

Patients with Medically Unexplained Symptoms in the changing UK National Health Service: Nurturing Resilience through The BodyMind Approach™



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INTRODUCTION

- An overview of the problem
- Promoting wellbeing and resilience
- A solution to the problem - The BodyMind Approach
- Outcomes from the TBMA embedment project
- Patient, GP and commissioner comments

WHAT ARE MEDICALLY UNEXPLAINED SYMPTOMS (MUS)?

- MUS -Previously known as psychosomatic conditions/MUPS
- Persistent, physical symptoms which do not appear to have an organic cause or respond to treatment
- Clinical & social predicament, includes broad spectrum of presentations, difficulty accounting for symptoms based on known pathology (Edwards et al 2010)

THE PROBLEM

- 8 common physical complaints account for 80 million physician visits annually in the USA (Lipsitt, 1996), yet an organic cause found for less than 25% of these symptoms (i.e. 75% MUS).
- For 1,000 medical outpatients, 16% of symptoms had an organic cause, 10% presumed as causally related to psychological variables, leaving 3 out of 4 complaints unexplained medically (Kroenke & Mangelsdorf, 1989). (i.e. approx. 75% MUS)
- 191 new referrals to a general medical outpatient clinic, 52% of patients' physical symptoms were medically unexplained (van Hermert, 1993).
- "No serious medical cause" was the "diagnosis" in 25% - 50% of all primary care visits (Barsky & Borus, 1995).

PERCENTAGE OF PATIENTS WITH MUS

- Only 10% -15% of 14 common physical symptoms seen in primary care are found to be caused by an organic illness (i.e. **75% are MUS**) (Morriss, 2007)
- Comprise 40% (in some over 50%) of medical outpatient appointments and 5–10% of in-patient care, with limited evidence of benefit
- 25-50% GP consultations with patients suffering MUS (Barsky; Borus, 1995)
- 10 of most common problems account for 40% of all visits, but GPs can identify a biological cause for the concern in only 26% (i.e. 14% of the 10 most common symptoms MUS) (Nimnuan, 2001)
- Therefore we know MUS are very common, accounting for as many as **1 in 5** new consultations in primary care (Bridges & Goldberg, 1985)



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CHARACTERISTICS OF PATIENTS WITH MUS

- 70% suffer from depression (Malhi 2013)
- Fewer years in formal education (Creed & Barsky 2004)
- Parental illness/neglect in childhood (for women) (Craig, Cox, Klein 2002)
- Considerably worse quality of life compared with MES
- 50% more consultations; 50% more healthcare costs; 33% more hospitalisations
- Generally high levels of health anxiety
- Uncertainty whether it is a physical problem or if symptoms are stress related
- Unnecessary procedures/surgery- can create new health problems/increase anxiety

CHARACTERISTICS OF PATIENTS WITH MUS

- More sick leave & more likely to be unemployed
- Comparable to MES in impairment of physical function (or greater)
- Poorer general health & worse mental health
- Poor affect regulation
- Needy of emotional support
- Past/current family dysfunction and/or a history of trauma, neglect or abuse

COST TO PATIENTS WITH MUS

Significant emotional costs, for example :

1. Frustration & fear by the lack of a diagnosis
2. Anxiety they have the big 'C'
3. Assume only person for whom GP cannot find a diagnosis
4. Isolation exacerbated
5. Variety of expensive, intrusive, sometimes painful tests/investigations/even unnecessary harmful, iterative surgery to no avail

RESILIENCE IS THE ABILITY TO BOUCE BACK



PROMOTING RESILIENCE THROUGH THE BODYMIND APPROACH™

Resilience promotes the ability to **recover** by living well with symptoms, anxiety and/or depression.

Resilience requires an adaption to adverse situations, cultivated in four areas :

- *physical* (working with the bodily symptoms)
- *intellectual* (psycho-education)
- *emotional* (more able to handle stress; wellbeing; acknowledging/processing feelings)
- *relational* (inter-subjectivity between each other and facilitator)
- *spiritual* (renewal as and when existential questions arise)

TBMA aims to incorporate all these aspects

RESILIENCE



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What is Recovery?

"Being in control."

"Moving forward."

"Achieving a better quality of life."

"Feeling happier."

