



Medically unexplained symptoms

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Plan

- What are MUS?
- Prevalence, severity and outcome
- Sickness and disability
- Treatment

Medically unexplained symptoms

- Physical symptoms suggesting physical disorder for which there are no demonstrable organic findings or known physiological mechanism,
- **AND** for which there is positive evidence, or a strong assumption, that the symptoms are linked to psychological factors.

MUS

- Not only a diagnosis of exclusion but
- also requires a positive diagnosis of psychological factors



Janet

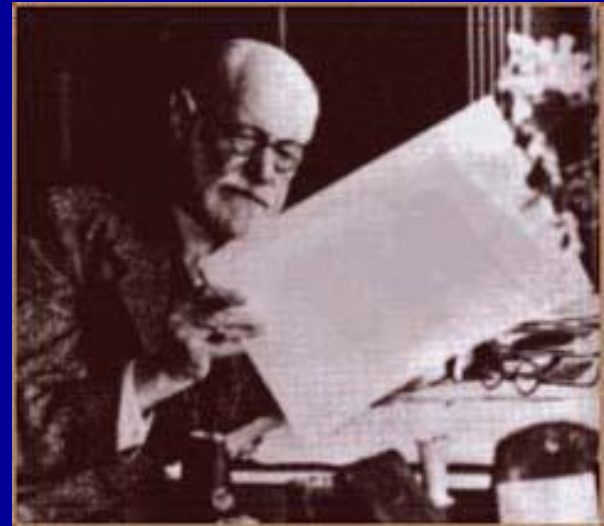


“Talking Cures”



