

Funktionelle lidelser

Per Fink
Professor, ph.d., dr.med.

Funktionellelidelser.dk

<https://pure.au.dk/portal/da/persons/per.fink@clin.au.dk/>
Funktionellelidelser@auh.rm.dk.



Aarhus University Hospital

Functional Disorders, AUH
Established in 1999





Funktionelle lidelser på AUH

- Oprettet i 1999 af Aarhus Amt, placeret ved Aarhus Kommunehospital
- 2009-2020: Videnscenter for Kronisk træthedssyndrom (CFS/ME)
- 2011: Behandling af PNES (Funktionelle kramper) sammen med Neurologisk afdeling
- 2011: Klinik for Ludomani
- 2014: Smerteklinikken - sammen med Neurologisk afdeling
- 2022: Højt specialiseret funktion for funktionelle lidelser der kræver mobilisering (sammen med Hammel Neurocenter)
- 2022: Formaliseret samarbejde med regionsfunktionen for diagnostik af Funktionelle lidelser i Silkeborg

Primary function:

- Research and innovation
- Treatment
- Education and training
- Information

Conditions:

- Functional disorder
- Dissociative disorders
- Health anxiety
- (Factitious disorder)



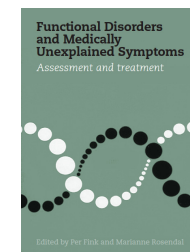
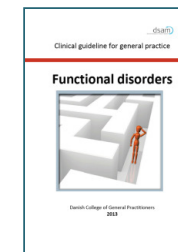


Pregraduate training

- **Health psychology**
 - 1st semester, BA (4 ECTS) (medicine)
 - Psychology students (lecture + internships) (psychology)
- **Functional disorders**
 - 4th semester, Master's degree program (head and nervous system course)
 - 2 lectures and 1 group teaching classes
 - Research stay
 - Research year
 - Clinical stay

Postgraduate training

- **Graduate position**
 - residency in psychiatry
 - residency in social medicine
- Training of GPs, 3-day intensive course (TERM) (compulsory in the specialist training of primary care doctors)
- Ad hoc training of other physicians
- Multiple book chapters, status papers and books



The problem of FSD

- Ignorance – neglected- stigmatisation
- No medical specialty takes responsibility.
- The diagnosis is not established or very late in the course of illness.
- Bounced around between hospital departments in futile clinical odysseys.
- Each medical specialty use its own diagnostic label.



