Medically unexplained symptoms

Professor Else Guthrie
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)

Ekholm et al 2005
Frequency of somatic symptoms in the Danish Population over a two week period (females)
Incidence and aetiology of the 10 most common symptoms

Kroenke and Mangelsdorff, 1989
Most patients have multiple symptoms
(500 primary care patients presenting with a physical condition)

Kroenke et al, 1997
Symptoms can be measured and monitored like any other disease/condition.
Symptom Clusters

Infectious diseases
- Dizziness
- Excessive fatigue
- Headaches

Gastroenterological
- Nausea
- Stomach cramps
- Heartburn
- Bloating

Reumatological
- Pains in joints
- Pains in lower back
- Numbness

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

Henningsen et al, 2003
Unexplained symptoms and psychiatric co-morbidity

Kroenke et al, 1994
Serious diseases that are not found or expected after initial evaluation seldom emerge later.

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Study</th>
<th>number</th>
<th>Follow-up duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back pain</td>
<td>Von Korff (1993)</td>
<td>1534</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Costa (2009)</td>
<td></td>
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<tr>
<td>Chest pain</td>
<td>Sox (1981)</td>
<td>254</td>
<td>4-20</td>
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<tr>
<td>Neurological</td>
<td>Stone (2009)</td>
<td>1144</td>
<td>18</td>
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<tr>
<td>Fatigue</td>
<td>Kroenke (1988)</td>
<td>102</td>
<td>12</td>
</tr>
<tr>
<td>Dizziness</td>
<td>Kroenke (1992)</td>
<td>100</td>
<td>12</td>
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<tr>
<td>Diarrohea</td>
<td>Hawkins (1971)</td>
<td>163</td>
<td>24-240</td>
</tr>
<tr>
<td>Palpitations</td>
<td>Weber (1996)</td>
<td>190</td>
<td>12</td>
</tr>
<tr>
<td>Abdo pain</td>
<td>Wasson (1981)</td>
<td>664</td>
<td>4-29</td>
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</tbody>
</table>

Only 4 patients later found to have organic disease.
MUS is a spectrum disorder

- Normal human experience
- Mild symptoms, usually remit quickly - N.B. 3 or more
- Moderate symptoms, persist over months
- Severe and chronic

Contact with healthcare system

Somatic symptom disorder DSM V
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.
Kooiman CG Psychosomatic Medicine 2000
<table>
<thead>
<tr>
<th></th>
<th>No of pts</th>
<th>% unex</th>
<th>Clinics</th>
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</thead>
<tbody>
<tr>
<td>Nimnuan 2001</td>
<td>550</td>
<td>52%</td>
<td>Gynaecology, Neurology, Cardiology, Gastroenterology</td>
</tr>
<tr>
<td>Van Hemert 1993</td>
<td>191</td>
<td>52%</td>
<td>General medical</td>
</tr>
<tr>
<td>Hamilton 1996</td>
<td>324</td>
<td>35%</td>
<td>Neurology, Cardiology, Gastroenterology</td>
</tr>
<tr>
<td>Fiddler 2004</td>
<td>295</td>
<td>39%</td>
<td></td>
</tr>
<tr>
<td>Kooiman 2004</td>
<td>695</td>
<td>39-50%</td>
<td>General Medicine</td>
</tr>
</tbody>
</table>
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

IPQ identity score = number of bodily symptoms

There is a relationship between somatic symptoms and psychological symptoms.
ICD diagnosis: “Signs, symptoms & ill-defined conditions” (ICD codes 780-789)

- **UK NHS**: most costly diagnostic category of out-patients
- 4\textsuperscript{th} most expensive category in primary care

- **Netherlands**: 5\textsuperscript{th} most expensive category

- **USA**: 5\textsuperscript{th} most frequent reason for clinic visits (60 million per annum)

• 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

Hoedeman et al, 2010
• The degree of disability associated with somatic symptoms is equal or greater than that associated with many, major medical disorders.

Harris et al, 2008
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

Brouwers et al, 2009
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

<table>
<thead>
<tr>
<th>Strong evidence</th>
<th>Moderate Evidence</th>
<th>Weak Evidence</th>
</tr>
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<tbody>
<tr>
<td>Cognitive behavioural therapy</td>
<td>Exercise</td>
<td>Antidepressants</td>
</tr>
<tr>
<td>Consultation letter to primary care physician</td>
<td>Non-CBT psychotherapies (psychodynamic-interpersonal therapy)</td>
<td>Training of primary care physicians in MUS care</td>
</tr>
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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