

Keywords

Somatoform disorders, medically unexplained symptoms, functional somatic syndromes, mind body therapy, osteopathy, therapeutic touch, embodiment.



Background

Existing framework about clinical reasoning concerning functional somatic syndromes were explored. Definitions found in literature about bodily distress syndromes are still lining up with a splitting view on how to classify and treat such presentations, failing to provide effective tools to patients and practitioners. «Clinical nomadism» is a widespread phenomenon that appears to bring multiple nocebic effects to patients and to weaken dyadic therapeutic relationship. Literature on how to manage functional somatic syndromes presented an affinity between clinical reasoning for complex presentations and clinical reasoning in osteopathy, through its principal tenets.

Results and discussion

There is a need for a unifying framework to approach the diagnosis and management of functional somatic syndromes.

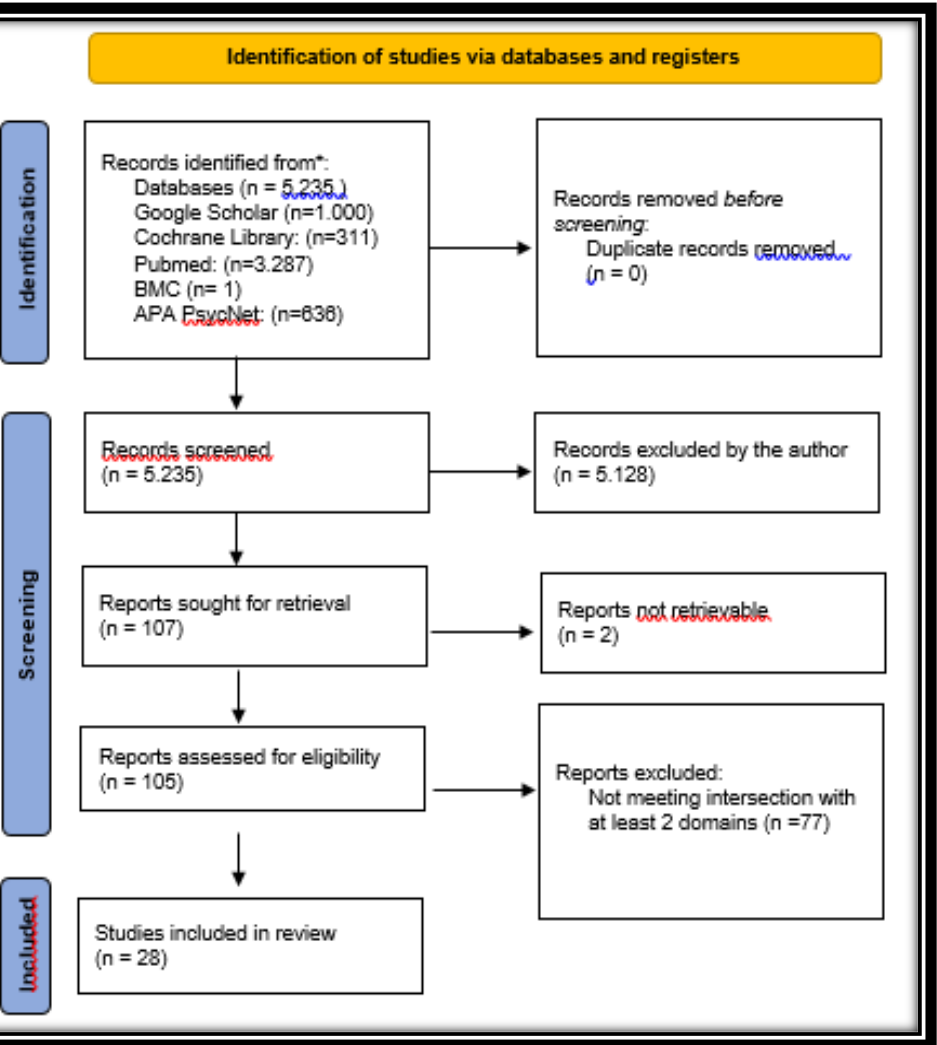
Search for a linear causal connection between underlying biological dysfunction and actual physical symptom could result ineffective or even dangerous for the therapeutic process.

This is due to multiple factors such as:

- difficult communication between clinician and patient with lack of explanatory models as tools to reappraise the symptoms;
- transference of frustration and insecurity from the health care provider to the client due to lack of a clear diagnosis;
- undertaking of unnecessary exams to assess the pathophysiological substrate of symptoms;
- patients suffering the burden of a dismissing clinical encounter without having cleared the cause of the consultation.



Methods



Modified prisma flow-chart for narrative reviews.

This narrative review was performed through a comprehensive scoping method for sampling, including any type of study. Searching methodology was electronically based, delving into 5 databases as presented in fig. 1 and range of years selcted comprised studies between 1/01/2000 and 15/05/2021. Conceptual limitations were placed addressing studies that encompassed at least two larger topics as shown in fig.2.



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Critical factors in designing a multimodal treatment for functional somatic syndromes:

a narrative review on application of body-oriented approaches and hypothesis on the role of hands-on intervention.

