a different group to the working group that developed *Bodily distress disorder* (BDD) for the main ICD-11 classification.

The PCCG is proposing a different disorder construct for ICD-11 PHC to the disorder construct being used for the main ICD-11.

The PCCG has published a number of progress papers, including analyses of the BSS field trials. But drafts for the full texts for the disorder descriptions and criteria as currently proposed are not available for public stakeholder scrutiny. It is not known by what date the WHO anticipates the content to have been finalized and released, or whether any additional field trials for the proposed BSS are in progress or have been recommended.

Since 2011, proposals for the characterization and criteria for BSS have undergone several revisions. Early proposals had been for an adaptation of the Fink et al. (2010) *Bodily distress syndrome* with criteria based on patterns of persistent, distressing, "medically unexplained" bodily symptoms from one or more body systems *but with an additional requirement for emotional and behavioural features*, which are not required in the Fink et al. BDS criteria.

The three BSS severity options: *Mild*; *Moderate*; and *Severe*, were initially proposed to be characterized according to the number of organ/body systems involved and the degree of disability/distress [1]. But none of the more recent papers appear to set out clear descriptions for the three severity options.

For the criteria, more recent papers have proposed: *"At least 3 persistent symptoms over time attributable to autonomic over-arousal (cardio-respiratory, gastrointestinal, musculoskeletal) or as general symptoms of tiredness and exhaustion; Patient's concern over health expresses itself as excessive time and energy devoted to these symptoms; Symptoms are distressing and result in significant disability; If the symptoms are accounted for by a known physical disease this is not BSS."* [2][3].

It is unclear whether the presence of *"at least 3 persistent symptoms over time"* not considered by the health practitioner to be explained by known physical pathology would be required to fall within a single symptom cluster group or might involve multiple symptom cluster groups, i.e. without at least three of the symptoms all being from the same group. Nor is it clear whether the BSS disorder construct, as currently structured, is intended to capture the so-called functional somatic syndromes. There is an urgent need for transparency by the WHO department responsible for the development of BSS.

But however the current proposals stand, the BSS papers published to date have not listed CFS, ME; IBS and FM under exclusions nor are these specified under differential diagnoses, and any configuration of BSS poses a significant threat to CFS, ME; IBS and FM patients.

1 T P Lam, D P Goldberg, A C Dowell, S Fortes, J K Mbatia, F A Minhas, M S Klinkman; Proposed new diagnoses of anxious depression and bodily stress syndrome in ICD-11-PHC: an international focus group study, Family Practice, Volume 30, Issue 1, 1 February 2013, Pages 76–87 https://doi.org/10.1093/fampra/cms037

2 MUS becomes Bodily Stress Syndrome in the ICD-11 for primary care, Results from the WHO Primary Care Consultation Group on mental health, Marianne Rosendal, 2017 https://www.vumc.nl/afdelingen-themas/49661/20678990/4.3_Rosendal_MUS_BSS_WHO.pdf

3 Multiple somatic symptoms in primary care: A field study for ICD-11 PHC, WHO's revised classification of mental disorders in primary care settings Goldberg, David P. et al. Journal of Psychosomatic Research, Volume 91, 48 - 54 https://www.researchgate.net/publication/308959165_Multiple_somatic_symptoms_in_primary_care_A_field_study_for_ICD-11_PHC_WHO%27s_revised_classification_of_mental_disorders_in_primary_care_settings

8 MUS (Medically unexplained symptoms): There is no *Medically unexplained symptoms* term coded in ICD-10, in the clinical modifications of ICD-10 or in ICD-11. In the ICD-10 PHC, 1996, there is an F45 *Unexplained somatic complaints* category, which corresponds to ICD-10's F45 *Somatoform disorders* block. The ICD-10 PHC F45 category is more recently referred to by the WHO and the PCCG group as "*Medically unexplained symptoms."*

SNOMED CT terminology system includes a Concept term: *Medically unexplained* ***symptom*** *(finding)*. The SNOMED CT UK Edition additionally includes the Concept term: *Medically unexplained* ***symptoms*** *(finding)*, which is exclusive to the UK Edition and is assigned a different Concept code.

Medically unexplained symptoms (MUS) or Medically unexplained physical symptoms (MUPS) are physical symptoms for which healthcare professionals have found no apparent medical cause, or whose cause remains contested. CFS, ME; IBS, fibromyalgia, and chronic pain are often lumped under MUS.

Functional disorders (FD) is a term used for disorders where the individual is experiencing symptoms affecting daily functioning or quality of life and where the symptom(s) cannot be better explained by other physical disease or psychiatric disorder.

Functional somatic symptoms and syndromes (FSS) is a term used to refer to physical symptoms that are considered poorly explained. Defined by a primary symptom or by symptom patterns, the FSS term is stated to encompass (among others) lower back pain, tension headache, temporomandibular disorder, atypical face pain, non-cardiac chest pain, palpitations, dyspepsia, dizziness, chronic fatigue syndrome, ME, irritable bowel syndrome and fibromyalgia.

