

Somatic symptom disorder⁵²

- A. One or more somatic symptoms that are distressing or result in significant disruption of daily life.
- B. Excessive thoughts, feelings or behaviours related to the somatic symptoms or associated health concerns as manifested by at least one of the following:
 - a. Disproportionate and persistent thoughts about the seriousness of one's symptoms.
 - b. Persistent high levels of anxiety about health or symptoms.
 - c. Excessive time and energy devoted to these symptoms or health concerns.
- C. Although any one somatic symptom may not be continuously present, the state of being symptomatic is persistent (typically more than six months).

Specify if:

Persistent: A persistent course is characterized by severe symptoms, marked impairment, and long duration (more than 6 months).

Specify current severity:

Mild: only one of the symptoms specified in Criterion B is fulfilled

Moderate: Two or more of the symptoms specified in Criterion B is fulfilled

Severe: Two or more of the symptoms specified in Criterion B is fulfilled, plus there are multiple somatic complaints (or one very severe symptom)

Bárány Society diagnostic criteria for persistent postural-perceptual dizziness⁴¹

1. One or more symptoms of dizziness, unsteadiness or non-spinning vertigo on most days for at least 3 months.
 1. Symptoms last for prolonged (hours-long) periods of time, but may wax and wane in severity.
 2. Symptoms need not be present continuously throughout the entire day.
2. Persistent symptoms occur without specific provocation, but are exacerbated by three factors: upright posture, active or passive motion without regard to direction or position, and exposure to moving visual stimuli or complex visual patterns.

3. The disorder is triggered by events that cause vertigo, unsteadiness, dizziness, or problems with balance, including acute, episodic or chronic vestibular syndromes, other neurological or medical illnesses, and psychological distress.
 1. When triggered by an acute or episodic precipitant, symptoms settle into the pattern of criterion A as the precipitant resolves, but may occur intermittently at first, and then consolidate into a persistent course.
 2. When triggered by a chronic precipitant, symptoms may develop slowly at first and worsen gradually.
4. Symptoms cause significant distress or functional impairment.
5. Symptoms are not better accounted for by another disease or disorder.

Budapest criteria for CRPS⁴⁸

One symptom in three of the following four categories:

1. Sensory: hyperaesthesia (an abnormal increase in sensitivity) and/or allodynia (pain caused by usually non-painful stimuli);
2. Vasomotor: skin colour changes or temperature and/or skin colour changes between the limbs;
3. Sudomotor/oedema: oedema (swelling) and/or sweating changes and/or sweating differences between the limbs;
4. Motor/trophic: decreased range of motion and/or motor dysfunction (weakness, tremor, muscular spasm (dystonia)) and/or trophic changes (changes to the hair and/or nail and/or skin on the limb).

At the time of clinical examination, at least one sign must be present in two or more of the following categories:

1. Sensory: hyperalgesia (to pinprick) and/or allodynia (to light touch and/or deep somatic (physical) pressure and/or joint movement);
2. Vasomotor: temperature differences between the limb and/or skin colour changes and/or skin colour changes between the limb;
3. Sudomotor/oedema: oedema and/or sweating changes and/or sweating differences between the limbs;

4. Motor/trophic: decreased range of motion and/or motor dysfunction (ie weakness, tremor or muscle spasm) and/or trophic changes (hair and/or nail and/or skin changes).

No other diagnosis can explain the signs and symptoms.

⁵² American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).