Funktionelle lidelser

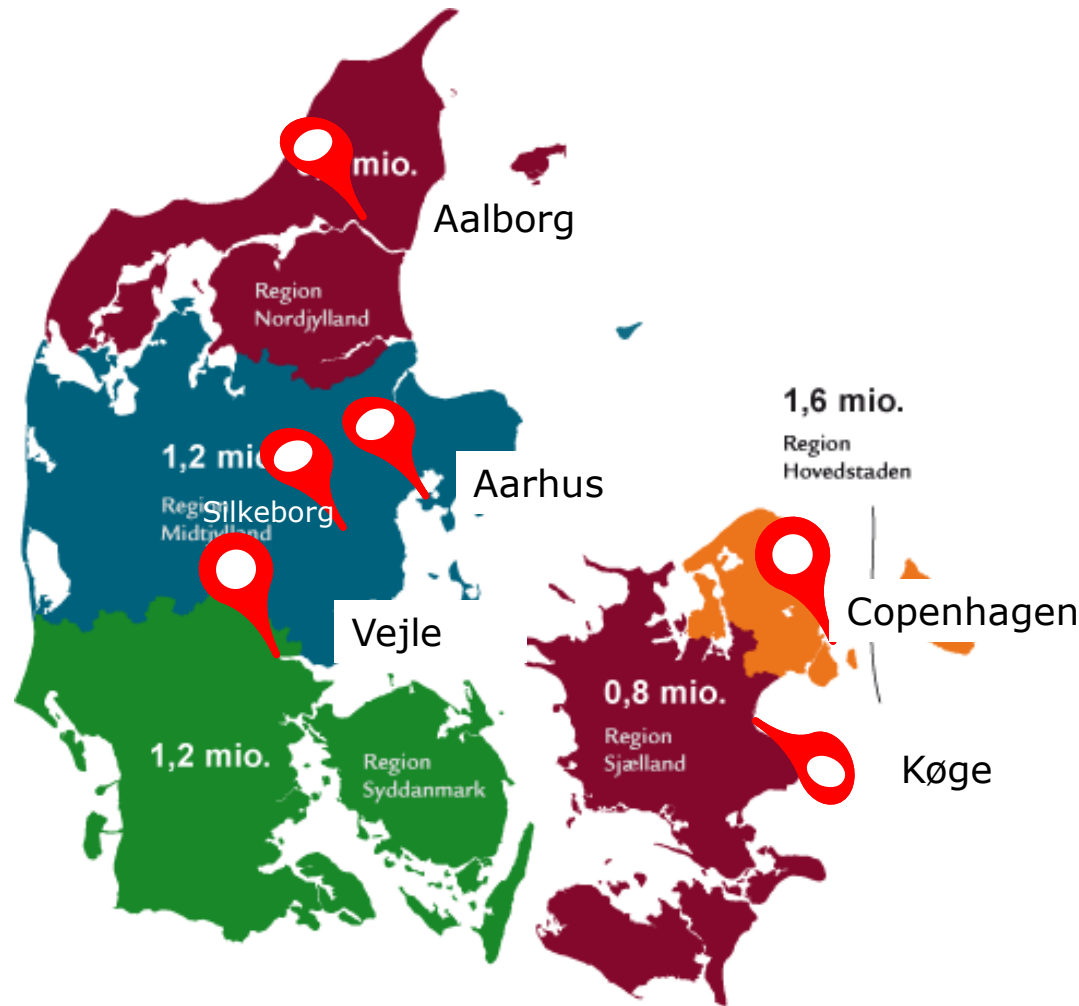


Anbefalinger til udredning, behandling,
rehabilitering og afstigmatisering

- 1) Oprettelse af centre for funktionelle lidelser i alle regioner (i somatisk regi)
- 2) Styrke indsatsen i almen praksis
 - 1) Uddannelse
 - 2) Værktøjskasse mv
- 3) Krav om kompetencer skrives ind i 9 medicinske specialers specialeplaner
- 4) Indsats over for kommuner og jobcentre
- 5) Højtspecialiseret funktion, 2 steder i landet
- 6) National klinisk database - FunkData



Centers for Functional Disorders in Denmark



Other initiatives

- Patient organisation for functional disorders – established in 2017.
- Danish Society for Functional Disorders (DASEFU) established in 2020.

Functional disorders

Facts and consequences

- Prevalent (10.7%, 2.2% severe) (Petersen MW et al Nature, Scientific rep 2020)
- Often not diagnosed (Fink et al.,2010)
- Poor prognosis in severe cases left untreated (Fink et al., 2010)
- Low health-related quality of life (Thomson & Page, 2007)
- Substantial burden on health services (Barsky et al., 2001, PetersenMW et al., 2025)
- Early onset (APA, 2000)
- Loss of working years due to sick leave, disability pension etc. (Rask, MT, et all. Gen. Hosp. Psychiatry 2015, Rask M et al *Psychosom med* 2016, Petersen MW et al. 2025)
- Some respond well to treatment (RCTs) (various papers)

Funktionel lidelse, definition

- Funktionel lidelse er en sygdom, der medfører et eller flere fysiske symptomer, ofte i et karakteristisk symptom mønster som påvirker funktionsevne eller livskvalitet.
- Tilstanden kan også medføre psykiske gener og adfærdspåvirkning.
- Som ved andre tilstande skal anden fysisk eller psykisk sygdom (differentialdiagnoser) have været overvejet.
- Der er ved tilstanden ingen sikre objektive kliniske eller parakliniske fund, og diagnosen stilles ud fra et distinkt symptom mønster og sygdomsbillede.

Medicinsk Kompendium 20

Diagnostic confusion (brief)

DSM

- DSM-III/IV: Somatoform disorders (Somatization disorder & Hypochondriasis)
- DSM-5: Somatic symptom disorder (SSD) & Illness anxiety (IA)

ICD

- ICD-10: Somatoform disorder (Somatization disorder & Hypochondriasis)
- ICD-11: Bodily distress disorder (BDD) & Hypochondriasis (Health anxiety)
- ICD-11-PC: Bodily stress disorder (BSD)
- "Functional somatic syndromes (FSS)" (i.e. IBS, Fibromyalgia, Fatigue)
- Primary pain
- Functional (Somatic) Disorders – (ICD-10 dk)

Research

- Bodily distress syndrome (BDS)
- Health anxiety
- Persistent symptoms – Medical unexplained symptoms