Freud

Janet

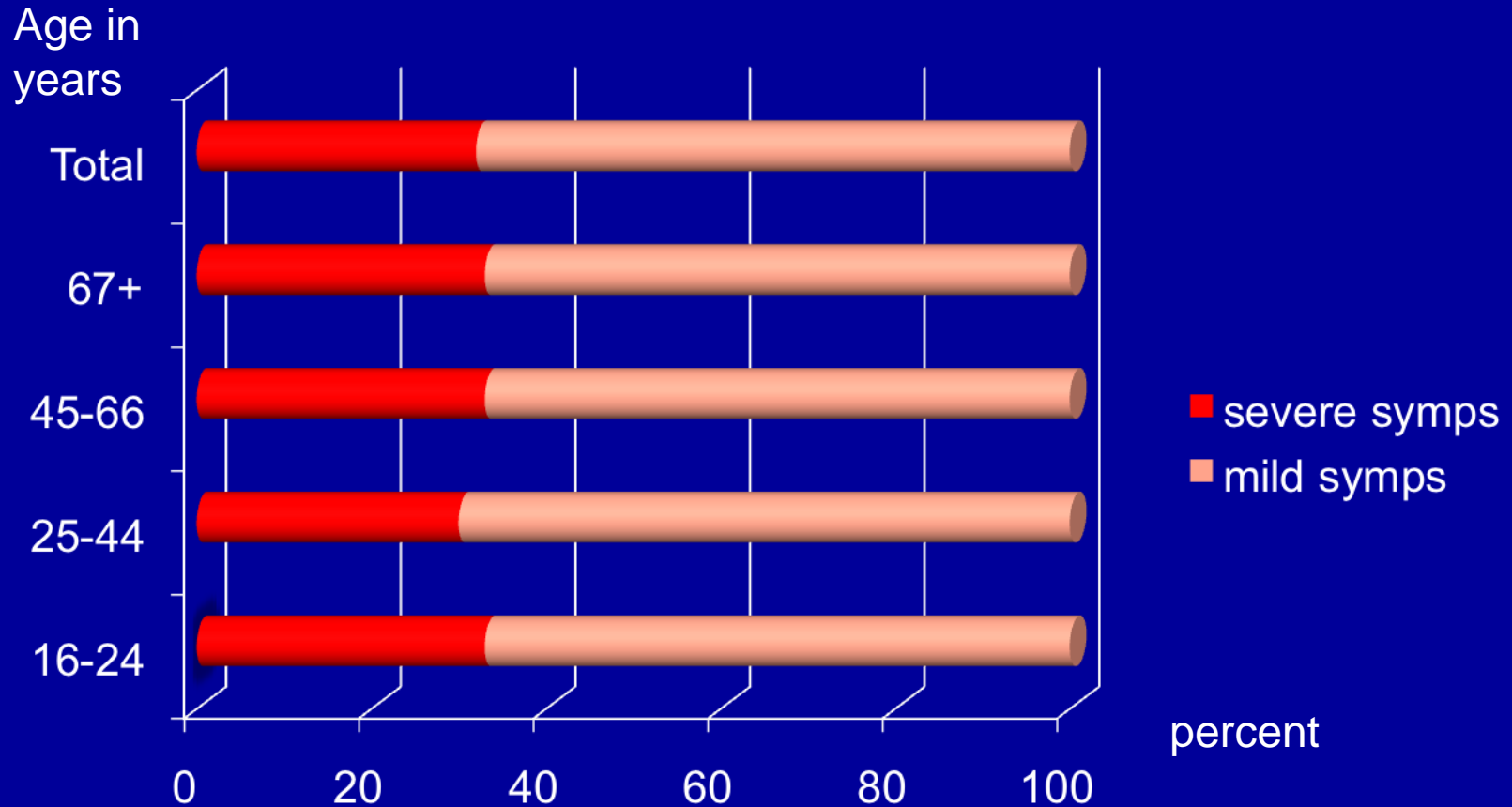


Somatisation and emotional distress



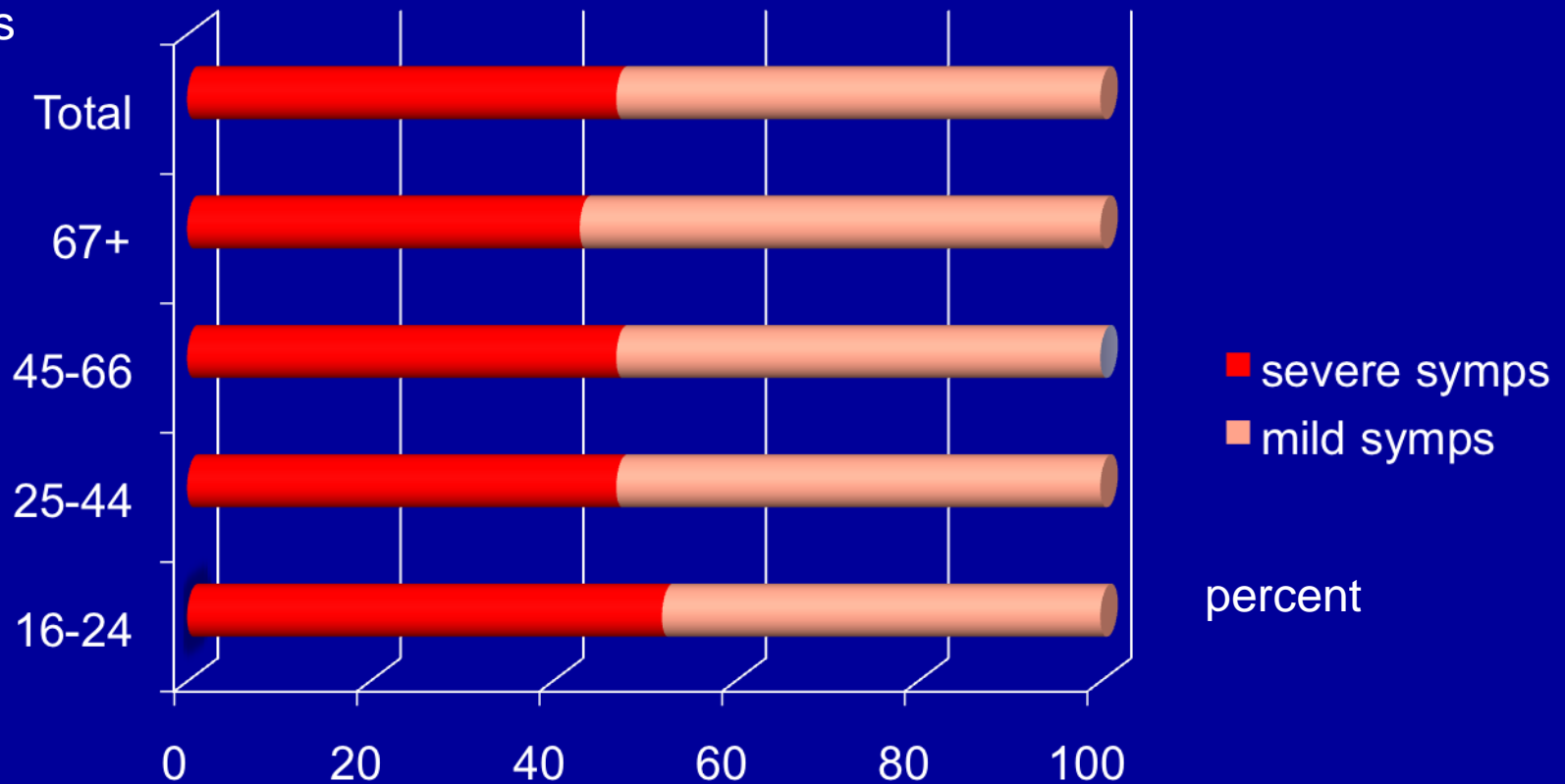
Somatic symptoms are normal

Frequency of somatic symptoms in the Danish Population over a two week period (males)



Frequency of somatic symptoms in the Danish Population over a two week period (females)

