Patients with functional somatic syndromes challenge the theoretical models of psychiatry and medicine, with the possibility that their case might be rejected by both. Abnormal illness behaviour can be a useful concept for putting the debate into perspective: distressed patients with somatic conditions who have repetitive or inappropriate medical demands show abnormal illness behaviour. So do non-adherent patients with severe medical disorders, at the other end of the spectrum.

I declare that I have no conflict of interest.

## Ariel Eytan Ariel.Eytan@hcuge.ch

Department of Psychiatry, Geneva University Hospitals, 2 Ch Petit-Bel-Air, Geneva 1225, Switzerland

- Henningsen P, Zipfel S, Herzog W. Management of functional somatic syndromes. Lancet 2007; 369: 946-55.
- Kirmayer LJ, Looper KJ. Abnormal illness behaviour: physiological, psychological and social dimensions of coping with distress. Curr Opin Psychiatry 2006; 1: 54–60.
- 3 Rief W, Sharpe M. Somatoform disorders—new approaches to classification, conceptualization, and treatment. J Psychosom Res 2004; 56: 387–90.
- 4 Chaturvedi SK, Desai G. What's "in the body" is actually "in the mind". Int Rev Psychiatry 2006; 8: 1–3.

## Belgium: historical champion in asbestos consumption

Belgium did not feature in Ro-Ting Lin and colleagues' ecological analysis (March 10, p 844)¹ of the relation between asbestos consumption in the 1960s and mesothelioma and asbestosis in the early 2000s. Yet none of the countries analysed had a per capita asbestos consumption as high as that of Belgium: 53790 tons on average during 1960–70 for Belgium and Luxembourg,² for a total population of about ten million.

Belgium was absent from the analysis because of the lack of recent national mortality statistics.<sup>3</sup> However, reliable data on cancer

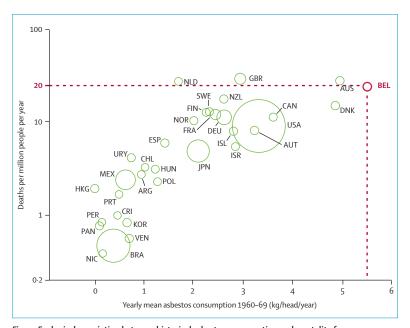


Figure: Ecological association between historical asbestos consumption and mortality from mesothelioma in men, reproduced from reference 1 with the inclusion of Belgium (BEL)

Data for asbestos consumption from reference 2; data for mortality from mesothelioma are those for 2000–04 in the Flemish region (60% of Belgium's population). ARG=Argentina. AUS=Australia. AUT=Austria. BRA=Brazil. CAN=Canada. CHL=Chile. CRI=Costa Rica. DEU=Germany. DNK=Denmark. EGY=Egypt. ESP=Spain. FIN=Finland. FRA=France. GBR=United Kingdom. HKG=Hong Kong.

HUN=Hungary. ISL=Iceland. ISR=Israel. JPN=Japan. KOR=South Korea. MEX=Mexico. NIC=Nicaragua. NLD=Netherlands. NOR=Norway. NZL=New Zealand. PAN=Panama. PER=Peru. POL=Poland. PRT=Portugal. SWE=Sweden. URY=Uruguay. USA=United States of America. VEN=Venezuela.

mortality are available for the Flemish region (about six million inhabitants).<sup>4</sup> These data indicate that 116 died of mesothelioma in the Flemish region in 2000, 143 in 2001, 122 in 2002, 111 in 2003, and 137 in 2004, giving a yearly average of 126 mesotheliomas in the Flemish region. Of these, 106 are men, thus giving a crude mortality from mesothelioma of about 35 per million men per year—ie, 20 per million men when standardised according to Lin and colleagues (figure).

The Belgian Fund for Occupational Diseases<sup>5</sup> recognised 203 deaths from asbestosis (197 men) between 2000 and 2004, giving an asbestosis mortality of about eight per million men per year—again, a figure higher than in any of the 33 countries in Lin and colleagues' study.

We declare that we have no conflict of interest.

Tim S Nawrot, Greta Van Kersschaever, Elisabeth Van Eycken, \*Benoit Nemery ben.nemery@med.kuleuven.be Department of Public Health, Occupational and Environmental Medicine, Lung Toxicology, Herestraat 49 (O&N 706), KULeuven, 3000 Leuven, Belgium (TSN, GVK, BN); and Belgian Cancer Registry, Brussels, Belgium (EVE)

- 1 Lin RT, Takahashi K, Karjalainen A, et al. Ecological association between asbestosrelated diseases and historical asbestos consumption: an international analysis. Lancet 2007; 369: 844–49.
- Virta RL. Worldwide asbestos supply and consumption trends from 1900 through 2003. http://pubs.usgs.gov/circ/2006/1298 (accessed April 26, 2007).
- 3 Leveque A, Coppieters Y, Piette D. Belgium and statistics on mortality. Lancet 1999; 354: 779.
- Vlaams Agentschap Zorg en Gezondheid [Flemish Agency for Care and Health]. Statistiek doodsoorzaken [Statistics of causes of death]. http://www.zorg-en-gezondheid. be/statistiek-doodsoorzaken.aspx (accessed April 27, 2007).
- 5 Fonds voor de Beroepsziekten—Fonds des Maladies Professionnelles [Fund for Occupational Diseases]. Jaarverslagen – Rapports [Yearly reports]. http://www.fmp-fbz.fgov.be/fr/rapports\_annuels\_fr01.htm or http://www.fmp-fbz.fgov.be/nl/jaarverslagen\_ nl01.htm (accessed April 27, 2007).