Rather than view chronic fatigue syndrome, ME, irritable bowel syndrome and fibromyalgia as distinct disease processes of incompletely understood aetiopathogenesis, some researchers and practitioners consider these to be "artifacts of medical specialisms" or different manifestations of a similar, underlying disorder.

A *Joint Commissioning Panel for Mental Health Guidance for commissioners of services for people with medically unexplained symptoms* guideline was published in February 2017, in which CFS and ME are included as "functional somatic syndromes":

Table 1. Functional somatic syndromes by specialty

Symptoms (combination of)	Syndrome	Specialty
Bloating, constipation, loose stools, abdominal pain	Irritable Bowel Syndrome	Gastroenterology
Fatigue (particularly post-exertional and long recovery) pain, sensitivity to smell	Chronic Fatigue Syndrome/ Myalgic Encephalomyelitis	Infectious Diseases, Endocrinology, Rheumatology, Pain Clinics
Headache, vomiting, dizziness	Post Concussion Syndrome	Neurology
Pelvic pain, painful sex, painful periods	Chronic Pelvic Pain	Gynaecology
Pain and tender points, fatigue	Fibromyalgia/Chronic Widespread Pain	Rheumatology
Chest pain, palpitations, shortness of breath	Non-cardiac chest pain	Cardiology
Shortness of breath	Hyperventilation	Respiratory Medicine
Jaw pain, teeth grinding	Temporo-mandibular Joint Dysfunction	Dentist, Oral Medicine
Reaction to smells, light	Multiple Chemical Sensitivity	Allergy clinic

Guidance for commissioners of services for people with MUS

In the UK, MUS services may be delivered in secondary/specialist care by a health psychologist, liaison psychiatrist, acute physician or physiotherapist; in primary care, via a GP, practice nurse or Improving Access to Psychological Therapies (IAPT) therapist. Funding has been available for developing integrated IAPT services for MUS but also for developing IAPT services to deliver CBT or CBT/GET specifically for CFS, ME patients.

In some areas of the UK, specialist multidisciplinary services for Medically unexplained symptoms (MUS) and Persistent physical symptoms (PPS) are already in place or are in the process of being developed [1], while some dedicated services for CFS patients are being decommissioned in order to save money or absorbed into services for patients with chronic pain. ***Some UK patients have reported having their existing CFS, ME diagnoses challenged by their GPs and re-diagnosed with "MUS" or with a mental disorder in areas where MUS services have been commissioned.***

The Netherlands, Germany and Denmark have witnessed the roll-out of guidelines and services for "MUS" and "functional disorders" [2]. Already in use in Denmark, in research and clinical settings, Fink and colleagues seek to colonize Europe with *Bodily distress syndrome*.

Associated terms: Finding the DSM-IV *Somatoform disorders* categories problematic and little used, the DSM-5 SSD work group developed the *Somatic symptom disorder* construct which ICD Revision has largely adopted for use in ICD-11. (Though perversely repurposing a name already used synonymously for Fink's *Bodily distress syndrome* construct.)

In addition to SSD, BDD, BDS and (potentially) BSS, alternative terms to capture these concepts are proliferating: Persistent physical symptoms (PPS); Persistent somatic symptoms (PSS); Physiologically explainable symptoms (PES); Illness distress symptoms (IDS); Idiopathic physical symptoms (IPS); Polysymptomatic distress disorder (PSDD); Functional distress disorder (FDD). CFS, ME is also sometimes listed under Functional neurological disorder (FND, formerly *Conversion disorder*).

In 2016, the Ministry of Science and Research, Hamburg, Germany, provided funding for EURONET-SOMA *(European Network to improve diagnosis, treatment and health care for patients with persistent somatic symptoms)* comprising a panel of 29 researchers from Denmark, the Netherlands, Sweden, Norway, Latvia, Belgium, United Kingdom, Germany and Russia to develop a joint research agenda and work towards a common understanding of the terminology, conceptualization and management of persistent somatic symptoms and for interdisciplinary agreement on a consistent diagnostic classification.

1 Guidance for commissioners of services for people with medically unexplained symptoms, Joint Commissioning Panel for Mental Health February 2017
https://www.jcpmh.info/wp-content/uploads/jcpmh-mus-guide.pdf

2 [In Danish] Functional disorders, Recommendations for investigation, treatment, rehabilitation and de-stigmatization, Sundhedsstyrelsen, 2018
https://www.sst.dk/da/nyheder/2018/~/media/15C564788C0B445682C87695A2AFF6CD.ashx

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This document is provided by Mary Dimmock and Suzy Chapman (*DxRevisionWatch.com*) to assist stakeholders in navigating the complexities of disorder nomenclature and classification.