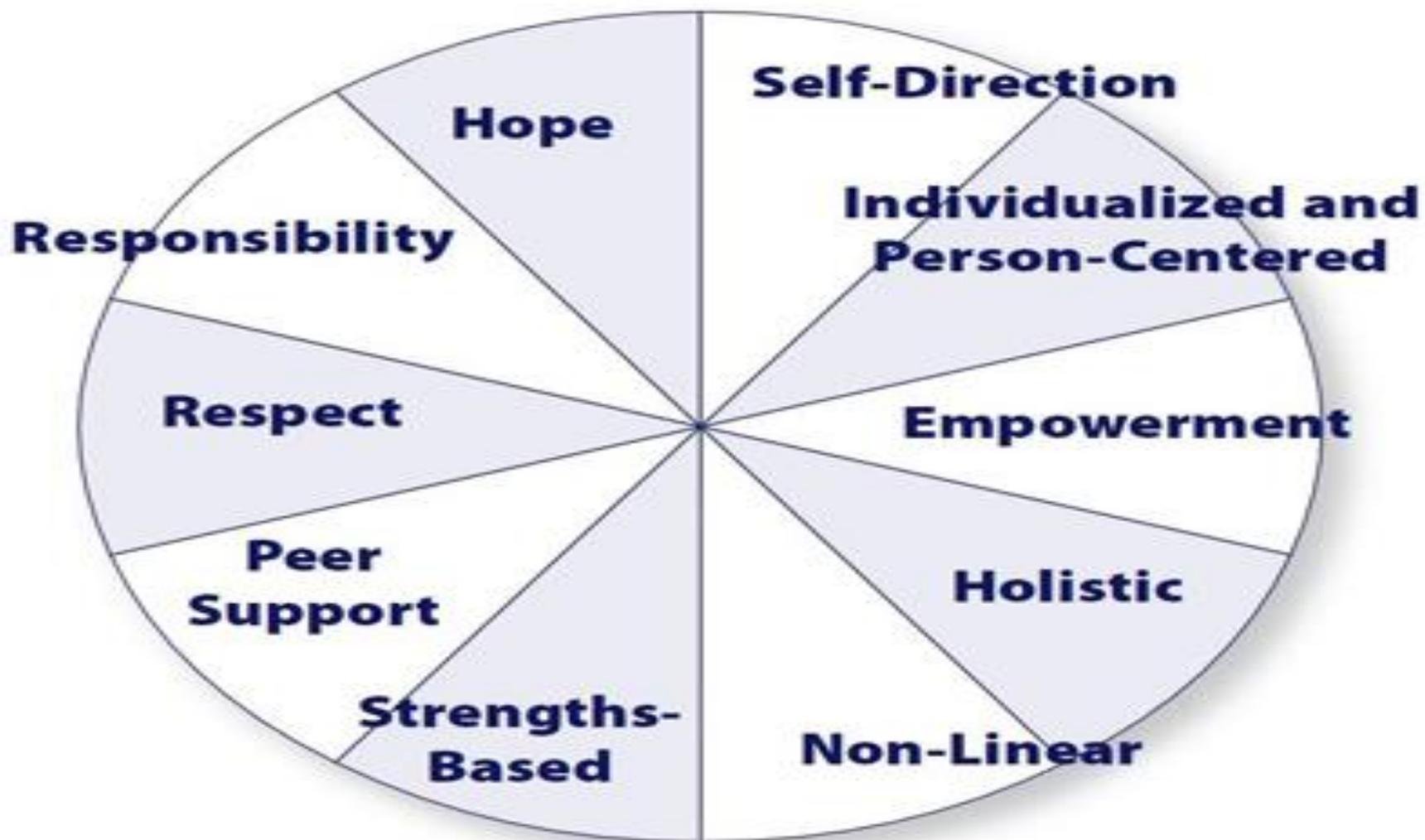
"Having good mental health again."

THE RECOVERY MODEL

Used widely in the UK NHS mental health services and as applied to MUS it aims to:

- Cultivate a different perception of symptoms and valuing of the body
- Reflect a relatively positive adaptation despite significant symptom phenomena as stressors
- Foster protective factors which buffer the negative effects of stress and bodily symptoms

Components of Recovery



A SOLUTION TO THE PROBLEM - THE BODYMIND APPROACH (TBMA)TM

- Derived from an integration of DMP i.e. authentic movement/body awareness, with mindfulness; group work; integrative psychotherapy
- Physical symptom acts as gateway to the mind
- 'Playing with the symptom so it does not play on you'
- Promotes resilience leading towards Recovery

THE MUS CLINIC

- New, effective treatment for patients with broad range of chronic, persistent symptoms
- Complimentary to CBT/Psychotherapy
- Offers a 'both' - 'and' not an 'either' / 'or' for referral to secondary care
- Group format
- A bio-psychosocial approach
- Informed by Neuroscience research (Cozolino, 2002)
- The clinical programme lasts 12 months, two phases





