# Counselling for Medically Unexplained Symptoms

## A summary of the literature

March 2010

Alison Brettle, Brettle Innovations Ltd
on behalf of BACP

Level of evidence: systematic reviews and meta-analyses

A range of systematic reviews and meta-analyses provide evidence of the effectiveness of psychological therapies. The majority noted the lack of good quality studies that are included in their reviews and meta-analyses and the need to view the conclusions with caution.

| Author | Condition | Therapy | Authors' Conclusions |
|---|---|---|---|
| Abbass, A., S. Kisely, et al. (2009) | Somatic disorders | Short-term psychodynamic psychotherapy | STPP may be effective for a range of medical and physical conditions underscoring the role of patients emotional adjustment in overall health. Future research should include high-quality randomized and clinical effectiveness studies with attention to healthcare use and costs. |
| Abbass, A. A., J. T. Hancock, et al (2006) | Common mental disorders (including somatic) | Short-term psychodynamic psychotherapy | STPP shows promise, with modest to moderate, often sustained gains for a variety of patients. However, given the limited data and heterogeneity between studies, these findings should be interpreted with caution. Furthermore, variability in treatment delivery and treatment quality may limit the reliability of estimates of effect for STPP. Larger studies of higher quality and with specific diagnoses are warranted. |
| Allen, L. A., J. I. Escobar, et al. (2002) | Multiple unexplained physical symptoms | Psychosocial treatments | Various psychosocial interventions have been investigated with polysymptomatic somatizers. Although the majority of studies suggest psychosocial treatments benefit this population, the literature is tarnished by methodological shortcomings. Effect sizes are modest at best. Long-term improvement has been demonstrated in fewer than one-quarter of the trials. Although seemingly beneficial, psychosocial treatments have not yet been shown to have a lasting and clinically meaningful influence on the physical complaints of polysymptomatic somatizers |
| Huibers, M. J., A. J. Beurskens, et al. (2007 | Somatisation and other health disorders | Psychosocial treatments provided by GPs | Ten studies were included in the review. Selected studies addressed different psychosocial interventions for five distinct disorders or health complaints. There is good evidence that problem-solving treatment by general practitioners is effective for major depression. The evidence concerning the remaining interventions for other health complaints (reattribution or cognitive behavioural group therapy for somatisation, cognitive behavioural therapy for unexplained fatigue, counselling for smoking cessation, behavioural interventions to reduce alcohol reduction) is either limited or conflicting.In general, there is little |

| | | | |
|---|---|---|---|
| | | | effects or small negative ES. This pattern of results was stable at follow-up. Unspecific AT-effects (i.e., effects on mood, cognitive performance, quality of life, and physiological variables) tended to be even larger than main effects. Separate meta-analyses for different disorders revealed a significant reduction of the heterogeneity of ES. Positive effects (medium range) of AT and of AT versus control in the meta-analysis of at least 3 studies were found for tension headache/migraine, mild-to-moderate essential hypertension, coronary heart disease, asthma bronchiale, somatoform pain disorder (unspecified type), Raynaud's disease, anxiety disorders, mild-to-moderate depression/dysthymia, and functional sleep disorders. |
| Thomson, A. B. and L. A. Page (2007) | Psychotherapy | Hypochondriasis | Cognitive therapy, behavioural therapy, cognitive behavioural therapy and behavioural stress management are effective in reducing symptoms of hypochondriasis. However, studies included in the review used small numbers of participants and do not allow estimation of effect size, comparison between different types of psychotherapy or whether people are "cured". Most long-term outcome data were uncontrolled. Further studies should make use of validated rating scales, assess treatment acceptability and effect on resource use, and determine the active ingredients and nonspecific factors that are important in psychotherapy for hypochondriasis. |

Level of evidence: Randomised Controlled Trials

The studies below provide evidence of the effectiveness (or otherwise) of a range of psychological therapies which are not covered within systematic reviews or where trials have been published since the above systematic reviews. All the studies included below were randomised controlled trials, and therefore should provide good level evidence of the effectiveness of the treatments concerned, however the quality of each study has not been assessed here.

