PARALLEL SESSION 2 – THURSDAY JUNE 20\textsuperscript{TH} 2019, 17h45 – 19h15
Medically unexplained symptoms (MUS) and functioning; the view of patients and physicians about functioning, and the effect of problem-solving therapy to improve functioning

- H. Barends, et al.: Patients on the course of their symptoms and functional health in persistent physical symptoms (PPS): A qualitative exploration

Theme
People with MUS often have significant disability in functioning. Physicians have to translate these self-perceived disabilities into functional limitations and abilities to give advice about recovery, participation opportunities, and treatment options. As differences in advice may form an unnecessary obstacle in the recovery, it is important to have agreement on the limitations of functioning, and treatment options. If there is no agreement, it is important to know where the differences are based on. This may help to obtain more accordance and transparency on functioning. In this symposium we will present patients’ self-perceived experiences on functioning and the impact of this in daily live, validity of inter-rater reliabilities of observer scores, agreement on patients’ self-perceived functioning and physician assessed limitations, and the effect of problem-solving therapy on functioning.

Takeaways
The purpose of this symposium is to provide an integrative view of different perspectives on functioning in MUS, and possible treatment goals and options to improve functioning. In addition, the audience can learn the following: • The lack of objective medical findings in MUS patients makes it difficult to assess functioning, which could lead to differences in advices between physicians, and to different views on disability in functioning between physicians and patients. • Differences in assessments and advices may result in stagnation in recovery and lack of improvement of functioning. More insight where these possible differences are based on. • Insight in the effect of Problem-solving therapy provided in primary care to improve functioning.

Chair: Hans van der Wouden MD, PhD, Associate Professor, Amsterdam UMC, location VUmc, NL
Does self-perceived health correlate with physician-assessed functional limitations in medical work disability assessments?

Aim
The purpose of this study was to obtain information about the correlation between self-perceived health and physician-assessed functional limitations among workers who applied for a disability benefit. We also studied whether this correlation differed between workers with subjective health complaints not well-defined by a medical disease (SHC) and those with non-SHC.

Methods
A cross-sectional study was conducted among 2,040 participants, who answered a questionnaire related to their self-perceived health and who received a medical work disability assessment during which physicians reported functional limitations. Pearson correlation analyses were used to calculate correlations between 11 self-perceived health and four functional limitation factors. For correlations with coefficients equal to or larger than 0.30, linear regression analyses were performed, to assess possible differences between participants with SHC (n=363) and those with non-SHC (n=1677).

Results
We found correlations equal to or larger than 0.30 for two functional limitation factors with six self-perceived health factors. For participants with SHC, correlations with the physical and mental functional limitation factors and the self-perceived SF-36 physical (-0.49, 95% CI -0.56 to -0.41) and mental (-0.30, 95% CI -0.39 to -0.20) health factors, were lower than for those with non-SHC (-0.60, 95% CI -0.62 to -0.57) and (-0.40, 95% CI - 0.44 to -0.36), respectively.

Conclusion
Self-perceived health showed overall low to moderate correlations with physician-assessed functional limitations. Some of these correlations were lower for workers with SHC, compared to those with non-SHC. This may be partly explained by the reliance on well-defined medical diseases within medical work disability assessments.

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Development of the Body-Relatedness Observation Scale: a feasibility study

Aim
One characteristic of somatoform disorder (DSM-IV) and somatic symptom disorder (DSM-5) is the troubled relation of patients to their body. To assess body-relatedness in its full range, observation by a physical therapist may add valuable information to self-report questionnaires. This study examines the feasibility of the Body-Relatedness Observation Scale (BROS), an instrument for the standardized observation of patients with somatic symptom disorder by a physical therapist.

Methods
In cross-sectional analyses the factorial validity and inter-rater reliability of observer scores were studied. Physical therapists observed 191 patients performing two short exercises lying face up. Fourteen potential indicators of body-relatedness were selected for observation, covering four domains: execution of instructions, perception of the body, muscle tension, and behavioural adaptation to somatic symptoms.

