

OUR PROMISE IN ACTION

An innovative approach to examining Emergency patients links physical ailments to emotions and stress

When **Dr. Allan Abbass** was a Halifax Emergency physician from 1988 to 1990, he couldn't find a medical cause to explain many physical symptoms several repeat patients to the ER were suffering from, including chest and abdominal pain, shortness of breath and headaches. Frustrated by what seemed like a major gap in his training, Allan studied a brief psychotherapy called ISTDP, designed to assess the effects of emotions on the body, at McGill University.

When Allan returned to Halifax in 1998, he began seeing patients with unexplained physical symptoms through Emergency referrals. Now when Emergency physicians at the Halifax Infirmity examine patients with unexplained conditions, they ask if they'd be interested in having an interview to determine whether stress is a factor.

"Patients can have an emotional healing experience through the interview," says Allan. "We listen to what they tell us and also watch their body response." The director of Capital Health's and Dalhousie University's Centre for Emotions and Health, Allan works with MUS (Medicine Unexplained Symptoms) Clinic patients with a team of three psychologists and a psychiatrist.

Sometimes after the one- to two-hour patient interview, Allan or a colleague will determine that there are no emotional issues linked to the medical complaints and will recommend more physical tests. For others, suppressed mixed feelings including anger and guilt may be contributing to the health problems. "For example, if a patient with shoulder pain has unresolved feelings about a critical parent, [that pain] may be triggered by a critical boss," he says. "We'll notice during the interview if they begin to tense up, sigh and wring their hands when talking about their boss. In general, symptoms are reduced by one-quarter to one-third after the first interview."

Dr. Sam Campbell, the QEII's chief of the Charles V. Keating Emergency and Trauma Centre, has been partnering with Allan on this initiative for a decade. As a rural physician in northern B.C. in the early 1990s, he encountered similar experiences with patients. "Many of

them told me their family doctor said their symptoms were 'all in their head,'" he says. "But their physical ailments were real. Our bodies respond to stress in the same way that cavemen responded to danger."

Sam started asking the patients, "What's going on in your

life?" In one case, when he questioned a woman with severe abdominal pain whose medical tests came back negative on several visits, she told him about various stressors. Before she left the Emergency Department, Sam asked if she wanted medication to ease her stomach pain. She told him it was gone. When the patients stop blocking their suppressed feelings, which can occur after as few as two

ISTDP sessions, their physical ailments often disappear. "The worst thing you can do is tell them there's nothing wrong," says Sam. "Telling them their tests are normal isn't reassuring, because they're in pain and know something is wrong."



(From left): Dr. Allan Abbass and Dr. Sam Campbell with recently appointed MUS Clinic colleagues Irmingard Lenzer and Joel Town.

"Patients can have an emotional healing experience through the interview."

— Dr. Allan Abbass

In the 2005 pilot project, 50 patients had a 69 per cent drop in repeat Emergency Department visits, which translated into a \$500 net cost saving per patient per year, plus fewer Emergency visits and reduced wait times. When Emergency physicians at HI encounter patients with unexplained physical symptoms today, they refer them to the MUS Clinic. "Over the long term, this approach is going to save a fortune in time, money and patient suffering," says Sam.