European Society For Person Centered Healthcare
CauseHealth Project
St George´s, University of London UK

One Day Symposium

The Person-Centered Care of Medically Unexplained Symptoms

28 September 2016
St George's, University of London UK

Delegate Brochure

PREFACE

THE PERSON-CENTERED CARE OF MEDICALLY UNEXPLAINED SYMPTOMS

Dear Conference Delegates, Speakers, Chairmen and Friends,

We are delighted that it has proved possible for you to join us in London for the first of the Society's clinical conditions-specific conferences.

Today's MUS symposium brings together a stellar line up of distinguished speakers and chairmen from the United States of America, Canada, Australia, New Zealand, Germany, Norway and the United Kingdom. It is a privilege for the Society to have secured the participation of these colleagues and, for all those of you who have travelled to London from abroad, we welcome you to this great and historic city on behalf of the Society and St. George's.

This one day symposium is being organized as part of a collaborative project between the European Society for Person Centered Healthcare and the CauseHealth Project. The CauseHealth Project is funded by the Research Council of Norway and conducted from the Norwegian University of Life Sciences under the excellent and inspirational leadership of Dr. Rani Anjum. It has as its purpose the study of medically unexplained symptoms, phenomena which constitute 40 percent of primary care presentations and 20 percent of all secondary care consultations. Patients' burden of illness from MUS is therefore very great and the economic impact for health systems considerable.

Given the nature of MUS, and of co- and multi-morbid, socially complex chronic illnesses more generally, EBM-type clinical thinking has only partial value. Indeed, each patient presenting with MUS demonstrates a largely unique illness profile. For sure, standard causal explanation fails in these cases and such patients are usually depicted as outliers. It is increasingly recognized that far more complex approaches to the investigation and management of these conditions are urgently required. Indeed, complex disorders are difficult to study and treat because they have multiple causes: genetic, environmental and lifestyle factors (many not yet elucidated) and because each patient presents with a unique combination of biological, psychological, spiritual and social characteristics. It is here that person-centered healthcare approaches, in both theory and practice, retain a vital place in assisting both clinicians and patients to better understand and deal with their illness experiences.

Today's Symposium will be opened by Professor Andrew Kent (London, UK) with Session One of the Symposium chaired by Dr. Abraham Rudnick (Canada). Following a brief description of the current project by Professor Andrew Miles (London, UK), Dr. Rani Anjum (Norway) will outline the nature and purposes of the CauseHealth Project. Following Dr. Anjum's presentation, Dr. Robin Murphy (Oxford, UK) will address the symposium on the problem with explaining symptoms and the origins of biases in causal processing. Following Dr. Murphy's presentation, Dr. Carmel Martin (Australia) will discuss complexity theory, health perceptions and interoception in MUS, providing the symposium with a complex adaptive systems and networks perspective. Session Two of the Symposium will be chaired by Dr. Thomas Frohlich (Germany), with the opening presentation delivered by Professor Brian Broom (New Zealand) who will speak on the names we give to what we do and the implications of how we talk about illnesses – is the description 'medically unexplained symptoms', for example, entirely appropriate? Following Professor Broom's delivery, Dr. Marta Buszewicz (UCL, London UK) will address the need to encourage clinicians to work effectively with people who present with MUS. Is, she will ask, a change in underlying attitudes required? Following Dr. Buszewicz, Dr. Lars-Petter Granan (Norway) will speak on the phenomenon of medically unexplained chronic pain.

