

When the medical work-up does not disclose abnormalities yet the patient is sick

February 20 2018

In the current issue of *Psychotherapy and Psychosomatics* a study by Henningsen and colleagues addresses the wide population of medical patients who do not present with laboratory or radiologic abnormalities but are sick is presented.

Functional somatic syndromes (FSS), like [irritable bowel syndrome](#) or fibromyalgia and other symptoms reflecting bodily distress, are common in practically all areas of medicine worldwide. Diagnostic and [therapeutic approaches](#) to these symptoms and syndromes vary substantially across and within medical specialties from biomedicine to psychiatry. Patients may become frustrated with the lack of effective treatment, doctors may experience these disorders as difficult to treat, and this type of health problem forms an important component of the global burden of disease.

This study intends to develop a unifying perspective on the understanding and management of FSS and bodily distress. Once presented the clinical problem and current concepts, the authors propose an integrated etiological model which encompasses a wide range of biopsychosocial vulnerability and triggering factors and considers consecutive aggravating and maintaining factors. This model is then used to give recommendations for treatment for all levels of care, concentrating on developments over the last 10 years.

According to this new proposal, activating, patient-involving, and centrally acting therapies appear to be more effective than passive ones

that primarily act on peripheral physiology. Hence, stepped care approaches that translate a truly biopsychosocial [approach](#) into actual management of the patient are strongly recommended.

More information: Peter Henningsen et al. Management of Functional Somatic Syndromes and Bodily Distress, *Psychotherapy and Psychosomatics* (2018). [DOI: 10.1159/000484413](https://doi.org/10.1159/000484413)

Provided by Journal of Psychotherapy and Psychosomatics

Citation: When the medical work-up does not disclose abnormalities yet the patient is sick (2018, February 20) retrieved 26 April 2024 from <https://medicalxpress.com/news/2018-02-medical-work-up-disclose-abnormalities-patient.html>

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