

CORRESPONDENCE

Non-Specific, Functional, and Somatoform Bodily Complaints

by Dr. med. Rainer Schaefer, PD Dr. med. Constanze Hausteiner-Wiehle, PD Dr. med. Winfried Häuser, Dr. med. Joram Ronel, Prof. Dr. med. Markus Herrmann, Prof. Dr. med. Peter Henningsen in volume 47/2012

Iatrogenic Chronification as a Result of Pseudo Diagnosis

Among other issues the guideline also mentions iatrogenic chronification factors and unfavorable physician behavior. In my daily job as a physician working for a large private health insurance company I have, for years, noticed another diagnostic/therapeutic approach to somatoform bodily complaints, which contributes to their iatrogenic chronification.

What I am referring to is the fact that somatoform, functional, and non-specific bodily complaints are labeled with pseudo diagnoses in the context of alternative medical treatment.

I would like to explain what I mean by using the pseudo diagnosis “intestinal mycosis/candidiasis” as an example. Practitioners of alternative medicine make this pseudo-diagnosis with great regularity even if *Candida albicans* is found in a patient's stool specimens only sporadically. As is common knowledge, *Candida* can be found in the intestine of 50–70% of healthy patients in whom no disorder that requires treatment is present. In spite of this, the pseudo diagnosis candidiasis is used regularly to explain all kinds of existing bodily complaints, such as fatigue, constipation, meteorism, urinary tract infections, circulatory complaints, myalgia, and pain in different locations.

Treatment is often administered by means of infusions of vitamins and trace elements, through colon hydrotherapy, or administration of antimycotic drugs.

All this equals unfavorable physician behavior and contributes to iatrogenic chronification of the complaint. In the best case scenario, such treatment is useless, but if colon hydrotherapy, or antimycotic medications are used, serious adverse effects may ensue.

In any case, such a pseudo diagnosis and therapy distracts from effective and medically necessary psychotherapeutic treatment and ultimately delays or even prevents such treatment.

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Conflict of interest statement

The author is lead insurance company physician of Hallesche Krankenversicherung (a private health insurance company).

In Reply:

We are grateful for the positive feedback to our summary of the new clinical practice guideline, “Non-specific, functional and somatoform bodily complaints (NFS)” (1). We thank Dr Hakimi for pointing out iatrogenic chronification factors in the form of assigning pseudo diagnoses. Examining the behaviors of treating physicians also draws attention to the importance of the interaction between treating physician and patient for maintaining as well as treating NFS.

In our opinion, “intestinal mycosis/candidiasis” is indeed a pseudo diagnosis, as the mere confirmation of *Candida* in a stool specimen (in more than half of the adult population 10²–10⁴ KBE/g faeces) should not be equated to intestinal mycosis, and as there is no empirical proof for the existence of clinically relevant “*Candida* hypersensitivity syndrome” (2). Similarly, we need to take care that for the syndromes “multiple chemical sensitivity (MCS),” “sick building syndrome,” “electromagnetic hypersensitivity,” or “amalgam hypersensitivity” the required awareness of biopsychosocial interactions is not blocked by unilateral externalizing causal attribution (3).

According to the NSF guideline, the range of possible diagnoses—depending on symptoms, severity, course, and psychosocial impairment and on the diagnostic process—covers non-specific symptomatic diagnoses (ICD-10 R00–R99: Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified) as well as functional somatic syndromes (FSS) (one or, often, several) and, at the other end of the spectrum, somatization disorders (ICD-10 F45.0–F45.9). Relevant comorbid conditions (for example, depression, anxiety, addiction) need to be coded in addition. Telling the diagnosis to the patient should follow a clear explanation of the complaints within a biopsychosocial explanatory model; the terms “functional” or “bodily stress” are tried and tested. Definitions and information especially for affected persons and their families are offered in a newly published patient version of the guideline (4).

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Conflict of interest statement

The author declares that no conflict of interest exists.