Reviewer's report

Title: Functional illness in primary care: dysfunction versus disease

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Reviewer: Marianne Rosendal

Reviewer's report:

In general

The paper is well written and brings a number of important and controversial issues into focus. It makes an important contribution to the ongoing debate about classification of functional illness.

However, the conclusion is not ground-breaking. The idea of classifying symptoms/complaints on two axes is not new. Maybe previous suggestions have focused on the doctor's diagnosis as one axis and the patient's perception of being ill/not well on the other â—if I think the latter corresponds to the experience of dysfunction. Although I cannot provide specific references, I think Dennis P Gray and Ian McWhinney have also presented this idea.

Furthermore, WHO introduced a classification of functioning â—the ICF. This system has not been widely implemented. Wonca's International Classification Committee (WICC) is currently considering this issue for classification in the ICPC (International Classification of Primary Care).

Title (Discretionary Revisions)

I wonder why the title uses the term functional illness (which seems most updated â— corresponding to functional symptoms and disorders) whereas MUPS is used throughout the text.

Abstract (Major Compulsory Revisions)

It is stated that:

â—but integration is difficult in practice, when patients consult with MUPSâ—

I agree on the first statement â—but doesn't it apply to all kinds of patients â— also those with diseases? You just don't notice the problem of overlooking psychosocial issues, when the biomedical approach is effective. It becomes more evident, when no pathology is found.

Background (Major Compulsory Revisions)

The background for an improved classification is relevant, interesting and well-founded. But in order to conclude, that we need to change our way of classifying, I miss information about how the classification systems work at the moment. For example the DSM-system uses a multidimensional approach to the classification of mental disorders â—including functional disorders. What is the difference and would this system be useful in primary care?
Why has the idea of a two-dimensional approach not already been integrated in primary care?

In the second section I think there is a pleonasm: MUPS without a pathological explanation â## either MUPS or symptoms without a pathological explanation.

Literature to be considered: (Frostholm, Fink, Christensen, Toft, Oernboel, Olesen et al. 2005; Toft, Fink, Oernboel, Christensen, Frostholm & Olesen, 2005)

Discussion (Major Compulsory Revisions)

As stated under background â## but maybe it belongs in your discussion â## I miss a discussion of the current classification of symptoms. You discuss the bio-psycho-social model â## which I perceive as a model of aetiology and treatment â## not a model of the current classification systems (except maybe the DSM). But you propose a change in classification. So what do we have, and what may be changed?

In the section â##the biomedical model can be easier to useâ##, you state that doctors donâ##t apply this model. I wonder how much this statement is based on empirical evidence? If you rely on current classification systems, you are right, as they are mostly based on the biomedical approach. However, this may not reflect the way doctors actually work. Many GPs dislike classification systems because they feel that they cannot classify the problems they meet in practice in the boxes provided by the systems. In the next section about the disease-centred approach, I also think that there is an interaction between our classification systems â## which labels they offer and the doctorsâ## approaches.

Iâ##m not familiar with relevant literature on general system theory. Other literature to be considered:

With ref. 9, 13 and 14 you could also consider: (Olesen, Dickinson & Hjortdahl, 2000)

Functional syndromes: a recent review should be cited (Henningsen, Zipfel & Herzog, 2007)

Iatrogenic harm: (Fink, 1992)

Reversible functional disturbance: A Danish programme described in detail and evaluated in RCTs (Fink, Rosendal & Toft, 2002) takes a patient-centred and integrative approach (despite the name â##reattributionâ## the model works with â##broader understandingâ## of any MUPS).

Recent papers about the classification of MUS: (Rosendal, Fink, Falko, Hansen & Olesen, 2007; Smith & Dwamena, 2007)

Implications (Discretionary Revisions)

What do the authors think about the feasibility of implementing the suggested two-dimensional system?

REFERENCES (Discretionary Revisions)


What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I'm currently a member of Woncas International Classification Committee and has an interest in classification of symptoms in primary care. Otherwise, I have no competing interests.