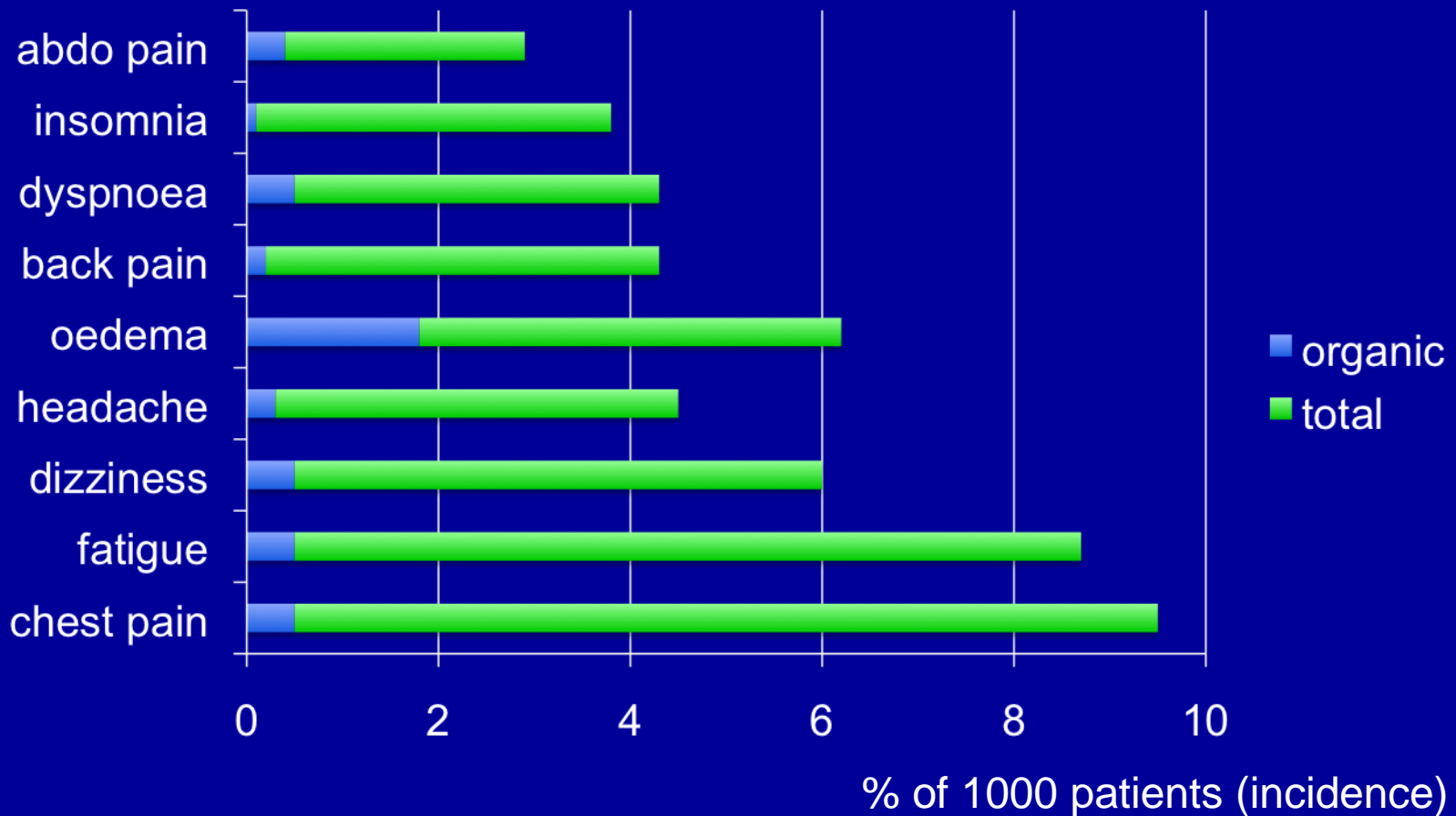
Age in years



percent

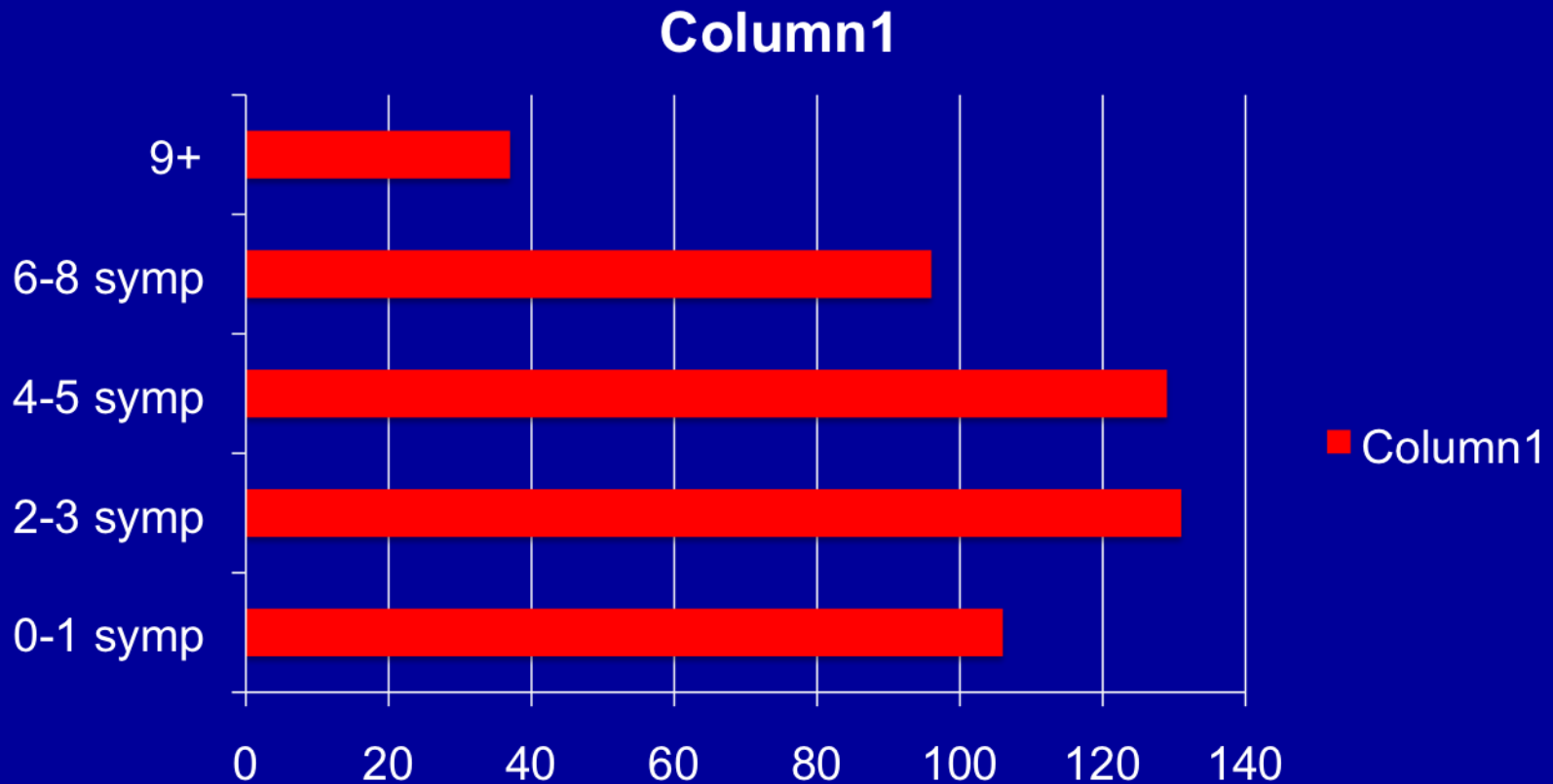
Incidence and aetiology of the 10 most common symptoms