Functional somatic syndromes according to specialty

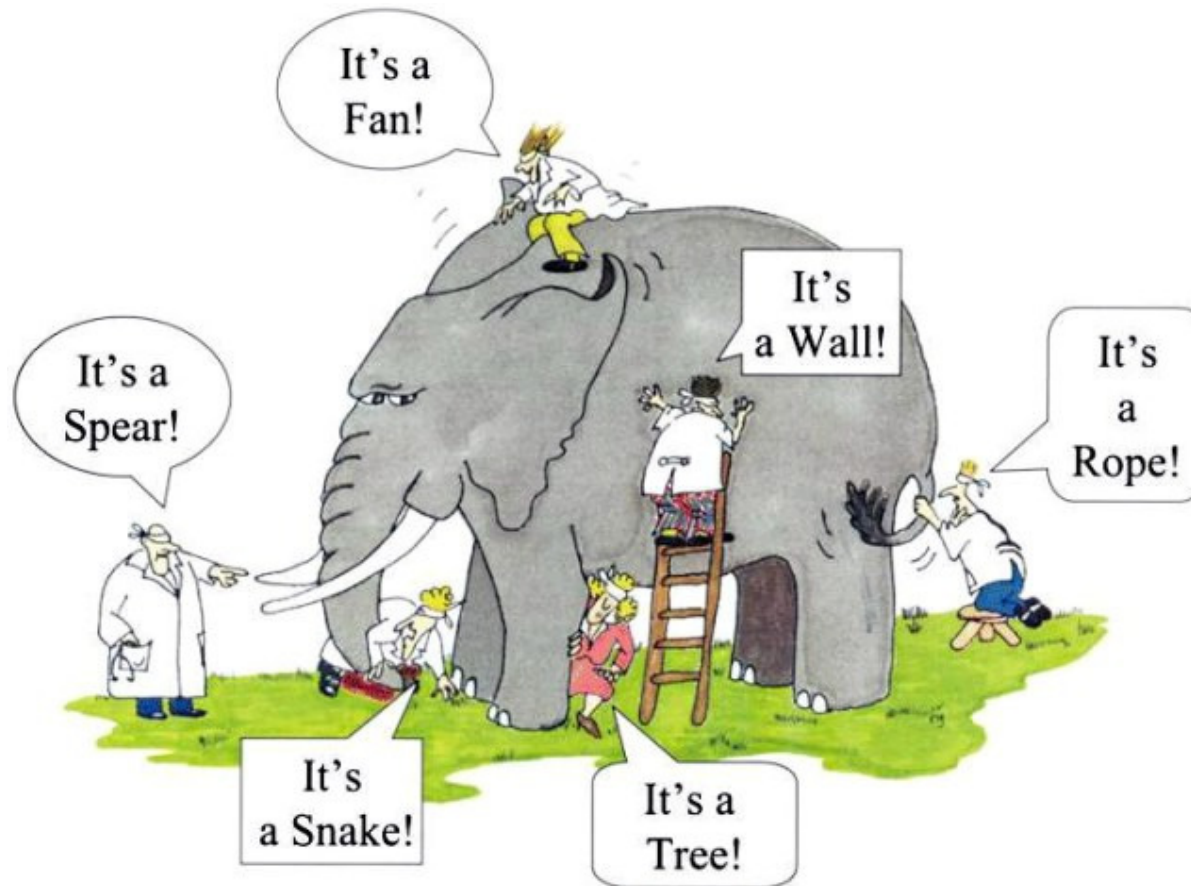
Gastroenterology	Irritable bowel syndrome (IBS), non-ulcer dyspepsia
Gynaecology	Pelvic arthropathy, premenstrual syndrome, chronic pelvic pain
Rheumatology	Fibromyalgia, lower back pain
Cardiology	Atypical or non-cardiac chest pain, syndrome-X
Respiratory medicine	Hyperventilation syndrome
Infectious diseases	Chronic fatigue syndrome (CFS, ME)
Neurology	Tension headache, non-epileptic seizure
Dentistry	Temporomandibular joint dysfunction, atypical facial pain
Ear, nose and throat	Globus syndrome
Allergy	Multiple chemical sensitivity (MCS)
?	Electricity hypersensitivity
?	Infrasound hypersensitivity
Orthopaedics	WAD – Whiplash ass. disorder
Anaesthesiology	Chronic benign pain syndrome
Psychiatry	Somatoform disorders, Neurasthenia, Dissociative (conversion)

Serum negative Borrelia,
Post-concusional syndrome
HPV side effects
"T3 syndrome"
Post-Covid

