# CORRESPONDENCE

## Functional Somatic Symptoms

by Dr. med. Casper Roenneberg, MHBA; Dipl.-Psych. Heribert Sattel, Prof. Dr. med. Rainer Schaefert, Prof. Dr. med. Peter Henningsen, and Prof. Dr. med. Constanze Hausteiner-Wiehle in issue 33–34/2019

### Terminology Should be Better Explained

In 2013, the first version of the S3 Guideline "Treatment of nonspecific, functional and somatoform bodily complaints" (1) appeared.

The updated version (2) first describes the term "functional somatic symptoms" in three areas. However, the authors fail to explain the terms "function" / "functional" used in various ways. The first version of the guideline states approximately (on page 21/22): "The term functionally indicates that it is primarily the function, not the structure, of the organ system (affected by the symptoms)… that is disturbed."

In our view, this definition needs to be supplemented. In case of disorders of the musculoskeletal system, the concept of function is also used. In addition to the psyche and the soma, the third pole is the function chain (for symptoms in the quadriceps muscle, the iliopsoas and spinal erectors muscles in the back should also be examined). This leads to the realization that the source of a symptom can be in a complete distinct area of the body than where the symptom is localized. Clinical medicine has a very hard time with this. A recommendation for manual therapy would have been appropriate for this (3).

Overlooking tense skeletal muscle for the classification of symptoms cannot be compensated by the term "psychic" or simply as "functional".

The actual meaning of the guideline is that symptoms that are somatically presented but that cannot be treated by somatic measures should be considered from the outset from a psychological point of view.

Also important are the approaches presented here for unclear symptoms (see especially *Box 2* and *Key Messages* in [1]).

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**References**

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**Conflict of interest statement**
Dr. Brinkersis a member of the working group "Function Disorders" of the Medical Association of Manual Medicine (*Ärztevereinigung für Manuelle Medizin e. V.*).

### In Reply:

We thank Dr. Brinkers for his comment on our abridged version of the S3 guideline (1). He emphasizes the need to think in terms of diagnosis and therapy of functional body symptoms in systemic contexts. In fact, a conception of disturbed "function chains", which can also be understood by patients, can well illustrate the interplay of different localizations and influencing factors in the context of a non-dualistic explanatory model.

The choice of the term "functional" is not explained in this (deliberately succinct) abridged version but is explained in the full guideline version (2): "[...] is preferred by those affected, describes a particularly wide spectrum of symptoms and severity (also those that are of no medical significance) and best reflects international usage. As a positive term, it also allows practitioners and patients—similar to the term bodily distress—to have a helpful pathogenetic understanding, namely that in functional body disorders, it is not the structure but rather the function of organs that is affected (including in the musculoskeletal system)". Further on, organ systems, the need for a balanced biopsychosocial approach, and the implications of vicious cycles in complex psycho-physiological contexts are discussed. It is especially typical in the musculoskeletal system that symptoms are amplified by transmission through muscle and tendon structures, bad or relieving posture, fear of movement, and tension/loss of muscle tone. The long version of the guideline points to the current evidence for the effectiveness of manual techniques in various functional syndromes (craniomandibular dysfunction, irritable bowel syndrome, tension-type headache).

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