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THE TBMA EMBEDMENT PROJECT

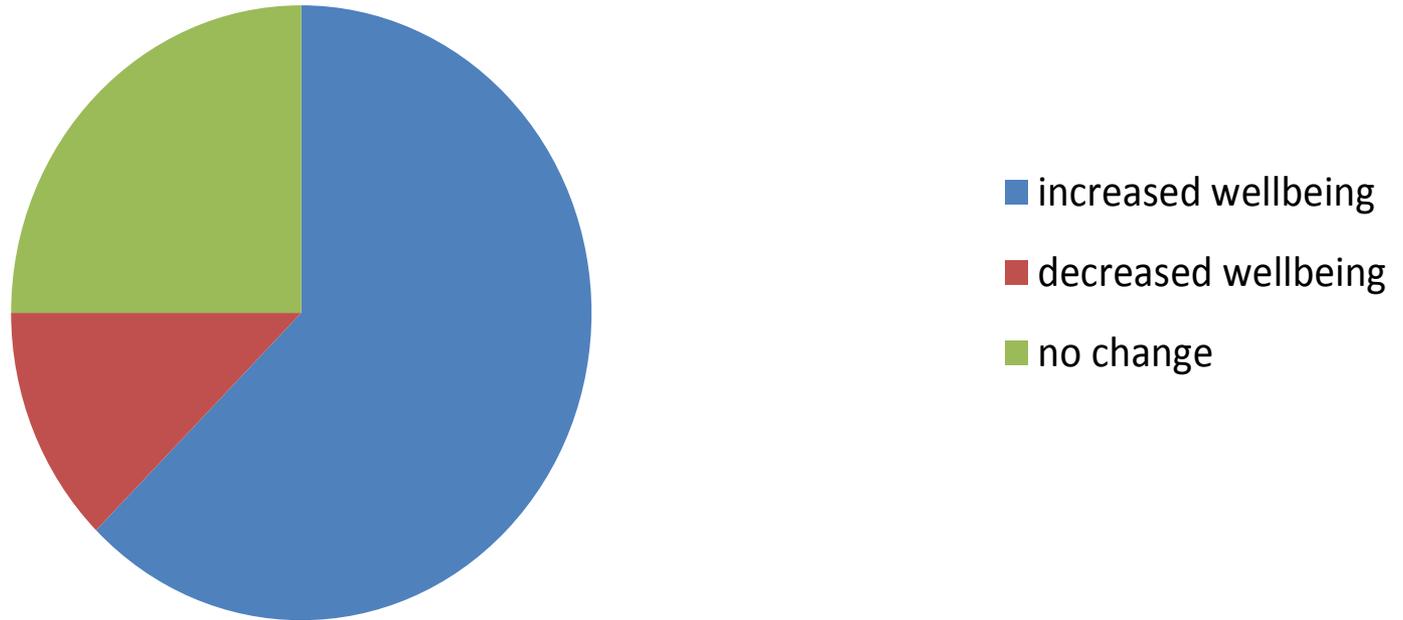
- Based on pilot (Payne & Stott 2010)
- Taking account of conversion and dissociation present in MUS (Lin & Payne 2014)
- Practice-based research
- NHS changes from April 2013 included:
Clinical Commissioning Groups replaced Primary Care Trusts; GPs accountable for contracting, budget spend, patient safety; H&WB boards; GP recruitment; Care Quality Commission; Health & Social Care integration (plus Education for children)

GENERAL WELLBEING

Pie Chart 1: Percentage of patients reporting increased general wellbeing
62.5% of patients report improvement in their feeling of general wellbeing

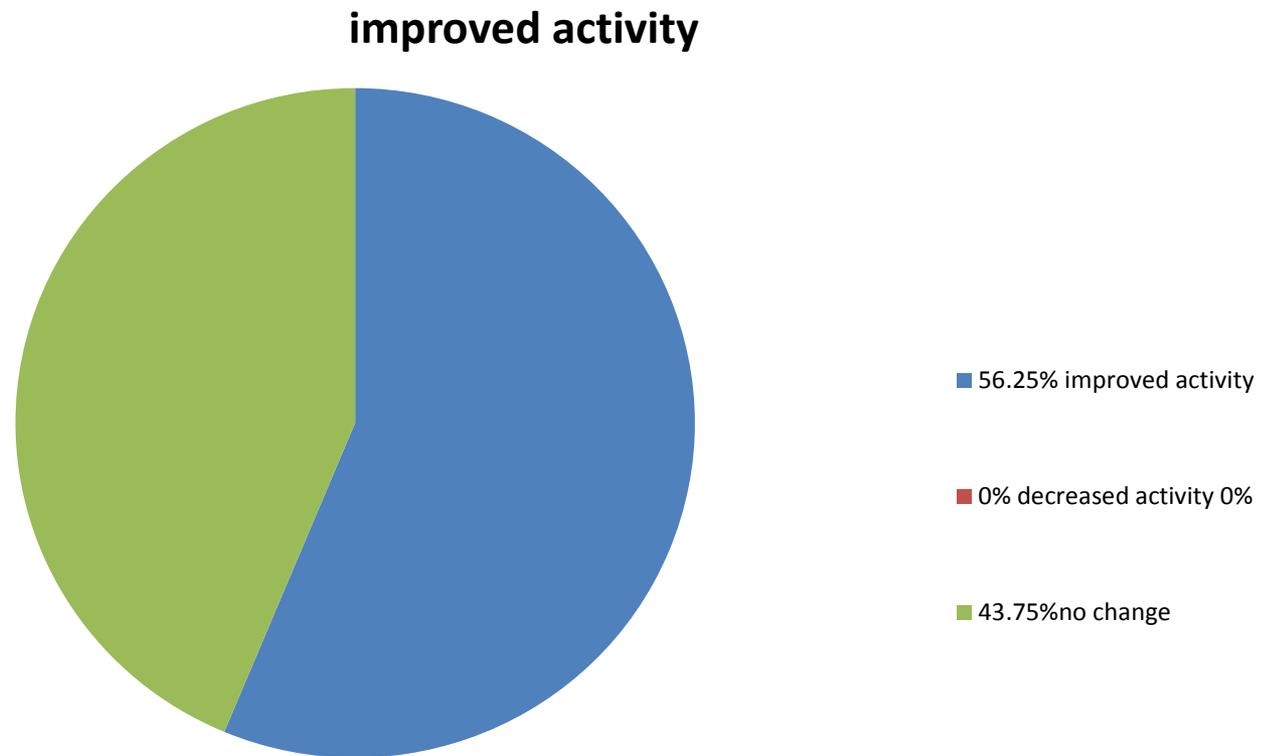
Pie Chart 1: Key: **blue**=62.5%; **green** 25%; **red** 12.5%

