Report from Working group meeting on MUS/somatisation/bodily distress, Budapest July 1st 2011:

A) Presentations

Peter White reported on the experience of Chronic Fatigue clinics in UK. These were set up with government funding for 3 years. Most have continued as their funding has been assimilated by local healthcare funders.

Initial assessment revealed that 42% of patients did not have CFS but had a medical or psychiatric disorder that led to fatigue.

The management of CFS in the clinics consists of CBT and Graded Exercise Therapy with appropriate medical care. Results show that in most clinics there is evidence of improvement particularly in reducing fatigue, but less so on SF-36.

In the future the clinics may extend to treat patients with fibromyalgia and fatigue secondary to physical illness (eg cancer)

Heribert Sattel presented briefly on the German National Guidelines for "Functional and Somatoform/Non-Specific Symptoms". These are evidence-based guidelines for health care professionals, patients and their relatives, researchers, representatives of health policy, media representatives

They are based on prior evidence-based guidelines "**Somatoform Disorders"** (Henningsen et al 2002) with an extensive **systematic literature review** (2000-2010), focusing on RCT's in the field PLUS **structured consensus** among experts (representatives of the medical professional associations) of many different medical fields on the resulting evidence based recommendations and statements

The following major **German Medical Professional Associations** were involved: Psychosomatic Medicine / Psychiatry / Psychologists, General Practitioners, Internal Medicine, Neurology, Orthopaedics, Sports medicine, Pain medicine, Surgery, Rheumatology, Occupational medicine, Preventive medicine, Cardiology, Gynaecology and obstetrics, Urology, Otolaryngology, Dentistry, Paediatrics

The Major aims of the guidelines are to transfer **relevant diagnostic and therapeutic knowledge** to all physicians who are in charge of these patients. **Our Planned dissemination includes:** participation in conferences and preparation of publications in the different medical specialties

Per Fink presented a new knowledge center that is under construction at his department. The centre is funded by a grant from a Danish foundation that is focusing on functional disorders. The center is run by a primary care physician and also includes a social worker and a secretary. So far the focus has been on working out a strategy for the centre in terms of who should we target and how do we target such different groups as the general public, administrators, doctors etc. A website will be the central element of the knowledge center.

B) Group discussions and Actions arising

Education: One group emphasised the need to work closely with GPs paediatricians and medical students – we need to design, develop and test and efficient interventions for patients with bodily distress (single term to cover medically unexplained symptoms and somatisation).

Can we develop one algorithm which shows how to assess and manage to and when to refer? In Denmark, the TERM model has been quite successful, and from 2012 all new primary care physicians will be trained in the treatment of functional disorders.

Another group: Educating medical students and nurses. Bodily distress is only taught in psychiatric settings. We must teach this topic in medical settings. We propose a common track for medical specialists with respect to functional disorders. (links to above)

Don't forget to include psychologists in our educational work – Learning about bodily distress/functional disorders should be compulsory – if its optional only a minority will learn about them.

Any way of teaching lots of medical professionals with less burden on the teacher would help (One participant commented that she is always teaching but there seems to be an endless demand for teaching on this topic)

Medical doctors fear discussing psychosocial issues with their patients as they feel that they have to solve them rather than simply acknowledge them.

Short sessions on how to diagnose and how to explain the diagnosis to the patients.

- **Action point:** We need to have a small group to design, develop and test educational material for the management of bodily distress that is applicable to many different specialists in their own (i.e. not in a psychiatric) setting.

Improved communication

There is an Austrian network of psychosomatic medicine – we need a similar network developed on a European scale

Can the proposed Knowledge centre in Denmark help to disseminate aspects of best practice? Can it be really close to clinical practice? Can it disseminate the evidence regarding cost effectiveness of treatments for functional disorders? A relevant Cochrane review is to be published soon.

- **Action point:** We need better communication of best practice around EU. Could we use the EACLPP website to this end?

Organisation of services: Splitting or lumping? We are in danger of having separate clinics for chronic fatigue syndrome, chest pains, fibromyalgia etc etc…we need to develop best practice – and join up these different clinics and get them more centrally placed on the agenda – make them more visible to all specialists.

Alliance with patients – the current emphasis of much research is our search for aetiology – but there should be more emphasis on treatment so we can help patients more. This would be more pragmatic but we need more studies on how to develop effective treatments. Such research should include defining the optimal explanation that doctors and other health professionals can use routinely with their patients.

We should work together to identify “recognised” treatment centres for each geographical area of EU.

Create a common understanding of these disorders and develop a positive explanation for patients so doctors can be specific and positive about what is wrong.

It was suggested that a medical doctor and a psychiatrist could see the patient together,

- **Action point:** Do we need a small group to take forward ideas about service delivery?

Specific actions: Participants agreed to will contact educationalists to develop better teaching and we will seek fuller co-operation between centres re bodily distress (and relevant teaching).

The German national guidelines should be disseminated (in English?). We should see whether the Danish material could be translated into English and prepared for easy access by both patients and doctors.

We need more user-friendly explanation to patients – doctors should be able to tell people in simple terms what is wrong with them.

We should find out whether the WHO group for classification of somatic distress and dissociative disorders will provide a better diagnostic system for these disorders.

We should examine the possibility of a small meeting to discuss developing educational materials that could be disseminated and used widely.

Future meeting, Aarhus June (27-30th).

Review progress over the last year
Confirm that the group wishes to continue
Find new leader(s)