Treating the body as the “unconscious mind” clinicians could experience with the patient a way to regain insight on their internal processes. Core concept is to address both bottom-up and top-down regulation of interoceptive awareness trough development of an intuitive, freely associated description of perceptions experienced by patients during treatment in order to regulate interoceptive prediction. Pivotal point that emerged was thus to address and work with “the dissonance between expectations and sensory experiencing” (Abbey, Nanke & Brownhill, 2020), hence implementing an experimental approach to pain that could act directly on afferent interoceptive signals and their modulation through therapeutic touch.

Conclusions

A multidisciplinary, holistic and experiential-based care may need to be adopted by clinicians treating complex syndromes such as functional somatic ones. Integrated models of mind-body medicine with hands-on approaches could be interesting fields to research in for designing appropriate and caring interventions for patients in need, bringing clinicians to take accountability for these complex presentations.

Different approaches in framing Medically Unexplained Symptoms are still lining up with a ‘splitting’ view on the topic.

Treating the body as the “unconscious mind” gives a way to regain insight on a patient’s internal processes.

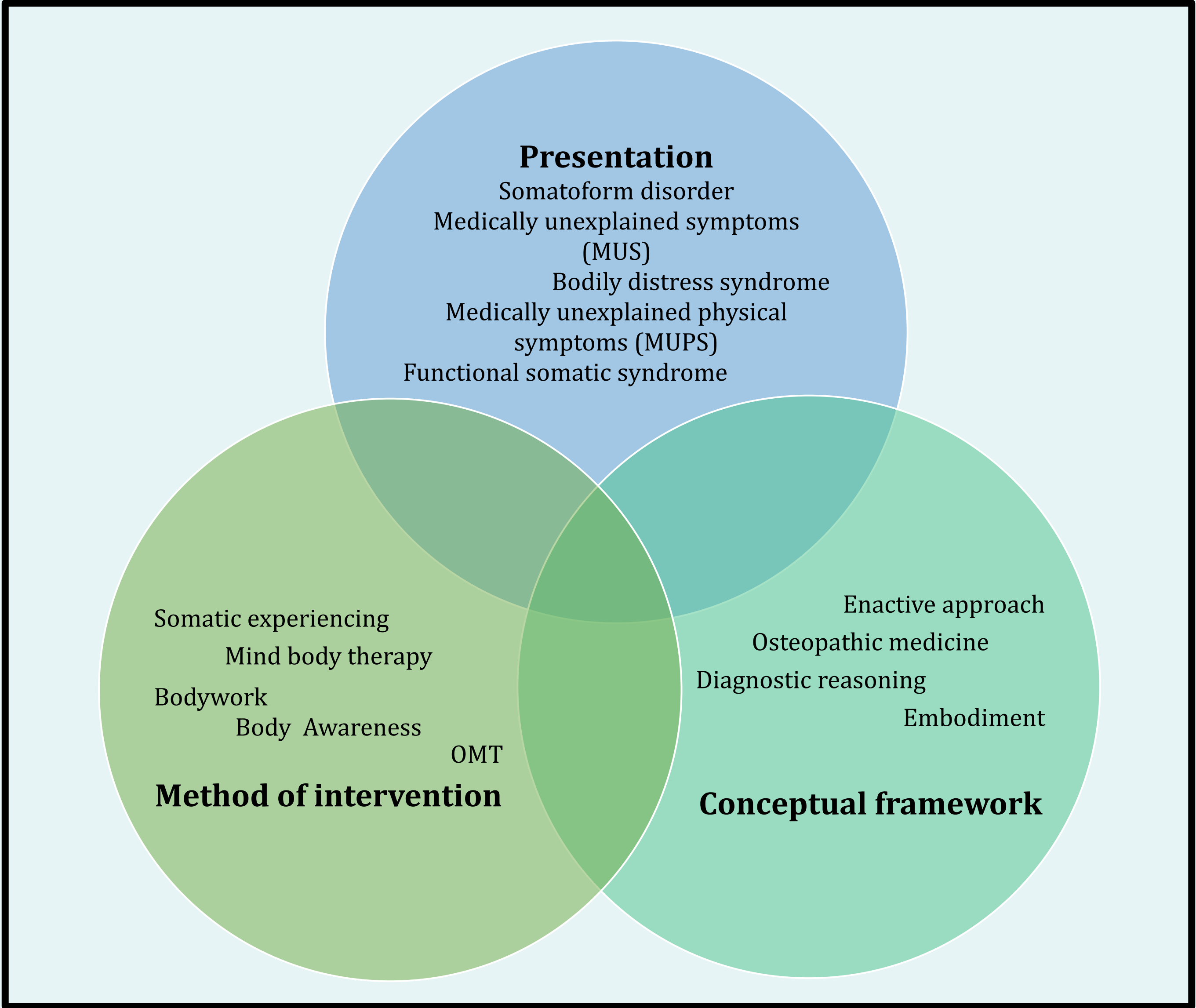


Fig.2 Venn diagram representing domains by which articles were included

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