general wellbeing



ACTIVITY LEVELS

Pie Chart 2: Percentage of patients reporting improved activity
56.25% of patients report improved activity

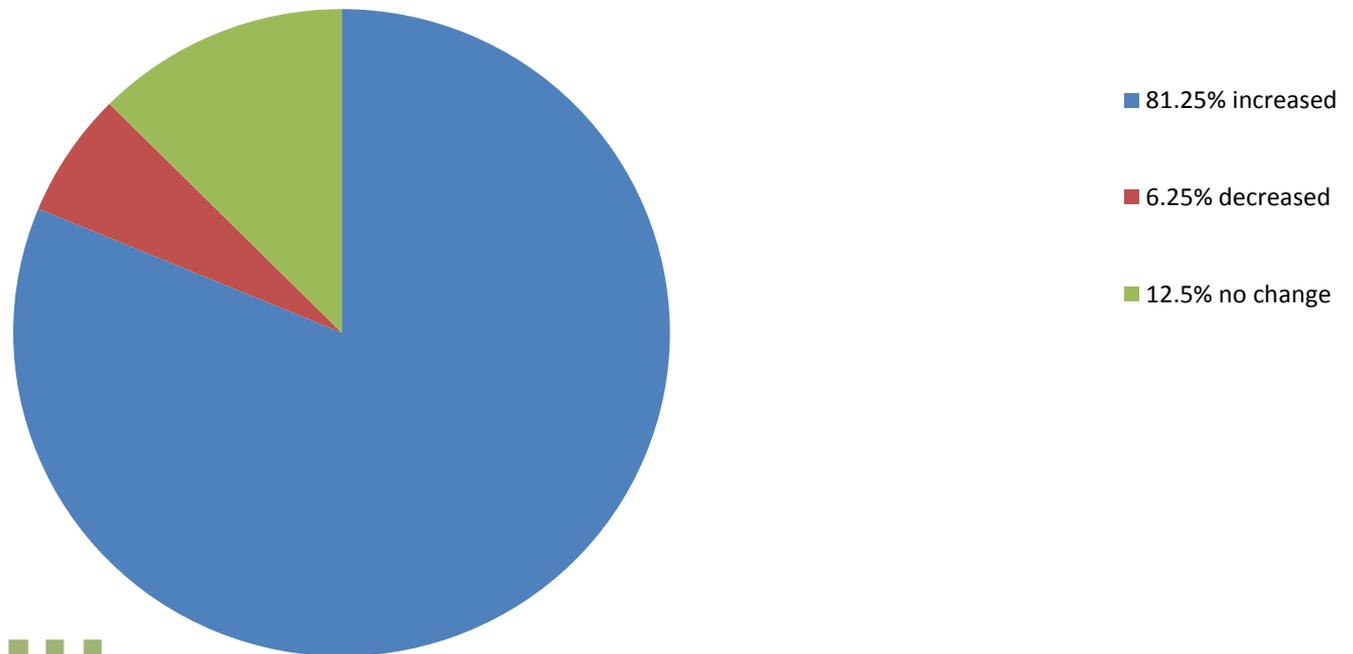


MYMOP OVERALL

Pie Chart 3: Percentage of patients reporting increased overall score for MYMOP including activity, symptom severity and wellbeing

