

The Embedment of The Medically Unexplained Symptoms (MUS) Clinic in Primary Care



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A QIPP funded project to embed a pathway to
integrate mental and physical health

Innovative Practice

- UH Research developed a new, evidence based treatment for Medically Unexplained Symptoms: The BodyMind Approach (TBMA)
- Embedded in the NHS primary care through spin-out company Pathways2wellbeing
- Implemented since April 2012 by Herts PCT/CCG as 'Symptoms Groups' funded by QIPP

MUS and Cost Savings

- Research shows 25-50% of all GP consultations are with patients suffering MUS
- Research claims 10 of most common problems account for 40% of all visits, but GPs can identify a biological cause for the concern in only 26%
- For every 50 patients completing Symptoms Group treatment groups savings would approximate 22K (at 2008 figures) (after cost of programme deducted)

Quotations from a commissioner

- ‘we are very impressed with not only the quality of the service being delivered but also the thoroughness and professionalism of the organisation behind delivering this service’
- ‘I can unreservedly endorse and recommend them as an organisation which will deliver their services to the highest professional and ethical standards’
- ‘They have the benefit of having national leading expertise in the treatment of MUS and have proven themselves as extremely capable of running learning/treatment groups for patients and training staff’

Service users endorsements

- ‘Relevant techniques, communication skills, overall wellbeing, friendly atmosphere’;
- ‘It was pointed out that I need to think more of myself rather than being involved in other people’s problems’;
- ‘Learned new strategies for coping with my symptoms’;
- ‘It gives me hope’;
- ‘I have an improved quality of life’;
- ‘I will be better now’;
- ‘The facilitator was inspiring’.

Percentages of physical MUS

- 8 common physical complaints (fatigue, backache, headache, dizziness, chest pain, dyspnea, abdominal pain, physical effects of anxiety) accounting for 80 million physician visits annually in the USA (Lipsitt, 1996), **yet an organic cause found for less than 25% of these symptoms.**
- For 1,000 medical outpatients, 16% of the presenting symptoms had a documented organic cause, 10% were presumed to be causally related to psychological variables, **leaving 3 out of 4 complaints unexplained medically** (Kroenke & Mangelsdorf, 1989).
- For 191 new referrals to a general medical outpatient clinic, 52% of patients' physical symptoms were medically unexplained (van Hermert, Hengeveld, Bolk, Rooijmans, Vandenbroucke, 1993).
- "No serious medical cause" was the "diagnosis" in 25% to 50% of all primary care visits (Barsky & Borus, 1995).
- 10%-15% of 14 common physical symptoms seen in primary care are found to be caused by an organic illness. Such physical symptoms of unknown biological aetiology are referred to in the literature as "medically unexplained symptoms" (Katon and Walker 1998).

What is The MUS Clinic?

- New service for people resistant to psychological therapies AND psychologically minded people
- Complimentary to CBT/Psychotherapy
- Patients referred by GP to a “Symptoms Group”
- 1 out of 3 patients referred complete treatment
- Offers an experiential learning group framework
- 10 patients per group, 3 groups per programme
- 2 hours per session for 12 sessions over 8 weeks
- Groups run locally in community setting
- Phase 2 of letter, text and self help
- Assessments pre, post and follow up

What are Medically Unexplained Symptoms (MUS)?

- Previously known as psychosomatic conditions or MUPS
- A clinical and social predicament that includes a broad spectrum of presentations where there is difficulty in accounting for symptoms based on known pathology
- With this construct we can avoid the challenge of choosing either an organic or a psychological explanation for MUS. Instead it enables a comprehensive, bio-psychosocial treatment that addresses both hypotheses simultaneously

How does The MUS Clinic fit with the Recovery Model

- Instils hope for change
- Honouring bodily symptoms, being listened to and believed
- Setting of goals and developing an action plan
- Promotes resilience
- Contributes to further understanding of symptoms in their life
- Promotes relationships and reduces sense of isolation
- Nurtures feelings of control and gives confidence to self manage symptoms
- Contact/support over 12 months supports personal learning thus sustaining recovery
- Supports overall wellbeing, 'bad days not so bad'
- Getting back on track, not about 'cure' per se

Characteristics of patients with MUS 1

- Lower quality of life
- More sick leave and more likely to be unemployed
- Comparable or greater impairment of physical function
- Poorer general health and worse mental health
- Poor affect regulation, specifically alexithymia (difficulty in identifying feelings, distinguishing between feelings and bodily sensations or describing feelings and an external locus of control)
- Common problems presenting in the surgery
chest pain, fatigue, dizziness, headache, swelling, back pain, shortness of breath, insomnia, abdominal pain and numbness

How do we recognise these patients?

