Aarhus University Hospital
ÅRHUS SYGEHUS

The Research Clinic for Functional Disorders and Psychosomatics

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

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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

Conversion disorder
_ _ / _ _
_ _ / _ _
Body Dysmorphic Disorder
_ _ / _ _

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

Somatization Disorder
Undifferentiated SD
Hypochondriacal Disorder
Persistent Somatoform Pain
SD unspecified

Dissociative Disorder (F44.4-7)
Other DS
Somatoform Autonomic Dysfunction
Pers. Delusional Disorders (F22.8)
Neurasthenia (F48.0)

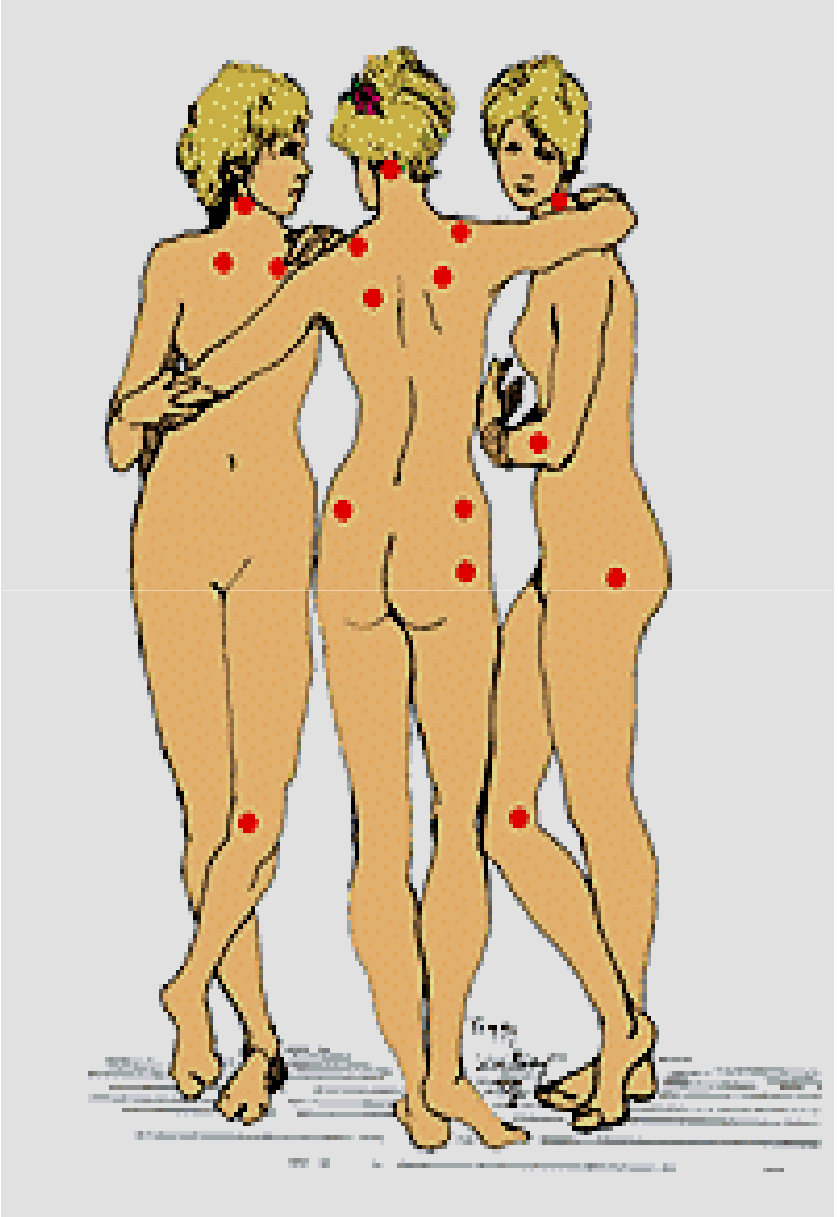
Functional somatic syndromes by specialty

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

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).

Yes	No	Symptom groups
		≥ 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

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)

