

Medically Unexplained Symptoms (MUS): A Brief Psychotherapeutic Approach for Family Practice

NS College of Family Physicians

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October 20 2017



Faculty/Presenter Disclosure

- **Faculty:** Allan Abbass

- **Relationships with commercial interests:**
- None

Objectives

- identify how emotional factors contribute to the development of MUS
- define and identify anxiety pathways and behavioral patterns that can affect emotions
- identify factors that can affect physicians providing treatment to challenging patient groups

The burden of emotion-linked somatic conditions

- 20-30% of Family Doctor visits
- 50% of med-surg consultations
- 1/6 of Emerg visits QE2HSC
- 1/12 of admissions QE2HSC
- Disability Costs: massive

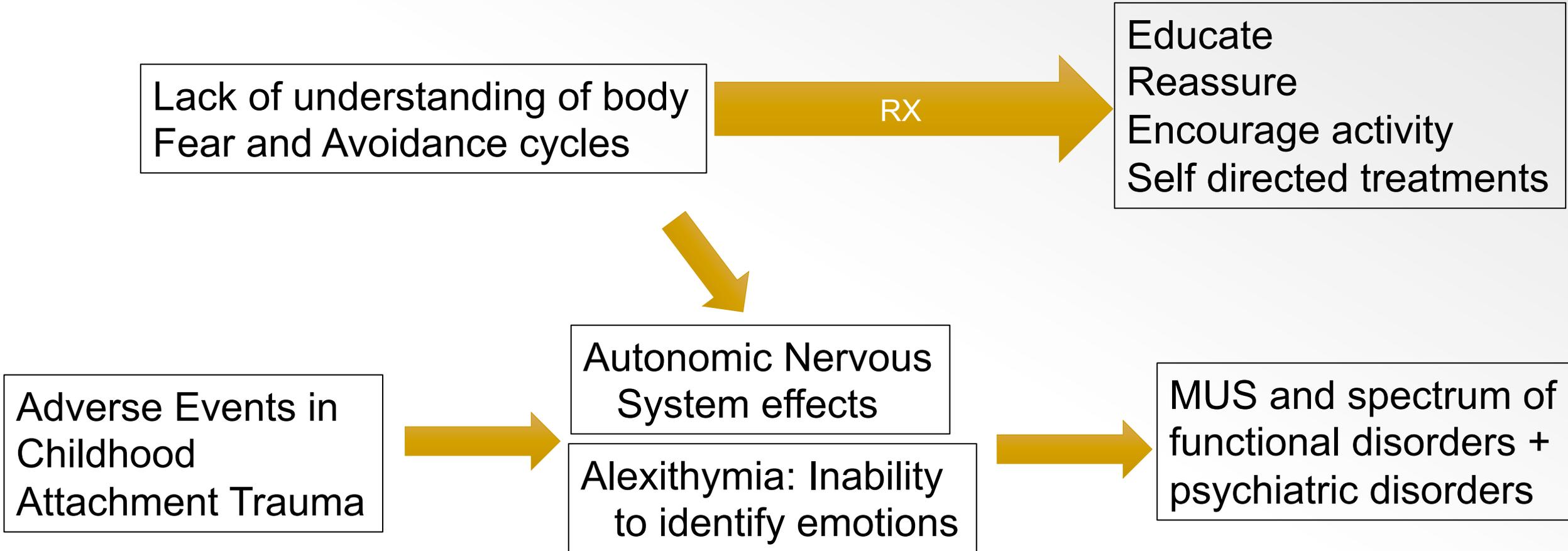
- Doctor burnout linked to work with MUS and other traumatized populations
- Doctors can have similar problems: difficulty to recognize and manage emotions

Medically Unexplained Symptoms in the Emergency Department

Abbass, Campbell et al, 2009

- Chest Pain
 - 75% of all Chest pain is unexplained
 - Much is Panic Attack due to hyperventilation and chest constriction
- Abdominal pain
 - 88% of all Abdominal Pain is unexplained
 - Dyspepsia, reflux, ulcer, irritable bowel, abdominal wall pain are common causes

What causes MUS?



