Making a Diagnosis When One is Not Apparent:

Bridging the Gap Between Somatic Patient and Frustrated Physician

By Jack M. Gorman, MD

From medical school, we all know the secret code words: "functional," "supertentorial," "idiopathic," and so forth. These, of course, are some of the ways that physicians may refer to patients for whom they cannot make a definitive diagnosis. Such patients, often labeled "somatisizers," frequent primary care and specialty care physicians' offices as well as emergency rooms. They present with complaints of a variety of aches and pains, fatigue, insomnia, poor concentration, diarrhea, constipation, etc. Any one of these could be the initial signal of a serious medical problem but for this group of patients nothing can be found on physical examination or laboratory and blood tests.

Depending on the specialty of the physician, somatisizers receive a variety of diagnoses. Neurologists cite tension headache, rheumatologists cite fibromyalgia, internists cite chronic fatigue syndrome, gastroenterologists cite irritable bowel syndrome, and psychiatrists cite depression or an anxiety disorder. With the exception of the latter, no treatment has proven particularly successful, and many of these patients, regardless of the diagnosis, wind up being prescribed antidepressants. Does that mean that all somatisizers are suffering from underlying depression or anxiety? Some insist that is the case, but advocacy groups and many patients themselves resist that classification. Physicians are often afraid to suggest to patients that what they are complaining about is really due to a psychiatric problem, fearful of insulting the person. Some doctors, fearing they might overlook something, send the patient for increasingly sophisticated tests, running up healthcare costs and exposing patients to some risk. Inevitably, a test result comes back on the border of abnormality, thus, creating a reason to push forward with even more tests.

In other instances, physicians become upset with their patients who present with problems for which there is no obvious solution. Such patients then feel either hurt or hostile. They sometimes develop intense relationships with healthcare providers in the search for answers for their pain and discomfort. This situation is of grave concern to us all because it leaves a substantial number of patients feeling unheard and unhealed and accounts for significant healthcare expenditures without obvious benefit to anyone. Finding a solution would seem to be in the general interest, from patient to payer to provider.

Such solutions, however, are elusive and here we are indebted to Charles C. Engel, MD, MPH, for assembling this month's outstanding group of articles examining somatic and idiopathic syndromes. These articles inform us that there is considerable debate over the somatization disorder classification, new understanding of neural pathways that may mediate idiopathic medical complaints and new insights into how the doctor-patient relationship may be better managed. Furthermore, they indicate that compelling treatment recommendations are available that may help break the stand-off between "somatic" patient and frustrated physician. Dr. Engel's article succinctly summarizes these issues and is the most profound on the topic that I have yet to read. I hope you enjoy it as much as I did. ***CNS***

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