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Introduction: The Olfactory Reference Syndrome (ORS) is a clinical condition in which patients are convinced that they exude an unpleasant odor that is noticed by others. It was described for the first time in 1891, but became relevant in the nosology with Phillips in 1971. Since then discussion remains about diagnostic framework of this clinical entity.

Objectives: About a clinical case series, the authors intend to review clinical features, nosological framework and response to treatment of the ORS.

Methods: Review of literature collected from online medical databases. Report of a case series of five patients with ORS.

Results: The literature on the ORS consists mainly of case reports, and there are few controlled studies and systematic reviews. It was found that in most cases the complaints relate to a typical body odor, more often fecal, genital or halitosis. These beliefs range from overvalued ideas to delusions with strong conviction and they are usually accompanied by ideas of self-reference. Patients do not always smell the odor that they believe to emanate. The disturbance has high social, family and work impact. The response to treatment is variable and it was observed at different rates when antipsychotics, antidepressants and psychotherapy are used.

Discussion/Conclusion: Although it was proposed for integration in DSM-5 as an independent entity, the ORS was not so defined, remaining as a disorder whose characteristics overlap other diagnoses, including delusional disorder, in which is usually included, but also disorders from the obsessive-compulsive spectrum and social anxiety, given the variability of morbid consciousness. We also discuss the possible relationship of the ORS with symptoms of olfactory expression in other psychiatric disorders. The ORS deserves the attention of psychiatrists since it brings great suffering for the patient, as well as high demand for non-psychiatric care and the consequent delay in diagnosis and treatment.