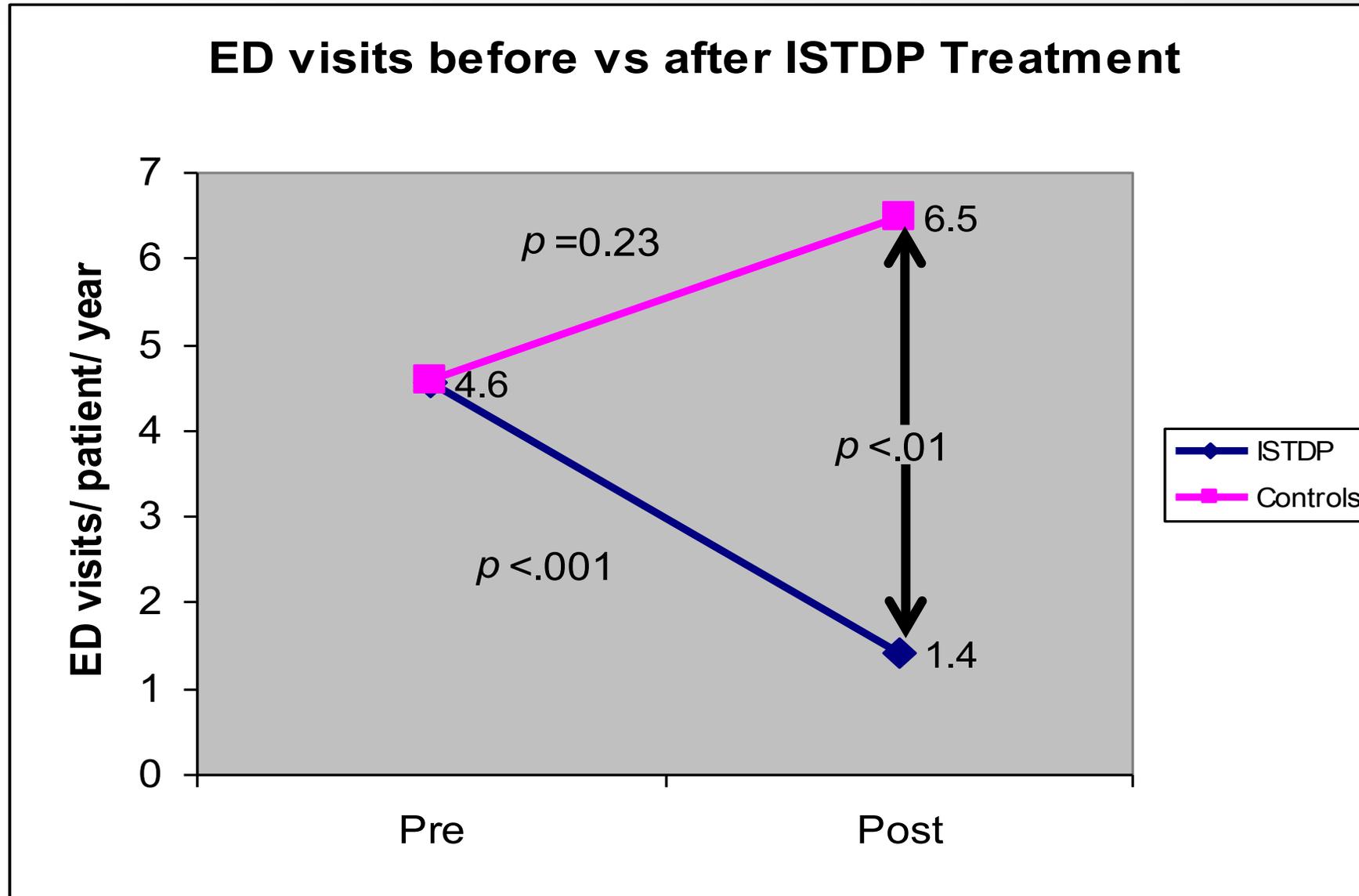
Understanding and detecting
unconscious emotional factors

Intensive Short-term Dynamic Psychotherapy (ISTDP)

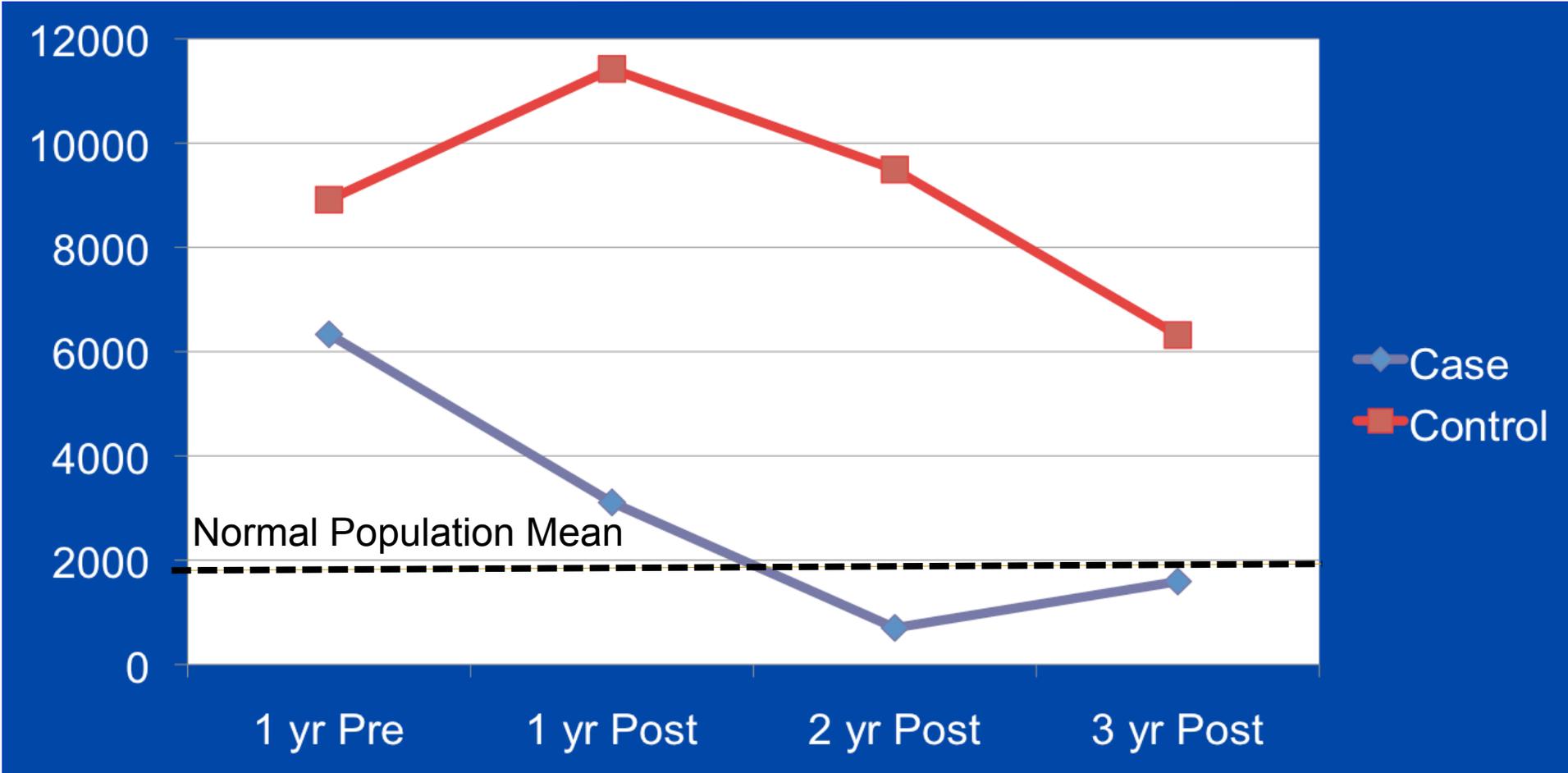
ISTDP Evidence in MUS

- 15 published outcome studies
- 7 Randomized Trials
- 8 Case Series
- Urethral Syndrome/ Pelvic Pain, Back Pain, Functional Movement Disorders, Chronic Headache, Pseudoseizures, Chronic Pain (3 RCTs) Irritable Bowel Syndrome, Mixed MUS (2 studies), Atopic Dermatitis, Bruxism, Functional Neurological disorders
- Effects are medium to large and sustained in follow-up (Town and Driessen 2013)
- Outperformed Mindfulness-based Stress Reduction for Chronic Pain
- Outperformed CBT in recent study of Chronic Pain