Overlap between syndromes

Functional somatic syndromes			
	Number of patients (n=357)		
	All	"pure form"	
IBS	161	70	43.5%
FM/CWP	96	18	18.8%
CFS/ME	228	92	40.4%
WAD	53	10	18.9%
MCS	33	12	36.4%

Modified Petersen MW et al. Sci. Rep. Nature 2020



"The existence of specific somatic syndromes is largely an artefact of medical specialization"

Wessely S et al., Lancet
1999

Diagnostic criteria for BDS/(FSD)

1. A) Multi-organ type ≥ 3 symptoms from at least 3 organ systems and ≥ 4 overall
- B) Single-organ type ≥ 3 symptoms from at least 1 organ systems or ≥ 4 overall
1. Moderate to severe impairment
2. Relevant differential diagnoses considered
3. Duration ≥ 3 months?

Cardiopulmonary / autonomic symptoms

1. Palpitation / heart pounding
2. Precordial discomfort
3. Breathlessness without exertion
4. Hyperventilation
5. Hot or cold sweats
6. Dry mouth

Musculoskeletal symptoms

1. Pains in arms or legs
2. Muscular aches or pains
3. Pains in the joints
4. Feeling of paresis or localized weakness
5. Back ache
6. Pain moving from one place to another
7. Unpleasant numbness or tingling sensation

Gastrointestinal symptoms

1. Abdominal pains
2. Frequent loose bowel movements
3. Diarrhea
4. Feeling bloated/full of gas/distended
5. Nausea
6. Regurgitations
7. Burning sensation in chest or epigastrium

General symptoms

1. Concentration difficulties
2. Excessive fatigue
3. Headache
4. Impairment of memory
5. Dizziness

The sample:
In all, 978 patients:
Medical inpatients.
Neurological in- and outpatients
Primary care

Latent Class analyse: Test of model fit; Pearson's χ^2 (14)=16.35, p=0.2923

Fink P et al. Psychosom. Medicine.2007
Butz-Lilly A. et al. J Psychosom Res. 2015
ICD-11 PC draft

Overlap ml. specialespecifikke syndromdiagnoser og BDS

Andele af personer med FSS, der også har BDS (%)							
		At least one FSS	IB	CWP	CF	WAD	MCS
		(n=357)	(n=161)	(n=96)	(n=228)	(n=53)	(n=33)
BDS	(n=413)	92	97	99	92	83	79
Multi-organ BDS	(n =86)	24	63	45	34	32	42
Single-organ BDS	(n =327)	66	31	54	58	51	36
CP subtype	(n =47)	26	48	32	35	21	52
GI subtype	(n =173)	57	61	51	50	47	58
MS subtype	(n =107)	41	32	99	48	49	48
GS subtype	(n =111)	50	34	58	75	62	42

Modified after Petersen MW et al. *Nature Scientific Reports*, 2020

Structure of the proposed classification showing the relationship between main category, sub-categories and additional features

Category <i>(with supporting detail)</i>	Functional somatic disorders <i>Persistent and troublesome physical symptoms fitting characteristic symptom pattern(s)</i>		
Sub-category	Multi-system	Single system	Single symptom
	<i>Persistent and troublesome symptoms within one or more body systems: musculoskeletal; gastrointestinal; cardio-respiratory; genito-urinary; nervous system; fatigue-related</i>		<i>Persistent single troublesome symptom</i>
Optional specifiers	Accompanying same-system physical disease or With / without specific psychological features		
Optional "dual parent" classification category	Meets criteria for one or more specialty-specific disorders <i>(e.g. irritable bowel syndrome or fibromyalgia)</i>		

Burton et al. BMC Medicine (2020) 18:34
https://doi.org/10.1186/s12916-020-1505-4

BMC Medicine

OPINION

Open Access



Functional somatic disorders: discussion paper for a new common classification for research and clinical use

Christopher Burton^{1*}, Per Fink², Peter Henningsen³, Bernd Löwe⁴, Winfried Rief⁵ and on behalf of the EURONET-SOMA Group

Abstract

Background: Functional somatic symptoms and disorders are common and complex phenomena involving both bodily and brain processes. They pose major challenges across medical specialties. These disorders are common and have significant impacts on patients' quality of life and healthcare costs.

Main body: We outline five problems pointing to the need for a new classification: (1) developments in understanding aetiological mechanisms; (2) the current division of disorders according to the treating specialist; (3) failure of current classifications to cover the variety of disorders and their severity (for example, patients with symptoms from multiple organs systems); (4) the need to find acceptable categories and labels for patients that promote therapeutic partnership; and (5) the need to develop clinical services and research for people with severe disorders.

