

General article Γενικό άρθρο

Psychosomatic medicine and Liaison Psychiatry: Empowering patients through imparting information

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Psychiatriki 2013, 24:202–207

The empowerment of patients is a key aspect of professionalism in psychiatry. The sensitive, accurate and timely imparting of information is one of the highest expectations that patients and carers have of health-care professionals. In the course of his clinical work in Liaison Psychiatry the author has developed an information leaflet which reflects established practice and emerging evidence in the broad field of psychosomatic medicine and mind body interactions and psychopathology. Informal feedback from patients, carers and fellow clinicians suggests that it has been well received. Good reception has been found in practice among patients often thought as resistant to psychological approaches to psychosomatics. Necessarily, a single patient information leaflet has limitations in its scope. The focus of the leaflet is primarily on setting the context for understanding processes of somatisation. This supports the establishment of a therapeutic alliance between patient and clinician. However, to make further progress in the care and management of patients presenting thus, excellent interview and communication skills on the part of the clinician are required.

Key words: Liaison Psychiatry, psychosomatic medicine, leaflet, therapeutic alliance

The empowerment of patients is a key aspect of professionalism in psychiatry.¹

The sensitive, accurate and timely imparting of information is one of the highest expectations that patients and carers have of health-care professionals.² Examples of high quality information for patients and carers may be found on the frequently accessed website of the Royal College of Psychiatrists <http://www.rcpsych.ac.uk/mentalhealthinfoforall.aspx> Though the website includes pages on physical illness and mental health, a summary which presents

an up to date integration of evolving evidence on mind body relationships and psychopathology is missing.

In the course of his clinical work in Liaison Psychiatry the author has developed an information leaflet which reflects established practice and emerging evidence³⁻⁵ in the broad field of psychosomatic medicine and mind body interactions and psychopathology. Informal feedback from patients, carers and fellow clinicians suggests that it has been well received. Good reception has been found in

practice among patients often thought as resistant to psychological approaches to psychosomatics. This includes patients with somatoform disorders, even those with concurrent personality disorders. It is published here for wider use.

Necessarily, a single patient information leaflet has limitations in its scope. The focus of the leaflet is primarily on setting the context for understanding processes of somatisation. This supports the establishment of a therapeutic alliance between patient and clinician. However, to make further progress in the care and management of patients presenting thus, excellent interview and communication skills on the part of the clinician are required.⁶

Another shortcoming is that there is very limited information on specific somatoform disorders or functional somatic syndromes and no specific information on particular physical conditions (e.g. Cardiovascular disease, Diabetes and others) and the relevance of psychological factors to these. Specific information on the latter for patients and the general public may be found in relevant websites, for example, in relation to coping with diabetes information may be found on http://www.diabetes.org.uk/Guide-to-diabetes/Living_with_diabetes/Coping_with_diabetes/

Though every effort has been made to ensure that the appended information is accurate, the specific information included requires regular review and updating in the light of changing evidence.

Appendix

Body and mind: A psychiatric perspective

Introduction:

Body and mind are two sides of the same coin.

Here we look at the relation between body and mind when people feel ill or fear they may be ill or are in pain or have other physical symptoms that bother them. We look specifically at how some psychiatrists and other doctors think about the relations between body and mind in such circumstances. Not all of this information will apply to you. The purpose of the information is to give you an opportunity to think about such issues and ask questions of your GP or your psychiatrist or other health professional.

If you have any questions of (insert name of clinician here) you may make an appointment to discuss them

by ringing his secretary (insert name of secretary here) on (insert telephone number here).

Mind

We all know what the body is, even when we don't understand its details and ways of working. But, what is the mind? Mind here refers to one's thoughts, memories, emotions, attitudes, wishes, relations and so on. In order to have a mind we need to have a body. However mind extends beyond our body to our relationships with others and position in society and expectations and fears of the future.

Emotions and other mental factors cause changes in our body. For example, when we don't like someone we may say that he is a "pain in the neck" because this is what she/he makes us feel. Similarly, when we don't trust a person or a situation but don't know why, we say that we have a "gut feeling" that something is not right. It is not surprising therefore that mental disorder may cause or aggravate physical symptoms.

In this leaflet there is repeated reference to mental disorders. A lot of people, including some doctors and psychologists and other mental health professionals, avoid talking about mental disorders. This is because of fear of stigma and offending patients. The reason for referring to mental disorders here is not to frighten or stigmatize or offend patients but to identify problems and solutions that may help with these problems. In many cases these problems have been going on for a long time and doctors have been unable to help.