81.25% of patients report improvement in overall scores

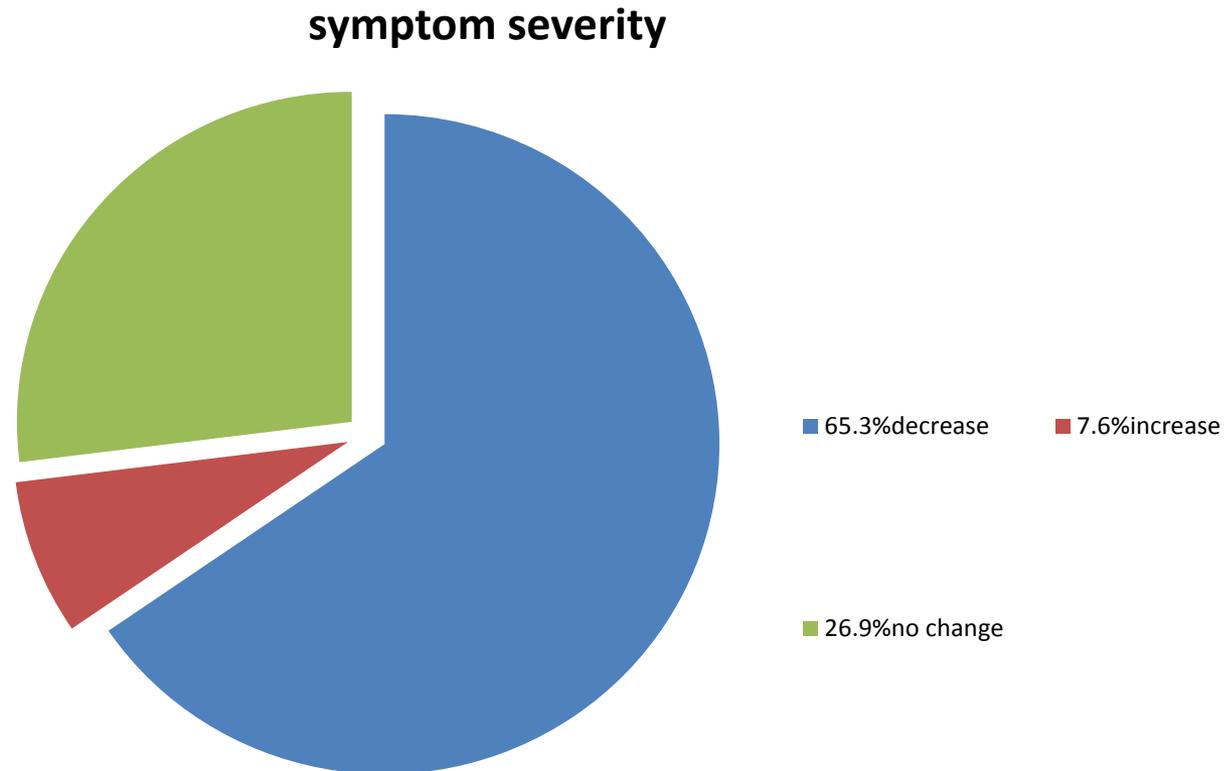
mymop overall



SYMPTOM SEVERITY

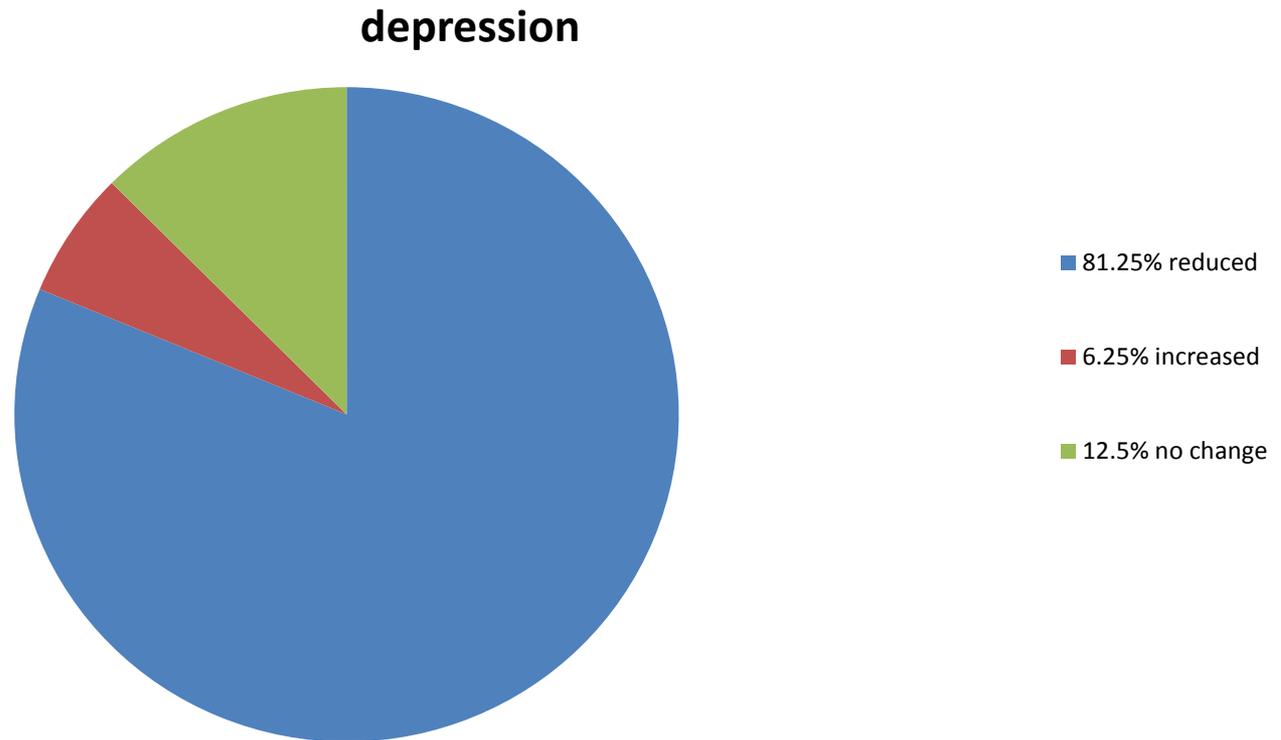
Pie Chart 4: Percentage of patients reporting Symptom Severity