We propose 'functional somatic disorder' (FSD) as an umbrella term for various conditions characterized by persistent

Is BDS/FSD a mental or a physical disorder ?

“Because the BDS concept is developed by psychiatrists, it is a mental disorder.”

Yunus MB Current Rheumatology Review 2015

“Neutral” space & dual parentage

- Functional Somatic Disorders (FSD) should occupy a “neutral” space within disease classifications favouring neither a physical disease etiology nor a psychiatric disorder.
- This is analogous to pain disorders within the International Classification of Diseases (ICD-11)
- Established FSDs such as IBS or fibromyalgia may be afforded dual parentage, i.e. IBS can belong both in the FSD and the gastrointestinal section.
- Health anxiety remains in the psychiatric section.

Burton C., Fink P., Henningsen P., Löwe B., Rief W. *BMC Medicine* 2020

Kodning af funktionelle lidelser



Vejledning til sundhedspersonale

DR688A9A - Funktionel lidelse, multi-organ

DR688A9B - Funktionel lidelse, enkelt-organ

DR688A9B3 - muskuloskeletal

DR688A9B2 - gastrointestinal

DR688A9B6 - urogenital

DR688A9B4 - kardiopulmonal

DR688A9B5 - neurologisk

DR688A9B1 - almen/træthed

DR688A9BX – andre enkelt-organ

DR688A9C – Funktionel lidelse, enkelt symptom

Conceptual differences between different diagnostic constructs

BDS: Bodily Distress Syndrome or FSD: functional somatic disorders

Defined by physical symptom clusters/patterns

Organic (CNS)-based bodily symptoms

Emotional or behavioral symptoms not necessary for the diagnosis but are prevalent and may be important for the treatment

Medical and psychiatric differential diagnoses have to be excluded

Suffering from symptoms of BDS/FSD

Cause unknown but emotional or physical stress and dysfunction in the CNS likely to be involved

Challenge the mental/physical dichotomous thinking of medicine

Based on empirical studies

Bodily distress disorder ICD-11 and SSD: Somatic Symptom Dis. DSM-5

Defined by emotional and behavioral symptoms /characteristics

Symptoms of any etiology

Emotional or behavioral symptoms are crucial for the diagnosis

No requirement of exclusion of a medical diagnosis but of psychiatric differential diagnosis

Suffering from emotional and behavioral trouble related to bodily symptoms or sensations

Health anxiety, misinterpretation of bodily symptoms (or ??)