3 year FU



Most patients have multiple symptoms

(500 primary care patients presenting with a physical condition)



Symptoms can be measured and monitored like any other disease/condition



During the past four weeks, how much have you been bothered by any of the following problems?

	Not at all	A little	A lot
Stomach pain			
Back pain			
Pain in your arms, legs, or joints (knees, hips, etc.)			
Menstrual cramps or other problems with your periods			
Pain or problems during sexual intercourse			
Headaches			
Chest pain			
Dizziness			
Fainting spells			
Feeling your heart pound or race			
Shortness of breath			
Constipation, loose bowels, or diarrhea			
Nausea, gas, or indigestion			

NOTE: If a patient reports being bothered "a lot" by at least three of the symptoms without an adequate medical explanation, a somatoform disorder should be considered.



Symptom Clusters

Infectious diseases

Dizziness
Excessive
fatigue
headaches

Reumatological

Pains in joints
Pains in lower
back
numbness

Gastroenterological

Nausea
Stomach
cramps
Heartburn
bloating

Cardiological

Chest pain
Breathing
difficulty
Breathlessness
palpitations

- “The existence of specific somatic syndromes is largely an artefact of medical specialisation”

- Simon Wessely
- Lancet 1999

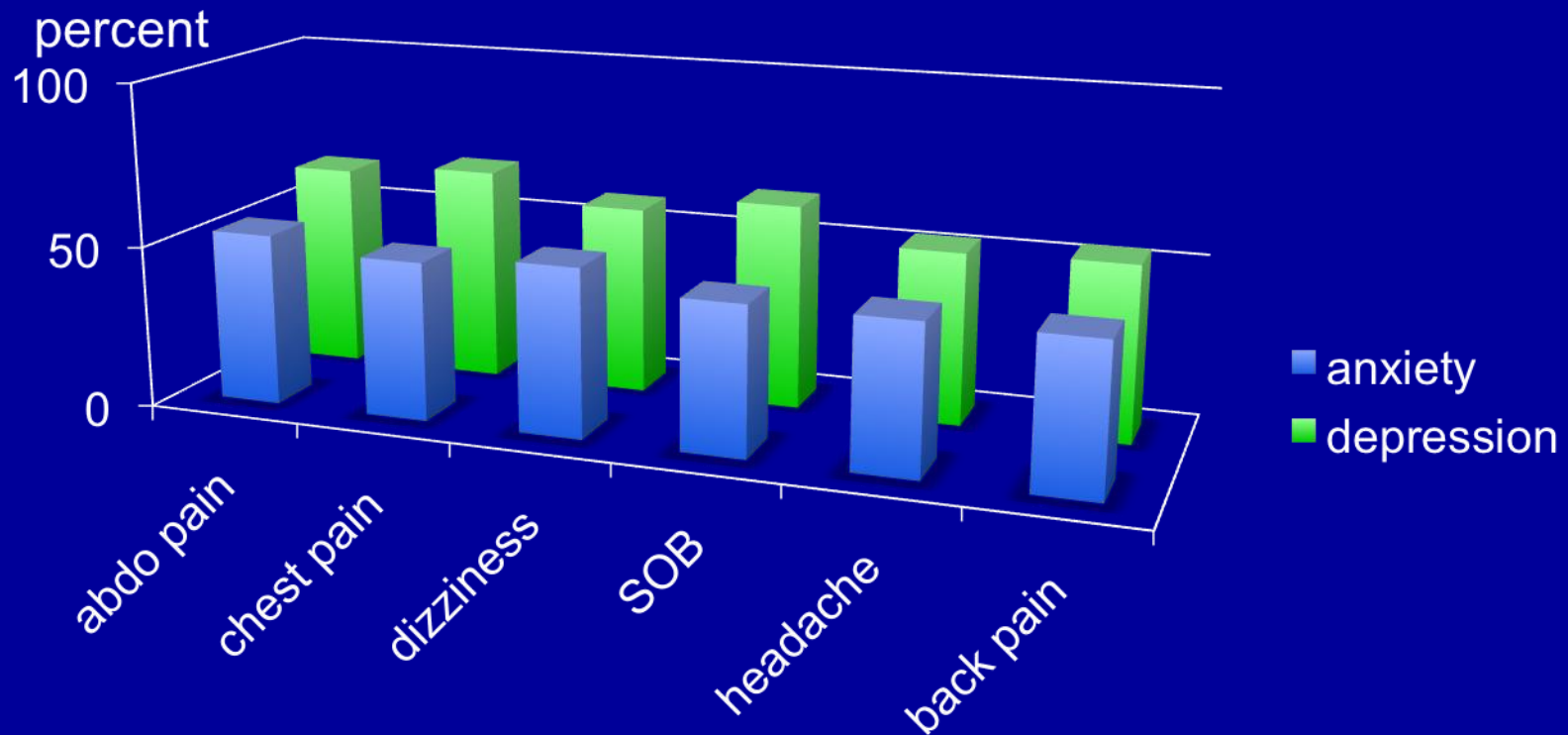
Functional Somatic Syndromes

- Chronic fatigue syndrome
- Irritable bowel syndrome
- Functional dyspepsia
- Chronic pelvic pain
- Multiple chemical sensitivity syndrome (20th Century Disease)
- Fibromyalgia
- Temporomandibular joint pain
- Globus

Functional Somatic Syndromes are associated with depression and anxiety

- Meta-analysis of 244 studies:
- IBS, Fibromyalgia, non-ulcer dyspepsia, chronic fatigue syndrome
- Syndromes had greater association with depression and anxiety than healthy controls or patients with related, organic syndromes

Unexplained symptoms and psychiatric co-morbidity

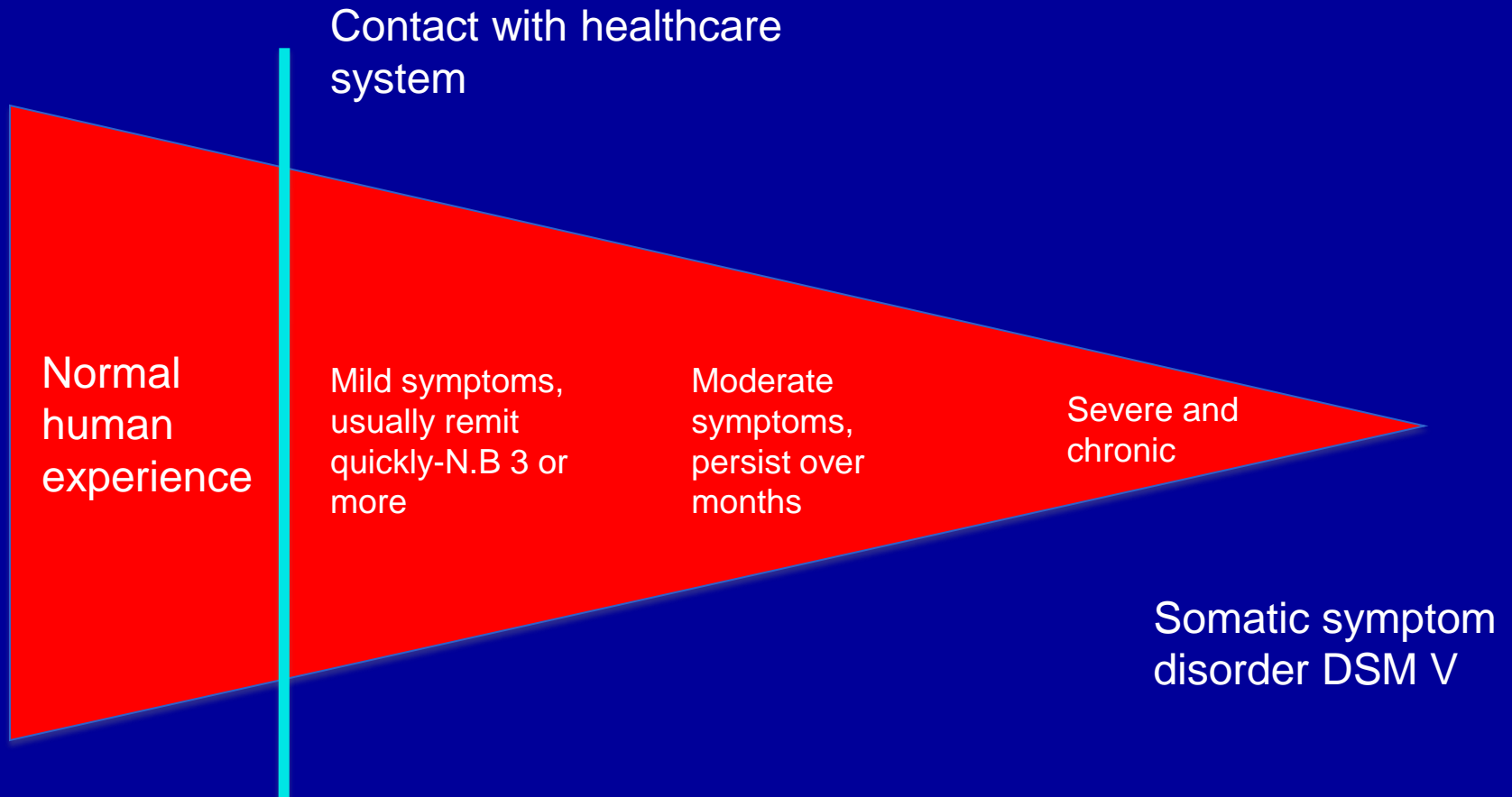


Serious diseases that are not found or expected after initial evaluation seldom emerge later