STDP for Unexplained Symptoms in Emergency Department



890 treated patients. 7.3 sessions of Short-term Dynamic Therapy. Total Doctor and Hospital Costs. Majority had MUS.



Short-term dynamic therapy for Pseudoseizures

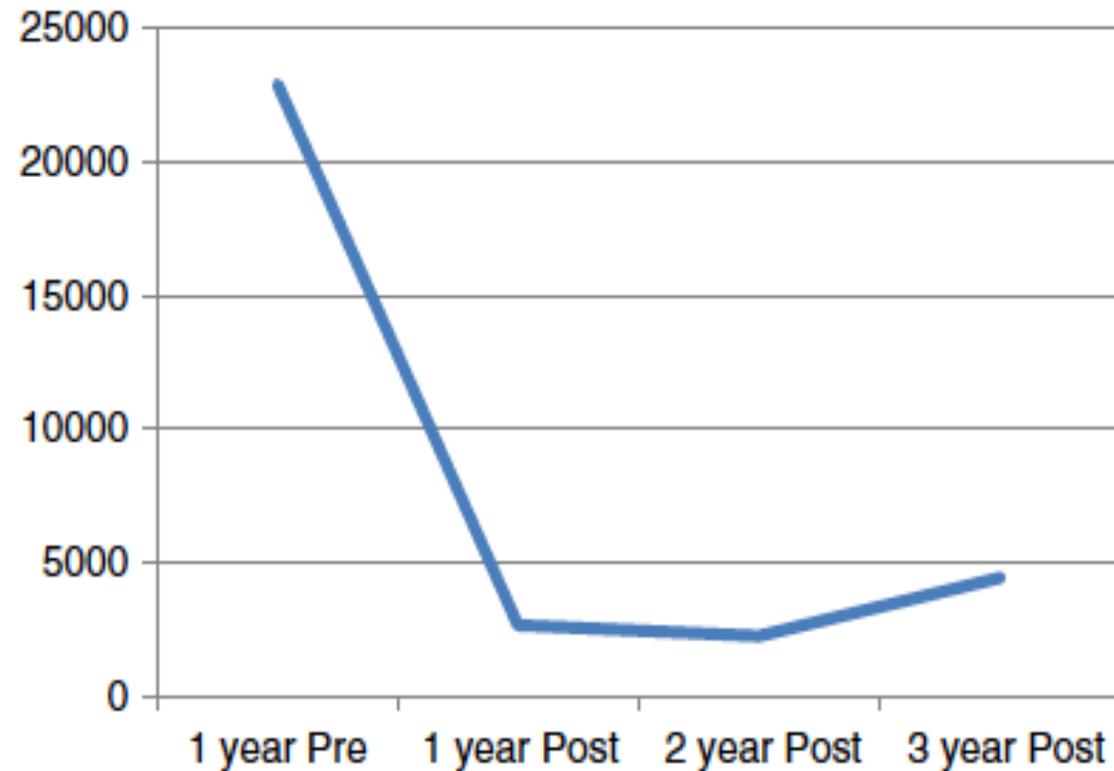


Fig. 1. Mean physician and hospital costs^a pre- versus posttreatment.

KEY POINTS

- *Attachment trauma causes a range of complex feelings to be produced and buried*
- *These complex feelings are mobilized in current relationships including the patient doctor relationship*
- *Unconscious anxiety and corresponding defenses are markers of unprocessed feelings*
- *Healthy emotional experiencing has a specific physiology which is distinct from unconscious anxiety*

BOND With Parents





BOND
With
Parents

Trauma

PAIN





BOND
With
Parents

Trauma

PAIN

*Attachment rupture causes alexithymia.
The earlier the trauma the worse the health effects.*



BOND
With
Parents

Trauma

PAIN

Rage, Guilt
about the Rage



BOND
With
Parents

Trauma

PAIN

Rage, Guilt
about the Rage

*This results in problems handling conflict/anger,
relational problems and wide spread illness effects*



