

deal with patients with FFS. The diagnostic process needs to be expanded beyond somatic parameters to include social and psychological aspects as well.

Medically unexplained symptoms in primary care

A mixed method study about diagnosis

Henriette Schou Hansen, MD

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Official opponents: Mogens Vestergaard, Christopher Dowrick, UK, and Michael Sharpe, UK.

Tutors: Per Fink, Marianne Rosendal, and Mette Bech Risør, anthropologist.

Correspondence: Henriette Schou Hansen, Forskningsenheden for Almen Praksis, Vennelyst Boulevard 6, 8000 Århus C. Denmark.

E-mail: hsh@alm.au.dk

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ABSTRACT

A new PhD project from The Research Unit for Functional Disorders, Aarhus University Hospital, and The Research Unit for General Practice, Aarhus University, discusses the possibility of a better diagnostic practice for patients with functional somatic symptoms (FFS) in primary care.

FFS are highly prevalent in primary care, and failure to recognize and treat these conditions may have serious consequences for the patients. The present classification of FFS in primary care is ambiguous and controversial, and no agreement exists on how to define patients with FFS in primary care.

The PhD project discusses which kind of information is relevant, when considering the diagnostic process in the management of patients with FFS. The study is based on a follow-up study (The FIP-study) and focus group discussions with general practitioners.

GPs included 1785 consecutive patients, who consulted them with a new health problem. A stratified sample of 701 patients was interviewed using a standardised psychiatric interview. The aim was to find predictors for the illness course of patients with FFS, measured with self-rated health (from questionnaire, SF-36), and the use of health care costs. Patients were followed for two years.

The purpose of the FGDs was to discuss patients with MUS, as well as management and reflections on the illness course of these patients.

The diagnosis "somatoform disorders" was associated with a poor outcome on self-rated physical and mental health and a high use of primary health care. An FFS diagnosis from the GP was associated with a poor outcome on self-rated mental health and an extensive use of health care. More than four symptoms were associated with both poor outcome on self-rated health and a high health care utilisation. An education exceeding basic school predicted a better outcome on self-rated health at follow-up. Female gender and a previous high use of health care were associated with a current high health care use.

The focus group discussions suggested, that several consultations were required, before the GP would use the term FFS. FFS is a very vague and broad concept, and the GPs combine their biomedical knowledge, general experience, and their knowledge of the individual patient in a complex decision process.

CONCLUSION

FFS in primary care is a complex issue, and although certain patient related factors are highly associated with the patient's illness course, a number of other aspects affect the diagnostic process, when GPs