Where psychological factors are important but not identified, there are risks for patients. A particular risk is that they may be referred to multiple hospital departments, have multiple physical investigations. Some intrusive and risky investigations may cause more harm than good. This is called iatrogenic harm. In extreme cases, patients have had operations that they did not really need. In many of these cases the surgeons have been very cautious and reluctant about proceeding with the operation but the patient's insistence on physical treatment and neglect of psychological issues has put pressure on the surgeon and other doctors to intervene. Doctors may also be under pressure from patients to prescribe medication that there is reason to fear may turn out to cause iatrogenic harm.

Organic mental disorders

Diseases of the body may affect the mind. For example, some people suffer from over-activity of the thyroid gland, a gland positioned in the neck. When this gland is overactive, people not only experience physical symptoms such as loss of weight and palpitations of the heart, and even vomiting, but also overactivity and mental symptoms such as anxiety and, in very extreme cases, paranoia. In such cases patients may have a swelling in the neck and laboratory tests will show abnormal results in the measurements of thyroid hormones.

People may sometimes forget that the brain is just another part of the body but it is. Diseases of the brain can also cause mental problems.

A form of brain disease that causes mental symptoms, is increasingly common and is becoming increasingly well understood is Alzheimer's disease. This is a form of dementia and may cause mental symptoms such as memory impairment, loss of judgment, anxiety and depression and even hallucinations. Looking at brain specimens under the microscope scientists have identified specific changes in the brain, called amyloid plaques and neurofibrillary tangles, which are associated with this disease. Brain scanning often shows shrinkage of the brain.

Mental illness caused by diseases of the body and brain are often called "organic". In such cases we can see an abnormality in the body or brain, either with the naked eye or under the microscope or with special investigations such as blood tests or x-rays or scans.

When organic mental disorders, due to thyroid or brain or other disease, are present it is important to identify them because many of them (but not all) may improve dramatically with the right treatment. Even when we can not treat them fully we may be able to get help in managing as best as possible.

Functional mental disorders

Functional Mental Disorders are different to Organic Mental Disorder because often there is no specific abnormality to be seen with the naked eye or with special tests in the body or the brain. They are called functional psychiatric disorders because there is assumed to be a change in function of the brain and the various neurochemical systems associ-

ated with it, but not a change in structure. There is research to support such a view.

Common functional psychiatric disorders include affective disorders such as major depression and anxiety disorders such as generalized anxiety disorder, panic disorder and post traumatic stress disorder. Less common but more severe functional psychiatric disorders include affective disorders such as bi-polar disorder (manic depression) and schizophrenia. Other less common functional mental disorders include eating disorders such as anorexia nervosa.

Functional Mental Disorders can be the cause of physical symptoms for which doctors can not find a physical cause. Such symptoms may include pain in any part of the body, tiredness, dizziness, change in bowel habit etc.

Functional Mental Disorder can also cause worry that one is suffering from physical illness even in the absence of such illness. This is called "hypochondriasis".

Some patients do not worry about having a physical illness such as cancer, but instead worry excessively about their appearance. Both men and women may worry about the shape or size of the nose. Women may also worry about the shape or size of their breasts and men may worry about the shape or size of the genitals. People with anorexia nervosa may worry about their weight and being fat.

Both common and severe mental disorders may respond very well to treatment and this is why they need to be identified when present. Such treatment may be available in primary care or in hospital departments or in specialist mental health and psychological treatment services.

There is a lot of good information on functional mental disorders on the Royal College of Psychiatrists' website on: <http://www.rcpsych.ac.uk/mental-healthinformation.aspx>

Functional somatic syndromes

Functional somatic syndromes are NOT the same as functional psychiatric disorders.

Functional somatic syndromes are groups of common symptoms that patients present with to general medical practitioners or to specialist hospital departments such as gastroenterology, gynaecology, rheumatology, cardiology, orthopaedics etc. Examples

of such syndromes/collections of symptoms include irritable bowel syndrome, chronic pelvic pain, fibromyalgia, atypical chest pain, chronic fatigue syndrome, hyperventilation syndrome, chronic back pain, tension headache and so-called multiple food sensitivity.

It is important to note that if a patient has one of these conditions they are also more likely, compared to the general population, to have one or more of the others! This is particularly so if the GP has referred them to specialists. So, for example, a patient who suffers from fibromyalgia or chronic fatigue syndrome may also be more at risk than the average person of suffering from irritable bowel syndrome or atypical chest pain.

