Assessment and Management of Medically Unexplained Symptoms

Dalhousie Refresher Course
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Thanks to Dr H Schubiner for some slides
Faculty/Presenter Disclosure

• Faculty: Allan Abbass

• Relationships with commercial interests:
  • None
The burden of Psychophysiologic Disorders/ Somatic Symptom Disorders/MUS

- Vast array of medical conditions and presentations are psychophysiologic
- 40-49% of Family Doctor visits
- 50% of med-surg consultations
- 1/6 of Emerg visits (Halifax): 75% of chest pain, 89% of abdominal pain
- 8% of admissions QE2HSC
- Disability Costs: massive

- Doctor burnout linked to work with MUS and other traumatized populations
- 1/3 of all primary patients will present symptoms and have significant adverse childhood events and be vulnerable to these conditions
What causes Psychophysiologic Disorders

Random Symptom

Fear of injury or death

Avoidance Family member anxiety

Learned Pain Pathways: Brain process

Threat of gain or loss of people (includes Doctor)

Alexithymia: Inability to identify emotions

Feelings about Attachment Trauma

Autonomic Nervous System tendencies and effects
Threat of gain or loss of people

Alexithymia: Inability to identify emotions

Fear of injury or death

Avoidance Family member anxiety

Autonomic Nervous System tendencies and effects

Learned Pain Pathways: Brain process

Random Symptom

Feelings about Attachment Trauma

Family member anxiety

Attachment Trauma
Somatic Symptom Presentation

Rule out Medical Causes
Thorough History
Education about PPD

Symptoms persist or recur
Symptoms remit

Guided or self directed cognitive and behavioral approaches

Symptoms persist or recur
Symptoms remit

Psychodiagnostic Interview and ISTDP-based Brief Sessions

Symptoms persist or recur
Symptoms remit

ISTDP Treatment

Figure 9.1 Synthesis

Hidden from View, 2018
How deep do you need to go?

Rule out Medical Causes
Thorough History
Education about PPD

Guided or self directed cognitive
and behavioral approaches

Psychodiagnostic Interview
and ISTDP-based Brief Sessions

ISTDP Treatment
or Referral
Table 1.1: Spectrum of PPD Causes and Treatments

**Conscious**
- Learned cognitive, behavioral and interpersonal factors

**Healthy Attachments**
- Low trauma load
- Good anxiety tolerance
- Good emotion access
- Receptive to treatment

**Treatments:**
- Educational, cognitive, behavioral, skill building

**Unconscious**
- Emotional conflicts, psychic deficits, and poor insight

**Impaired Attachments**
- High trauma load
- Variable-low anxiety tolerance
- Poor emotion access: alexithymia
- Resistant to treatment

**Treatments:**
- Emotionally focused
- Psychodynamic
1. Medical Evaluation of the Patient with new symptom: e.g. shoulder pain

- Build Trust with patient:
  - take history
  - do physical
  - do basic tests
- If no findings then reassure patient and encourage return to function
- Try not to prescribe anything
- Don’t set follow-up
- At least 1/3 of patients respond over days to weeks
- Having few questions about stress and the body, childhood adversity on intake forms helps have these conversations later

See Checklist in Appendix Hidden from View 2018
Clues to the diagnosis of PPD

• Occurrence of a significant number of PPDs in the past (Review of Symptoms lifetime checklist)
• History of adverse childhood events (ACE scale)
• Personality traits of self-criticism, self-sacrificing, perfectionism, need to please, and others (personality traits checklist)
• Onset of symptoms coincide with significant stressful life events (life trajectory interview)
• Symptoms are in a distribution pattern inconsistent with a structural disorder, such as symmetric or one whole side of the body, or the whole arm or leg

From H Schubiner, Hidden from View 2018, Appendices
Clues to the diagnosis of PPD 2

Symptoms which:

• persist after normal healing would have occurred
• shift locations
• spread
• are bilateral
• occur due to social contagion
• vary with time of day, place, or activity in discernible patterns
• correlate with stressful situations such as family visits or work stress

From H Schubiner
2. More interviewing and education

- If symptoms persist.
- Then take more detailed history about stressors.
- See if the patient and you can find patterns: timing where symptoms occur, relationship to conflict/loss/threat of rejection.
- Educate about how pain can be learned effect from fear responses and brain expectations and avoidance patterns.
- Encourage physical activity to break fear - avoidance cycles and modify ANS responses.
- Avoid meds.
One construction worker: role of expectation and interpretation
Another construction worker
Vietnam War Injury: 20 years later
Learned Neural Pathways
Beware of “false positive” tests: Asymptomatic Patient MRIs

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Emotional pain equals physical pain: Fear of isolation from tribe improves survival

Emotion-related circuitry increase in persistent back pain

Hashmi, et. al., Brain 2013: 136; 2751–2768
3. Cognitive – Behavioral - Education Interventions

- Patient continues with symptoms
- Educate further
- Help recognize triggers
- Think about what feelings are activating symptoms
- Encourage activity and explain everything again
- Teach how to relax while doing things
- Inexpensive Manuals and websites like “Unlearn Your Pain” have these ingredients [www.unlearnyourpain.com](http://www.unlearnyourpain.com)
- Set follow-up: plan to meet few times weekly for 20-30 mins
- Avoid meds
How deep do you need to go?