| Author | Condition | Therapy | Authors' Results and Conclusions |
|---|---|---|---|
| Allen, L. A., R. L. Woolfolk, et al. (2006). | Somatization disorder (multiple medically unexplained symptoms) | CBT | 84 patients were included in the study. Fifteen months after baseline, somatization symptoms were significantly less severe in the group treated with CBT (0.84 points on the CGI-SD 7-point scale) (P<.001). Patients treated with CBT also were significantly more likely to be rated as either very much improved or much improved than patients treated with only augmented standard medical care (40% [n = 17] vs 5% [n = 2]). Cognitive-behavioral therapy was associated with greater improvements in self-reported functioning and somatic symptoms and a greater decrease in health care costs. For patients diagnosed as having SD, CBT may produce clinical benefits beyond those that result from the current state-of-the-art treatment |
| Arnold, I. A., M. W. de Waal, et al. (2009). | Medically unexplained symptoms | CBT provided by primary care physician | 65 participants were allocated to care-as-usual or the experimental condition. RESULTS: After 6 and 12 months, the cognitive-behavioral intervention by trained family physicians was not more effective than care-as-usual. CONCLUSION: Possibly, the intensity of treatment was insufficient for the severe and persistent symptoms that were encountered in primary care. |
| Barsky, A. J. and D. K. Ahern (2004). | Hypochondriasis | CBT | 102 individuals were assigned to CBT and 85 were assigned to medical care as usual. The sociodemographic and clinical characteristics of the 2 groups were similar at baseline. Using an intent-to-treat analytic strategy, a consistent pattern of statistically and clinically significant treatment effects was found at both 6- and 12-month follow-up, adjusting for baseline covariates that included educational level, generalized psychiatric distress, and participant status (patient vs volunteer). At 12-month follow-up, CBT patients had significantly lower levels of hypochondriacal symptoms, beliefs, and attitudes (P<.001) and health-related anxiety (P =.009). They also had significantly less impairment of social role functioning (P =.05) and intermediate activities of daily living |

| | | | |
|---|---|---|---|
| | | | (P<.001). Hypochondriacal somatic symptoms were not improved significantly by treatment. CONCLUSION: This brief, individual CBT intervention, developed specifically to alter hypochondriacal thinking and restructure hypochondriacal beliefs, appears to have significant beneficial long-term effects on the symptoms of hypochondriasis. |
| Bleichhardt, G., B. Timmer, et al. (2004) | Multiple somatoform symptoms | | |



bacp
British Association for
Counselling & Psychothera

greatest at treatment completion, led to relief of symptoms in more than one-half of the patients, and persisted months after the intervention, although its



bacp
British Association for
Counselling & Psychothera

Costs and healthcare utilisation

| Author | Condition | Therapy | Authors' Conclusions |
|---|---|---|---|
| Hiller, W., M. M. Fichter, et al. (2003). | Somatoform disorders | CBT | The SFD patients who had received CBT improved significantly with respect to physical symptom distress, health anxieties, dysfunctional beliefs towards body and health, depression and psychosocial functioning. Their outpatient plus inpatient charges during the 2 years prior to treatment were about 2.2-fold higher than for average patients of the health system. At the 2-year follow-up, we found treatment-related cost offset of 382 (- |



bacp
British Association for
Counselling & Psychothera

| | | | |
|---|---|---|---|
| | | | difference in estimated total cost was smaller in the year after the intervention (difference of $341) but were not significant. CONCLUSIONS: The total costs for the intervention group were not significantly different, but the group had greater use of antidepressants. Coupled with findings of improved mental health outcomes for this group in a previous study, the results indicate that the intervention may be cost-effective. The longer-term impact needs to be further studied. |
| Margalit, A. P. and A. El-Ad (2008) | Unexplained medical symptoms | Biopsychosocial intervention | In the intervention group, the annual number of visits to consultants declined from 31.8 to 12.6 (p<.0001) and 14.6 (p=.72) after 1 and 2 years, respectively; visits to hospital emergency wards declined from 33.5 to 4.1 (p<.0001) and 3.5 (p=.18); and in-hospital days declined from 112.7 to 19 (p<.0001) and 6.5 (p=.25). Those parameters remained unchanged in the control group. Five years follow-up demonstrated a reduction in mortality rates between the two groups: 6/21 versus 17/21 (p<0.001). CONCLUSIONS: When compared to usual care, a BPS intervention was followed by a decline in patients' visits to medical settings and health-care expenditures, along with significant decline in mortality rate. |
| Myhr, G. and K. Payne (2006). | Mental disorders | CBT | We identified 22 health economic studies involving CBT for mood, anxiety, psychotic, and somatoform disorders. Across health care settings and patient populations, CBT alone or in combination with pharmacotherapy represented acceptable value for health dollars spent, with CBT costs offset by reduced health care use. CONCLUSIONS: International evidence suggests CBT is cost-effective. Greater access to CBT would likely improve outcomes and result in cost savings. Future research is warranted to evaluate the economic impact of CBT in Canada |

CONCLUSIONS: Although seemingly beneficial, psychosocial treatments have not yet been shown to have a lasting and clinically meaningful influence on the physical complaints of polysymptomatic somatizers.