65.3% of patients reported an improvement in symptoms



DEPRESSION

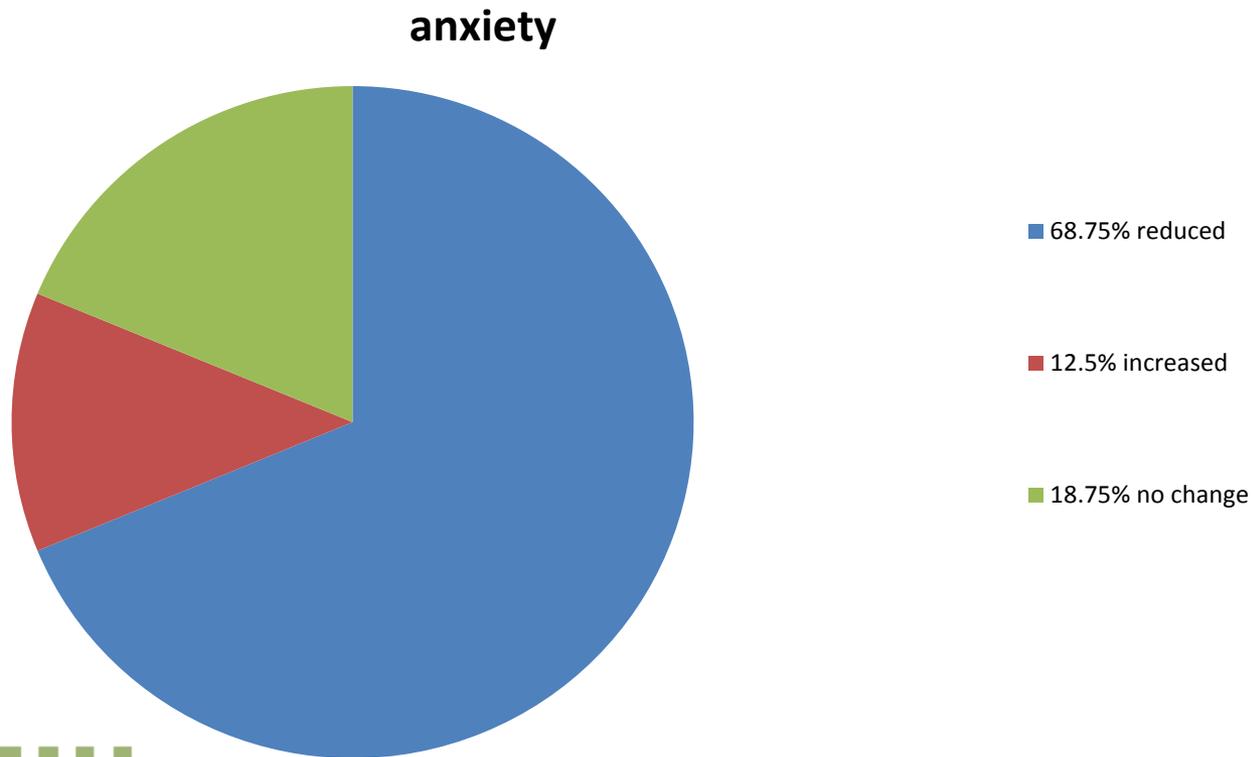
Pie Chart 5: Patients reporting reduced feelings of depression
81.25% of patients reported a reduction in depression