Symptoms	Study	number	Follow up
Back pain	Von Korff (1993) Costa (2009)	1534	12
Chest pain	Sox (1981)	254	4-20
Neurological	Stone (2009)	1144	18
Fatigue	Kroenke (1988)	102	12
Dizziness	Kroenke (1992)	100	12
Diarrohea	Hawkins (1971)	163	24-240
Palpitations	Weber (1996)	190	12
Abdo pain	Wasson (1981) Martina (1997)	664	4-29

Only 4 patients later found to have organic disease

MUS is a spectrum disorder



Somatic Symptom Disorder

- One or more somatic symptoms that are distressing or result in significant disruption of daily life
- Excessive thoughts, feelings or behaviours related to the somatic symptoms or associated health concerns manifested by at least one of:
 - Disproportionate and persistent thoughts about the seriousness of the symptoms
 - Persistent high level of anxiety about health or symptoms
 - Excessive time and energy devoted to these symptoms
- Six months or longer

Medically unexplained symptoms

How common are they in medical settings

- Primary care: 15-19%
- Medical out-patients: 35-52%

Burton C. British Journal of General Practice 2003;
Nimnuan Journal of Psychosomatic Research 2001
Hamilton J Journal of the Royal College of Physicians 1996.
Jackson J Journal of Psychosomatic Research 2006.
Kooiman CG Psychosomatic Medicine 2000

Medically unexplained symptoms in medical out-patient clinics

	No of pts	% unex	Clinics
Nimnuan 2001	550	52%	Gynaecology, Neurology Cardiology, Gastroenterology
Van Hemert 1993	191	52%	General medical
Hamilton 1996	324	35%	Neurology, Cardiology,
Fiddler 2004	295	39%	Gastroenterology
Kooiman 2004	695	39-50%	General Medicine

Outcome

- Between 50-70% patients (primary care or community) find symptoms wane within a 12 month period (Hiller et al, 2006; Simon et al, 1999; Gureje et al, 1999; olde Hartman et al, 2009)
- At least 70% find symptoms wane over 10 years (Leiknes et al, 2007)
- In secondary care symptoms are more persistent

- Two recent systematic reviews of the course and prognosis of MUS, have reported that approximately half of patients develop persistent symptoms (Rief et al, 2007; olde Hartman et al, 2009).
- Factors associated with a poorer outcome are number and severity of symptoms at baseline.
- People with more severe and persistent symptoms have poor physical function, impaired quality of life, and high healthcare costs (Katon et al,1991).

The impact on healthcare costs, sick leave and disability

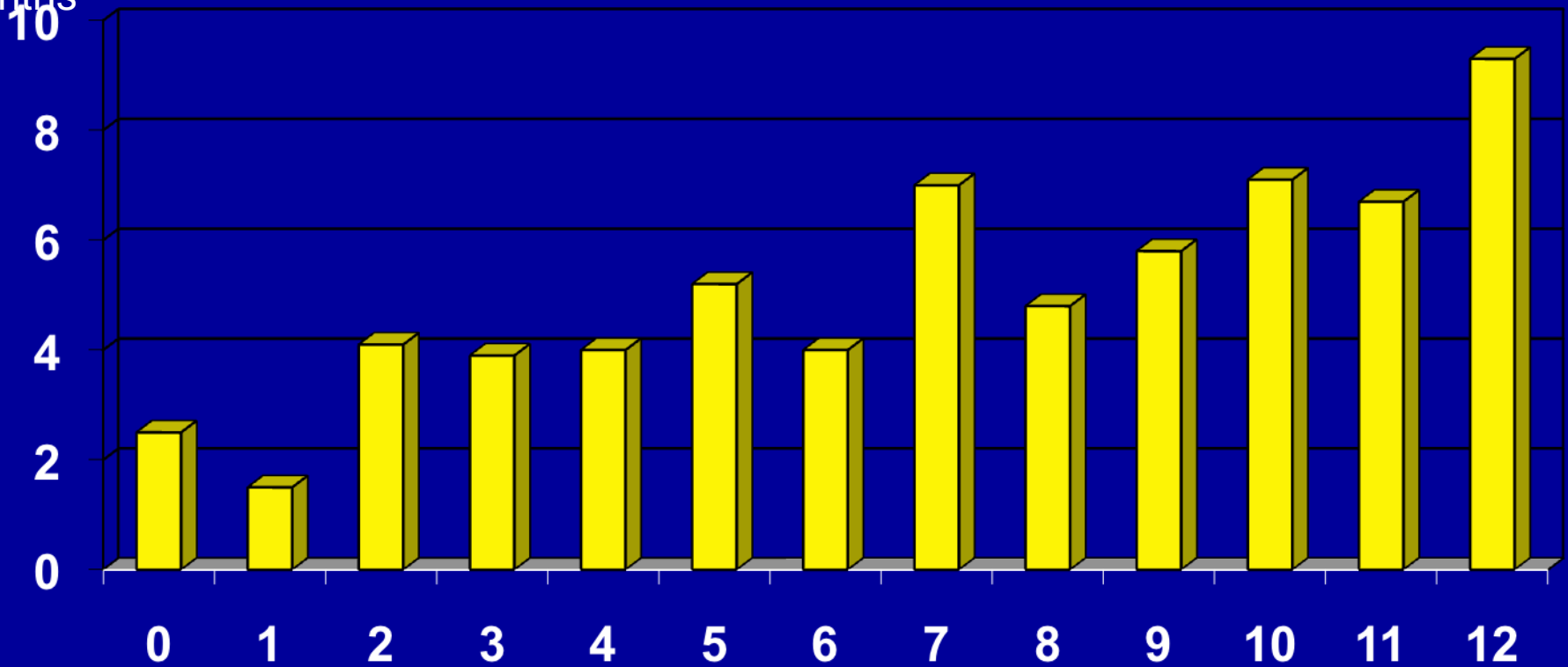
Relationship between symptoms and impairment