Allen, L. A., R. L. Woolfolk, et al. (2006). "Cognitive-behavioral therapy for somatization disorder: a randomized controlled trial." Arch Intern Med 166(14): 1512-8.

BACKGROUND: Patients diagnosed as having somatization disorder (SD) who present with a lifetime history of multiple, medically unexplained physical symptoms represent a significant challenge to health care providers. To date, no psychotherapeutic or pharmacologic intervention has been found to produce clinically meaningful improvement in symptoms or functioning o



bacp
British Association for
Counselling & Psychotherapy

Bleichhardt, G., B. Timmer, et al. (2004). "Cognitive-behavioural therapy for patients with multiple somatoform symptoms--

therapy was significantly associated with a reduction of hypochondriacal fears and beliefs, improvement in affective disturbances and anxiety sensitivity, and a decrease in health care utilization. Therapeutic gains were maintained at follow-up. Substantial residual symptomatology, however, remained. CONCLUSION: The results suggest that hypochondriasis is a treatable condition and that explanatory therapy is a viable therapeutic tool. Further research should disclose the actual components of the mechanism of change in hypochondriacal patients.

Graham, J., O. Manor, et al. (2007). "Introducing humanistic group counselling for somatisation in a primary care practice: Preliminary findings." Counselling & Psychotherapy Research 7(4): 220-226.

Can group counselling help patients who present with symptoms that cannot be explained medically? Preliminary results of working with one such group are reported. Six patients in a primary care practice were offered weekly sessions for half a year. The findings suggest that the patients attended all group sessions. The patients reported experiences known to be related to group counselling, and when the group ended, patient reports show that the severity of their problems was reduced significantly ($p < .001$). Furthermore, during the six months after the group ended patients significantly ($p < .025$) reduced their visits to their general practitioners. These results seem to call for wider use of humanistic group counselling with somatising patients and further research into the impact of such form of counselling. (PsycINFO Database Record (c) 2009 APA, all rights reserved)

Greeven, A., A. J. van Balkom, et al. (2009). "Cognitive behavioral therapy versus paroxetine in the treatment of hypochondriasis: an 18-month naturalistic follow-up." J Behav Ther Exp Psychiatry 40(3): 487-96.

BACKGROUND: The present maintenance study investigated whether the reduction in hypochondriacal complaints after initial treatment with CBT or paroxetine sustained during a follow-up period and whether psychiatric severity at pretest predicted the course of hypochondriacal symptoms. METHOD: A naturalistic follow-up period of 18 months after a 16-week RCT consisting of 33 patients initially allocated to a CBT condition and 29 patients to a paroxetine condition. The main outcome measure was the Whiteley Index. RESULTS: The initial treatment effect of CBT and paroxetine sustained during the follow-up period. No significant differences between CBT and paroxetine were found. Treatment course could not be predicted by psychiatric comorbidity. CONCLUSION: CBT and paroxetine are both effective treatments for hypochondriasis in the long term.

Greeven, A., A. J. van Balkom, et al. (2007). "Cognitive behavior therapy and paroxetine in the treatment of hypochondriasis: a randomized controlled trial." Am J Psychiatry 164(1): 91-9.

OBJECTIVE: This study, to the authors' knowledge, is the first randomized controlled trial comparing the efficacy of cognitive behavior therapy (CBT), paroxetine, and a placebo (administered in a double blind fashion) in the treatment of hypochondriasis. METHOD: The authors randomly assigned 112 subjects with hypochondriasis according to DSM-IV criteria to 16 weeks of outpatient treatment with CBT, paroxetine, or a placebo. The main outcome measure was the Whiteley Index. The authors made pretest and posttest assessments and analyzed all outcome measures using a General Linear Model 3x2 repeated measures analysis of variance with Helmert contrasts. The authors considered subjects who scored at least one standard deviation below the mean pretest score on the Whiteley Index as responders. All analyses were conducted on intent-to-treat and completer bases. RESULTS: On the Whiteley Index, Helmert contrasts on the intent-to-treat and completer cohorts revealed that pooled CBT and paroxetine were significantly superior to placebo, but did not differ significantly from each other. The responder analysis on the intent-to-treat cohort and completer cohort, respectively, revealed the following percentages of responders per group: CBT group, 45% and 54%; paroxetine group, 30% and 38%; and placebo group, 14% and 12%. In the intent-to-treat analysis, only CBT differed significantly from the placebo. In the completer analysis, both paroxetine and CBT differed significantly from the placebo. CONCLUSIONS: CBT or paroxetine are effective short-term treatment options for subjects with hypochondriasis.