**BOND
With
Parents**

Trauma



PAIN



**Rage, Guilt
about the Rage**



**Symptoms
Self-destruct
Fear closeness**

Current Person

Doctor, Boss, Spouse



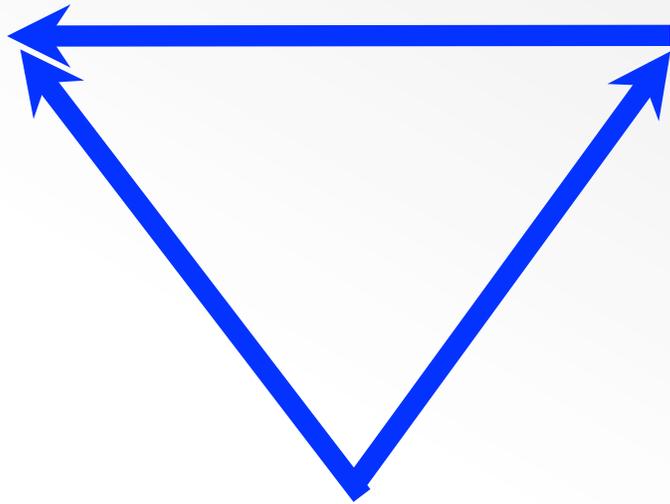
Past Person

Example: Father, Mother,
Sibling, Abuser

***Unconscious
Defense***

***Unconscious
Anxiety***

***Unconscious
Feelings***

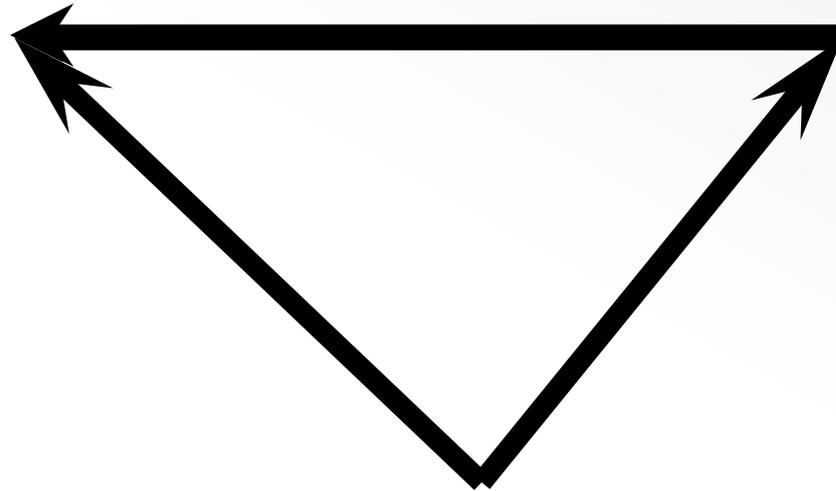


Unconscious Defences

4. Conversion

Unconscious Anxiety

1. Striated Muscle
2. Smooth Muscle
3. Cognitive- perceptual disruption

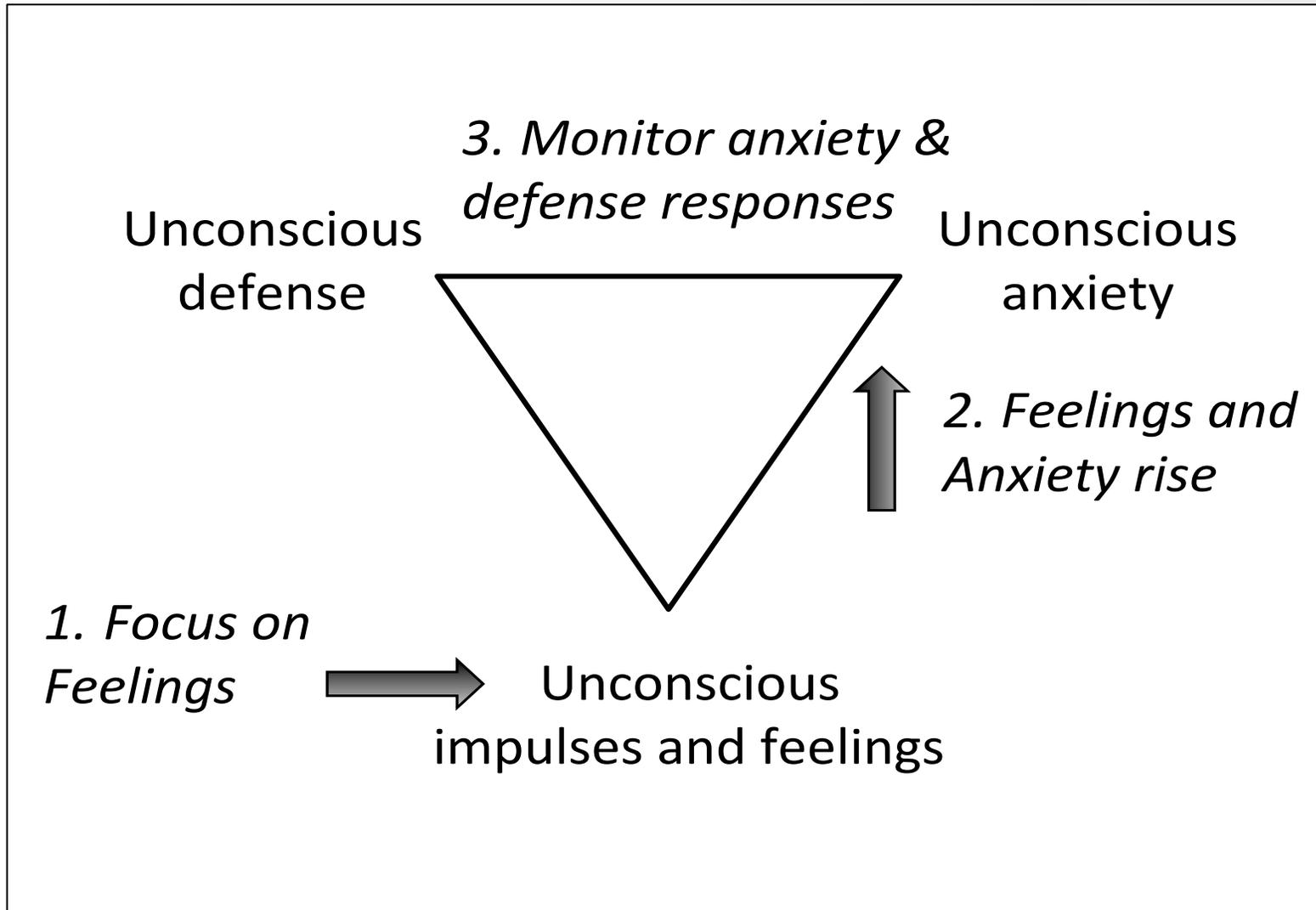


Unconscious Feelings

Family Doctor Brief Therapy 1: Psychodiagnosis

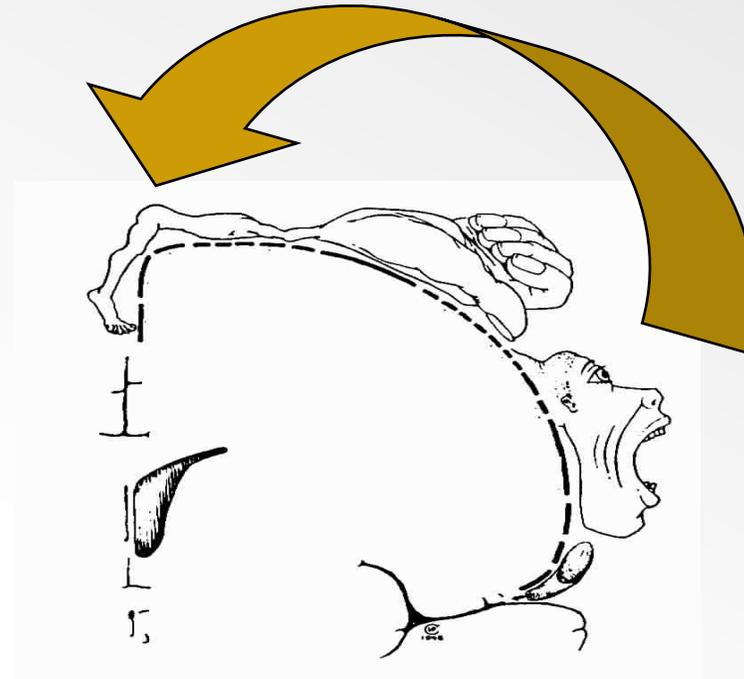
- History
 - Explore what makes worse
 - Explore what feelings trigger it in the office
 - Show them the physical signals
 - Explain the findings
-
- AND observe the body response in the room when you do this
