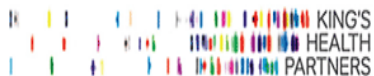


MEDICALLY UNEXPLAINED SYMPTOMS AND PSYCHOLOGICAL THERAPIES

RONA MOSS-MORRIS
PROFESSOR OF PSYCHOLOGY AS APPLIED TO MEDICINE

Funded by Guy's and St Thomas Charity



Institute of Psychiatry, Psychology and Neuroscience
Psychological Medicine



IAPT: LTC/MUS

Rona Moss-Morris

National Clinical Advisor

(October 2012-present)

NHS England

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

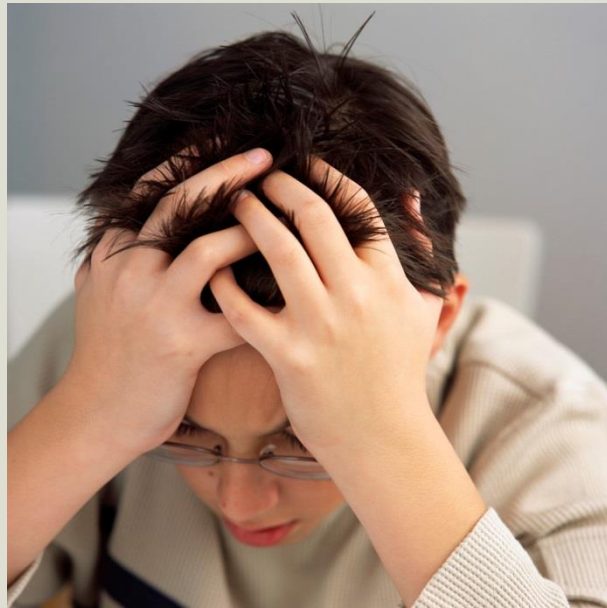
- sick days
- cessation or reduction in employment

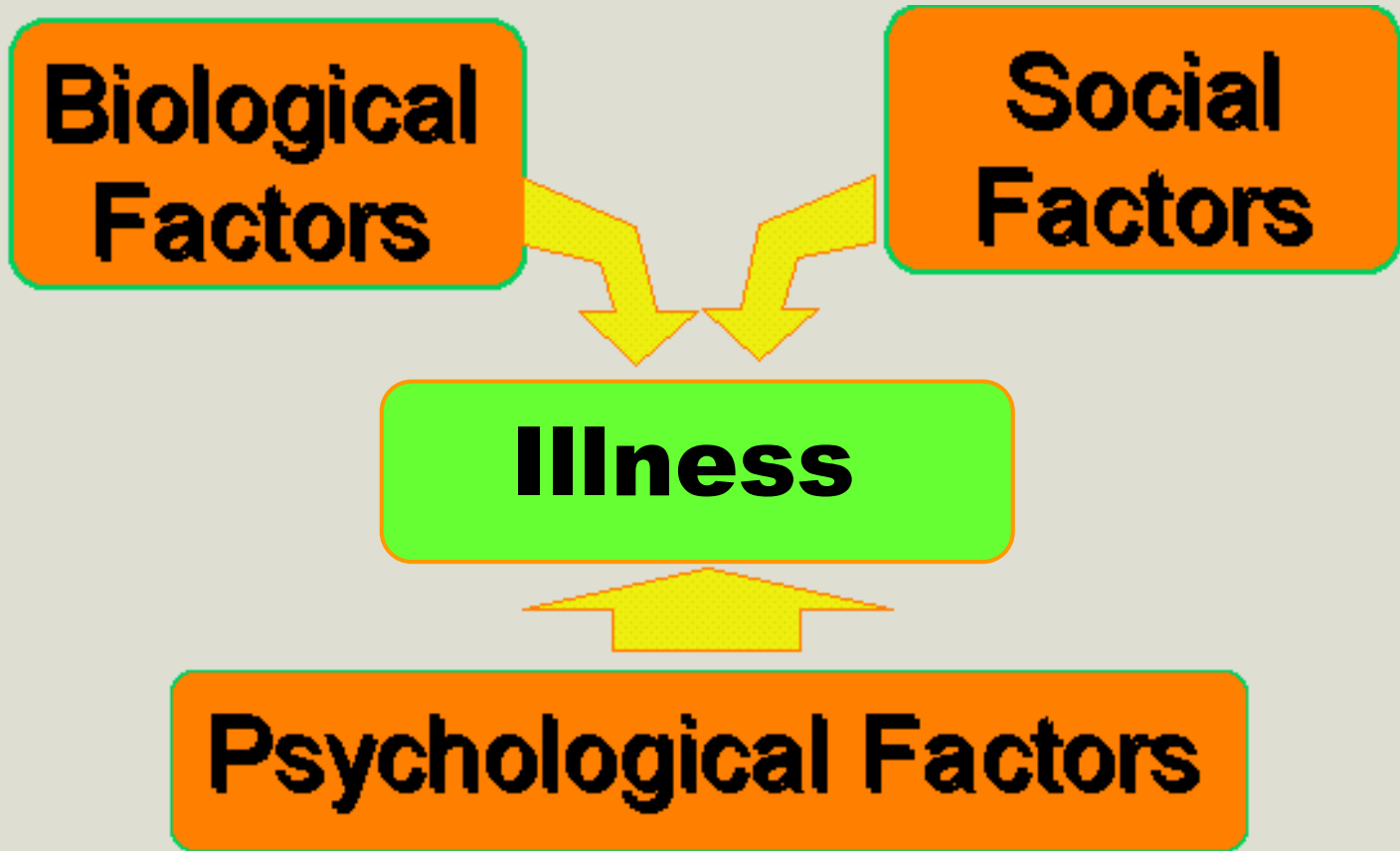
Personal costs

- disability and suffering

Debate one:

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





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?

