New! Talking to your Patients

"Doctor, everything hurts!"

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What are medically unexplained symptoms?

Medically unexplained symptoms (MUS), which include fatigue, low back pain, abdominal upset, headache, dizziness, or feelings of weakness, account for a substantial proportion of all consultations in primary care.[1]

When visiting with a patient, it is important to expand the context of the interview so as to

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The case of Ms. Smith

Ms. Smith, 54, presents to your office with complaints of fatigue, body pain, and headaches. She has a flat affect and dark circles under her eyes, which she attributes to progressively poorer sleep over the past three months. She is a customer service representative at a bank and has come to you for relief of symptoms and for a medically-sanctioned temporary leave from work. Ms. Smith also relays that a friend has suggested she may have fibromyalgia.

Although assessment of Ms. Smith did not reveal objective physical disease, she did meet the criteria for a mild to moderate major depressive disorder. However, her subjective complaints would qualify her for a number of medically unexplained syndromes, including fibromyalgia, chronic fatigue syndrome, and chronic tension headaches. On discussion, it was revealed that she felt strongly that her symptoms were best explained by fibromyalgia (due in part to conversations with her friend) and it was agreed that this was a suitable primary diagnosis.

Ms. Smith was uneasy about discussing depression, but she agreed her mood was poor. She was also hesitant to consider use of antidepressants, but after discussing the risks and benefits, agreed to attempt a course of amitriptyline to target her sleeping difficulties. It was agreed that a leave of absence from the workplace would not yet be appropriate. Instead, she was referred to an occupational therapist to facilitate a regular exercise program. She was also referred for cognitive behavioural therapy to address coping strategies.

Table 1
Medically unexplained syndromes by specialty

Specialty	Syndrome
Allergy	MCS, SBS
Cardiology	Atypical chest pain
Dentistry	Temporomandibular joint dysfunction
Ear, nose, and throat	Globus syndrome
Gastroenterology	Irritable bowel syndrome
Gynecology	Chronic pelvic pain, premenstrual syndrome
Infectious diseases	CFS
Neurology	Tension headache
Rheumatology	Fibromyalgia

MCS: Multiple chemical sensitivity
SBS: Sick building syndrome
CFS: Chronic fatigue syndrome

explore the possible contribution of life stressors and to seek evidence of possible psychiatric disorders. Care must be taken to avoid implying that patients' symptoms are "all in their head." A physical examination may reveal signs of disease, but it is the action in itself that is important in conveying to patients that their complaints have been taken seriously.

Despite the high prevalence of MUS, physicians typically find this patient population difficult to treat and, similarly, these patients are more likely to be dissatisfied with treatment.[2]

Clinicians are traditionally trained for disease-oriented diagnosis and management and are more worried about errors of omission than of commission. Furthermore, patients are all too aware of the stigma surrounding psychological illness in North American society.

If symptoms fail to resolve within expected time frames, a diagnosis of a medically unexplained syndrome is often made, the specific syndrome being largely an artifact of medical specialization (Table 1). There is substantial overlap between these syndromes and management approaches are also similar.

Treatment of MUS focuses on excluding disease and on providing an explanation that considers the experience of illness within a biopsychosocial context. Identified co-morbid conditions, particularly psychiatric disease, should be managed, and referral for cognitive behavioural therapy may be required. The issue of concurrent use of alternative therapies should also be raised.

Finding focus

Physicians should accept that somatic symptoms can exist without a medical basis and should avoid diagnosing disease based on symptoms. There is no definitive therapy for such conditions, but the focus should be on improving coping strategies for managing symptoms, rather that pursuing symptom elimination. Dx

References
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