 - Ask if they want few meetings to better understand what is going on.
 - Usually 30 mins is enough
 - This alone will ablate many symptoms

Psychodiagnosis



Striated Muscle Pathway

- **Hands Clench**
 - Arms
 - Shoulders, Neck
 - Intercostal: **Sighs**
 - Legs and Feet
-
- Fibromyalgia, Headache, chest pain,
 - Tremor, spasm, Tics, TMJ pain
 - shortness of breath, hyperventilation



Smooth Muscle

- Gastrointestinal
- Vascular: eg migraine
- Coronary Arteries
- Bronchi
- Bladder (transitional muscle)
- -> Acute or chronic spasm and pain plus end organ effects

- Patient looks “relaxed” = Not Tense in Striated Muscle

Cognitive-perceptual Disruption

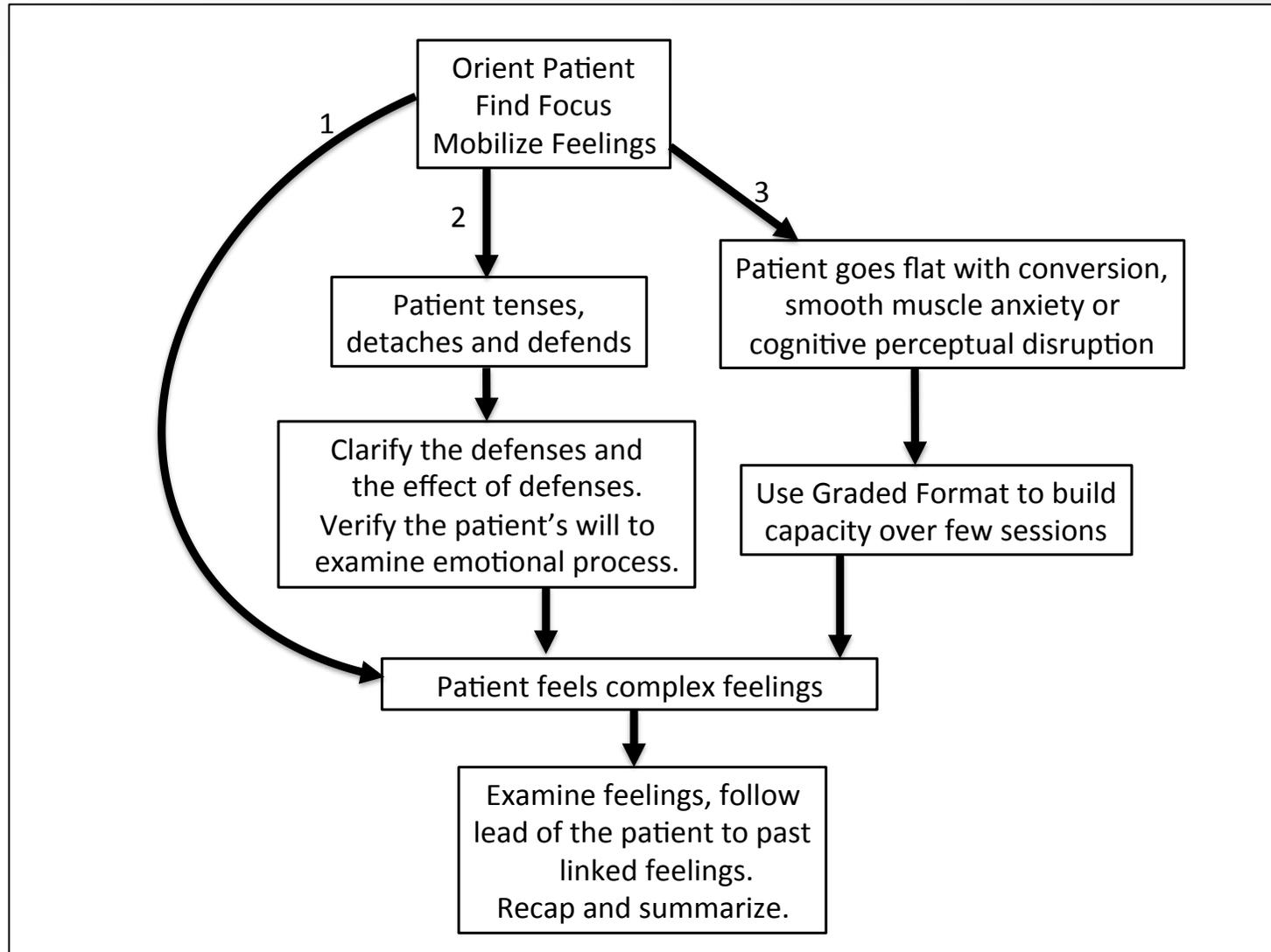
- Losing track of thoughts, poor memory, fainting
- Visual blurring, tunnel vision, blindness
- Hallucination in all 5 senses
- Anesthesia, paresthesia
- Depersonalization, Derealization, Dissociation