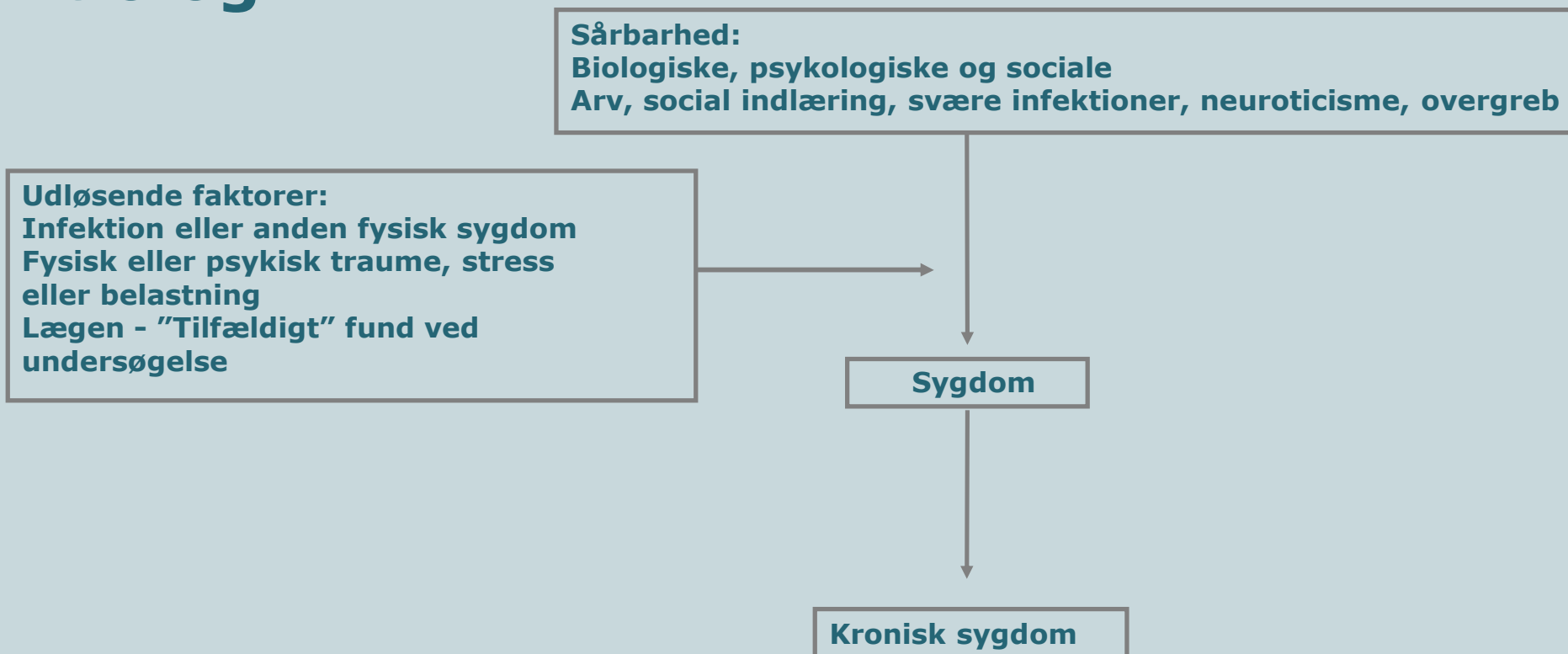
A mental disorder

Consensus-driven

Ætiologi



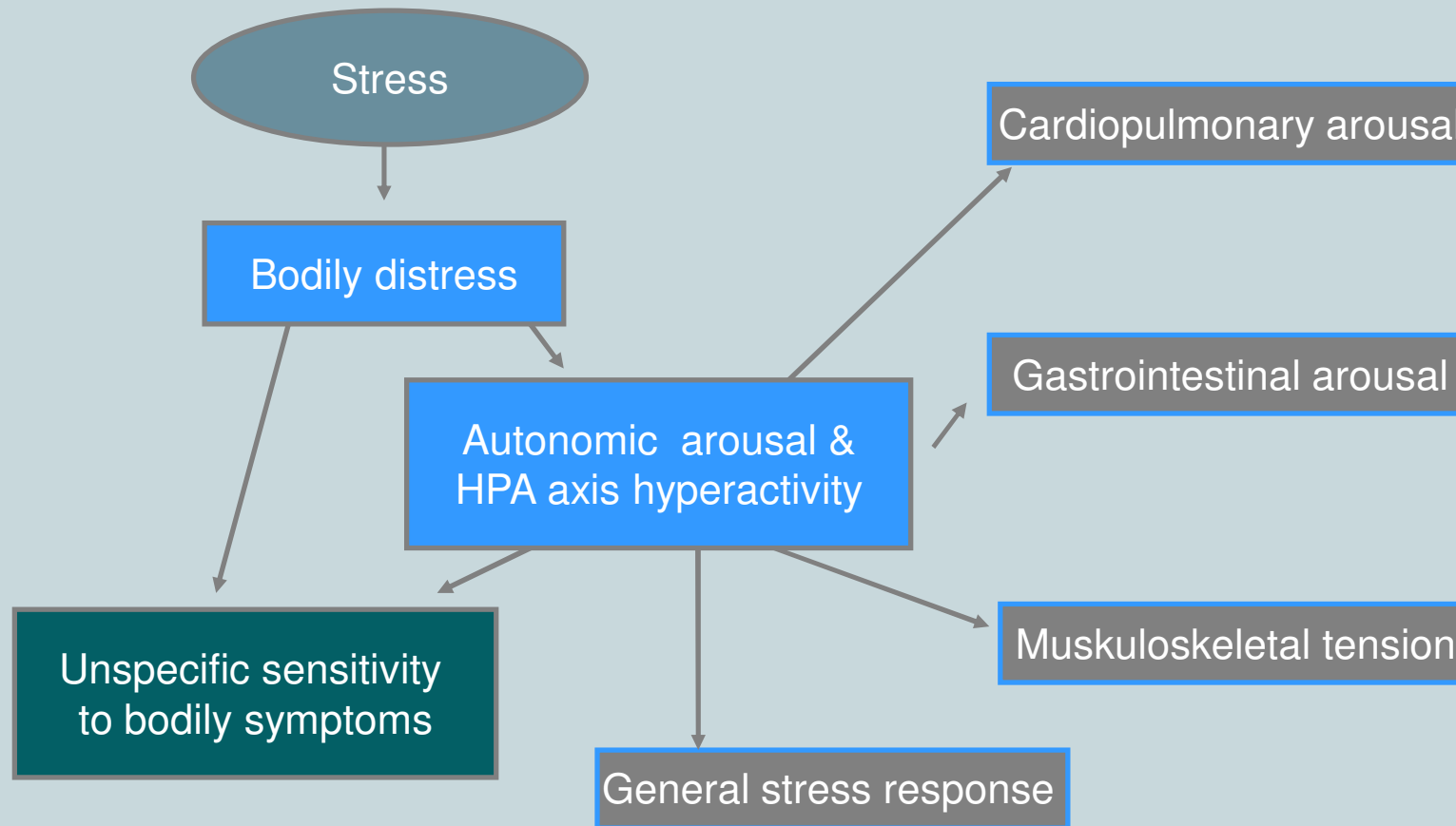
Ætiologi

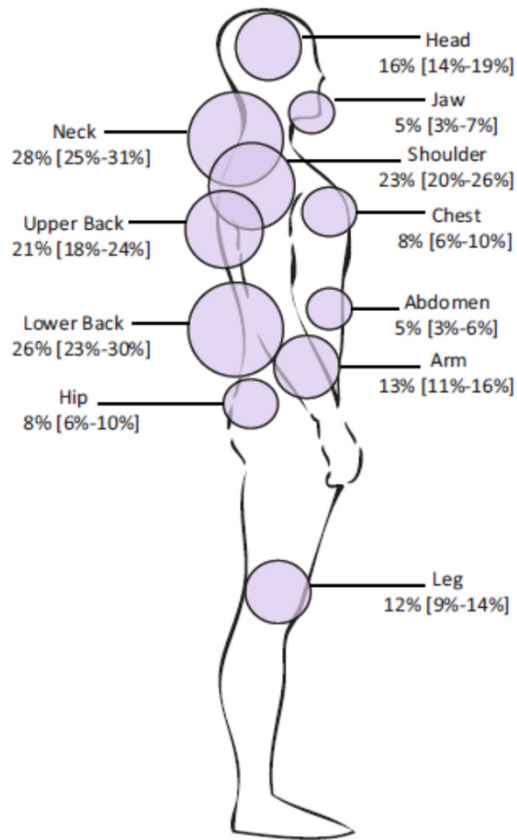


Fink P & Rosendal M. ed. Funktionelle lidelser
- udredning og behandling, Munksgaard 2012

