

Editorial

Bodily distress syndrome (BDS): the evolution from medically unexplained symptoms (MUS)

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The names given to disorders are important in primary care. The investigation and management of those patients who present with long-standing distress and pain of unknown physical aetiology can lead to mutual distress on the part of both the patient and the doctor,¹ as well as costing a lot of money.²

Nomenclature and classification are necessary to allow comparison between disorders, as well as to promote best practice. Put yourself in the position of a patient who has had multiple consultations with his general practitioner and other specialists only to be told that he has *medically unexplained symptoms*. How would you feel?

Medically unexplained symptoms (MUS) or functional somatic symptoms have something in common: they are not backed by clinical or paraclinical findings.³⁻⁵ Current medical classification systems sometimes fail to capture the richness and diversity of primary care presentation, and any classification system that is adopted requires utility value so that it can be useful to both patient and doctor.⁶

However, using the terminology of medically unexplained or functional symptoms may have utility value to a medical professional, because it can capture a range of poorly defined disorders, including chronic fatigue syndrome (CFS), fibromyalgia, irritable bowel syndrome (IBS), chronic pain syndrome, hyperventilation syndrome, non-cardiac chest pain and somatoform disorder.⁷ A possible diagnosis that captures the range of presentations in primary care, which may be acceptable to both patient and medical professional, is that of bodily distress syndrome.^{8,9}

Fink noted that the terminology of bodily distress syndrome (BDS) was able to capture the disorders of 100% of patients with fibromyalgia, hyperventilation

syndrome and chronic fatigue syndrome, 98% of those with irritable bowel syndrome, and 90% of those with non-cardiac chest pain, pain syndrome and other somatoform disorders.⁸ This provides evidence that the term has both face and content validity. The forthcoming revision of the *International Classification of Diseases (ICD)* provides an opportunity to include BDS in a revised classification for primary care, the *ICD11-PHC*, which is about to be field tested in primary care in eight countries.^{9,10} Not only has BDS replaced 'medically unexplained symptoms', but also 'health anxiety' has replaced 'hypochondriasis.' The field trials will examine whether primary care physicians wish to distinguish health anxiety (which may have few or indeed no somatic symptoms) from BDS (which by definition has at least three different somatic symptoms).

The concept of bodily distress syndrome can easily capture the range of diagnostic or functional and somatic syndromes while at the same time providing a starting point for the patient and medical professional to embark on therapeutic interventions, as it is not associated with the therapeutic nihilism inherent in the term 'medically unexplained symptoms.' Once a diagnosis of BDS has been made, the clinician is enabled to provide a range of interventions, including an examination of the coping styles adopted by the patient, and a therapeutic dialogue aimed at reducing autonomic over-arousal, which may be responsible for most or all of the somatic symptoms that are experienced. This can strengthen the therapeutic alliance and provide hope for recovery: the new ICD11-PHC provides an opportunity to reframe the disorder.¹¹⁻¹³

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