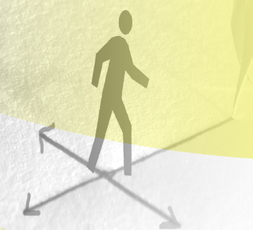
Following Luncheon, the Symposium will move to consider the relevance of the biopsychosocial model to MUS and the importance of integrated care. Dr. Carmel Martin (Australia) will chair Session Three of the Symposium, introducing Dr. Abraham Rudnick (Canada), as speaker, to consider the biopsychosocial formulation as it relates to MUS, providing a specifically person-centered perspective. Following Dr. Rudnick's presentation, the Symposium will be addressed by Professor Frank Rohricht (London, UK) who will speak on the importance of integrative primary care for patients with MUS. Session Four of the Symposium will be chaired by Professor Stephen Mumford who will welcome to the conference platform Mr. Greg Nielsen (London UK) who will report the findings from a physiotherapy-based intervention in patients with functional motor disorder. Following Mr. Nielsen's delivery, the chairman will welcome Professor Trudie Chalder (KCL, London, UK) to address the Symposium on the need to remove barriers and increase access to effective MUS therapies. When Professor Chalder has concluded her presentation, Professor Andrew Miles (London UK) will deliver the concluding address of the Symposium, asking the question: 'What should a person-centered model/s of care for the investigation, management and follow-up of medically unexplained symptoms look like?' The Symposium will be closed by Professor Mary Chambers (London UK).

The individual presentations from the current Symposium will be written up by presenters as formal papers for publication in the *European Journal for Person Centered Healthcare*, the official journal of the European Society for Person Centered Healthcare. The Society intends to continue the current work on MUS, inititally by organizing a Clinical Masterclass on the person-centered care of MUS, details of which will be made available to interested parties shortly.

We wish you a highly enjoyable conference.

Professor Andrew Miles MSc MPhil PhD DSc [hc]
Senior Vice President and Secretary General

Professor Sir Jonathan Asbridge DSc (hc)
President and Chairman of Council



Programme

08:00 Registration and Refreshments

09:00 Welcome to St. George's, University of London
Professor Andrew Kent, Pro Vice Chancellor and Dean, Faculty of Health, Social Care and Education, Kingston University and St. George's, University of London, UK

Session 1, Early Morning Session
FOCUS ON THE EUROPEAN SOCIETY FOR PERSON CENTERED HEALTHCARE, THE CAUSEHEALTH PROJECT, THE PROBLEM WITH EXPLAINING SYMPTOMS AND COMPLEXITY THINKING AND MUS

09:05 Early Morning Chairman
Dr. Abraham Rudnick, Professor, Department of Psychiatry and Behavioural Neurosciences, McMaster University & Psychiatrist-in-Chief, St Joseph's Healthcare, Ontario, Canada and Chairman, ESPCH SIG on Mental Health

09:10 About the European Society for Person Centered Healthcare and the Project on Medically Unexplained Symptoms
Professor Andrew Miles, Senior Vice President and Secretary General, European Society for Person Centered Healthcare & Editor-in-Chief, *European Journal for Person Centered Healthcare* / Editor-in-Chief, *Journal of Evaluation in Clinical Practice*

09:20 The CAUSEHEALTH Project and Medically Unexplained Symptoms – Creating a New Ontological Foundation for the person-centered care of MUS
Dr. Rani Lill Anjum, Research Fellow, Norwegian University of Life Sciences, Oslo & Principal Investigator, CAUSEHEALTH

09:40 The Problem with Explaining Symptoms: The Origin of Biases in Causal Processing
Dr. Robin A. Murphy, Associate Professor, Department of Experimental Psychology, University of Oxford, UK

10:00 Complexity Theory, Health Perceptions and Interoception in Medically Unexplained Symptoms - a Complex Adaptive Systems and Networks Perspective
Dr. Carmel Martin, Associate Professor, Department of Medicine, Nursing and Allied Health, Monash Health, Australia / ESPCH SIG Co-chairman for Complexity and Health / Co-Editor, *Handbook of Systems and Complexity in Health* & Co-Editor, Forum on Complexity and Health, *Journal of Evaluation in Clinical Practice*

10:30 Panel Discussion with Delegate Participation

10:45 BREAK WITH REFRESHMENTS

Session 2, Late Morning Session
FOCUS ON THE USE OF TERMS, ATTITUDES TO MUS AND MEDICALLY UNEXPLAINED CHRONIC PAIN