- Number of bodily symptoms and illness worry are distributed continuously in primary care or population based samples.
- Linear relationship between number of bodily symptoms and degree of impairment and frequency of health care use.
- Number of bodily complaints is also related in linear fashion to degree of psychological distress.

Number of medical consultations over 6 months by IPQ score

Number of doctor

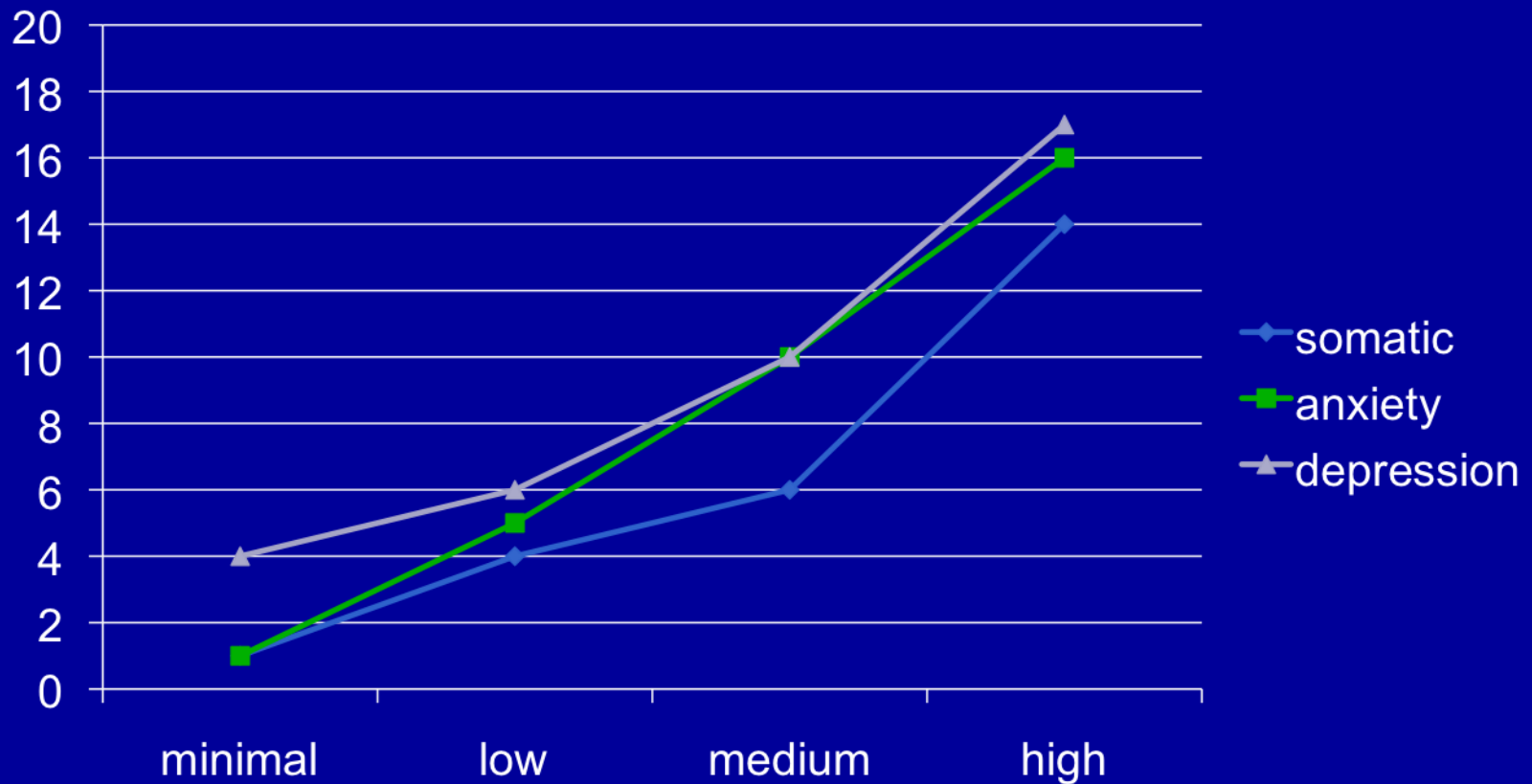
Visits over 6
months



IPQ identity score=number of bodily symptoms

There is a relationship between somatic symptoms and psychological symptoms

Disability days



ICD diagnosis: “Signs, symptoms & ill-defined conditions” (ICD codes 780-789)

- UK NHS : most costly diagnostic category of out-patients
- 4th most expensive category in primary care
- Netherlands: 5th most expensive category
- USA: 5th most frequent reason for clinic visits (60 million per annum)
- Cherry et al . National Ambulatory Medical Care Survey: 2005 CDC National Center for Health Statistics. 2007.

