Medically Unexplained Symptoms

Margaret L. Isaac, MD[a,*], Douglas S. Paauw, MD, MACP[b]

KEYWORDS

• Medically unexplained symptoms • Somatization • Somatoform • Depression • Pain

KEY POINTS

- Medically unexplained symptoms (MUS) are a significant cause of morbidity for patients and of resource use for the health care system.
- Multiple diagnostic categories exist for patients with MUS.
- Risk factors for MUS include female gender, low socioeconomic status, and a history of trauma (specifically childhood sexual abuse).
- A careful history and physical examination is required for all patients with MUS, with additional diagnostic testing dictated by the patient's symptom severity and chronicity.
- Treatments for MUS include cognitive behavior therapy, antidepressant treatment, and empathic, patient-centered care.

CASE 1: MS D

Ms D is a 71-year-old woman with a history of peptic ulcer disease, metabolic syndrome, major depressive disorder, and osteoarthritis who presents for clinical follow-up with pain all over her body. She states that she cannot remember a time when her entire body did not hurt. She is also concerned about chronic abdominal pain.

On examination, her vital signs are within normal limits. She is tender to light palpation in every major muscle group. She is diffusely tender to light palpation on abdominal examination, but without palpable masses, organomegaly, rebound, or guarding.

Her evaluation so far has included a basic metabolic panel, liver function tests, and a lipase, all of which were within normal limits, and a complete blood count that revealed a mild normocytic anemia (hematocrit, 34%), hand radiographs that showed advanced osteoarthritis at the first carpometacarpal joint bilaterally, lumbar spine radiographs that showed mild spondylosis, and an abdominal computed tomography (CT) scan significant for diverticulosis without evidence of diverticulitis. She has also undergone upper and lower endoscopy, which revealed no masses or ulcers, and mild diverticulosis as noted earlier.

The authors have no financial disclosures.

[a] Department of Medicine, Harborview Medical Center, University of Washington School of Medicine, 325 9th Avenue, Box 359892, Seattle, WA 98104, USA; [b] Division of General Internal Medicine, Department of Medicine, University of Washington School of Medicine, Seattle, WA 98195, USA

* Corresponding author.

E-mail address: misaac@uw.edu

Med Clin N Am 98 (2014) 663–672

http://dx.doi.org/10.1016/j.mcna.2014.01.013 **medical.theclinics.com**

0025-7125/14/$ – see front matter

She is here to establish care with you after having seen multiple other physicians in your practice. She is concerned that she might have cancer in her abdomen or in her bones and expresses concern that her prior physicians have not taken her concerns seriously.

What do you think is going on?

INTRODUCTION

Medically unexplained symptoms (MUS) are common in the outpatient and primary care settings. Although prevalence data vary, most studies suggest that more than 50% of patients presenting to primary care clinics with physical symptoms have no diagnosable organic disease.[1,2] Patients with a somatization disorder use twice as many outpatient and inpatient resources and have double the average health care costs per year, independent of psychiatric and medical comorbidity.[3] MUS are challenging to treat and can be frustrating for primary care physicians to address and manage. Risk factors for the development of multiple somatic symptoms include, but are not limited to, female gender,[4] low education,[5] abuse in childhood, and comorbid medical and psychiatric disease.[6] Having a specific and intentional diagnostic and therapeutic approach to patients with MUS can help providers build strong and effective therapeutic relationships with patients, manage limited health care resources wisely, and focus on improving long-term quality of life in the subset of MUS patients with chronic symptoms.

DEFINITIONS

The terms MUS and somatization refer to symptoms that have minimal or no apparent basis in physical disease. These terms can also apply to patients with underlying disease explaining the presence of physical symptoms, but with a symptom burden out of proportion to what is expected. Some investigators criticize the use of the term MUS because of the ambiguity inherent in declaring a symptom to be unexplained, or unexplainable, and the importance of including diseases that may have psychological underpinnings under the broad heading of medical illness.[7] Other disease classifications exist for patients with specific symptom constellations within MUS, including fibromyalgia, chronic fatigue syndrome, chronic pelvic pain, and irritable bowel syndrome. There may also be significant overlap with idiopathic environmental intolerance (IEI; also known as multiple chemical sensitivity), a poorly understood and subjective syndrome characterized by nonspecific, ambiguous, and recurrent symptoms attributed to low levels of chemical, biologic, or physical agents. Somatoform disorders are found in more than one-fourth of patients with IEI symptoms and some investigators think that IEI may be a variant of MUS/somatoform disorders.[8] Gulf War illness, which refers to a constellation of somatic symptoms in veterans of the Gulf War, is generally one of 2 types: chronic fatigue syndrome or multiple chemical sensitivity pattern,[9,10] and can be included additionally under the general heading of MUS.

The prior diagnostic criteria for somatization disorder in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) were so specific and detailed as to exclude most patients with MUS. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V), published in 2013, incorporates significant changes to these diagnostic criteria. Multiple prior diagnostic categories have now been subsumed into the classification somatic symptom and related disorders. The diagnostic criteria for somatic symptom disorder include:

A. One or more somatic symptoms that are distressing or result in significant disruption of daily life.