EDITORIAL

FUNCTIONAL SYNDROMES

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The term *functional somatic syndrome* has been applied to several related syndromes characterized more by symptoms, suffering, and disability than by consistently demonstrable tissue abnormality. These syndromes are too many & include multiple chemical sensitivity, the sick building syndrome, repetition stress injury, the side effects of silicone breast implants[1,2,3,4], the Gulf War syndrome, chronic whiplash, the chronic fatigue syndrome, the irritable bowel syndrome, and fibromyalgia[5,6]. Patients with functional somatic syndromes have explicit and highly elaborated self-diagnoses, and their symptoms are often refractory to reassurance, explanation, and standard treatment of symptoms. They share similar phenomenologies, high rates of co-occurrence, similar epidemiologic characteristics, and higher-than-expected prevalence of psychiatric comorbidity. Although discrete pathophysiologic causes may ultimately be found in some patients with functional somatic syndromes, the suffering of these patients is exacerbated by a self-perpetuating, self-validating cycle in which common, endemic, somatic symptoms are incorrectly attributed to serious abnormality, reinforcing the patient's belief that he or she has a serious disease[7]. Treatment of functional syndrome is challenging both for the physician & the patient. Four psychosocial factors propel this cycle of symptom amplification: the belief that one has a serious disease; the expectation that one's condition is likely to worsen; the "sick role," including the effects of litigation and compensation; and the alarming portrayal of the condition as catastrophic and disabling[8]. The climate surrounding functional somatic syndromes includes sensationalized media coverage, profound suspicion of medical expertise and physicians, the mobilization of parties with a vested self-interest in the status of functional somatic syndromes, litigation, and a clinical approach that overemphasizes the biomedical and ignores psychosocial factors[9,1]. All of these influences exacerbate and perpetuate the somatic distress of patients with functional somatic syndromes, heighten their fears and pessimistic expectations, prolong their disability, and reinforce their sick role.

The exact statistics about the incidence & prevalence of these disorders are not known but it is pretty common & overstretching the already stretched resources. As primary care is not well established in our country it is very common for these patients with functional disorders to room around in the tertiary care practices without being much relief. There is a need to train the medical community to pin point the illness without putting too much expense on the health care institutions & on the patients & the family.

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