Fink et al *Psychosomatic Med. 2007*

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

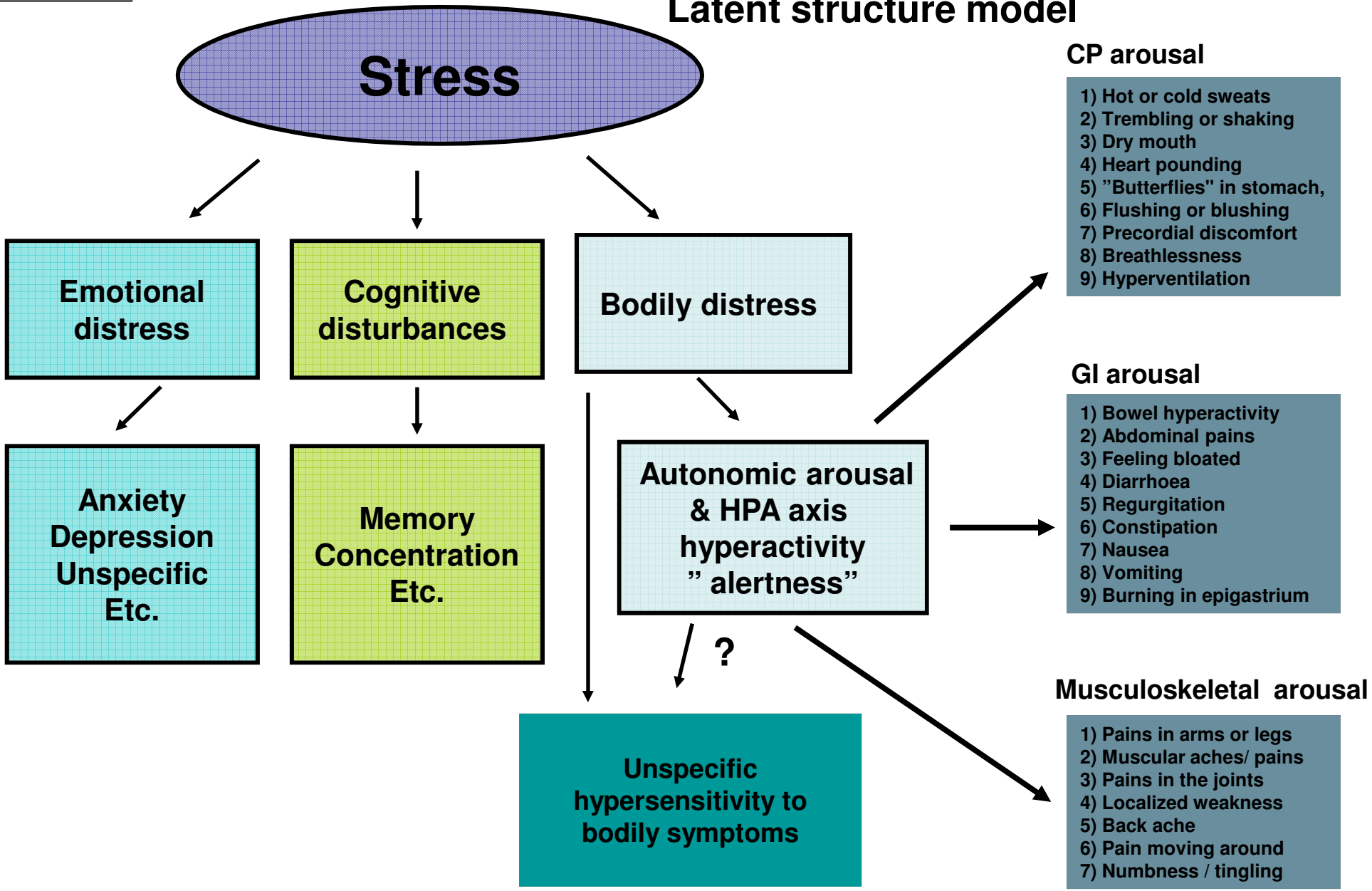
Irritable bowel syndrome

Fibromyalgia

Cluster	DSM -IV	ICD-10	Gara et al 1998 (prim.care, CIDI,DIS) =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	+	+