Hiller, W., M. M. Fichter, et al. (2003). "A controlled treatment study of somatoform disorders including analysis of healthcare utilization and cost-effectiveness." J Psychosom Res 54(4): 369-80.

OBJECTIVE: The purpose of this prospective study was to evaluate the effects of cognitive-behavioral treatment (CBT) on mental health status and healthcare utilization in patients with somatoform disorders (SFD) of a specialized tertiary care center. METHODS: According to DSM-IV interviews, 54 patients had somatization disorder (SD), 51 abridged somatization syndrome (SSI-8) and 67 other defined SFD. A clinical non-SFD comparison group consisted of 123 patients. Treatment effects were controlled against the waiting list. Cost calculations for the 2-year periods before and after treatment were based on medical and billing records from health insurance companies. RESULTS: The SFD patients improved significantly with respect to physical symptom distress, health anxieties, dysfunctional beliefs towards body and health, depression and psychosocial functioning. Their outpatient plus inpatient charges during the 2 years prior to treatment were about 2.2-fold higher than for average patients of the health system.

and explained symptoms and consultations over a period of 1 1/2 years. RESULTS: ANOVAs for repeated measures showed that self-reported and GP-registered unexplained physical symptoms decreased from pretest to posttest to follow-up. Psychological symptoms and consultations decreased from pretest to posttest. GP-registered explained symptoms did not decrease. However, intervention and control groups did not differ in symptom reduction. Path analysis revealed two paths to a decrease in self-reported unexplained physical symptoms: from more negative affectivity via more psychological attribution and more pretreatment anxiety, and from more somatic attribution via more psychological



bacp
British Association for
Counselling & Psychotherapy

health-care expenditures, along with significant decline in mortality rate. PRACTICE IMPLICATION: Costly UMS patients should be identified every year and treated using a BPS approach.

Martin, A., E. Rauh, et al. (2007). "A one-session treatment for patients suffering from medically unexplained symptoms in primary care: a randomized clinical trial." Psychosomatics 48(4): 294-303.

The aim of the study was to evaluate a one-session cognitive-behavior treatment (CBT) versus standard medical care for 140 primary-care patients with multiple somatoform symptoms. DSM-IV diagnoses were assessed with structured interviews. Primary outcome variables were healthcare utilization, number, and severity of somatoform symptoms, and secondary outcome measures were psychopathology dimensions. Assessments were done at study enrollment, at 4-weeks, and at 6-month follow-

should assess savings in health care costs related to CBT interventions, and should aim to improve treatment implementation and access.

Robins, P. M., S. M. Smith, et al. (2005). "A randomized controlled trial of a cognitive-behavioral family intervention for pediatric recurrent abdominal pain." J Pediatr Psychol 30(5): 397-408.

OBJECTIVE: To investigate whether the combination of standard medical care (SMC) and short-term cognitive-behavioral family treatment (CBT) in the treatment of recurrent abdominal pain (RAP) was more effective than SMC alone. METHODS: Children recently diagnosed with RAP via physician examination were randomized into SMC (n = 29) and SMC plus CBT (n = 40) groups. Outcome measures included multiple dimensions of child and parent reported child pain, somatization, and functional disability, and school absences and physician contacts. RESULTS: Children and parents participating in the combined SMC + CBT intervention reported significantly less child and parent reported child abdominal pain than children in the SMC intervention immediately following the intervention and up to 1 year following study entry, as well as significantly fewer school absences. Significant differences in functional disability and somatization were not revealed. CONCLUSIONS: These results, in combination with previous studies, add support to the effectiveness of CBT intervention in reducing the sensory aspects of RAP. Results are discussed with respect to the cost-benefit of integrated medical and short-term psychological services.

Schweickhardt, A., A. Larisch, et al. (2007). "Short-

functioning. Based on our experience using IPT with somatizing patients, we recommend a series of strategies for its successful implementation. These strategies include an emphasis on the therapeutic alliance within a bilaterally negotiated treatment contract, and aiming for improvement in interpersonal functioning rather than for alleviation of physical symptoms. Specific techniques include the use of bridging metaphors, communication analysis, and genuine positive reinforcement. With a focus on communication in a time-limited frame, fostered by a strong collaborative relationship, IPT appears to be a promising method of reducing somatizing behavior. We urge further research on the efficacy of this form of therapy. (PsycINFO Database Record (c) 2009 APA, all rights reserved)

Stubhaug, B., S. A. Lie, et al. (2008). "Cognitive-behavioural therapy v. mirtazapine for chronic fatigue and neurasthenia: randomised placebo-controlled trial." Br J Psychiatry 192(3): 217-



bacp
British Association for
Counselling & Psychotherapy