
Functional syndromes

A bird's eye review of the recent literature

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Reviews

Title: Irritable bowel syndrome and co-morbid gastrointestinal and extra-gastrointestinal functional syndromes.

Authors: Sperber AD, Dekel R.

J Neurogastroenterol Motil 2010; 16: 113-9.

Summary: A review focusing on comorbidities of IBS. It was concluded that many IBS patients have at least 1 co-morbid somatic complaint and many of them meet for other gastrointestinal functional disorders.

Title: Perspective on fatigue from the study of chronic fatigue syndrome and related conditions.

Authors: Clauw DJ.

PMR 2010; 2: 414-30.

Summary: The author review different aspects of CFS including the fact that CFS shares features in common with other somatic syndromes, including IBS, FMS, and temporomandibular joint dysfunction. It was suggested that correlations between inflammation and infection, augmented sensory processing, abnormalities of neurotransmitters, nerve growth factors, low levels of serotonin and norepinephrine, abnormalities of homeostasis of the stress system, and autonomic dysfunction may be hallmarks of CFS.

Title: The central role of cognitive processes in the perpetuation of chronic fatigue syndrome.

Authors: Knoop H, Prins JB, Moss-Morris R, Bleijenberg G.

J Psychosomatic Res 2010; 68: 489-94.

Summary: The authors provided a narrative review concluding that three different cognitive processes may play a role in the perpetuation of CFS syndromes. The authors state that they think it will be worthwhile to study the specific role to perceptual process over different syndromes.

Title: Dysfunction of stress responsive systems as a risk factor for functional somatic syndromes.

Authors: Tak LM, Rosmalen GM.

J Psychosomatic Res 2010; 68: 461-8.

Summary: The authors provide an overview of available evidence on whether or not alterations in the stress responsive systems can be considered causal risk factors for functional syndrome or disorders (FSDS). It was concluded that lowered cardiac vagal activity and hypocortisolism may be pivotal in the etiology and treatment strategy in subgroups of subjects with a FSD. It was suggested that such subgroups need to be better identified.

Title: Chronic fatigue syndrome: Is it one discrete syndrome

or many? Implications for the “one *versus* many” functional somatic syndromes debate.

Author: White PD.

J Psychosomatic Res 2010; 68: 455-9.

Summary: This review summarises the debate whether CFS is one discrete syndrome or many. The authors suggest that the solution to the debate is that it is needed to both “lump” and “split” thus studying both similarities between syndromes and their dissimilarities to better understand what is currently called the functional somatic syndromes.

Diagnosis

Title: One single diagnosis, bodily distress syndrome, succeeded to capture 10 diagnostic categories of functional somatic syndromes and somatoform disorders.

Authors: Fink P, Schroder A.

J Psychosomatic Research 2010; 68: 415-26.

Summary: The authors tested if patients diagnoses with one of six different functional somatic syndromes or a DSM-IV somatoform disorder characterized by physical symptoms were captured by the new diagnosis of bodily distress syndrome that was introduced. It was found that the empirically established bodily distress syndrome diagnosis covered the whole range of functional somatic syndromes and somatoform disorders explored in their study. It was suggested that the new diagnosis may have the potential to replace numerous overlapping diagnostic labels and to reduce the diagnostic confusion in this field.

Title: Latent Class analysis of functional somatic symptoms in a population based sample of twins.

Authors: Kato K, Sullivan PF, Pedersen NL.

J Psychosomatic Research 2010; 68: 447-53.

Summary: The authors aimed to investigate empirically how and in what way individuals with symptoms of functional somatic syndromes should be classified. The finding of this study suggested the necessity of redefining the existing classification criteria for functional somatic syndromes in terms of single (uncomplicated) or multiple (complicated) syndromes.

Pathophysiology

Title: Heightened central affective response to visceral sensations of pain and discomfort in IBS.

Authors: Hall GBC, Kamath MV, Collins S, Ganguli S,

Spaziani R, Miranda KL, Bayati A, Bienenstock J.
Neurogastroenterol Motil 2010; 22: 276-80.

Summary: The authors suggest alterations in central response to visceral pain and discomfort in IBS, highlighting diminished modulation and heightened internalisation of affective reactions.

Title: Detection of MLV-related virus gene sequences in blood of patients with chronic fatigue syndrome and healthy blood donors.

Authors: Lo SC, Pripuzova N, Li B, Komaroff AL, Hung GC, Wang R, Alter HJ.

Proc Natl Acad Sci USA 2010; 107: 15874-9.

Summary: The authors detected MLV-related virus gene sequences in blood of patients with CFS. They suggest that further studies are needed to determine whether the same strong association with MLV-related viruses is found in other group of patients with CFS and whether these viruses play a role in the development of CFS.

Genetics

Title: Genetic variation in neuroendocrine genes associated with somatic symptoms in the general population: Results from the EPIFUND study.

Authors: Holliday KL, Macfarlane GJ, Nicholl BI, Creed F, Thomson W, McBeth J.

J Psychosom Res 2010; 68: 469-74.

Summary: The authors report on the association of SNPS in HTR2A, SERPINA6, and TPH2 with somatic symptoms suggesting them as potential important in the shared genetic component to functional somatic syndromes.

Title: Familial aggregation of irritable bowel syndrome: a family case-control study.

Authors: Saito YA, Petersen GM, Larson JJ, Atkinson FJ, Fridley RL 3rd, de Andrade M, Loche RG 3rd, Zimmermann JM, Almazan AL, Talley NJ.

Am J Gastroenterol 2010; 105: 833-41.

Summary: The authors conducted a large, family case-control study of nearly 500 case-families with IBS and nearly 300 control-families. It was found that IBS aggregates strongly in families.