ANXIETY

Pie Chart 6: percentage of patients reporting reduced anxiety levels

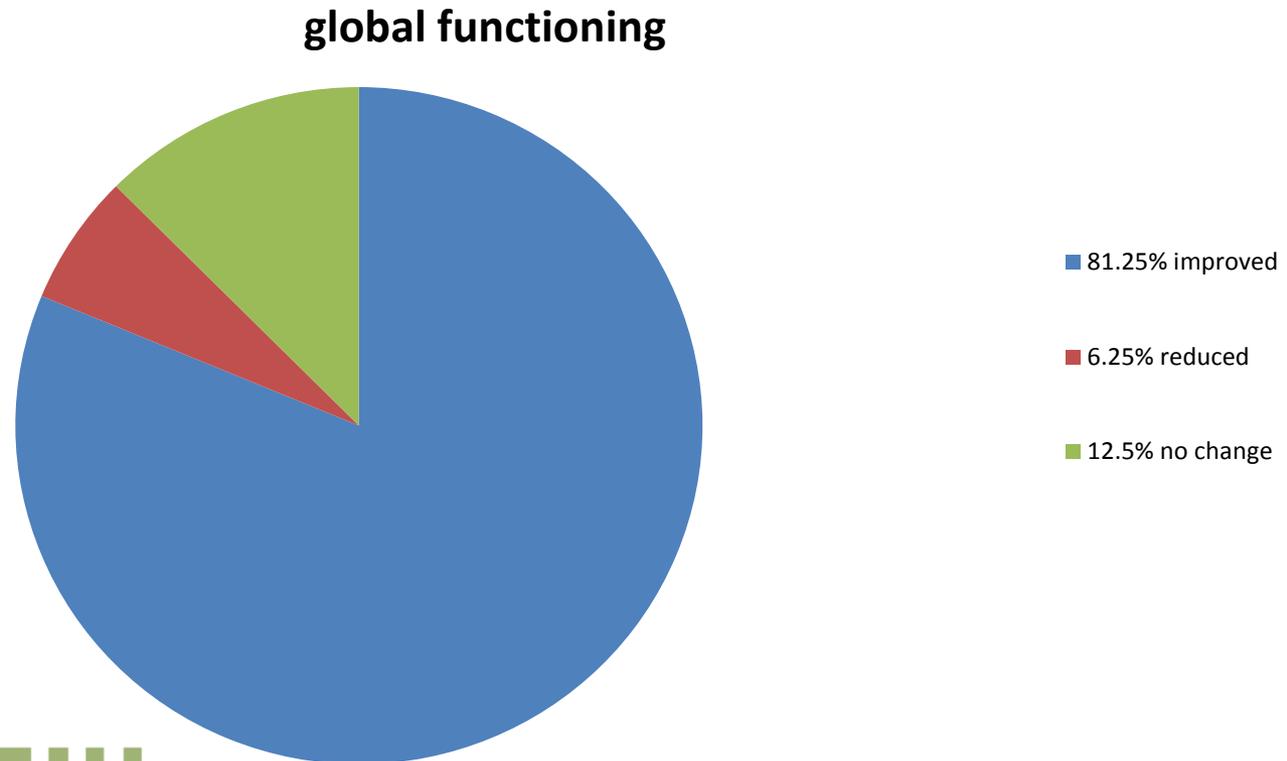
68.75% of patients reported a reduction in anxiety