Results
Inter-rater reliabilities were excellent for four observation scores (ICC>.75 or Kappa>.80), substantial for two (.60<ICC<.75 or .60<Kappa<.80), fair for two (.40<ICC<.60 or .20< Kappa<.40) and poor for six. Items in particular relating to patients’ ability to perceive the body had low inter-rater reliabilities. Categorical principal components analysis with the eight reliable scores indicated a 1-factor structure including seven items with Cronbach’s alpha .69.

Conclusion
This initial analysis of a structured physical therapeutic observation for people with somatic symptom disorder indicated modestly sound psychometric quality of observations of execution of instructions, muscle tension and behavioural adaptation, but not of patient’s ability to perceive the body adequately. This shows that these observations are feasible when restricted to observable behaviour and it indicates the viability of further validation of the BROS.

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Effectiveness of Problem Solving Treatment for patients with undifferentiated somatoform disorder: A cluster randomized controlled trial in primary care

Aim
To examine the effectiveness of an augmented Problem-Solving Treatment (PST) intervention delivered by mental health nurse practitioners (MHNPs) to patients with undifferentiated somatoform disorder (USD), compared to usual care.

Methods
We conducted a cluster randomized trial among primary care patients with USD comparing the intervention to usual care. The intervention consisted of six sessions with the MHNP. Primary outcome was physical functioning (RAND-36 physical component summary score). Secondary outcomes were the RAND-36 mental component summary score and the eight subscales; anxiety and depression (Hospital Anxiety and Depression Scale) and somatic symptom severity (Patient Health Questionnaire-15). Outcomes were assessed at baseline, 2, 4 and 12 months. We analysed data using linear mixed models by intention to treat, and investigated effect modifiers.

Results
Compared to usual care (n=87), the intervention group (n=111) showed an improvement in physical functioning (mean difference 2.24 [95% CI 0.51; 3.97]; p=0.011), a decrease in limitations due to physical problems (mean difference 10.82 [95% CI 2.14; 19.49]; p.=0.015) and in pain (mean difference 5.08 [95% CI 0.58; 9.57]; p=0.027), over 12 months. We found no differences for anxiety, depression and somatic symptom severity. Effects were larger and clinically relevant for patients with more recent symptoms and who had fewer physical diseases.

Conclusion
The augmented PST intervention was effective in improving pain and physical functioning components of patients’ health. It was particularly suitable for patients with symptoms that had been present for a limited number of years and with few comorbid physical diseases.

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Patients on the course of their symptoms and functional health in persistent physical symptoms (PPS): a qualitative exploration

Aim
Interim analysis of the 2-year course of the PROSPECTS cohort study following patients with PPS (1) revealed that a fluctuating course type was highly prevalent: clinically important fluctuations in symptom severity and/or functional health were present in 35-61% of participants. Due to the high prevalence, these fluctuations deserve more attention in PPS research. We aimed to explore the patients perspective on the course of their symptoms and the influence on their daily lives.

Methods
Qualitative study with semi-structured interviews among participants of the PROSPECTS cohort study. Purposive sampling based on demographics (gender, age, location: rural/city) and fluctuations based theoretical sampling was used to select the participants. We aimed to interview approximately 20 participants, depending on when, over the course of the interviews, saturation was reached. The interviews will be analyzed using qualitative content analysis.

Results
Patients talk about their experiences with the course of their physical symptoms and the influence on their daily lives, with a special focus on their experience with fluctuations and/or stable periods and where they attribute these to. We are currently conducting and analyzing the interviews, results will be expected by May 2019.

Conclusion
Our analysis of interviews with patients with PPS on the course of their symptoms and impact on their lives will offer unique insights into the lived experiences of patients dealing with PPS and help in understanding experienced course patterns of patients with PPS.

Reference

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