PARALLEL SESSION 6 – SATURDAY JUNE 22ND 2019, 08h00 – 09h30
Combined symposium 2: What contributes to Medically Unexplained Symptoms (MUS)?

- M. Lehmann: Barriers for the diagnosis and management of persistent and medically unexplained symptoms in primary care – representative survey with general practitioners
- Th. Dantoft: Multiple chemical sensitivity in the general population: Socioeconomic status and lifestyle characteristics – and why screening for comorbid functional somatic syndromes is important
- R. Monden: Both sex and gender influence occurrence of common somatic symptoms
- M. Acevedo Mesa: Positive Affect and Functional Somatic Symptoms in Young Adults
Barriers for the diagnosis and management of persistent and medically unexplained symptoms in primary care – representative survey with general practitioners

Aim
To quantify barriers for the diagnosis and management of persistent somatic symptoms or medically unexplained symptoms in primary care from the general practitioners’ perspective. Furthermore, to evaluate the relative importance of these barriers.

Methods
A representative sample of 12004 GPs from Germany obtained mailed questionnaires consisting of 21 barrier related items, for example, regarding communication and consultation behavior. Six-point Likert scales (1: completely disagree to 6: completely agree) were used. Personal characteristics and characteristics of the practice were recorded.

Results
We obtained 1735 responses (14.5 %). Barrier items with the strongest agreement were (1.) a lack of knowledge regarding treatment guidelines for functional and somatoform disorders ($M = 4.22, SD = 1.79$), (2.) the perceived wish of the patient to be relieved from symptoms ($M = 4.27, SD = 1.19$), (3.) the concern to overlook organic disease ($M = 3.78, SD = 1.16$), and (4.) the evaluated meaningfulness of treatment with psychotropic drugs ($M = 3.55, SD = 1.16$). Regression analyses showed only few significant associations between personal characteristics and these barrier items. Most notably, lack of guideline knowledge was associated with male gender ($B = 0.32, CI95\% = [0.13, 0.51]$) and the concern to overlook organic disease was associated with less years of clinical practice ($B = -0.21, CI95\% = [-0.305, -0.107]$).

Conclusion
Our survey results reveal the most severe barriers for the diagnosis and management of PSS or MUS from the perspective of GPs. Imperative is to focus healthcare policy on the mitigation of these barriers.

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Multiple chemical sensitivity in the general population: Socioeconomic status and lifestyle characteristics – and why screening for comorbid functional somatic syndromes is important

Aim

Multiple chemical sensitivity (MCS) is characterized by unspecific symptoms attributed to exposures to everyday odours, such as fragranced products. MCS shows symptomatic overlap with functional somatic syndrome (FSS) and patients often meet criteria for other types of FSS. The aim was to characterize MCS by socioeconomic and lifestyle parameters, and to examine the importance of FSS comorbidity on disease severity.

Methods

Data was derived from the Danish Study of Functional Disorders (DanFunD; N=9,656), a random sample of the Danish adult population. MCS cases (n=188) and controls (N=7,791) not fulfilling criteria for FSS were identified and MCS cases were further stratified into subgroups; MCS only (N=109) and MCS with comorbid FSS (N=73). MCS cases were characterized by socioeconomic and lifestyle parameters derived from questionnaires. By logistic regression analyses MCS and MCS subgroup was compared with each other and with controls, accounting for age and sex.

Results

MCS was associated with female sex but did not differ on age and educational. MCS cases were less likely to be in occupation and did report lower self-perceived social status. MCS cases did not differ on diet, smoking habits or weekly alcohol consumption. Associations found between MCS and sedentary lifestyle, being physical limited in daily activities, more likely to be living alone, and having problems sleeping were almost completely explained by FSS comorbidity.

Conclusion

MCS is associated with lower socioeconomic status, lower physical capacity and poor sleep quality. However, most differences are explained by comorbid FSS. For clinical assessment of MCS, screening for FSS comorbidity is important.

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Both sex and gender influence occurrence of common somatic symptoms

Aim
Women report more symptoms than men and their symptoms remain more often medically unexplained, possibly due to biological sex and to psychosocial gender differences. We analyzed the role of both sex and gender in the occurrence of somatic symptoms in the population-based study LifeLines.

Methods
We selected from the baseline of Lifelines sample whose genetic data (biological sex) was available (N=13,321). To construct a gender-index, 153 psychological and social variables were included in a LASSO logistic regression analysis with sex as an outcome. The derived gender-index scores and sex were set as predictors in logistic regression analyses with each of the 12 common somatic symptoms measured by the Symptom checklist-90 somatization scale (SCL-90) as an outcome. The association between sex, gender and overall symptom burden was studied by applying linear regression analysis with the mean score of the SCL-90 somatization scale as an outcome.

Results
We identified 85 variables to construct the gender-index. The Area Under the Curve of the identified model showed good to excellent classifying accuracy (0.92), including many psychosocial variables (such as work-related variables and personality). For 21% of the all subjects, disagreement was present between their sex and gender-index. Both sex and gender were significantly associated with 9 out of 12 somatic symptoms and overall symptom burden, while two symptoms (chest pain and difficulties breathing) and one symptom (feeling hot-cold alternately) were associated with only sex and gender, respectively.

Conclusion
Sex and gender are both associated with the occurrence of common somatic symptoms.

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Positive Affect and Functional Somatic Symptoms in Young Adults

Aim
Functional Somatic Symptoms (FSS) are symptoms for which an underlying pathology cannot be found. High negative affect (NA) has been linked to the etiology of FSS, but little is known about the role of Positive Affect (PA). The aim of this study was to test if PA is related to current and future lower levels of FSS. We also explored the interaction between PA and NA, and PA and sex on FSS.

Methods
Data from the Dutch Tracking Adolescents' Individual Lives Survey (TRAILS) cohort were used (N=1247 cases). PA was measured with the PANAS schedule and FSS with the physical complaints subscale from the Adult Self Report questionnaire (ASR). Regression analyses with bootstrapping were performed to explore the associations and interactions. A Principal Component Analysis (PCA) was performed on the physical complaints subscale of ASR, and secondary analyses were performed for the identified components.

Results
PA had a significant negative association with current FSS when adjusted for NA, sex, age and Socioeconomic Status (B=-0.004; BCa 95% CI=[-0.006; -0.002]), but the association was not significant longitudinally. No interactions were found. We identified two subcomponents of the physical complaints subscale through the PCA. In the secondary analysis, PA was significantly related to the component “General Physical Symptoms” (B=-0.019; BCa 95% CI=[-0.0028; -0.011]) but not to the component “Gastrointestinal Symptoms” (B=-0.008; BCa 95% CI=[-0.016; 0.001]) in the crosssectional analysis.

Conclusion
In conclusion, high PA was significantly related to current lower levels of FSS, but the effect was small.

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