Understanding the Terminology

A guide to language commonly encountered around overlooked conditions, persistent symptoms and diagnostic uncertainty.

Why this matters

Terminology in this area can be confusing and can change over time. Some terms are descriptive, some are formal diagnoses, and others are used by FPOD to describe gaps in recognition and care. The definitions below are intended to make these distinctions clearer.

Important: These definitions are for general information and should not be used to diagnose a medical condition.

Term	Definition
Forgotten Patient FPOD TERMINOLOGY	A person known to healthcare professionals with ongoing medical issues whose problems are not actively being addressed — often falling through the cracks in the healthcare system.
Overlooked Diseases FPOD TERMINOLOGY	Diseases or conditions for which there is little professional interest in prevention, diagnosis, treatment or cure, despite a clear underlying pathological process.
Medically Unexplained Symptoms (MUS) DESCRIPTIVE TERM	Symptoms for which no identifiable disease is found after appropriate investigation. This does not mean the symptoms are not real or that no physical process is involved — only that a clear medical cause has not been identified.
Persistent Physical Symptoms (PPS) DESCRIPTIVE TERM	An umbrella term for distressing physical symptoms, such as pain, fatigue or breathlessness, that persist for several months or more, regardless of their cause. PPS does not necessarily mean that symptoms are medically unexplained.
Symptom-Based Disorders CLINICAL TERMINOLOGY	A term used for disorders diagnosed primarily from characteristic symptoms rather than a single confirmatory biomedical test. Examples can include fibromyalgia, irritable bowel syndrome and functional neurological disorder.
Persistent Somatic Symptoms (PSS) DESCRIPTIVE TERM	A term sometimes used in a similar context to persistent physical symptoms. “Somatic” means “of the body”, although some patients find the term unhelpful because it may be interpreted as implying a division between mind and body.
Somatic Symptom Disorder (SSD) FORMAL DIAGNOSIS	A formal diagnosis involving one or more distressing physical symptoms together with excessive or disproportionate thoughts, feelings or behaviours relating to those symptoms. A medical explanation for the physical symptoms may or may not be present.
Unbearable Unexplained Symptoms (UUS) RESEARCH TERMINOLOGY	A term described in research exploring the difficulty and uncertainty clinicians can experience when a patient reports

	serious symptoms but no clear diagnosis has yet been established. It highlights concern that an important explanation may still be being missed.
Diagnostic Uncertainty USEFUL CONCEPT	A situation in which there is not yet enough evidence to establish a clear diagnosis, or where several possible explanations remain.
Diagnostic Delay USEFUL CONCEPT	The period between the onset or presentation of symptoms and receiving an appropriate diagnosis. Delays can occur for many reasons, particularly when symptoms are unusual, complex or cross traditional medical specialties.
Functional Neurological Disorder (FND) FORMAL DIAGNOSIS	A neurological disorder involving problems with how networks in the brain and nervous system function. Symptoms can include weakness, movement problems, sensory changes or seizures and are genuine neurological symptoms.
Multimorbidity USEFUL CONCEPT	The presence of two or more long-term health conditions in the same person. This can make diagnosis, treatment and coordination of care more complex.
Rare Disease USEFUL CONCEPT	A condition affecting a relatively small proportion of the population. People with rare diseases may experience difficulties obtaining a diagnosis, accessing specialist expertise or finding condition-specific support.
Undiagnosed Condition USEFUL CONCEPT	A health problem for which a definitive diagnosis has not yet been established. Being undiagnosed does not mean that symptoms are unexplained forever or that an underlying condition is absent.
Holistic / Biopsychosocial Care APPROACH TO CARE	An approach that considers biological, psychological and social factors that may influence a person's health and experience of illness. These factors should be considered together rather than treated as competing explanations.

Why the term MUS can be controversial

Medically Unexplained Symptoms (MUS) has increasingly been questioned because it can oversimplify complex health problems and may be misunderstood as meaning symptoms are psychological or “all in the mind”. In practice, the absence of a current medical explanation does not make symptoms less real and does not necessarily mean that an underlying physical process is absent.

- It does not always capture the severity, duration or complexity of a person's symptoms.
- It can be interpreted as implying that no physical process is involved.
- It can create an unhelpful divide between physical and psychological explanations.
- Alternative terminology such as Persistent Physical Symptoms may be more useful in some contexts.

Factors that may contribute to persistent physical symptoms

Persistent physical symptoms can have many different origins and may occur alongside diagnosed medical conditions, functional disorders or conditions that have not yet been identified. In some people, several biological, psychological and social factors may interact to influence how symptoms begin, persist or affect everyday life.

Possible influences can include infections, injuries, diagnosed disease, physiological changes, stressful life events, psychological wellbeing, behaviours, expectations and wider social circumstances. The relevance of any particular factor varies considerably from person to person.

Symptoms are real. The presence of psychological or social factors does not mean that symptoms are imagined. Persistent symptoms can have a substantial effect on health, wellbeing and everyday functioning.