MEDICALLY UNEXPLAINED SYMPTOMS AND PSYCHOLOGICAL THERAPIES

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IAPT: LTC/MUS

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What limits us and which assumptions are true?

- Physical versus mental illness
- MUS terminology
- Implicit attitudes
- Need for better training
Medically Unexplained Symptoms

Conditions characterised more by symptoms, suffering, and disability than by disease specific, demonstrable physiological abnormalities
Costs of MUS

Annual healthcare costs of MUS in UK exceed £3.1 billion. Total costs are estimated to be £18 billion (Bermingham et al., 2010)

Indirect costs
- sick days
- cessation or reduction in employment

Personal costs
- disability and suffering
Debate one:

What is the difference between a physical versus a mental illness?
Illness

- Biological Factors
- Social Factors
- Psychological Factors
Current Practice

Medicine is for patients whose symptoms are the consequence of clearly defined pathology.

Psychiatry is for patients whose symptoms cannot be explained by biology and who meet DSM or other defined diagnostic criteria.
What of patients who present with somatic complaints, but where medical investigations fail to reveal medical pathology?

Somatoform disorder?

Somatic Symptom Disorder?
The Doctors’ perspective

- Heart sink patients
- Undeserving sick
- “merely mad” rather than “really ill”
- It’s “all in the mind”
- There is nothing I can do for you
Debate Two:

Is MUS a useful label?
MUS Terminology

• MUS is defined by what it is not: i.e. it implies no organic cause

• Patients are often told “we can find nothing wrong with you and there is not much I can offer you in the way of treatment”

• Most patients want a positive description of symptoms i.e. an explanation of what it is rather than what is isn’t.
Other terms in Use

Functional Somatic Syndromes

Functional Symptoms and/or syndromes

Persistent physical symptoms

Bodily Distress Syndrome*

Subjective health complaints
Functional Somatic Syndromes by Speciality

Gastroenterology
Infectious Diseases
Neurology
Gynaecology
Rheumatology
Cardiology
Respiratory Medicine
Dentistry
Allergy

Irritable bowel syndrome
Chronic fatigue syndrome
Post Concussion Syndrome
Premenstrual syndrome
Fibromyalgia
Non-cardiac chest pain
Hyperventilation
Temporomandibular joint
Multiple chemical sensitivity
TWO OR MORE OF THE FOLLOWING

- Moderate/severe symptoms
- High levels of disability
- History of multiple treatment failure
- Significant comorbid medical condition or psychopathology including trauma
- Complex/chaotic social environment
- Difficulty engaging with therapy

High intensity IAPT
CBT or related therapy

- Moderate physical symptom experience
- Moderate level of functional impairment - physically, socially and emotionally
- Minimal history of multiple treatment failure
- Evidence of co-morbid depression and anxiety

PWP IAPT
Low intensity intervention/supported self management

- Mild to moderate physical symptom experience
- Mild to moderate level of functional disability - physically, socially and emotionally
- No history of multiple treatment failure
- No dominant co-morbid psychopathology
- No significant risk of self harm
- Patient amendable to guided self management approaches for their symptoms.

Acute care
Diagnosis and initial management

Elicit patient beliefs and concerns about symptoms, provide positive diagnosis, biospychosocial explanation of symptoms, initial management, refer to appropriate step above or offer integrated care within this approach.

Primary care
Diagnosis and initial management

Elicit patient beliefs and concerns about symptoms, provide positive diagnosis if possible, biospychosocial explanation of symptoms, initial management, refer to appropriate step above or offer integrated care within this approach.

Figure 1: Matched Care Referrals for MUS Treatment for GPs, Acute care, IAPT and Specialist Services.
Primary and Acute care

• Diagnosis and initial management
• Elicit patient beliefs and concerns about symptoms,
• Provide positive diagnosis – if not possible in primary care refer to relevant acute service
• Biospsychosocial explanation of symptoms
• Initial management
• Refer to appropriate step above or offer integrated care within this approach.
THANK YOU FOR LISTENING

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