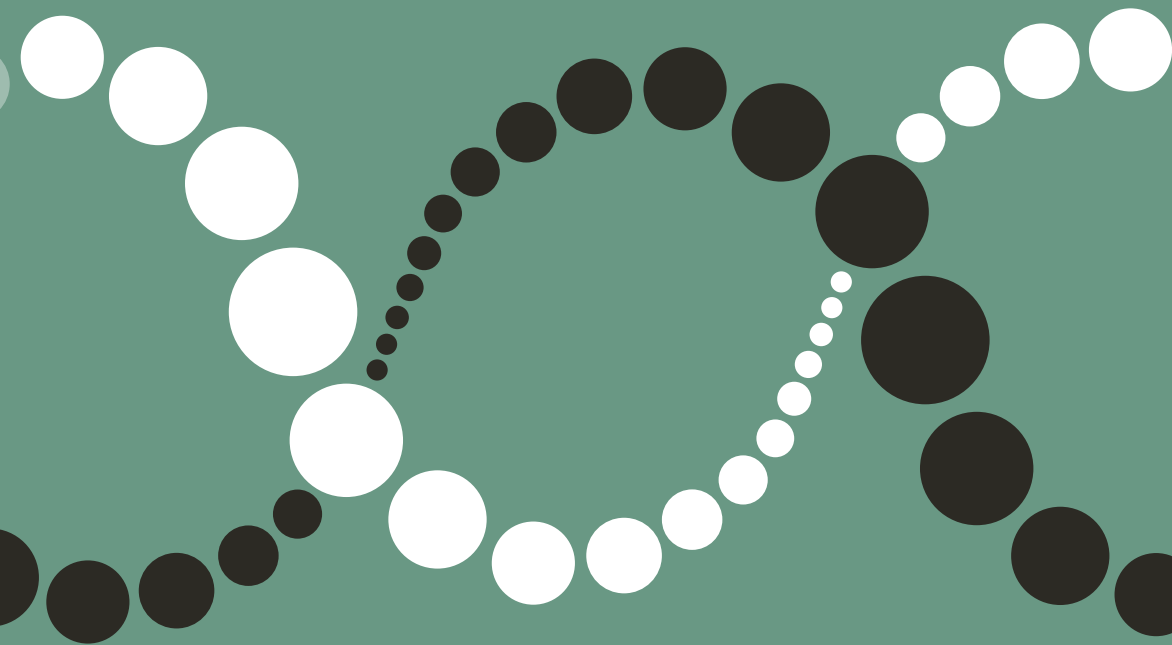


# Functional Disorders and Medically Unexplained Symptoms

*Assessment and treatment*



Edited by Per Fink and Marianne Rosendal



## **Functional Disorders and Medically Unexplained Symptoms**



# **Functional Disorders and Medically Unexplained Symptoms**

## **Assessment and treatment**

Edited by  
Per Fink and Marianne Rosendal

**The Research Clinic for Functional  
Disorders and Psychosomatics  
Aarhus University Hospital  
2015**

*Functional Disorders and Medically Unexplained Symptoms*

Edited by Per Fink and Marianne Rosendal

English translation by Morten Pilegaard

© The authors and Aarhus University Press

Layout and typesetting: Narayana Press

Cover design: Sparre Grafisk

E-book production: [Narayana Press](#)

ISBN 978-87-7124-936-1

Aarhus University Press

[www.unipress.dk](http://www.unipress.dk)

In collaboration with

The Research Clinic for Functional Disorders and Psychosomatics

Aarhus University Hospital

DK-8000 Aarhus C

Denmark

International distribution

UK & Eire:

Gazelle Book Services Ltd.

White Cross Mills

Hightown, Lancaster, LA1 4XS

United Kingdom

[www.gazellebookservices.co.uk](http://www.gazellebookservices.co.uk)

North America:

ISD

70 Enterprise Drive, Suite 2

Bristol, CT 06010

USA

[www.isdistribution.com](http://www.isdistribution.com)

Published with the financial support of

Aarhus University Research Foundation

Weblinks were active when the book was printed. They may no longer be active

# Table of content

<b>Editors</b>	13
<b>Authors</b>	15
<b>Preface</b>	17
<b>Reading guide</b>	20
<b>Abbreviations used</b>	20
<b>PART I Introduction to functional disorders</b>	23
CHAPTER 1	
<b>Background</b>	25
<b>Terminology used</b>	27
CHAPTER 2	
<b>Prevalence</b>	29
<b>Prevalence of physical symptoms</b>	29
<b>Prevalence of functional disorders</b>	31
Bodily distress syndrome	32
Health anxiety	32
<b>Consumption of health and social services</b>	33
CHAPTER 3	
<b>Symptoms, clinical findings and the diagnostic process</b>	35
<b>Classification and definition</b>	35
<b>Common symptoms of stress and strain</b>	36
<b>Physical symptoms</b>	37
<b>Emotional symptoms</b>	38
<b>Cognitive symptoms</b>	39
<b>How to make a diagnosis</b>	40
What is demanded of a diagnosis?	40
Making a diagnosis in clinical practice	41

