

# Central Sensitivity Syndromes: A New Paradigm and Group Nosology for Fibromyalgia and Overlapping Conditions, and the Related Issue of Disease versus Illness

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**Objectives:** To discuss the current terminologies used for fibromyalgia syndrome (FMS) and related overlapping conditions, to examine if central sensitivity syndromes (CSS) is the appropriate nosology for these disorders, and to explore the issue of disease versus illness.

**Methods:** A literature search was performed through PubMed, Web of Science, and ScienceDirect using a number of keywords, eg, functional somatic syndromes, somatoform disorders, medically unexplained symptoms, organic and nonorganic, and diseases and illness. Relevant articles were then reviewed and representative ones cited.

**Results:** Terminologies currently used for CSS conditions predominantly represent a psychosocial construct and are inappropriate. On the other hand, CSS seems to be the logical nosology based on a biopsychosocial model. Such terms as “medically unexplained symptoms,” “somatization,” “somatization disorder,” and “functional somatic syndromes” in the context of CSS should be abandoned. Given current scientific knowledge, the concept of disease–illness dualism has no rational basis and impedes proper patient–physician communication, resulting in poor patient care. The concept of CSS is likely to promote research, education, and proper patient management.

**Conclusion:** CSS seems to be a useful paradigm and an appropriate terminology for FMS and related conditions. The disease–illness, as well as organic/non-organic dichotomy, should be rejected.

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**Keywords:** *central sensitivity syndromes, fibromyalgia, overlapping syndromes, functional somatic syndromes, medically unexplained symptoms, somatization, disease versus illness*

It is now known that fibromyalgia syndrome (FMS) overlaps, and is associated with, several other similar syndromes that include chronic fatigue syndrome (CFS), irritable bowel syndrome (IBS), and tension type headaches (TTH) among others (Fig. 1). Collectively, I have called them central sensitivity syndromes (CSS) (1-3). Several names have been used in the literature for these conditions as a group. In this article, I discuss these terminologies and argue that CSS is a preferred

nosology. I shall also discuss the related issue of diseases versus illness.

## METHODS

Literature search was performed through PubMed, Web of Science, and ScienceDirect using a number of keywords that included “functional syndromes,” “functional somatic syndromes,” “medically unexplained symptoms,” “somatoform disorders,” “somatization disorder,” “somatization,” “psychosomatic syndromes,” “psychosomatic pain,” “organic and nonorganic,” and “disease and illness.” Articles were also obtained by clicking Related Articles on a pertinent citation shown in PubMed, and by the bibliography provided by the author(s). Relevant articles were

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Abbreviations	
CFS	Chronic fatigue syndrome
CNS	Central nervous system
CRPS	Complex regional pain syndrome
CS	Central sensitization
CSS	Central sensitivity syndrome
DSM	Diagnostic and statistical manual of mental disorders
FMS	Fibromyalgia syndrome
HPA	Hypothalamic-pituitary-adrenal
IBS	Irritable bowel syndrome
IC	Interstitial cystitis
MPS	Myofascial pain syndrome
MUS	Medically unexplained symptoms
NEI	Neuroendocrine-immune
NFR	Nociceptive flexion reflex
NGF	Nerve growth factor
NMDA	N-methyl-D-aspartate
PMS	Premenstrual syndrome
RA	Rheumatoid arthritis
RSTPS	Regional soft-tissue pain syndrome
SP	Substance P
TP(s)	Tender point(s)
TMD	Temporomandibular disorders
TTH	Tension-type headaches
VVS	Vulvar vestibulitis syndrome
WSP	Widespread pain

reviewed and selected representative ones cited. Finally, the author's own views were incorporated.

## RESULTS

### Nosology Used in the Literature for CSS Conditions

Nosology is not simply about names, but names that should meaningfully and ideally depict the essence of a disease or a disorder, although such "meaning" may change over time. A misleading name may result in misleading concepts and treatment that may be harmful. Not too long ago, some patients labeled as "fibrositis" were treated with corticosteroids (4), since it was considered an inflammatory disease.