Motor Conversion

- Functional weakness in the body in one or more areas.
- When conversion is active, there is no unconscious anxiety in the striated muscles
- → the person is quite relaxed though cant lift arms etc.
- “La Belle Indifference”

Result	Interpretation and Action
Reduction in symptoms	If the symptoms are reduced or removed with an emotional focus, it strongly suggests that the symptoms were a manifestation of unconscious anxiety.
Rise and fall in symptoms in accordance with anxiety	If there is a rise and fall in symptoms in accordance with anxiety, it strongly suggests that there is a link between unconscious anxiety and symptoms.
No change in symptoms despite changes in anxiety	If there is absolutely no shift in somatic symptoms then it suggests that there are organic factors that are dominating the picture. Medical investigation or further interviewing is warranted.
Response that cannot be determined	An indeterminate response means that you cannot tell what the findings are and this suggests that there should be further focused interviewing.

Process of Sessions after Psychodiagnosis



Family Doctor Brief Therapy 2: Sessions

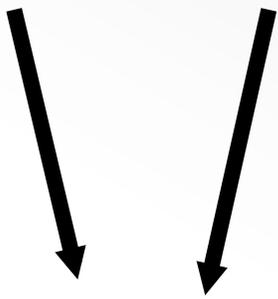
- Focus the session on incidents of symptoms (includes in office anxiety)
- Watch for patient going flat
 - Anger turning inward
 - Going flat and weak: smooth muscle, conversion or mental confusion
 - Developing depression
- Help see the difference between anger and anxiety
- Help them see that there is always guilt about any anger that is experienced
- Ask where they got the patterns from
- Recap everything at the end.
- 45 minutes x up to 5 meetings

Experiencing the feelings

- Rage: Upward heat or energy sensation. From feet up to neck then down arms
 - Urge to grab and do some form of violence
- Guilt: Chest constriction and pain with thoughts of remorse. Distinct waves
- Grief: pain with thoughts of loss, tears, longing for the lost person.
- Love: warm sensation expansion in chest, urge to embrace

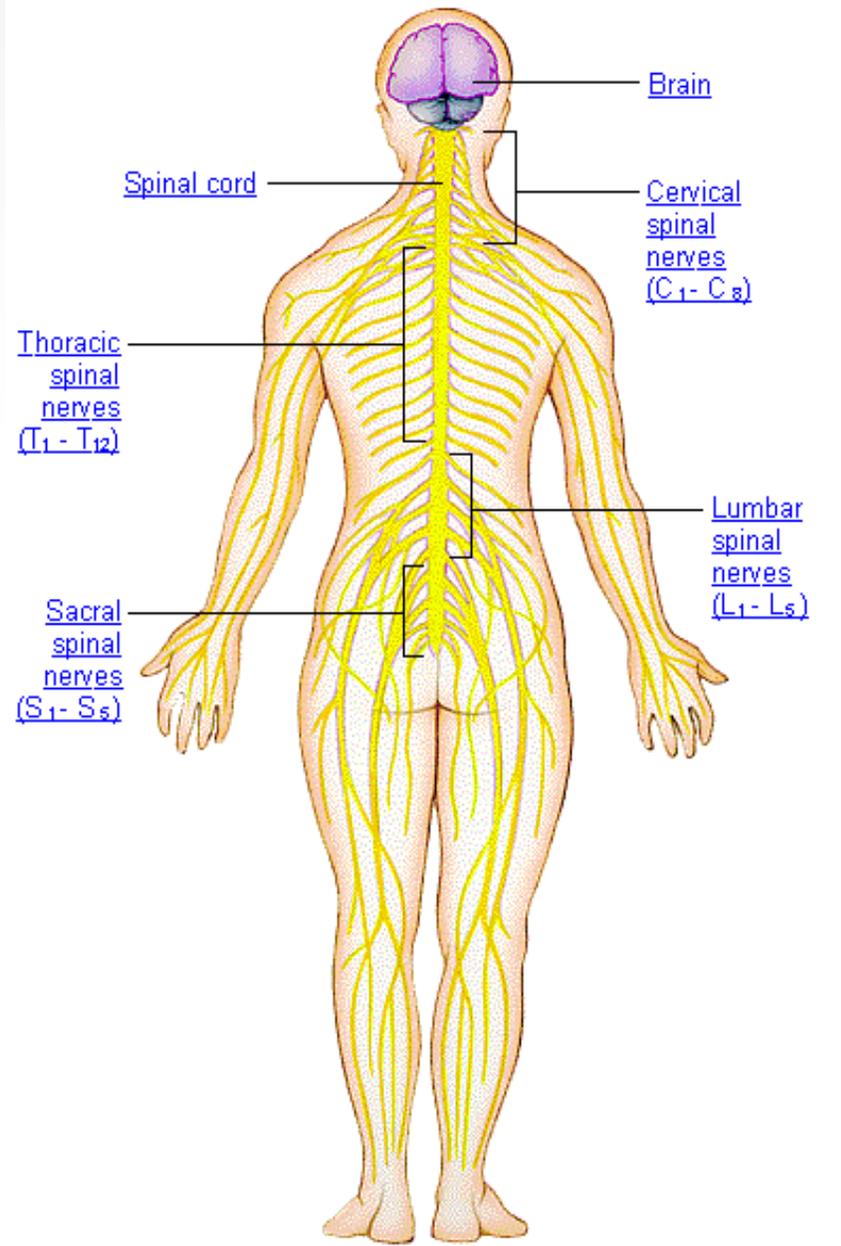
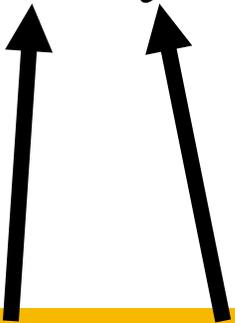
Experiencing the feelings

