



Olfactory reference syndrome in DSM-V

To the Editor: We read with interest Dr A Lawrence's recent *SAMJ* case report of a young man who presented with persistent preoccupation with personal body odour in the absence of any physical abnormalities.¹

Dr Lawrence does not explicitly consider a diagnosis of olfactory reference syndrome (ORS). This condition, characterised by a preoccupation with the idea that one's body odour is foul or offensive to others, may be part of the differential diagnosis in patients with psychotic disorders (who may have olfactory hallucinations), in patients with obsessive-compulsive disorder (who may have concerns about contamination, and wash or clean repeatedly) and in patients with a social phobia spectrum disorder (who may have severe social anxiety because of fears of causing offence).

One of the reasons why ORS was not included in the differential diagnoses is that it is not formally included in the *Diagnostic and Statistical Manual*, 4th edition (DSM-IV). The



condition is briefly mentioned in the text on delusion disorder, somatic subtype and social phobia (given that some patients with taijin kyofusho (a condition related to social phobia) may suffer from concerns that their body odour is offensive).

Although we cannot be sure that a diagnosis of ORS might have been accurate or clinically useful for Dr Lawrence's patient, we would argue that this kind of discussion provides a good basis for explicitly including ORS in DSM-V. It is a well-described condition,² for which diagnostic criteria have been proposed,³ and for which various interventions have been noted in the literature.^{2,4-6} Including the condition in DSM-V would help to improve reliability of diagnosis and raise awareness among clinicians, and probably lead to further research on this entity.

S J Flegar

B Vythilingum

D J Stein

*Department of Psychiatry
Groote Schuur Hospital and
University of Cape Town
flegarsj@gmail.com*

C Lochner

*Department of Psychiatry
Stellenbosch University
Tygerberg, W Cape*

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