CHAPTER 4

<b>Classification and characteristics</b>	43
<b>Classification of patients with functional symptoms</b>	43
I. Symptom diagnoses: Mild and transient symptoms	45
II. Natural reactions to strain or stress	46
III. Distress, stress and adjustment reactions	47
IV. Bodily Distress Syndrome (BDS)	48
V. Health anxiety	52
VI. Dissociative disorders	55
VII. Factitious disorder and Münchhausen's syndrome	56
VIII. Malingering	57
IX. Physical symptoms and illness worries in other mental disorders	58
X. Psychological factors affecting a medical condition	59
<b>Diagnosis and differential diagnosis</b>	60

CHAPTER 5

<b>Aetiology</b>	63
<b>Causes</b>	63
<b>Predisposing and precipitating factors</b>	64
<b>Perpetuating factors</b>	65

CHAPTER 6

<b>Biological basis</b>	69
<b>Biological mechanisms</b>	69
<b>Pathological central processing and modulation of physical stimuli</b>	70
<b>Increased symptom production</b>	72
<b>Conclusion</b>	74

CHAPTER 7

<b>The interaction between the doctor and patients with functional disorders</b>	75
<b>Mismatch</b>	75
<b>The doctor's contribution (iatrogenic factors)</b>	76
The fear of overlooking a physical disease	77
The fear of complaints and prosecution	78
Absence of other treatment	78
Lack of understanding of the nature and character of the illness	79
Lack of knowledge in handling functional disorders	80
The doctor's personality and perception of his/her role as a medical professional	81



Modesty	82
Pandora’s Box or the fear of loss of control	82
The fear of dependency	82
Time pressure	83
CHAPTER 8	
<b>The patient’s symptom perception and illness beliefs</b>	<b>85</b>
<b>Previous experience and internal evaluation</b>	<b>87</b>
<b>External sources</b>	<b>88</b>
<b>PART II Treatment</b>	<b>91</b>
CHAPTER 9	
<b>Overview of treatment options</b>	<b>93</b>
<b>The medical specialist and general hospital specialist departments</b>	<b>96</b>
<b>The general practitioner (GP)</b>	<b>97</b>
<b>Specialised treatment</b>	<b>97</b>
<b>Pharmacological treatment</b>	<b>99</b>
CHAPTER 10	
<b>Ensuring a good doctor-patient relationship</b>	<b>101</b>
<b>Avoid assuming a responsibility that is not yours</b>	<b>102</b>
<b>Form of communication</b>	<b>103</b>
<b>Acceptance of the limits of medicine</b>	<b>103</b>
CHAPTER 11	
<b>Primary assessment and treatment (TERM model)</b>	<b>107</b>
<b>Definition of own task in treatment and assessment</b>	<b>107</b>
<b>Considerations before the consultation</b>	<b>108</b>
General conversation techniques	109
<i>Socratic questioning</i>	109
<i>Summaries</i>	111
<i>Express empathy (emotional feedback)</i>	112
<b>TERM model step A: Understanding</b>	<b>113</b>
A.1 Take a full symptom history	114
A.2 Explore emotional clues	115
A.3 Inquire directly about symptoms of anxiety and depression	116
A.4 Explore stressors and external factors (social, occupational and familial)	116
A.5 Explore functional level, handling of the illness (coping) and illness behaviour	117

A.6 Explore the patient's illness beliefs (and wait to tell your own)	118
A.7 Explore the patient's expectations to the examination and treatment	119
A.8 Make a focused clinical examination and any indicated paraclinical examinations	119
<b>TERM model step B: The GP's expertise and acknowledgement</b>	<b>120</b>
B.1 Provide feedback on findings	120
B.2 Acknowledge the reality of the symptoms	121
B.3 Explain that there is no indication for further tests or treatments	121
<b>TERM model step C</b>	<b>122</b>
General conversation techniques	123
<i>Avoid conflict</i>	123
<i>Support self-help and own control (empowerment)</i>	123
<b>TERM model step C: Negotiation of a new or modified model of understanding</b>	<b>124</b>
C.1 Clarify the patient's illness beliefs	124
C.2.A Clarify possible and impossible causal explanations	124
C.2.B Treatment of mild cases	125
C. 2.B. a <i>Qualifying normalisation and reassurance</i>	125
C. 2.B. b <i>Reaction to strains, stress or nervousness</i>	125
C. 2. B.c <i>Demonstration/presentation of possible associations</i>	126
C.2.C Treatment of severe cases	127
C. 2.C.a <i>The disorder is known and has a name</i>	127
C.2.C.b-c <i>Cause unknown but possible biological basis</i>	127
C. 2.C.d <i>Coping – the importance of behaviour regardless of cause</i>	128
<b>TERM model step D: Summary and planning of further treatment course</b>	<b>128</b>
<b>TERM model step E: Management of chronic disorders</b>	<b>129</b>
Status consultation	130
<i>Before the consultation</i>	130
<i>During the consultation</i>	132
<i>The limits of medicine (medical science)</i>	133
<b>General advice on management of chronic functional disorders</b>	<b>133</b>