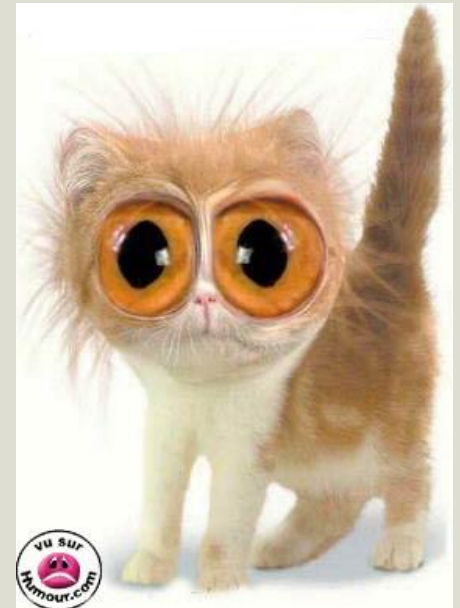


Somatoform disorder?

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 it 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

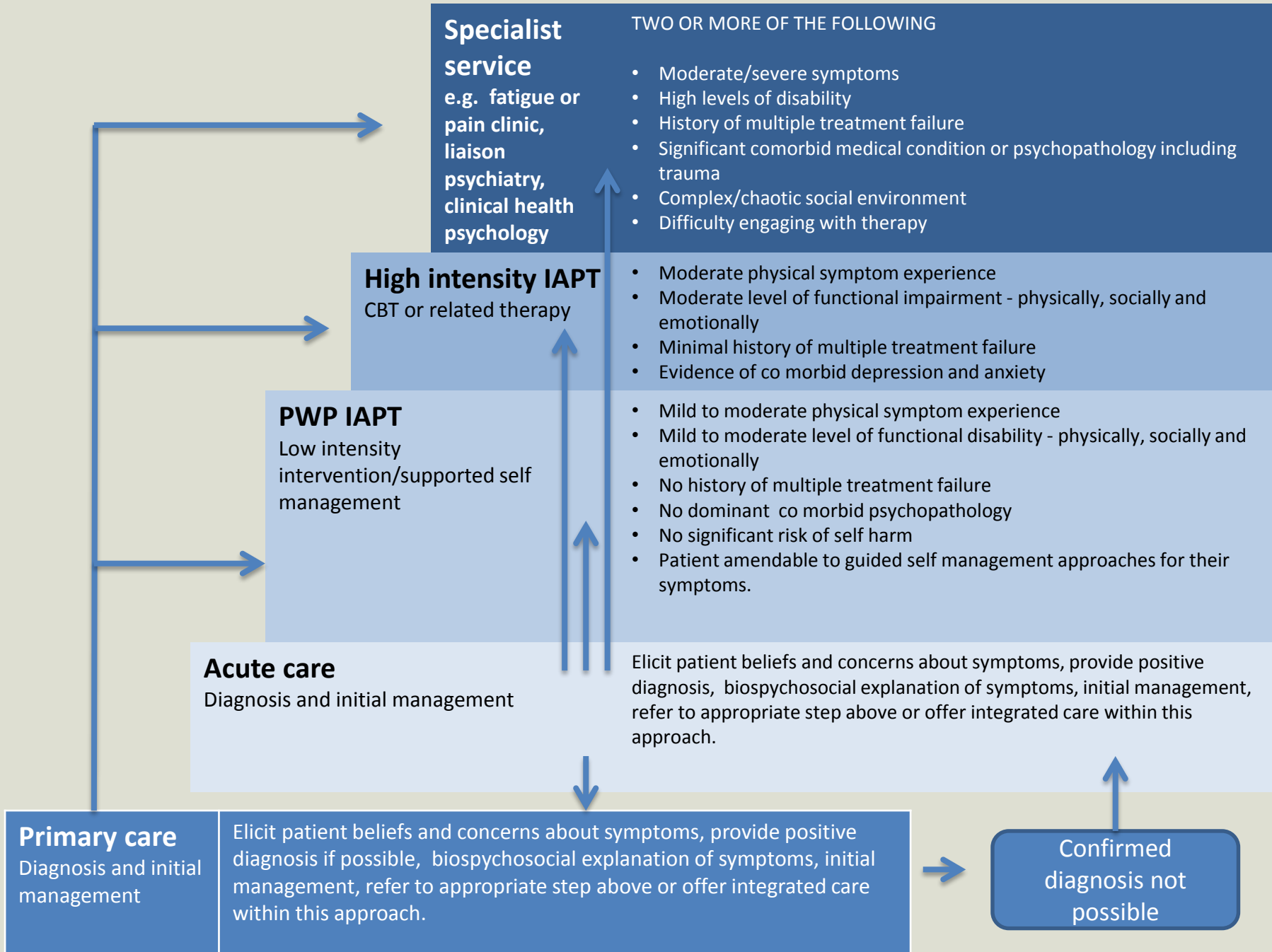


Figure 1: Matched Care Referrals for MUS Treatment for GPs, Acute care, IAPT and Specialist Services.

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
- Biosychosocial explanation of symptoms
- Initial management
- Refer to appropriate step above or offer integrated care within this approach.

THANK YOU FOR LISTENING

Professor Rona Moss-Morris

Professor of Psychology as Applied to Medicine
rona.moss-morris@kcl.ac.uk