- Experiencing the feelings overrides the unconscious anxiety about becoming violent
- This can change brain operations so that the inhibitory forces (anxiety) can relax
- Guilt and need to self punish are diminished or removed.
- ANS is reset: Blood Pressure, muscle tone, bowel function etc normalize



Inhibitory
Forces
go Down

Somatic Pathway of
rage goes Up
same system



Family Doctor Brief Therapy 3: Process feelings

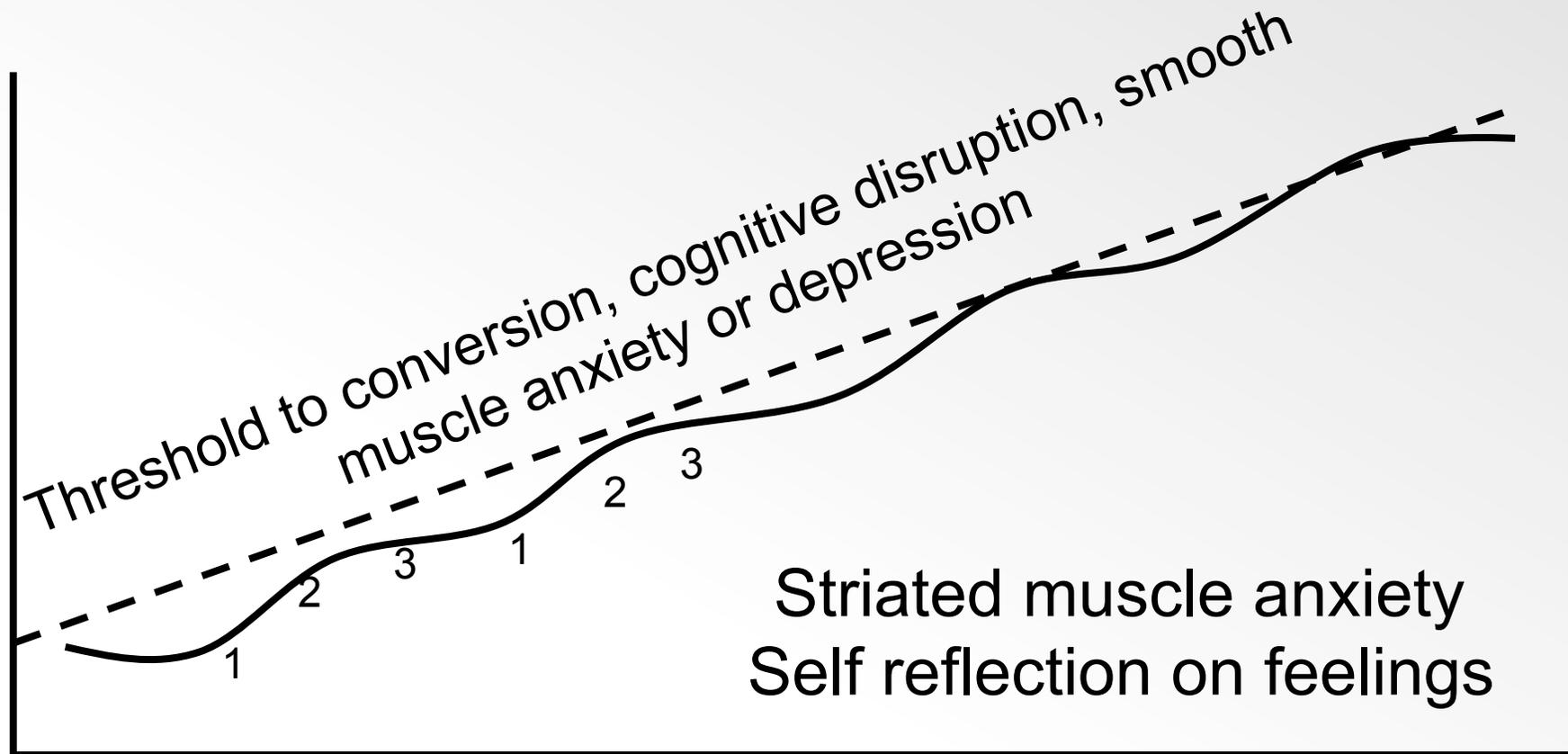
- After some complex feelings are identified, help the patient notice how the feelings are felt in the body
- Distinguish these from anxiety and other mechanisms or behaviors
- Ask what impulse they are afraid the anger would do
- Any anger will be followed by guilt about the anger
- Summarize the findings
- See if they can identify where they learned the patterns in the past
- Recap and summarize together

Family Doctor Brief Therapy 4: Build anxiety tolerance: Graded Format

- Patients who get smooth muscle anxiety, conversion of cognitive perceptual disruption at a rise in feelings need to build anxiety tolerance and self-reflective capacity.
- Graded format: cycles of recap and emotional focus
- When patients can self-reflect on emotions, the anxiety shifts from other pathways into striated muscle.
- This makes emotional experiencing possible and safe while overcoming symptoms

Conscious feelings

Unconscious anxiety and defense



1. Focus on avoided feelings
2. Rise in complex feelings and anxiety
3. Intellectual recap

Anxiety Reducing Technique

Intellectual review of the bodily symptoms

Recapitulation and review of the information that has been learned: summarizing findings

Changing the topic from one area of focus to another: for example going from one situation to another.