## PART III Follow-up treatment 141

### CHAPTER 12

<b>Follow-up treatment</b>	<b>143</b>
Mild cases with functional somatic symptoms	143
Moderate functional disorders	143

Severe functional disorders	144
Referral to a specialist	144
CHAPTER 13	
<b>Contents of the follow-up treatment</b>	<b>145</b>
<b>Follow-up consultations</b>	<b>146</b>
Follow-up consultations – general aspects	147
<b>Problem-solving model</b>	<b>148</b>
<b>Basic concepts in cognitive therapy</b>	<b>149</b>
<b>The basic model for cognitive functional disorders</b>	<b>151</b>
Modification of dysfunctional assumptions and actions	151
<b>Dysfunctional illness beliefs</b>	<b>152</b>
<b>Coping – provoking and relieving factors</b>	<b>153</b>
<b>Graded exercise therapy and activation</b>	<b>153</b>
<b>Steps of objectives and list of goals</b>	<b>155</b>
CHAPTER 14	
<b>Example of a course of conversations in primary care</b>	<b>157</b>
<b>Background</b>	<b>157</b>
<b>The first regular consultation</b>	<b>158</b>
<b>The second regular consultation</b>	<b>159</b>
<b>1st conversation</b>	<b>159</b>
<b>2nd conversation</b>	<b>160</b>
<b>3rd conversation</b>	<b>161</b>
<b>4th conversation</b>	<b>162</b>
<b>5th conversation</b>	<b>163</b>
<b>6th conversation</b>	<b>163</b>
<b>7th conversation</b>	<b>164</b>
<b>PART IV Children</b>	<b>167</b>
CHAPTER 15	
<b>Children</b>	<b>169</b>
<b>Introduction</b>	<b>169</b>
Special factors in children	169
<b>Frequency</b>	<b>170</b>
<b>Clinical presentation</b>	<b>171</b>
<b>Diagnostic criteria</b>	<b>171</b>
<b>Family factors</b>	<b>171</b>
<b>Diagnostic assessment</b>	<b>172</b>

Medical history	172
Questionnaire	173
Observation	173
Physical examination	173
Para-clinical examinations	174
Additional information	174
<b>Treatment</b>	174
Mild to moderate functional symptoms	174
Severe functional symptoms	175
When the parents' illness behaviour complicates recovery	175
Medicine	175
CHAPTER 16	
<b>Cultural approaches to the study of functional disorders</b>	177
<b>Background – anthropology and the body</b>	178
<b>The study of somatisation – a historical perspective</b>	179
The discussion on culture-bound syndromes (CBS)	179
The 70s: Criticism of biomedicine and focus on the illness experience	181
The 80s: Further development	183
Sociosomatics	184
The 90s: Embodiment and context	186
CHAPTER 17	
<b>Medico-historical background</b>	191
<b>The migrant uterus</b>	193
<b>Seminal retention</b>	195
<b>Like possession</b>	195
<b>Reflex theory</b>	196
<b>Hysteria as a psychological/neurological disorder</b>	200
Organic brain disorder	201
Mental illness	203
Psychoanalysis	204
<b>Hysteria in the 20th century</b>	206
<b>Psychosomatics</b>	208
Psychogenesis	209
Holism or the biopsychosocial model	210
<b>Somatoform disorders</b>	211
<b>Somatisation disorder</b>	211

<b>Hypochondriasis</b>	213
<b>Syndrome diagnoses</b>	214
Neurasthenia and chronic fatigue syndrome (CFS)	214
Fibromyalgia	215
<b>Disordo factitiuus and Münchhausen’s syndrome</b>	216
<b>References</b>	219
<b>Supplementary material</b>	237
<b>Patient materials</b>	237
<b>Leaflets</b>	237
<b>Homepages</b>	237
<b>Supplementary reading</b>	237
<b>Appendices</b>	239
<b>Appendix 1</b>	239
Weekly registration form	239
<b>Appendix 2</b>	240
CMDQ Index (Common Mental Disorders Questionnaire)	240
<b>Appendix 3</b>	242
Problem-solving model	242
<b>Appendix 4 A-B</b>	243
Automatic and alternative thoughts ad behaviour model	243
<b>Appendix 5</b>	245
Illness and symptom interpretation	245
<b>Appendix 6</b>	246
Steps of objectives	246
<b>Appendix 7</b>	247
List of objectives	247
<b>Appendix 8</b>	248
Two-stage pathway model – children	248
<b>Appendix 9</b>	249
CSI – parents report	249
<b>Index</b>	253