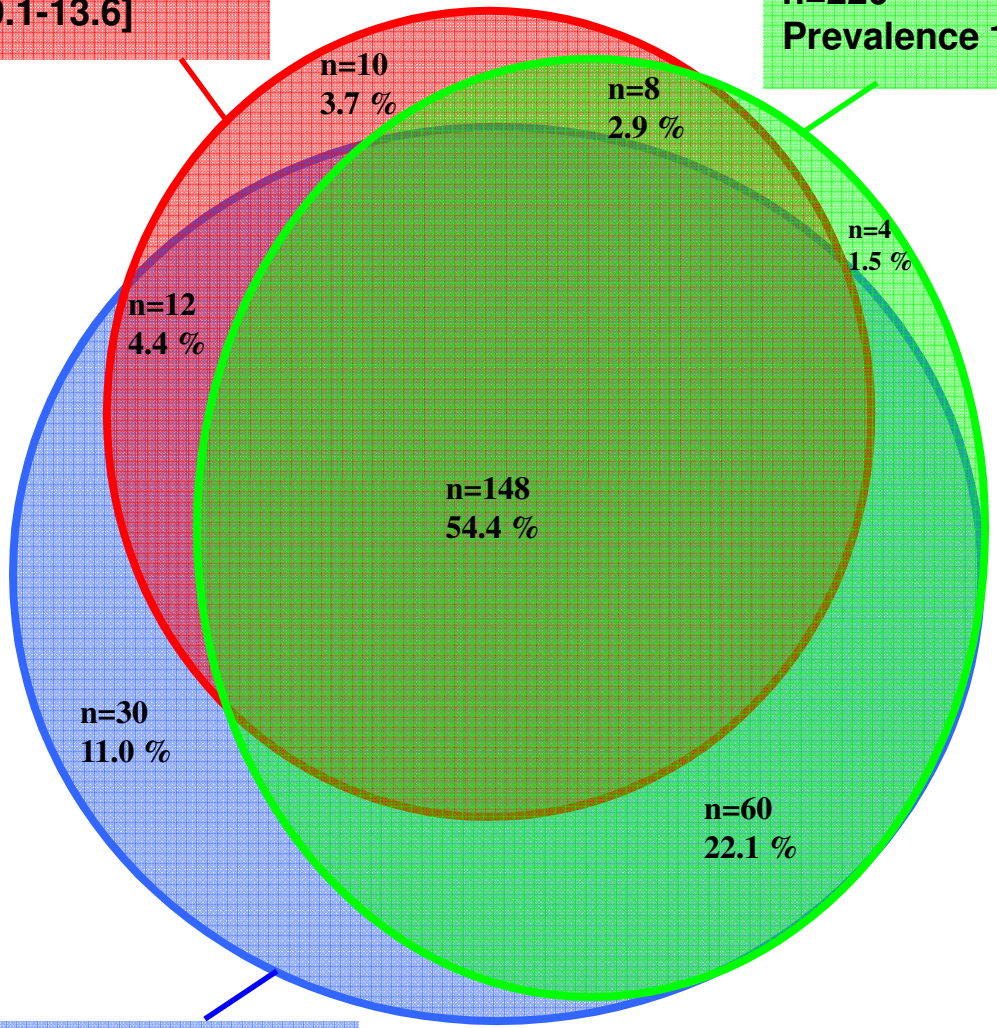
Schröder & Fink *J Psychosom Res 2009*

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)

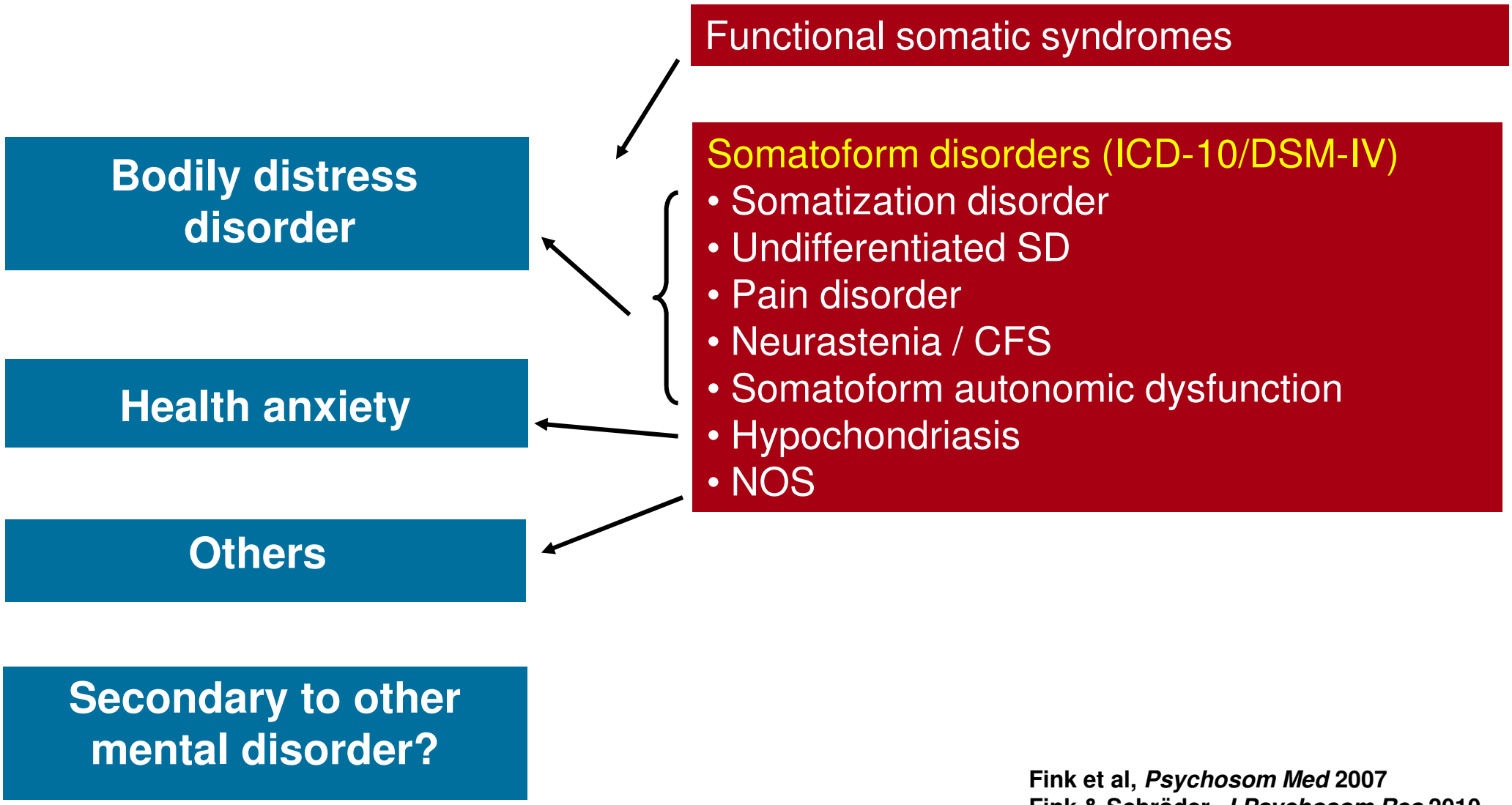
Bodily distress syndrome
n=250
prevalence 15.7 [13.2-18.6]

