



FOCUS ON RESEARCH

Multiple Symptoms Study 2: A feasibility study to manualise, teach and demonstrate the delivery of the Symptoms Clinic Intervention

Researchers

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Aim

Physical symptoms which occur or persist without physical disease are sometimes known as “medically unexplained symptoms”. Despite this label, they can mostly be explained by changes in body and brain processes. In practice, doctors rarely attempt to explain symptoms this way, leaving patients frustrated and possibly making symptoms persist for longer.

Our aims were (i) to teach a small group of GPs to deliver the Symptoms Clinic Intervention (SCI), which is a special series of extended consultations for patients with multiple physical symptoms; (ii) to examine how well they delivered it.

Project Outline/Methodology

Stage 1: We developed a training package for GPs based on consultations from an earlier pilot study. This training package included 2 days of initial training and a detailed manual.

Stage 2: After training, GPs identified and recruited patients with multiple symptoms from their practices. GPs carried out up to 4 SCI consultations with each patient. These consultations were audio-recorded which allowed us to check whether the consultations were delivered according to the manual. Patients completed questionnaires before and after their series of consultations; they also participated in a final interview.

Key Results

6 GPs took part in the initial training and 4 of them then recruited 23 patients. All four GPs were able to deliver the key components of the intervention to patients in their practices. Importantly, GPs took time to understand patients’ symptoms and the effects those symptoms had on their lives. They proposed and negotiated explanations for symptoms and ways of managing them with the patients which were in line with the SCI manual. GPs were appropriately flexible in the way they conducted consultations and they appeared to tailor explanations to individual patients and symptoms.

Many patients reported that they found these consultations to be a positive experience and that the consultations changed the way they managed their symptoms. A few patients were ambivalent or negative about their consultations; these patients tended to find symptom management strategies to be unhelpful or unrealistic. Overall, patients reported a meaningful improvement in their symptoms.

Conclusions

GPs can deliver a special set of extended consultations for patients with medically unexplained symptoms after training. Patients found these consultations to be helpful for their symptoms. As this was a short and non-randomised study we still don’t know whether this benefit persists.

What does this study add to the field?

The approach we use in the SCI is much closer to a medical consultation than other approaches to this problem which are more strongly psychological. We found that GPs and most patients were comfortable with it. During this study we developed a more detailed classification of medical explanations than has previously been available and we expect to use this in future research and teaching.

Implications for Practice or Policy

Around 2% of adults have multiple medically unexplained symptoms. We know that GPs lack the confidence and skills to manage them effectively, and that specialist services rarely achieve more than temporary reassurance from negative tests. An intervention like the SCI has the potential to reduce symptoms, their impact on daily living and healthcare use.

Where to next?

We will apply for funding for a large randomised trial to test the longer term effectiveness of the SCI.

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