There may be a physical basis to such syndromes. Doctors are not certain but it seems that there may be changes in the immune system of patients with fibromyalgia or chronic fatigue syndrome. There may also be a psychological basis for such symptoms. For example, we know that stress can aggravate all these conditions.

Although functional somatic syndromes are not the same as functional psychiatric disorders it is also important to note that people that suffer from these conditions are also more likely to suffer from functional psychiatric disorders such as depression and anxiety. Some patients with functional somatic syndromes may, therefore also have functional psychiatric disorders while others may not.

Sometimes patients find it hard to accept that there are important psychological factors. This may be because of fear of stigma and being labelled 'mad'. However, the reason for noting the importance of psychological factors is not to label people as 'mad' or otherwise. Indeed, it is relatively rare that severe mental illness is the cause of symptoms, though this may happen, and on such occasions it is important to identify and treat it well. The purpose of identifying the importance of stress and other psychological factors is to help patients.

A variety of treatments have been found to be helpful in functional somatic syndromes. To some extent these need to be tailored to the specific patient or condition. Treatments that have been found to be helpful have included appropriate diet, graded exercise and psychological treatments like Cognitive Behaviour Therapy (CBT) and Psychotherapy and

more intensive short term rehabilitation programmes. Antidepressant medication may also help, even when patients are not depressed!

Somatoform disorders

A group of patients that are perhaps particularly at risk of iatrogenic harm, that is being harmed rather than helped by medical investigation and treatment, are those suffering from somatoform disorders.

The most severe end of these disorders is called somatisation disorder. This is characterised by a significant number of changing medical symptoms (including pain, neurological, heart/chest, gynaecological/reproductive/sexual etc.) leading to referrals to multiple hospital departments and repeated investigations. One of the paradoxes of these conditions is that although such patients are investigated extensively and no underlying medical condition can be found, which should be reassuring, patients remain worried and are not infrequently angry and dissatisfied about medical care.

Though patients with somatoform disorders are worried about their health, they do not usually fear a specific physical illness, so they are different from those suffering from hypochondriasis.

Medically unexplained symptoms

In some cases it may be that the doctors have missed a physical illness that is present that they should have identified. An alternative is that the patient may have a physical illness that medical and clinical science has not identified or understood. A further alternative may be that the patient and doctor are faced with a range of two groups of overlapping clinical conditions that are known as functional somatic syndromes and somatoform disorders.

The role of personality

Sometimes functional psychiatric disorders, functional somatic syndromes, somatoform disorders or unexplained medical symptoms may occur in individuals who are vulnerable because of their personality characteristics. By personality, we mean ones habitual way of thinking, responding to stress, temperament and mood and relations with and attitudes towards others. Patients may be reluctant to bring up relevant issues because of the sensitivities involved.

Patients may suffer from personality disorders but doctors, being aware of their sensitivities, may be reluctant to ask relevant questions. However, it is becoming increasingly important to attempt to address such issues when appropriate, because psychiatrists and psychologists are developing effective ways of helping. Helping with personality issues may be essential in order to achieve long-lasting benefit for treatment of pain and other physical symptoms.

Stress

The word stress was imported into psychiatry from the science of construction materials. In science it refers particularly to circumstances where construction materials are stretched beyond their level of tolerance and they are, therefore, at risk of breaking. It is the same with humans; we all have our limits and there are risks if we are stretched beyond these.

Human stress can cause widespread changes in our nervous, hormonal and immune system particularly through a complex set of functions that connects these systems and is called the "hypothalamic-pituitary-adrenal" axis (HPA). Stress can affect this axis in different ways depending whether it is acute or chronic (long term), but in both cases it can cause both physical and mental problems.

The acute effects of stress may include palpitations of the heart, shortness of breath, increased pain, increased alertness, anxiety, worry, and even panic attacks. It can also cause changes in our body that take place but we are not aware of, such as increasing the readiness of our immune system to respond or suppressing the capacity of our reproductive organs and thus contribute to infertility.

The effects of long term stress may include hypertension, heart disease, obesity, diabetes, continuing infertility, impaired concentration and memory and clinical depression or relapse of psychosis.

Research shows that patients with functional psychiatric disorder, chronic pain, functional somatic syndromes, somatoform disorders and medically unexplained physical symptoms have high levels of stress.

Treatment: Ways forward

Can anything be done to help people that suffer from functional somatic syndromes or somatoform disorders?