- Rule out Medical Causes
  - Thorough History
  - Education about PPD

- Psychodiagnostic Interview and ISTDP-based Brief Sessions

- Guided or self directed cognitive and behavioral approaches

- ISTDP Treatment or Referral
4. Psychodiagnosis: Understanding and detecting unconscious emotional factors

Intensive Short-term Dynamic Psychotherapy (ISTDP)
ISTDP Evidence in MUS/ PPD/SSD

• 17 published outcome studies
• Urethral Syndrome/ Pelvic Pain, Back Pain, Functional Movement Disorders, Chronic Headache, Pseudoseizures, Chronic Pain (5 RCTs) Irritable Bowel Syndrome, Mixed MUS (2 studies), Atopic Dermatitis, Bruxism, Functional Neurological Disorders

• Effects are sustained or increase in follow-up (Town and Driessen 2013)
• Outperformed Mindfulness-based Stress Reduction for Chronic Pain
• Outperformed CBT in recent study of Chronic Pain
• Good evidence for cost reduction and health service reduction
BOND With Parents

Trauma

FEAR

PAIN

Rage, Guilt about the Rage

Symptoms Self-destruct

Fear closeness
Current Person
Doctor, Boss, Spouse

Past Person
Example: Father, Mother, Sibling, Abuser

= Transference.
Normal process we all do
Unconscious anxiety

Unconscious defense

Unconscious impulses and feelings
Psychodiagnosis: observe, take history and focus on emotions during symptom incidents. Summarize findings with patient.

1. Focus on Feelings → Unconscious impulses and feelings

2. Feelings and Anxiety rise → Unconscious anxiety

3. Monitor anxiety & defense responses

Unconscious defense
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, panic
- Can Intellectualize about feelings but don’t feel the feelings
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
- Cant intellectualize about feelings: they disappear into the body
Cognitive-perceptual Disruption

• Losing track of thoughts,
• poor memory,
• Visual blurring, tunnel vision, blindness
• Ears ringing, Loss of hearing
• Hallucination in all 5 senses
• Anesthesia, paresthesia
• Depersonalization, Derealization, Dissociation
• Pseudoseizures and fainting
• Severe personality dysfunction
• Cant intellectualize abut feelings
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
4. Family Doctor Brief Therapy 1: Sessions

- If the above steps do not remove symptoms, try emotion focused interviewing
- Focus the session on incidents of symptoms (includes in office anxiety)
- Watch for anger turning inward
- Help see the body difference between anger and anxiety
- Help them see that there is always guilt about any anger
- Ask where they got the patterns from
- Recap and review everything at the end.

- 45 minutes x up to 5 meetings

- “Get to know together how emotions like anger work in the body”
Experiencing the feelings: overrides the symptoms

• 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.
• Grief: pain with thoughts of loss, tears, longing for the lost person.
• Love: warm sensation expansion in chest, urge to embrace
Inhibitory Forces go Down
Somatic Pathway of rage goes Up
same system
5. Family Doctor Brief Therapy 2: Build anxiety tolerance

- For patients with smooth muscle anxiety and conversion
- Cycles of emotional focus and intellectual recap
- 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
When to Refer

• Significant dissociation: major memory lapses
• Violent behaviors
• Substance dependence
• Major depression and/or Suicidal ideation
• Serious physical effects: paralysis, weight loss, intractable vomiting
• Psychotic phenomena
• Non response or worsening in your first few efforts
• Keep in regular contact even with referral
Nova Scotia DHW Working group for MUS

• Develop a provincial plan for care of patients and education regarding MUS
• Will include care pathways and education plans for primary care, emergency and specialty MED SURG
• Will include self directed, Family Doc Supported and referral routes

• Broad working group will include several doctors

• If you have any thoughts or ideas email me allan.abbass@dal.ca
Reference Materials

- *Reaching through Resistance.*
- Detailed manual on ISTDP psychodiagnosis and treatment with case examples
  - [www.reachingthroughresistance.com](http://www.reachingthroughresistance.com)
  - Available on Amazon: [http://a.co/3UGMWx0](http://a.co/3UGMWx0)

Ted type talk on education about pain: Dr H Schubiner
  - [https://www.unlearnyourpain.com/MS%20Lecture](https://www.unlearnyourpain.com/MS%20Lecture)

- *Hidden from View: A clinician’s guide to Psychophysiological Disorders*
- Written with a Mind-body expert internist for family doctors
  - How to educate, provide first and second line treatments and basic ISTDP methods.
  - Unlearn you Pain: H Schubiner
  - [www.unlearnyourpain.com](http://www.unlearnyourpain.com)