- A recent estimate of the excess costs and utilisation of health care services in England as a result of MUS was approximately £3.145 billion per annum in the fiscal year 2008/2009 (DH 2011).
- Costs appear higher than those incurred by stroke and cancer
- Do not take into account other significant costs to society of MUS, such as time lost from work, reduced productivity, and sickness benefits.

- High levels of somatic symptom severity are determinants of prolonged sickness absence, enduring disabilities and health-related job loss.
- In one study, the median duration of sick leave for people with high somatic symptom scores was 78 days longer than those without

- The degree of disability associated with somatic symptoms is equal or greater than that associated with many, major medical disorders.

- Negative predictors of return to work in employees with mental health problems are:
- Duration of problems greater than 3 months prior to sickness absence
- Somatisation/MUS

Patient samples



Reference group
(well defined physical disease)
N=833



Multiple symptoms
(n=84)



Somatoform
(severe MUS)
(n=183)

Risk of new awards of full or partial disability pension during 10 years follow-up



Reference Group = 1

- N=775



Risk = 2.15 (1.08; 4.27)

- N=76
- Risk is double



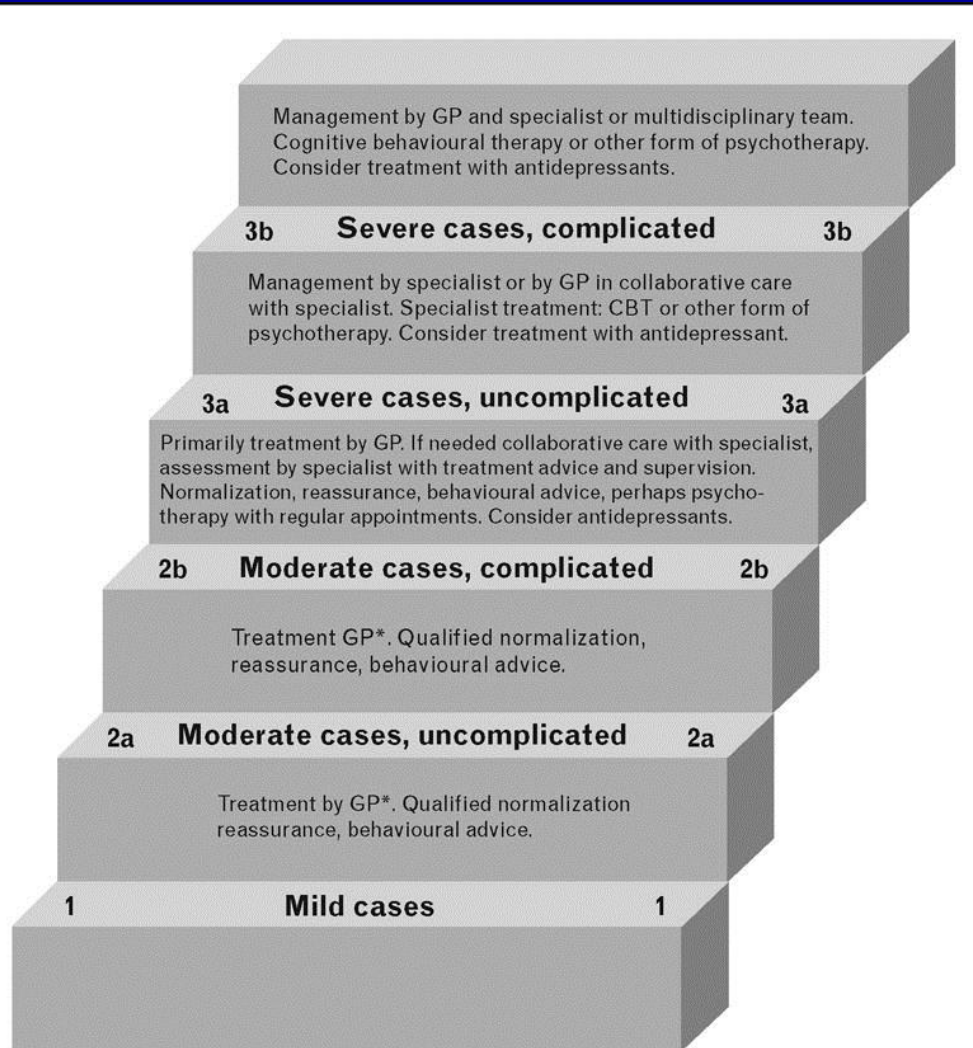
Risk = 4.04 (2.55;6.40)

- N=145
- Risk is quadruple

Some Specific therapies that have been shown to treat MUS

Strong evidence	Moderate Evidence	Weak Evidence
Cognitive behavioural therapy		
Exercise		
antidepressants		
Consultation letter to primary care physician		
Non-CBT psychotherapies (psychodynamic-interpersonal therapy)		
Training of primary care physicians in MUS care		

Clinical Considerations



Graded response

Mild cases-
management by
GP

Severe cases
require
multidisciplinary
team with
psychological
treatment and
antidepressants

Henningsen 2008

Conclusions

- MUS are common
- Spectrum disorder
- More symptoms are associated with an increasing likelihood of psychological symptoms, disability, sickness absence and retirement because of ill health
- There is good evidence MUS can be treated (mild to moderate forms)
- Less evidence for treatment impact on return to work