- Visits longer and more frequent
- Need more emotional support
- GPs demonstrate a high level of accuracy in subjectively recognising MUS, without the aid of standardised assessments
- Often past/current family dysfunction and/or a history of trauma or abuse
- Higher health care costs in primary/secondary care due to frequent GP visits/ secondary care referrals

Who is suitable for referral 1?

- Patients presenting frequently for over 6 months with persistent, physical symptom(s) which do not appear to have an organic cause and do not appear to respond to treatment
- Symptoms may include: headaches, sweating, back/chest/abdominal/muscular-skeletal pain, palpitations, IBS, fibromyalgia, panic attacks, tinnitus, skin conditions, breathing problems, ME

Who is suitable for referral 2?

- Patients usually have co-morbid anxiety and/or depression
- May also have a disability/diagnosis of an illness, providing they also present with an unconnected MUS
- GP screening tools, narrative for consultation and referral criteria provided to support GP decision-making

What are the benefits?

Positive patient outcomes:

- Improved patient wellbeing & activity levels
- Decreases symptom/anxiety/depression levels
- Self-management of symptoms

Positive GP outcomes:

- Reduced attendance at GP surgeries
- Reduced secondary care referrals
- Medication usage same or reduced

Criteria for Referral

(see screening tools)

Inclusion criteria:

- MUS present/diagnosed for at least 6 months
- Frequent attendee
- Co-morbidity depression/anxiety
- Fluent English speaker

Exclusion criteria:

- Current relevant diagnosed physical health problems
- Fewer than 4 GP consultations in previous year
- Trauma in previous 6 months
- Current relevant physical disability
- Complex bereavement in previous 6 months
- Learning disability
- Primary diagnosis **ANY** psychiatric condition in previous 12 months (including chronic anxiety/depression) and/or currently in secondary care
- Current substance misuse or in past 6 months
- Eating disorder

Encouraging service users to accept the referral for treatment

- The 'Symptoms Group' is not a psychological therapy
- It may support you to live well with your symptoms and improve your wellbeing
- Venue is in the local community, non medical/psychological
- Offers new coping strategies
- Decreases any worry, isolation, feelings of hopelessness you may have
- It may help to increase your activity levels
- It aims to encourage a new perception of your symptoms

Following referral

Acknowledgement sent to GP

SU sent welcoming letter

Assessment

Individual meeting

Symptoms Groups

Participant Experience form

Individual exit meeting

Post group assessment

GP sent attendance/ assessment

Case Report Form

Phase 2

- CBT/psychotherapy referrals made
- Action plan designed in last group session implemented by SU
- Letter to SU
- Text to SU
- Follow up assessed 6 months later
- Self-help group implemented if required
- GP sent information from baseline and discharge letter

Case Study

- LN a middle aged woman in work, presenting as tense, a bundle of nerves
- Symptoms: muscular cramps, insomnia, migraine & depression
- Onset after traumatic events in past and with them frequent visits to GP
- When stressful situations occurred L had panic attacks - unable to function
- She was unable to sleep well, found it hard going to work as felt tired and could not concentrate.
- L attended every session apart from on two occasions
- Exercises on breathing patterns, L realised something different her breathing
- After L discovered the right way of breathing she practised it all the time
- She looked happier/energised, reported she slept better and enjoyed work
- L reported she took the new breathing pattern as her second nature now
- She increased in confidence every session
- Through the bodywork L found out that she was well co-ordinated and gracious in her movement, had a good sense of rhythm and could dance!
- She now enjoys dancing around in her big kitchen!

Questions?

- Thank you for your time and attention
- Please do not hesitate to get in touch if you are interested in discussing The MUS Clinic in your area or training to become a facilitator
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