

LETTERS

NEW SOMATIC SYMPTOM DISORDER IN DSM-5

Guilty of diagnostic expansion

James Phillips *psychiatrist*

Department of Psychiatry, Yale School of Medicine, 88 Noble Avenue, Milford, CT 06460, USA

The new diagnosis of somatic symptom disorder seems to confirm that psychiatry will stick a diagnostic label on anything that appears in any way deviant.¹

Dimsdale argues that the new disorder will correct the patient unfriendly DSM-IV (*Diagnostic and Statistical Manual of Mental Disorders*, third edition) notion of “medically unexplained symptoms,”² with patients relieved that their symptoms are not being treated as “inauthentic.” But how can a clinician, medical or psychiatric, decide whether a medically ill patient’s distress is beyond the bounds of what is appropriate for that patient and that illness. In addition, Dimsdale’s argument that patients will feel invalidated by “medically unexplained symptoms” applies equally to somatic symptom disorder—patients will worry about not only having a serious medical illness, but also a psychiatric one, just because they expressed their distress.

In the guidelines for changing DSM-5,³ as a new diagnosis, somatic symptom disorder would qualify as a “major change.” The guidelines state that “the empirical evidence for any change

introduced in DSM-5 should be proportional to the magnitude of the change. That is, the larger and more significant the change, the stronger should be the required level of support.”³ It is not evident where the support for somatic symptom disorder comes from. The guidelines also provide a list of 10 validators for supporting a diagnosis, and none seems to strongly support the new diagnosis. In not following its own guidelines, the DSM-5 task force seems vulnerable to the criticism of diagnostic expansion.

Competing interests: None declared.

- 1 Frances A. The new somatic symptom disorder in DSM-5 risks mislabeling many people as mentally ill. *BMJ* 2013;346:f1580. (19 March.)
- 2 Dimsdale JE, Sharpe M, Creed F. Helping to find the most accurate diagnosis. *BMJ* 2013;346:f2228.
- 3 Kendler K, Kupfer D, Narrow W, Phillips K, Fawcett J. Guidelines for making changes to DSM-V. 2009. www.dsm5.org/ProgressReports/Documents/Guidelines-for-Making-Changes-to-DSM_1.pdf.

Cite this as: *BMJ* 2013;346:f2254

© BMJ Publishing Group Ltd 2013