Biological factors

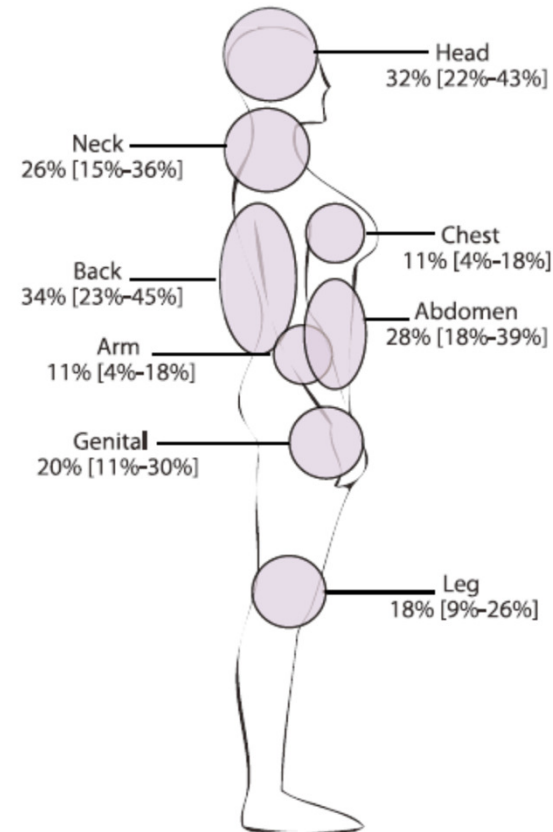
- Increased symptom production
- Pathological central **processing** and modulation of body signals





Men and women 6 weeks after MVC (n = 948)

From Mclean et al, Pain 2014



Women 6 weeks after sexual assault (n = 83)