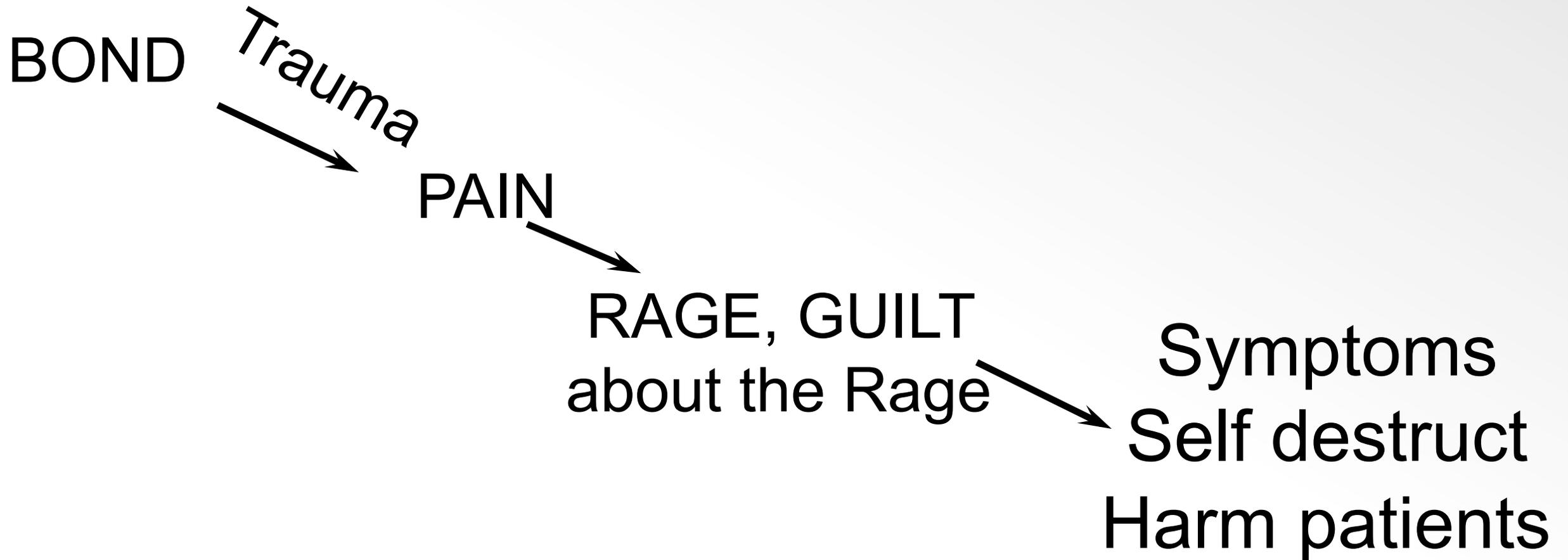
Focus on the emotions towards the doctor in the room

Focus on guilt about any anger

When to Refer

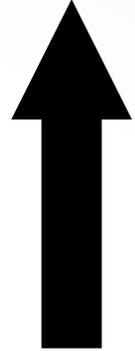
- Significant dissociation: major memory lapses
- Violent behaviors
- Substance dependence
- Major depression
- Serious physical adverse effects: paralysis, weight loss, intractable vomiting
- Psychotic phenomena
- Non response or worsening in your first few efforts

Countertransference



Past feelings of attachment trauma are stirred with patients

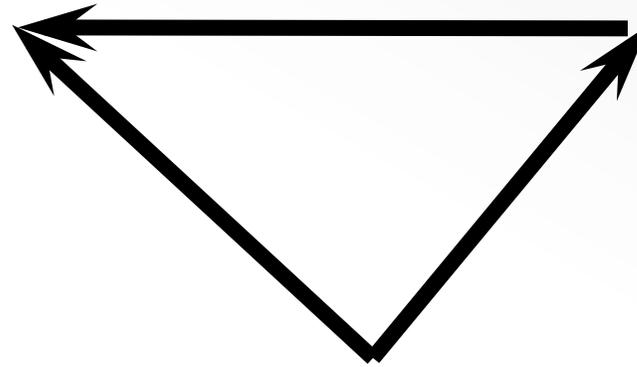
Current
(Dying Patient)



Past
(Father abandoned family at age 3:
Grief, rage and guilt)

Unconscious Defense:

Substance Use
Depression: burnout
Abuse patient
Neglect patient
“Medical Error”



**Past
Feelings**

Unconscious Anxiety:

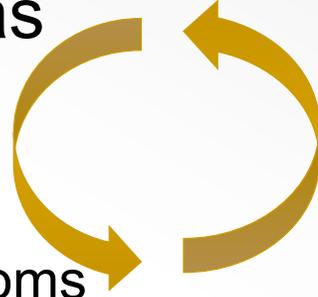
Striated muscle
Smooth muscle
Cognitive-perceptual

Over and Under doing Medical Error

Crosskerry, et al, 2008, 2010

Under doing: Omission bias

- Detached from patient
 - Ignoring the patient
 - Dismissing severity of Symptoms
- Neglecting to manage
- Not giving needed direction
- Avoid tests and examinations
- Avoid procedures



Overdoing: Commission Bias

- Over-involved with patient
 - Sexual or paternal roles
- Rescuing
- Criticizing, belittling, battling patient
- Rough examination
- Too many procedures/investigations
 - more invasive: more adverse events

Alternation between extremes

Reference Materials

- *Reaching through Resistance.*
- Detailed manual on ISTDP psychodiagnosis and treatment with case examples
- www.reachingthroughresistance.com
- Available on Amazon:
<http://a.co/3UGMWx0>
- Somatization article in JFP:
<http://bit.ly/2yC9TLf>
- Graded Format article:
<http://bit.ly/2gVT7iB>
- *Hidden from View: A clinician's guide to Psychophysiological Disorders*
- Written with a Mindbody expert internist and written for family doctors
- How to educate, provide first and second line treatments and basic ISTDP methods.
- Coming out end of 2017-early 2018
- Psychophysiological Press