Fink P. & Schröder A. *J Psychosom Res* 2010

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 ?

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

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

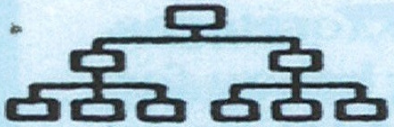
Symptom profile (BDS subtype) and corresponding functional somatic syndrome or diagnostic label **Type of treatment**	**GS-type** Chronic fatigue syndrome	**MS-type** Fibromyalgia	**GI-type** Irritable bowel syndrome	**CP-type** Non-cardiac chest pain	**Multi-organ type** Multiple medically unexplained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

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

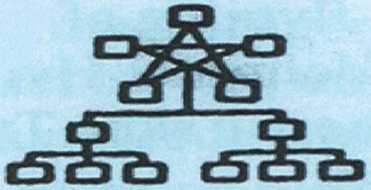
Schröder A. & Fink P., Psychiatr Clin North Am 2011

Overhead-model

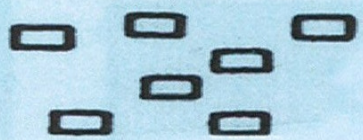
Traditionel



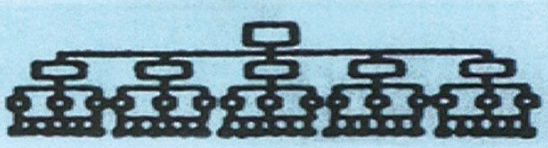
Russian



Arab

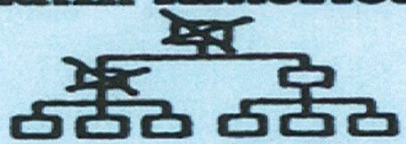


Chinese

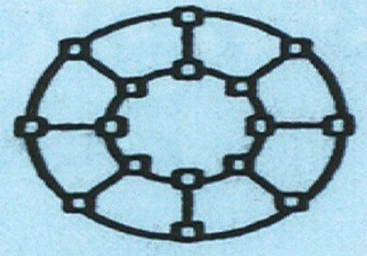


Vatican

