

Appendix A - Practical Tips for MUS

This tool is not a guide to management of MUS. The tool provides some simple steps for GPs to consider in liaison with practice manager.

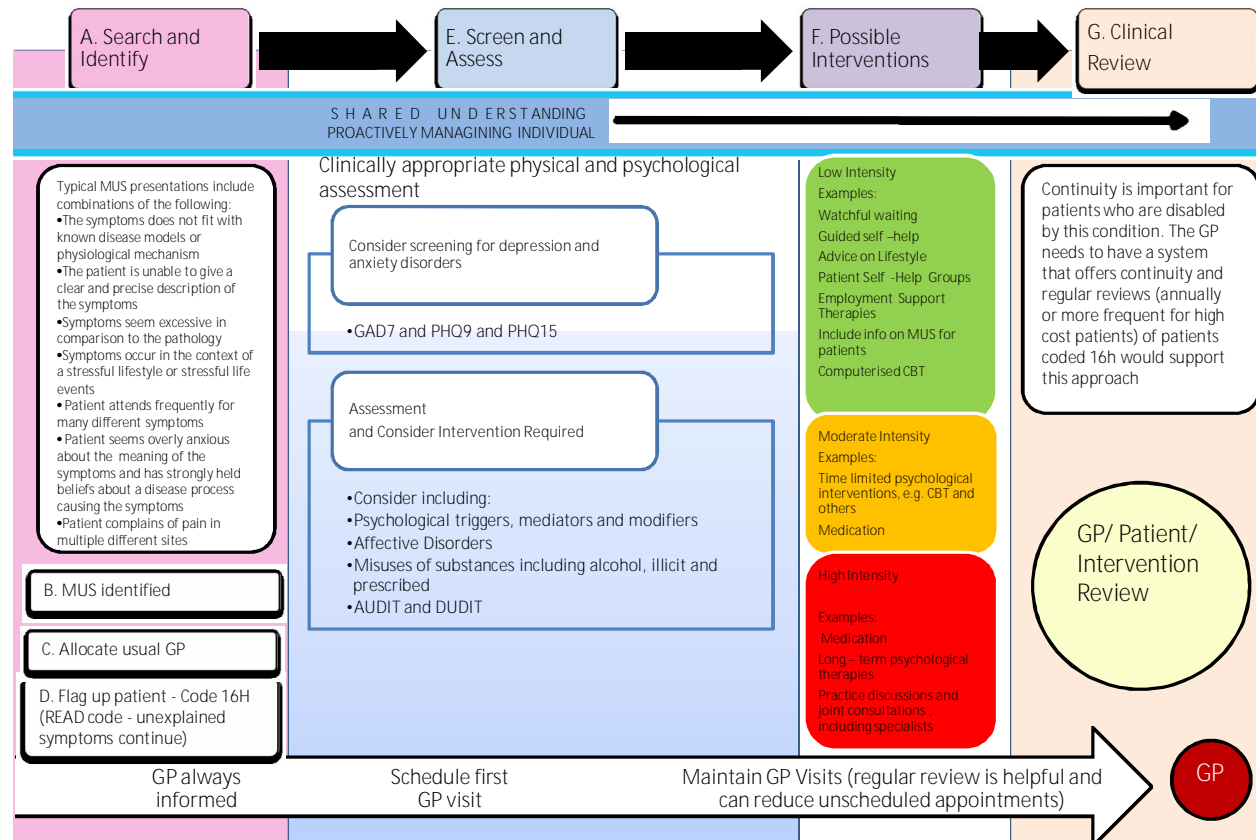
Stepped Approach to Practice Management of MUS

STEPS	DESCRIPTION
<p>A. SEARCH AND IDENTIFY PATIENT</p> <div data-bbox="197 544 580 612" style="border: 1px solid black; padding: 2px; margin: 5px 0;"> <p>B. MUS identified</p> </div>	<p>Consider MUS if diagnostic uncertainty continues or persists. Helpful searches to identify include:</p> <ul style="list-style-type: none"> • Frequent Attendance • Opiates prescribed • It is important to note that none of the above are MUS Identification Tools. <p>Identification of MUS is a clinical GP decision.</p>
<p>C. ALLOCATE USUAL GP</p>	<ul style="list-style-type: none"> • Allocating usual GP provides consistency of care for the patient. • Consider screen message to advise the initials of the usual GP to practice staff. • Encourage the usual GP to see and plan review
<p>D. FLAG PATIENT ON SYSTEM</p> <div data-bbox="197 836 580 916" style="border: 1px solid black; padding: 2px; margin: 5px 0;"> <p>GP Management starts</p> </div>	<ul style="list-style-type: none"> • Register the patient with Code 16H (which stands for ‘unexplained symptoms continue’). • Consider adding as a significant active problem.
<p>E and F. SHARED UNDERSTANDING AND POSSIBLE INTERVENTIONS</p>	<ul style="list-style-type: none"> • This is the most important step in the approach – Most patients can be managed by GP and continuity. • Engage the patient and develop your (GP) understanding of the presenting issues. See Dos and Donts on next page. • Encourage and educate to include self management e.g. Expert patient programme. • Commence treatment for underlying depression/anxiety if appropriate. • Consider intervention in a stepped/phased approach. See possible low, moderate and high interventions on next page.
<p>G. CASE MANAGEMENT AND REVIEW</p>	<ul style="list-style-type: none"> • Agree practice and peer support to manage MUS patients. • Regular planned reviews. This might include medically appropriate examinations and lab investigations. • Ensure good communication with other agencies/professionals.



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Medically Unexplained Symptoms Practical Process Steps



DOs

- Show the patient you believe they have symptoms.
- Be honest when a patient has an unusual symptom that fits no clear disease process – ‘I don’t know what this is but it doesn’t fit any disease pattern I know of and I think we could afford to wait and see’.
- Undertake only appropriate physical examination and, only if indicated, simple investigations.
- Explain the link between the biological and psychological causes of symptoms without any implication that the symptoms are ‘in their head’. For example, make connections between fear causing nausea and sweating, tension causing stomach cramps, or depression causing pain in the face.
- Normalise that all symptoms are influenced by bio-psychosocial factors. Explain to the patient that although you have not found a cause that is amenable to a simple biological treatment, the patient’s symptoms can be helped.
- Use examples to explain how there are techniques which could help. For example, ‘people who walk on live coals have developed a psychological strength which enables them to do this. Your back is causing you great pain but it is possible you could develop similar psychological techniques to help you cope’.

DONTs

- Tell them that you can find nothing wrong. There is something wrong.
- Tell them the symptoms are normal. They are not normal for the patient.
- reassure repeatedly as this results in a never ending cycle of needing reassurance
- Tell them there is nothing you can do to help. This is abandonment.
- Give results of normal tests and reassure and think that this will help. It won’t. Lucock (1997) demonstrated that medical reassurance resulted in a very short term reduction in worry about illness. Furthermore patients want acknowledgement of their symptoms and an explanation rather than reassurance so reassurance alone is unhelpful.

Useful websites

- “Medically Unexplained Symptoms (MUS) – A whole systems approach, 27th July 2009, v1.1. Commissioning Support for London”. www.csl.nhs.uk/Publications/Documents/MUS%20Whole%20System%20Approach.pdf
- Expert Patient Programme www.expertpatients.co.uk
- London Deanery, <http://www.integratedcare.londondeanery.ac.uk>
- Improving Access to Psychological Therapies www.iapt.nhs.uk/
- NHS Choices www.nhs.uk
- The Patients Association www.patients-association.org.uk/
- Working for Wellness www.workingforwellness.org.uk/

