

Data supplement

TABLE DS1 Multiple, recurrent and frequently changing physical symptoms characteristic of patients with severe and enduring somatoform disorder: chronology of a fictitious patient

Age	Date	Symptoms/complaints	Investigations/outcome
6	1976	Emotional deprivation/neglect	Child protection conference
8	1978	Abdominal pain – cause?	Referral paediatric gastroenterology (NAD)
10	1980	Mother not well. Depressed. Tearful, reduced sleep	Family counselling
14	1984	Cannot take a deep breath. Feels faint. Off school	Diagnosis – hyperventilation
16	1986	Non-specific chest pains. Chest pains very persistent and very anxious	Father had heart attack recently
18	1988	Fear of thyroid disease. Says pressure on breathing and always painful	Thyroid function normal
20	1990	Polysymptomatic – tearful and worry of serious illness, numbness in right hand, odd gait left leg, lump in left axilla and fear of fainting	Nerve studies normal. Concept of psychological illness discussed with GP
22	1992	Depressive disorder. Requesting sleeping tablets. Cannot sleep or concentrate. Not eating. Hates new job	Refer to psychology
23	1993	Painful swelling in the right submandibular area. Worried about thyroid and cancer	Exam normal. Check bloods (all normal)
24	1994	Still anxious there is a lump and often gets discomfort	Referral to ear, nose and throat surgeon. Tests normal
26	1996	Almost complete loss of speech; lost voice after cat died. Refer to neurologist	Diagnosis: functional dysphonia
27	1997	Depression. Has bad premenstrual stress and gets very moody and irritable, although mood low most of the time. Poor sleep. Poor concentration, low self-esteem	Start citalopram 20mg
28	1998	Admitted to hospital with pain in right upper abdominal quadrant and right loin pain for a week. No urinary or bowel symptoms	Upper gastrointestinal endoscopy normal. Ultrasound, CT abdomen normal. No pelvic abnormality. Probable irritable bowel syndrome
30	2000	Struggling with abdominal pain/upper back pain with tingling in the left arm, admitted as an emergency but CT normal	Continues to struggle with symptoms but most likely diagnosis is irritable bowel syndrome. Refer to psychologist
32	2002	Multiple symptomatology continues. Reassured to an extent regarding ECG, but episodes of rapid pulse, feels breathless in crowds	Refer to respiratory clinic – lung function normal
35	2005	Fibromyalgia. Complains of pain in the back, arms and legs, headaches, irritable bowel syndrome and excessive tiredness	Refer rheumatology; confirms fibromyalgia
36	2006	Nausea, headache, abdominal pains, insomnia, diarrhoea. Intermittent shortness of breath; has to gasp for air; palpitations	24-hour tape normal
38	2008	Low mood. Tearful, anxious, seen psychologist at chronic pain clinic and referred to the CMHT. Work stressful (is a librarian); says work not very supportive regarding her fibromyalgia. Has thought of self-harm, says she would never kill herself	Says she cannot take any time off work. Would like to try medication. Start citalopram. Scratching arms and thighs
40	2010	Persistent headaches for 8 weeks. Cannot cope any more. Wants referral? Tension headaches. Lost her job. Urinary incontinence new symptom	Brain MRI normal. Blood tests normal

CMHT, community mental health team; CT, computed tomography; ECG, electrocardiogram; GP, general practitioner; MRI, magnetic resonance imaging; NAD, nothing abnormal found.