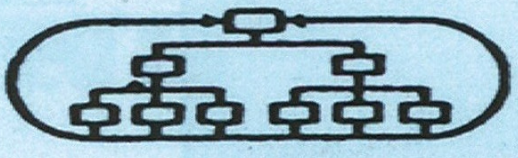
Latin American



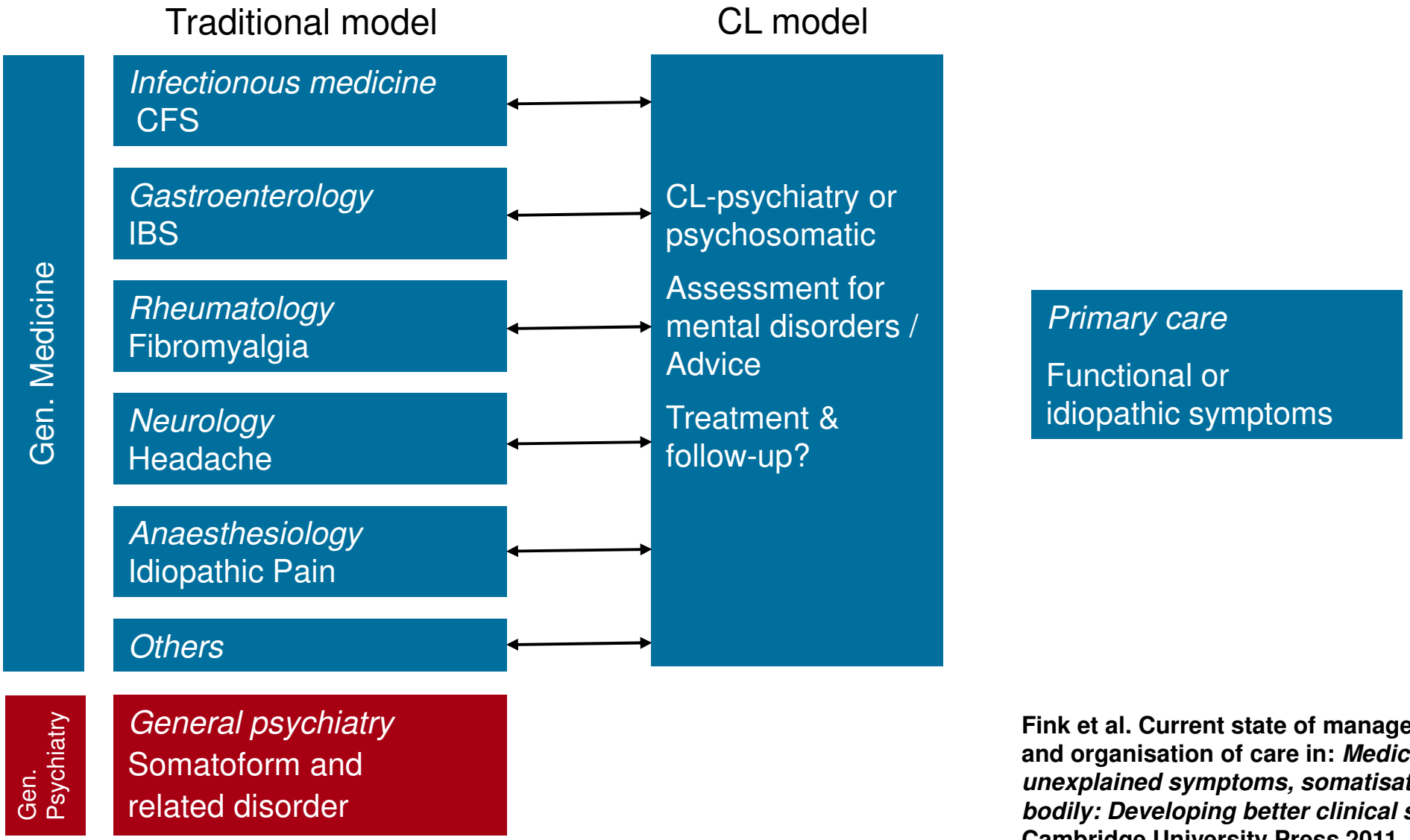
United Nations



American

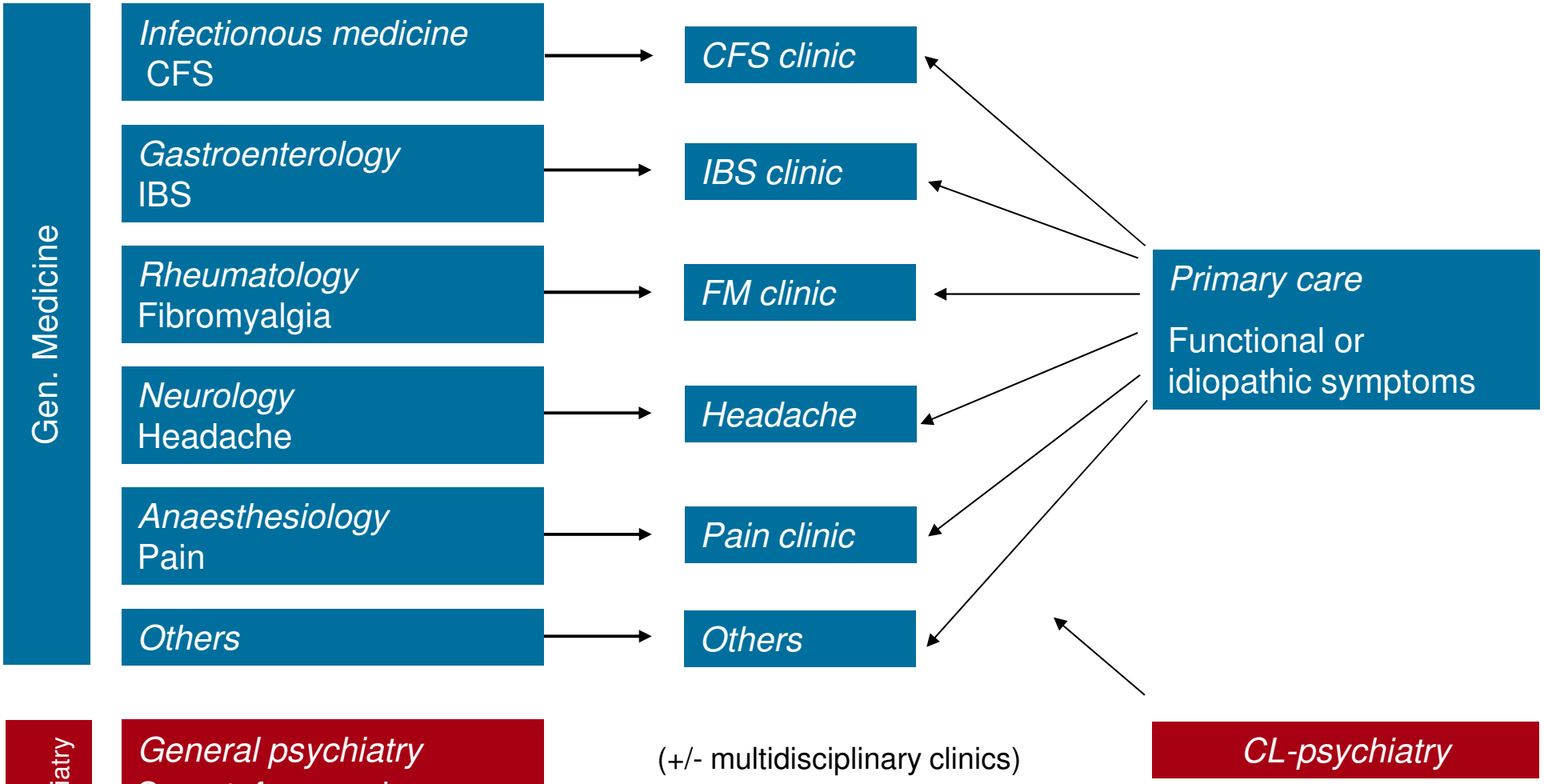


A) Organisation of service for bodily distress (functional somatic syndromes and disorders)



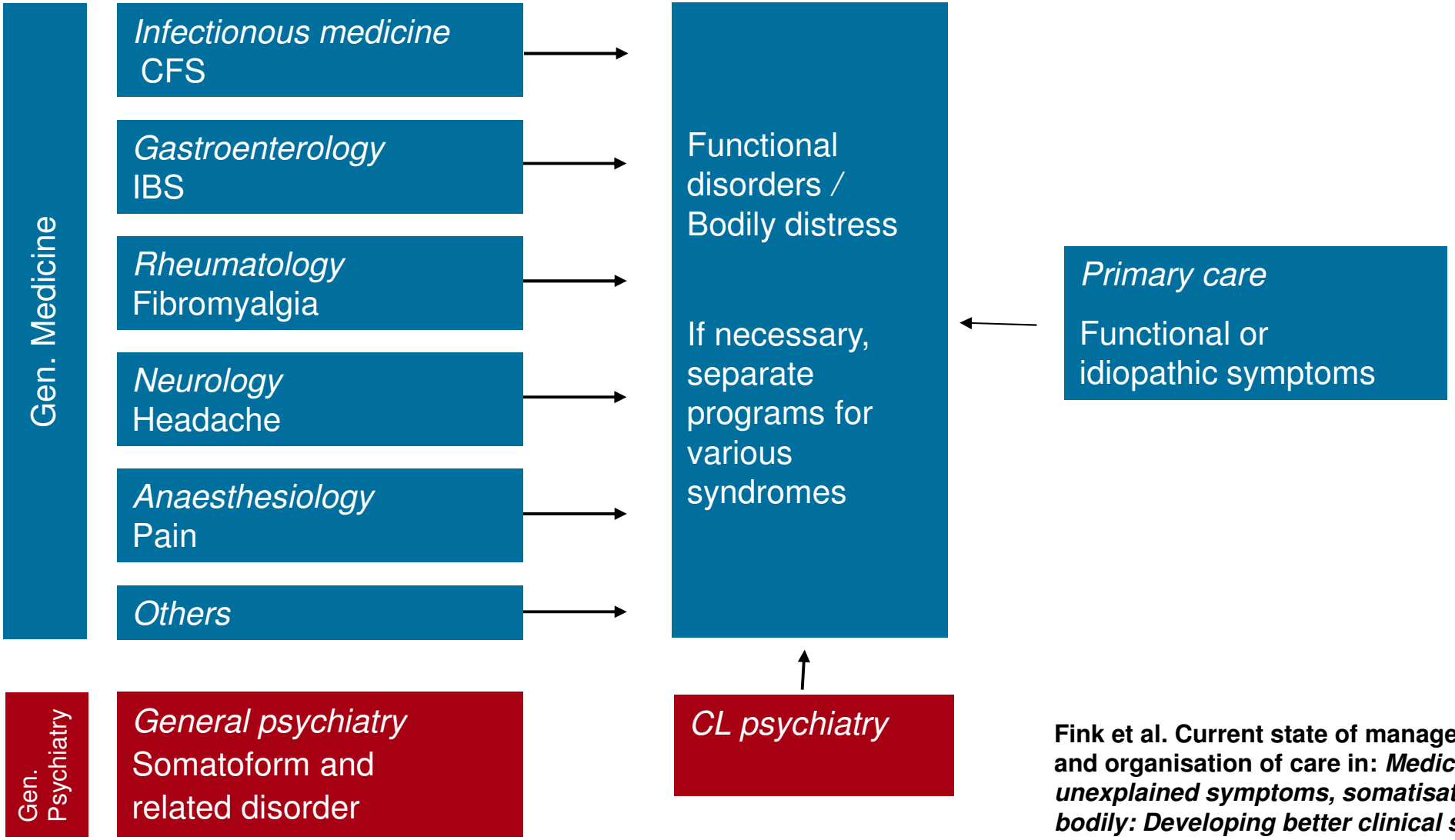
Fink et al. Current state of management and organisation of care in: *Medically unexplained symptoms, somatisation and bodily: Developing better clinical services*. Cambridge University Press 2011