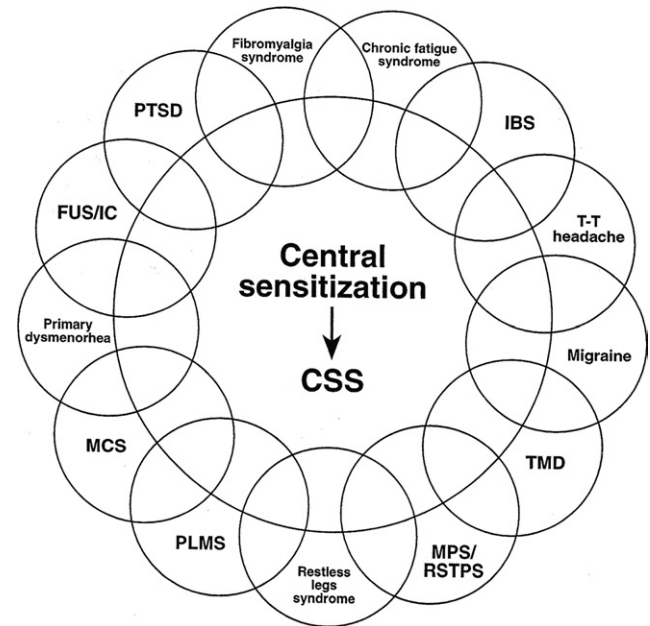
Several terms have been used for CSS conditions, including "functional" (5), "functional somatic syndromes" (6,7), "fashionable diagnoses" (8), "nondisease" (8), "somatization disorders" (8), "polysymptomatic somatizers" (9), "somatization spectrum conditions" (10), "psychosomatic syndromes" (11,12), "medically unexplained symptoms" (13-15), and "idiopathic pain disorders" (16), among several others. However, these terms are irrelevant to the CSS concept that is based on mutual associations among the members with overlapping clinical features and are bound by a common pathophysiological glue of central sensitization (CS). A number of authors wrongly state that the CSS symptoms are not medically explicable and are psychiatric, psychological, or psychosocial in nature (6-14,17-20), with which I disagree.

Manu states that there is "absence of proven pathophysiological mechanisms" (6). Barsky and Borus' description of "functional somatic syndromes" disorders as psychosocial constructs (7) was widely criticized for ignoring the biophysiological basis of these syndromes (21,22). The term "idiopathic pain disorder" (16) in describing CSS is also inaccurate, since recent research has advanced a fairly good understanding of the CSS disorders. They are no more "idiopathic" than some pain disorders with structural pathology, eg, complex regional pain syndrome (CRPS). To tell a patient with CSS (wrongly) that "we do not know the cause of your pain" would only accelerate her or his anxiety.

Of all the terms, "fashionable diagnoses" (8) is most reckless and disparaging, since it is dismissive of the very existence of the CSS disorders and the true suffering of the patients with these diseases. For this article, I use "disease" and "illness" synonymously, as will be discussed later.

### Functional/Functional Somatic Syndromes

The term "functional" (as in "functional disorder" and "functional somatic syndromes") is intriguing, considering that there is dysfunction of the neuroendocrine system as well as dysfunction of normal daily activities in these



**Figure 1** Currently proposed members of the CSS family. The common binding glue of pathophysiology among them is central sensitization.

IBS, irritable bowel syndrome; T-T headache, tension-type headache; TMD, temporomandibular disorders; MPS, myofascial pain syndrome; PLMS, periodic limb movements in sleep; MCS, multiple chemical syndrome; FUS, female urethral syndrome; IC, interstitial cystitis; PTSD, posttraumatic stress syndrome.

Modified from Yunus (120). Premenstrual syndrome and vulvodynia/vulvar vestibulitis syndrome also belong to the CSS spectrum (see text).

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