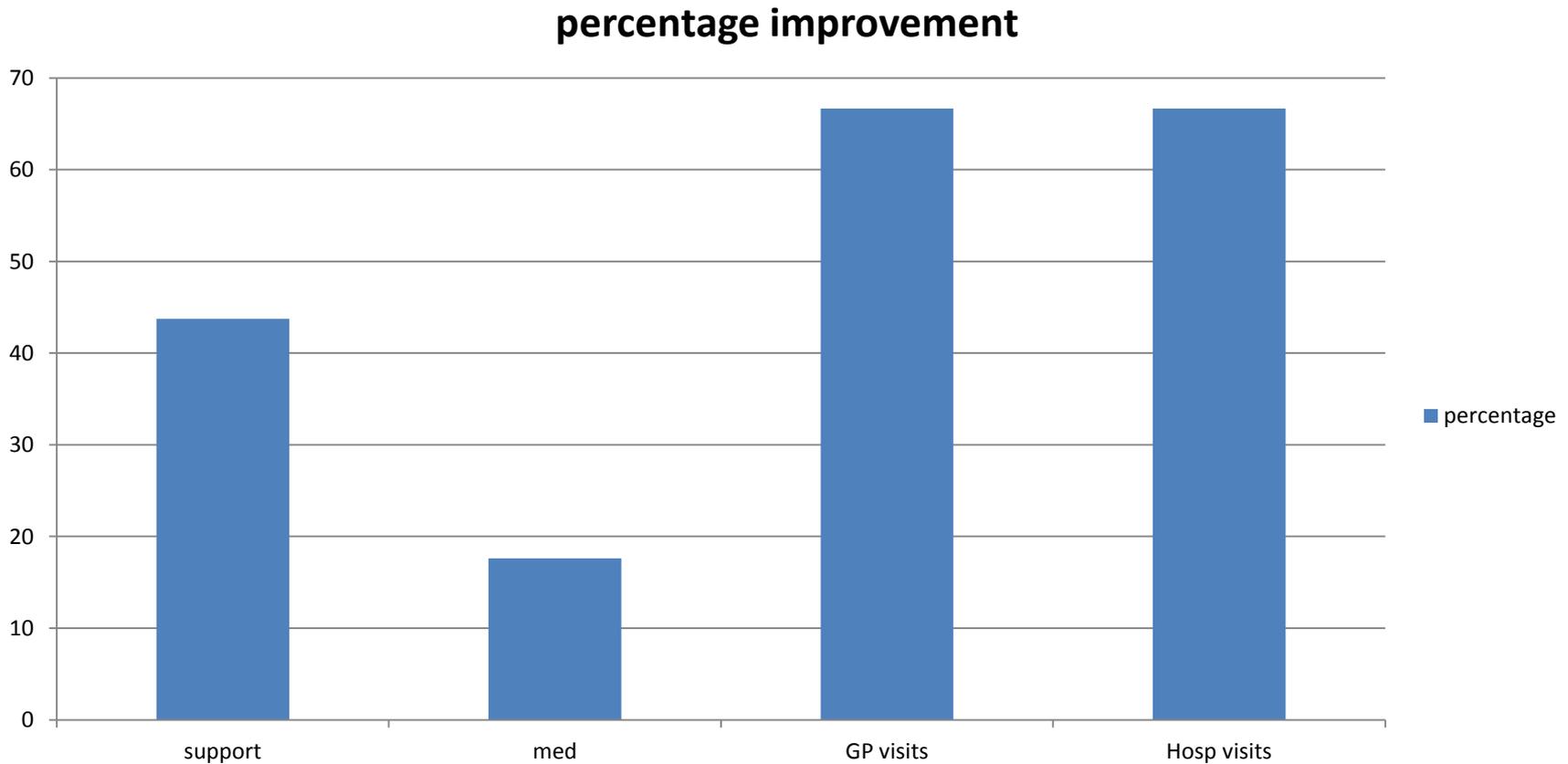
GLOBAL FUNCTIONING

Pie Chart 7: Percentage of patients reporting improved Global Functioning

81.25% of patients report and improvement in global functioning



Example of percentage improvement in social support, medication, GP & hospital visits



Improvement in function pre to post-group shown as patient numbers & percentages MYMOP2; PHQ9; GAD7; GAF

| Test | Improved | Worsened | No Change |
|-----------------------------|----------------|---------------|---------------|
| Depression PHQ9 | 13/16 (81.25%) | 1/16 (6.25%) | 2/16 (12.5%) |
| Global Functioning GAF | 13/16 (81.25%) | 1/16 (6.25%) | 2/16 (12.5%) |
| Overall MYMOP2 | 13/16 (81.25%) | 1/16 (6.25%) | 2/16 (12.5%) |
| Anxiety GAD7 | 11/16 (68.75%) | 2/16 (12.5%) | 3/16 (18.75%) |
| Symptoms MYMOP2 | 17/26 (65.3%) | 2/26 (7.6%) | 7/26 (26.9%) |
| General Wellbeing MYMOP2 | 10/16 (62.5%) | 12/16 (12.5%) | 4/16 (25%) |
| Activity MYMOP2 | 9/16 (56.25%) | 0 | 7/16 (43.75%) |

FOLLOW UP OUTCOMES

The six month post group follow up analysis compared to post group:

- Improvements not only sustained at 3 months post group (pilot) re but continued to maintain/improve further at the 6 month stage in:

functioning

wellbeing

anxiety

depression

symptom distress

The six month post group compared to pre-group analysis showed:

- Improvement or maintenance of **activity** levels (50% of people becoming more active /50% remaining the same when compared to pre-group)
- Improved **well-being** was maintained in 50% of people at post-group when compared to pre group
- Improvement in **social, occupational and overall functioning** in 75% of people when compared to pre group)

SELF MANAGED CARE

- Patients have demonstrated their capacity for resilience post TBMA group intervention
- Patient management of their symptoms became habitual over time
- Patients sustained feelings of wellbeing giving them greater inner resources to cope when symptoms were experienced
- Feelings of empowerment was cultivated to control their symptoms over time leading to self managed care reducing dependence on the NHS, thus saving resources and increasing GP capacity

PATIENT EVALUATION

“It was helpful to be in a group of people sharing similar problems”

“Achieved a return to work and overcoming of fibromyalgia”

“There was a freedom of expression and an alternative way to consider coping with my problems”

“The focus was on the MUS issues”

“The group was good in that we spoke and listened to each other “

“I wish it had been available 5 years ago when the symptoms started”

QUOTATIONS FROM COMMISSIONERS

- ‘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’



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COMMENTS FROM GPs

“ I am grateful to this service which has helped my patient enormously to cope better with her symptoms”

“What an excellent service, my patient has never returned and he was coming every week and writing long letters to me”

“This service should be the first port of call”

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THANK YOU FOR YOUR TIME
ANY COMMENTS/QUESTIONS ?

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