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



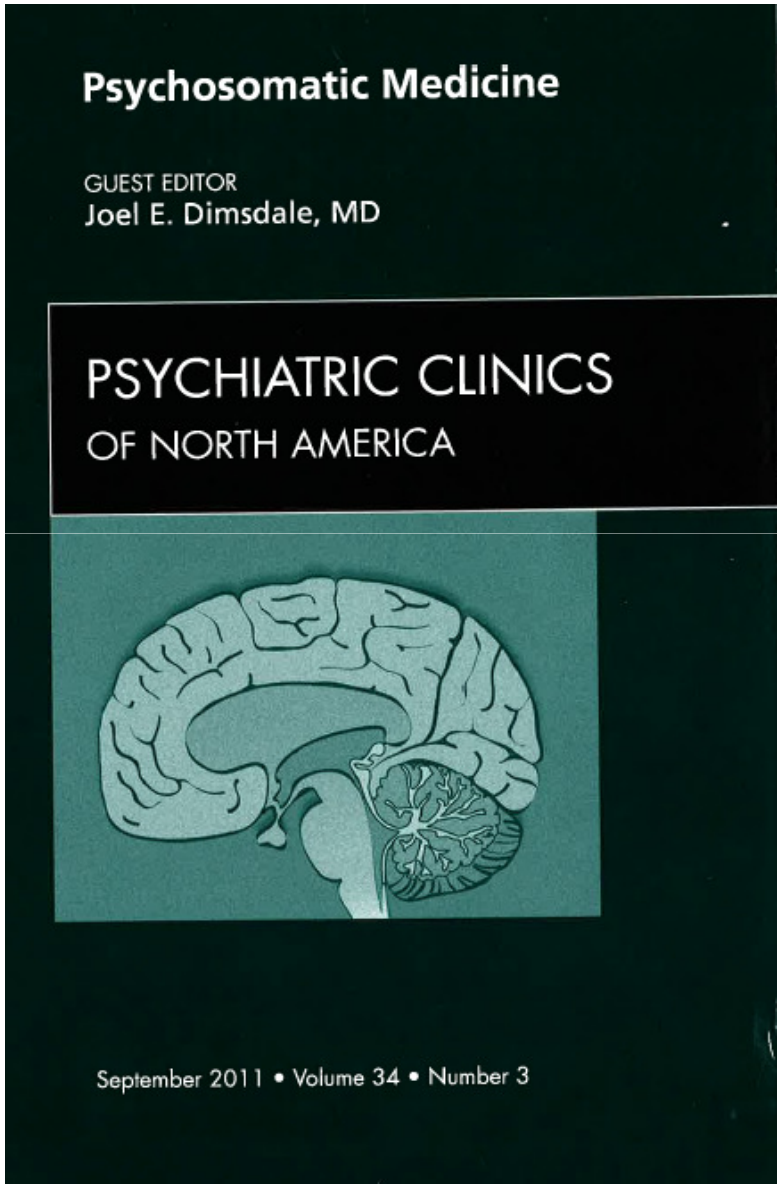
Fink et al. Current state of management and organisation of care in: *Medically unexplained symptoms, somatisation and bodily: Developing better clinical services*. Cambridge University Press 2011