Psychological treatments, for example, in the form of Cognitive Behavioural Therapy may help. Sometimes these need to be combined with physiotherapy and other physical approaches in a more intensive rehabilitation programme. Patients may have access to specifically designed rehabilitation programmes for chronic pain or fibromyalgia or chronic fatigue syndrome.

Patients with pain may derive benefit from seeing a pain specialist, or in the case of headache, a neurologist. Such doctors may prescribe painkillers. There is a wide variety of painkillers that may be used to good effect. Antidepressant medication has also been shown to help even patients that don't suffer from a functional psychiatric disorder such as an affective or anxiety disorder.

Often when taking medication for functional somatic syndromes and somatoform disorders, patients need to be realistic about expectations. Such treatments may reduce the severity and duration of symptoms and their impact on daily life without eliminating them completely. Small but significant improvements, rather than a complete cure, may be brought about. This is one reason for attending to mental/psychological issues as well. The other reason for attending to such factors is that medication can have side effects and when doctors are not informed of other relevant factors they may prescribe higher doses, sometimes very high doses of such medication, which may place the patient at increased risk. Paradoxically, in fact, painkillers themselves may also place patients at some risk of experiencing more rather than less pain, thus leading to a vicious circle.

Psychological factors are important in all body-mind problems. For example, research has shown repeatedly that it is not so much the severity of a physical illness that determines the unhappiness and coping of an individual as their pre-existing personality characteristics, a history of depression or anxiety and the quality of their family and other social support that they receive. People that have an inborn tendency to worry and "catastrophise", those that have suffered abuse or deprivation in childhood or may be in abusive relationships or other current traumatic circumstances may find it more difficult to cope with physical illness but are also more likely to develop functional psychiatric disorders, functional somatic symptoms or somatoform disorders. Through

counselling or specific psychological treatment such as Cognitive Behavioural Therapy or trauma focused therapy or psychodynamic psychotherapy, or mentalisation therapy it may be possible to help people use their strengths and cope better.

It is important to remember that all people have strengths. This is particularly the case for those people who have been through severe trauma or abuse

and have shown remarkable resilience by soldiering on despite the impact of such experiences. It is often a matter of identifying and building on such strengths. Patients themselves sometimes may not be aware of their strengths.

Where there are problems of personality these may need treatment in their own right to ensure good results from other treatments.

Ψυχοσωματική και Διασυνδεδετική Ψυχιατρική: Ενίσχυση των ασθενών διαμέσου της μετάδοσης πληροφορίας

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Ψυχιατρική 2013, 24:202–207

Η ενίσχυση των ασθενών αποτελεί ένα από τα κλειδιά της επαγγελματικής στάσης στην ψυχιατρική. Η ακριβής, ευαίσθητη και έγκαιρη μετάδοση της πληροφόρησης αποτελεί μια από τις σημαντικότερες προσμονές των ασθενών και των φροντιστών τους. Ο συγγραφέας κατά την πορεία της κλινικής του εργασίας στη Διασυνδεδετική Ψυχιατρική συνέταξε πληροφοριακό φυλλάδιο που αντανακλά την καθιερωμένη πρακτική και την αναδυόμενη τεκμηρίωση στο ευρύ πεδίο της ψυχοσωματικής ιατρικής, της αλληλοδράσης του σώματος και του νου και της ψυχοπαθολογίας. Η άτυπη ανατροφοδότηση από τους ασθενείς, τους φροντιστές και τους συναδέλφους έδειξε ότι έχει καλή πρόσληψη από ασθενείς θεωρούμενους μη δεκτικούς σε ψυχολογικές και ψυχοσωματικές προσεγγίσεις. Εδώ δημοσιεύεται το φυλλάδιο με σκοπό την ευρύτερη χρήση του. Αναγκαστικά το φυλλάδιο έχει περιορισμούς στους στόχους του και περιορισμένες πληροφορίες για συγκεκριμένες σωματόμορφες διαταραχές και λειτουργικά σωματικά σύνδρομα, ενισχύει όμως τη θεραπευτική συμμαχία ανάμεσα στον ασθενή και τον κλινικό. Οι πληροφορίες στο παράρτημα χρήζουν τακτικής ανασκόπησης και ενημέρωσης.

Λέξεις ευρητηρίου: Διασυνδεδετική Ψυχιατρική, ψυχοσωματική ιατρική, ενημερωτικό φυλλάδιο, θεραπευτική συμμαχία

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