OPEN ACCESS Freely available online

Immunological Disorders and Immunotherapy

Perspective

Somatic Symptom Disorders in Neuroimmunology: Medical Practice Impact

Inu Mao*

Department of immnology, The University of Tokyo, Tokyo, Japan

DESCRIPTION

The interface between neurology and psychiatry has always presented a unique diagnostic challenge. Among the more complex clinical presentations are Somatic Symptom and Related disorders (SSRDs), conditions characterized by significant physical symptoms that are not fully explained by medical disease and often driven by psychological factors. A recent retrospective study evaluating referrals to a tertiary neuroimmunology clinic between 2016 and 2023 sheds valuable light on the prevalence and characteristics of SSRDs in this setting. The findings are both clinically revealing and thought-provoking.

The study reviewed 898 patients referred to a tertiary neuroimmunology center. Of these, 204 patients approximately one in five did not have an identifiable neuroimmunological disorder. Strikingly, over a quarter (26.5%) of these non-neuroimmunological patients were diagnosed with SSRDs, accounting for 6% of the total referral population. This is not a negligible number, especially in a specialty clinic where referrals are typically made for complex, presumed autoimmune neurological diseases like Multiple Sclerosis (MS) or autoimmune encephalitis.

The clinical profiles of these patients offer important insights. The majority were female (74%), with an average age of 42.5 years, a demographic trend consistent with prior data on functional neurological disorders and somatic symptom conditions. Functional Neurological Disorder (FND), somatic symptom disorder, illness anxiety disorder and unspecified SSRDs were all represented, with FND and somatic symptom disorder comprising the bulk of the diagnoses. These findings reinforce the notion that SSRDs are heterogeneous, not just in symptom presentation but also in underlying psychopathology and likely pathophysiological mechanisms.

One of the more notable findings was the high rate of misdirected referrals: 79.6% of SSRD patients were initially suspected of having MS and nearly 20% were referred for suspected autoimmune encephalitis. This underscores a broader diagnostic dilemma when confronted with vague neurological complaints and a lack of clear objective findings, clinicians may overestimate the likelihood of neuroimmunological disease. This not only highlights a gap in the recognition of SSRDs but also emphasizes the need for broader education and awareness among referring providers, particularly general neurologists and primary care physicians.

High self-referral and healthcare worker representation in SSRD cases

Self-referral accounted for nearly a third of the SSRD patients, which is higher than typically seen in subspecialty clinics. This could reflect heightened health anxiety or a belief among these patients that they require specialized diagnostic evaluation for symptoms that have not been adequately explained elsewhere. Notably, 20% of SSRD patients were healthcare workers a figure that stands out. Healthcare professionals may be more attuned to medical symptoms and more inclined to seek specialized evaluation early. However, this group might also be particularly susceptible to somatic concerns, especially under the stressors of a high-pressure work environment and may struggle with internalizing distress in ways that manifest physically.

The demographic differences between SSRD patients and MS patients are also significant. SSRD patients were more likely to be white and less likely to be black. This could reflect sociocultural differences in illness expression, healthcare access, referral patterns, or clinician bias in diagnosis. These differences merit further investigation, as they could point to disparities in how somatic and psychological symptoms are perceived and managed across racial and ethnic groups.

Integrating neuropsychiatric assessment for timely SSRD identification

From a systems perspective, these findings are a call to action. First, they support the need for integrated neuropsychiatric assessment within neurology subspecialty clinics. The presence of SSRDs in such a high proportion of referrals without objective neuroimmunological disease indicates that a subset of patients requires an alternate diagnostic lens one that includes psychogenic, somatic and functional frameworks. Early identification of SSRDs can reduce unnecessary testing, prevent

Correspondence: Inu Mao, Department of Materials Engineering, The University of Tokyo, Tokyo, Japan, E-mail: mao@gmail.com

Received: 26-Feb-2025, Manuscript No. IDIT-25-38161; **Editor assigned:** 28-Feb-2025, PreQC No. IDIT-25-38161 (PQ); **Reviewed:** 14-Mar-2025, QC No. IDIT-25-38161; **Revised:** 21-Mar-2025, Manuscript No. IDIT-25-38161 (R); **Published:** 28-Mar-2025, DOI: 10.35248/2593-8509.25.10.213

Citation: Mao I (2025). Somatic Symptom Disorders in Neuroimmunology: Medical Practice Impact. Immunol Disord Immunother. 10:213.

iatrogenic harm and allow for more timely psychological or psychiatric intervention.

Second, the data suggest that medical education must do more to equip clinicians to recognize SSRDs. The overlap in symptoms between conditions like MS and FND is not just semantic it represents a real risk of misdiagnosis, delay in appropriate treatment and worsening of functional outcomes for patients. Training programs across primary care, general neurology and even subspecialty disciplines like neuroimmunology need to include focused content on SSRDs.

Lastly, these results underscore the importance of patient-centered communication. Patients with SSRDs often feel dismissed, misunderstood, or stigmatized when psychiatric explanations are offered for their physical symptoms. The challenge for clinicians is to validate these experiences while guiding patients toward effective management strategies. Interdisciplinary models combining neurology, psychiatry, physical therapy and psychological support are ideal but often limited by structural constraints in many healthcare systems.

CONCLUSION

In conclusion, this study provides important new data on the prevalence and characteristics of SSRDs in a neuroimmunology clinic setting. That one in four patients without neuroimmunological disease were ultimately diagnosed with an SSRD is a powerful reminder that neurological symptoms are not always rooted in neurological pathology. Recognizing the patterns, improving interdisciplinary collaboration and approaching these patients with clinical humility and empathy are crucial next steps. As the borders between specialties continue to blur, the challenge and opportunity of managing SSRDs will increasingly define the future of patient care in both neurology and psychiatry.