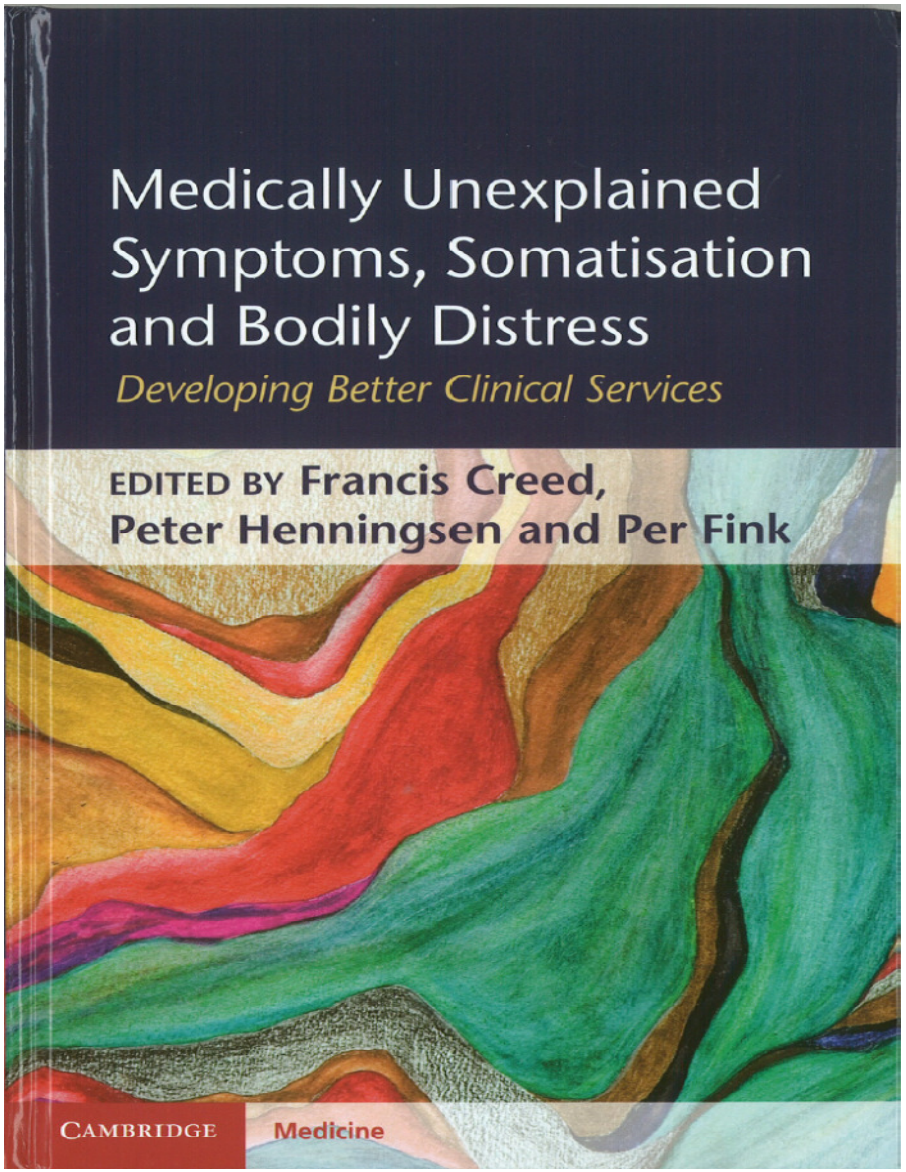
Questions

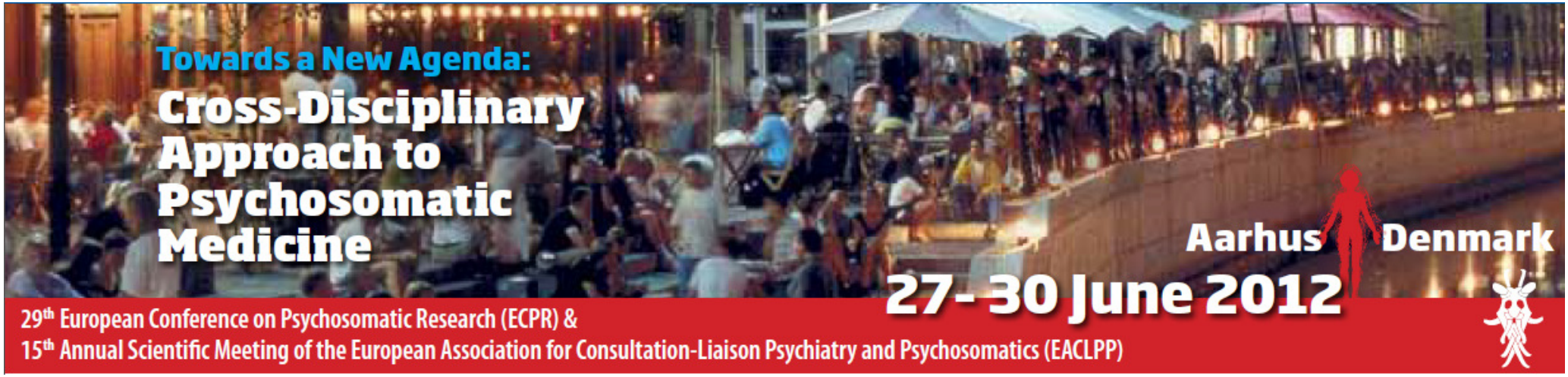
Bodily distress or functional disorder

- 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 **(Soon in English, later in German)**







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**

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
Bodily distress syndrome (n=250)	100.0	100.0	97.7	95.3	82.8	93.8	89.0	88.0
Multi-organ type (n=57)	43.1	51.9	48.8	30.2	43.8	26.9	24.2	22.0
Single-organ type (n=193)	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

P. Fink and A. Schröder. ***J Psychosom Res, 2010***