From Ulirsch et al, European J Pain 2013

Ætiologi

Sårbarhed:
Biologiske, psykologiske og sociale
Arv, social indlæring, tidligere sygdom, overgreb

Udløsende faktorer:
Infektion eller anden fysisk sygdom
Fysisk eller psykisk traume, stress eller belastning
Lægen -
"Tilfældigt" fund ved undersøgelse

Vedligeholdende faktorer:
Uhensigtsmæssige antagelser om symptomer og sygdommen
Uhensigtsmæssig sygdomsadfærd
Øget følsomhed af hjernen
Sundhedssystemet
Social og økonomisk afhængighed

Ofte patientens (og lægens?) fokus

Sygdom

Kronisk sygdom

Fokus for behandlingen

Fink P & Rosendal M. ed. Funktionelle lidelser - udredning og behandling, Munksgaard 2012

Helbredsangst ICD-10 DK

Hypochondriasis (Health anxiety disorder) ICD-11



BMJ 2016;353:i2250 doi: 10.1136/bmj.i2250 (Published 25 April 2016)

Page 1 of 2

EDITORIALS



Health anxiety: the silent, disabling epidemic

Treatable with a range of highly effective interventions

Peter Tyrer *professor of community psychiatry*¹, Trine Eilenberg *psychologist*², Per Fink *clinical professor*³, Erik Hedman *associate professor*⁴, Helen Tyrer *senior clinical research fellow*¹

¹Centre for Mental Health, Imperial College, London W12 0NN, UK; ²Department of Occupational Medicine, Aarhus University Hospital, Denmark; ³Department of Clinical Medicine, Aarhus University, Denmark; ⁴Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden

Pointer:

Helbredsangst er forholdsvis nemt at diagnosticere.

Patienter accepterer diagnosen og er glade for behandlingen.

Der findes en række veldokumenterede psykologiske behandlinger.

Diagnostiske kriterier for helbredsangst

Kriterier for helbredsangst (P75)	
Rumination med tanker om at lide af en sygdom	
Et eller flere af følgende:	1. Bekymring, optagethed eller frygt for at lide af en alvorlig somatisk lidelse og/eller kropslig optagethed 2. Suggestibilitet eller autosuggestibilitet 3. Optagethed af sundhedslitteratur 4. Frygt for smitte eller forgiftninger 5. Frygt for at tage medicin
Symptommønsteret forklares ikke bedre med en anden somatisk eller psykisk sygdom	
Symptomerne påvirker patientens funktionsevne og velbefindende	

- Hvis du får tanker om, at du måske fejler noget,
 har du så svært ved at slå tanken ud af hovedet?
 - Går du og tænker på det næsten hele tiden,
 eller kan det gå op i en spids?

Funktionelle lidelser. Klinisk vejledning for almen praksis. DSAM 2013
 Fink, P. et al; Am. J. Psychiatry 2004

Differences between health anxiety and bodily distress

	Health anxiety	BDS/FSS/ FSD
Gender	No difference	75% female
Social status	As general pop.	Low social status/income
Illness identity	A mental disorder (well accepted by patients)	Does not fit into mental – non-mental dichotomy
Disability	+	+++
Working capacity	Reduced a little	Very much reduced
Disability pension	As general pop.	Very high risk
Treatment response (psychological therapy and Pharmacological)	+++	+
Central characteristics	Disturbed by worriers for symptoms/bodily signals and thoughts about illness	Disabled by physical symptoms
Course	Fluctuating	Persistent
Physical function (ie. SF-36 PCS)	Unaffected	Severely reduced
Mental health (ie. SF-36 MCS)	Affected	Unaffected in mild cases/affected in severe cases
Avoidance behaviour	May avoid information on illness etc. or are very active information seeking	Avoid physical activities
Somatic symptom score	Modest	High
Use of health care	+	+++

Behandling af helbredsangst i Danmark

Landsdækkende internetbaseret behandling:

Aarhus (<https://funktionellelidelser.dk/om-helbredsangst/nyt-internetbaseret-behandlingstilbud-til-helbredsangst-i-hele-landet>)

Face to face:

Afdeling/Center for funktionelle lidelser I:
Køge, Hovedstaden og Aarhus

Region Syddanmark og Region Nordjylland:
almenpsykiatrien



Attributions

- Attributional conditions
- Blame x syndrome (Feinstein, J Clin Epidem, 2001)
- Social transmission

Tak

Per Fink, PURE-profil:
<https://pure.au.dk/portal/da/persons/per.fink@clin.au.dk/>

<https://funktionellelidelser.dk/>

