



EDITORIAL

The Shared Heritage of European Psychiatry: Perspectives from psychosomatic psychiatry



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Received 22 November 2019; accepted 29 November 2019

The European Journal of Psychiatry launches a new section of psychosomatic psychiatry. Psychosomatic psychiatry is a budding area in psychosomatic medicine, in which psychiatry engages with general medicine, psychotherapy and basic sciences to improve research and address clinical demands.¹ This can involve Consultation Liaison Psychiatrists, but also other psychiatrists who collaborate in this field from different settings than the general hospital setting. This collaboration is of particular relevance for distressing physical symptoms as in Somatic Symptom Disorders and related disorders (SSRD),² the main characteristic of which is having high distress levels in relation to medically explained or unexplained physical symptoms that present a huge individual and societal burden and high unmet clinical need.³

Of particular interest for the domain of psychosomatic psychiatry is the fact that the wide body of knowledge emanating from basic neuroscientific research did not change clinical practice for patients with mental disorders.⁴ Also, it did not contribute to bridging the *subjectivity gap*, that is, the gap between observations in basic science such as imaging studies, and the subjective patient experience.⁵ This has been signposted as a major challenge that researchers and clinicians should address, both by the ROAMER consortium in the context of setting a European research agenda for mental health research in the EU funded Horizon 2020 program,⁶ and by an expert-led Delphi study identifying the

main research priorities in the domain of SSRD, Bodily Distress Disorders, and Functional Disorders, that was published on behalf of the European Association of Psychosomatic Medicine.⁷ Currently, work to set up an EAPM infrastructure to work together on this research agenda is ongoing.

Psychosomatic psychiatry can help bridging those gaps. On the one hand by contributing to the much needed exchange between basic and clinical research. Such translational research should link the medical discipline and psychiatry closely with basic sciences in order to find innovative solutions for clinical questions and for developing personalized treatments. On the other hand, it should link basic science research with subjective patients' experiences in clinical settings as the patient perspective is of particular importance to this domain.

Submissions to this newly launched section of psychosomatic psychiatry are welcomed. All contributions from a European perspective, but also studies with a national or more global approach, are welcome. Translation as described above, aiming at the understanding of underlying pathogenic mechanisms and the potential application of new knowledge to clinical treatment, personalization and integration of care, disease prevention or healthcare policy, are of interest for this special section. This may concern contributions with observational data papers, Randomized Clinical Trials, implementation studies, and narrative as well as systematic review articles. The research can involve the primary care setting, the general hospital setting, the psychotherapeutic setting, the psychosomatic medicine setting, specialty mental health care and consultation liaison

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psychiatry. Hopefully, this special section will further the research priorities that were identified, with your contribution.

Conflict of interest

The author has no conflict of interest to declare.

Funding

There was no funding for this work

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