Medically Unexplained Symptoms

Sigrún Ólafsdóttir

“Development and evaluation of a cognitive behavioural treatment for medically unexplained symptoms that cause work disability”

- A collaboration between our research group and VIRK, Vocational Rehabilitation found.
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The project

Has two phases with two distinctive goals:

1. Assess the prevalence of MUS among people who seek work rehabilitation through VIRK and examine their associations with social adjustment work disability, psychological functioning, medication use, health-care utilization and societal cost.

2. To develop, translate, adapt and evaluate a hybrid transdiagnostic cognitive behavioural intervention for MUS that will be easy to deliver, well manualized and cost-effective.

Medically unexplained symptoms

- Also called *functional symptoms*
- Medically unexplained symptoms (MUS) are physical symptoms that are not caused by any known biological, organic or physical pathology.
- Symptoms are referred to as medically unexplained when no explanation can be found despite thorough examination and investigation.
  - This means that the symptoms cannot be accounted for with any known disease, physical aspects of a psychological disorder or the effects of a substance.
- Many different MUS have been described and they are found in most medical specialities.
- Examples: Irritable bowel syndrome, Chronic fatigue, Fibromyalgia, Non-cardiac chest pain, Premenstrual syndrome and Chronic pain.

Medically Unexplained symptoms

- Exist on a continuum
  - From a single symptom to multiple symptoms
  - From mild symptoms to very severe symptoms
- Many definitions of MUS exist which causes some problems for research on MUS.

Medically Unexplained Symptoms from a psychological standpoint

- Medically Unexplained Symptoms are REAL symptoms that cause people both great suffering and functional impairment.
- Using psychological explanations or psychological treatment for MUS does NOT imply that the symptoms are in any way fake, imaginary or unreal.
- MUS do not necessarily all have a psychological causation.
  - It is possible that in some, or even all, instances a medical trigger may be identified.
- The basis for MUS almost certainly varies from individual to individual, in terms of the contribution of a range of physiological and psychological factors.

Prevalence

- Research has indicated that:
  - MUS are very common in all health care settings.
  - About one third and in some research up to 65% of all patients that seek consultation within the primary health care have one or more medically unexplained symptoms.
  - According to Kirmayer et al. MUS comprise between 15% and 30% of all primary care consultations.
  - In secondary care it has been estimated that between one third and two thirds of patients have MUS.
  - About one fifth of patients who frequently attend several secondary care specialities have MUS.
  - A recent Danish study found that 17% of primary care patients had MUS that caused them some disability (using a more restrictive defention).
- Very little is known about the prevalence of MUS in Iceland

Medically Unexplained Symptoms

- MUS has been associated with high rates of disability and psychological distress.
- Many individuals with MUS have a chronic illness.
  - In a recent Danish study of primary care patients more than half of patients with MUS and more than 80% of patients with multiple MUS, still had the symptoms 2 years later.
  - There are high psychiatric comorbidity rates in individuals with MUS although these symptoms can also occur in the absence of a mental disorder.

Health care use and health care cost

- MUS carry with them considerable cost for society in forms of:
  - ***High health care use,*** which tends to increase with number of MUS and symptom severity.
  - ***High health care cost.***
  - There is evidence that ***over investigation*** and ***over treatment*** is common with these individuals.
- The amount of healthcare resources that patients with MUS use is disproportionate in comparison with the healthcare use of patients suffering from other conditions.
  - ***This use of resources does not seem to lead to symptoms improvement or reduction in distress caused by the MUS.***
- Conventional medical therapy is largely ineffective for MUS.
  - ***There are suggestions that these conditions can be worsened when managed in a general practice setting, possibly due to an increase in inappropriate reassurance and anxiety provoking communications.***

MUS and work disability

- MUS have been associated with increased work disability.
- Increased absence from work due to sick leaves.
- Increased risk for long term sickness absence.
- MUS has been related to higher unemployment rates.
- Having multiple MUS is related to an increased risk of permanent disability pension even after adjustment for both psychiatric and chronic medical comorbidity.

Treating MUS?

- Conventional medical therapy for MUS is largely ineffective.
- CBT has been shown to be effective for particular MUS subtypes.

Problem with currently available CBT

- The available cognitive behavioural treatments are traditionally based on highly specific cognitive models designed to explain particular MUS subtypes.
- This creates serious practical problems such as needing to train many therapists with special training in CBT for different subtypes of MUS.
- Group therapy poses the same problem, but in addition it can be difficult to gather sufficient number of individuals with the same subtype of MUS.

The proposed treatment

- Hybrid-transdiagnostic CBT
  - The treatment has:
    - A transdiagnostic part that is intended for all MUS patients, irrespective of MUS subtype.
    - Add on modules to address factors unique to some MUS subtypes.
- The treatment is based on a transdiagnostic cognitive model for MUS recently proposed by Salkovskis et.al (*in press*)
- The treatment focuses on the interplay between situational factors, thoughts, feelings, behaviour and physical symptoms.

Questions?