11:05 Late Morning Chairman
Dr. Thomas Fröhlich, Physician, Heidelberg, Germany & Vice President (Western Europe), European Society for Person Centered Healthcare

11:10 Naming What We Do—the implications of how we talk about illnesses
Professor Brian Broom, Consultant Physician (Clinical Immunology), Department of Immunology, Auckland City Hospital and Adjunct Professor, Department of Psychotherapy, Auckland University of Technology, New Zealand and Chairman, ESPCH SIG on Personhood and The Dynamics of Healing Relationships in PCH

11:40 Encouraging Clinicians to Work Effectively with People with Medically Unexplained Symptoms – Is a change in Underlying Attitudes Required?
Dr Marta Buszewicz, General Practitioner and Reader in Primary Care, Primary Care Mental Health Research Group Lead, Research Department of Primary Care & Population Health, University College London, UK

12:10 The Phenomenon of Medically Unexplained Chronic Pain
Dr Lars-Petter Granan, Specialist in Physical Medicine and Rehabilitation, Department of Pain Management and Research, Oslo University Hospital, Advisory Unit on Pain Management and Associate Professor, at University College of South East Norway.

12:40 Panel Discussion with Delegate Participation

13:00 LUNCHEON

Session 3, Early Afternoon Session
FOCUS ON MUS AND THE BIOPSYCHOSOCIAL MODEL AND THE IMPORTANCE OF INTEGRATED CARE

13:55 Early Afternoon Chairman
Dr. Carmel Martin, Associate Professor, Department of Medicine, Nursing and Allied Health, Monash Health, Australia / ESPCH SIG Co-chairman for Complexity and Health / Co-Editor, *Handbook of Systems and Complexity in Health* & Co-Editor, Forum on Complexity and Health, *Journal of Evaluation in Clinical Practice*

14:00 Biopsychosocial Formulation Related to Medically Unexplained Symptoms: A Person Centered Discussion
Dr. Abraham Rudnick, Professor, Department of Psychiatry and Behavioural Neurosciences, McMaster University & Psychiatrist-in-Chief, St Joseph's Healthcare, Ontario, Canada and Chairman, ESPCH SIG on Mental Health

14:30 Integrative Primary Care for Patients with Medically Unexplained Symptoms
Professor Frank Röhricht, Consultant Psychiatrist & Associate Medical Director, East London NHS Foundation Trust, London.

15:00 Panel Discussion with Delegate Participation

5:20 BREAK WITH REFRESHMENTS

Session 4, Late Afternoon Session
FOCUS ON PHYSIOTHERAPY, BARRIERS TO TREATMENT AND PERSON-CENTERED HEALTHCARE MODELS

15:45 Late Afternoon Chairman
Professor Stephen Mumford PhD, Professor of Metaphysics, Department of Philosophy, Durham University, UK, and Professor II, School of Economics and Business, Norwegian University of Life Sciences, Oslo

15:50 Developing a Physiotherapy Based Intervention for the Patient with Functional Motor Disorder - Results from a Feasibility Trial and Qualitative Interviews.
Mr Glenn Nielsen, Neurophysiotherapist and Research Fellow, UCL Institute of Neurology & The National Hospital for Neurology & Neurosurgery, Queen's Square, London UK

16:10 Removing Barriers and Increasing Access to Effective MUS Therapies
Professor Trudie Chalder, Professor of Cognitive Behavioural Psychotherapy, Department of Psychological Medicine, King's College London and Past President, British Association of Behavioural and Cognitive Psychotherapies

16:30 What Should a Person-Centered Model(s) of Care for the Investigation, Management and Follow-Up of Medically Unexplained Symptoms Look Like?
Professor Andrew Miles, Senior Vice President and Secretary General, European Society for Person Centered Healthcare & Editor-in-Chief, *European Journal for Person Centered Healthcare* / Editor-in-Chief, *Journal of Evaluation in Clinical Practice*

16:40 Panel Discussion with Delegate Participation

16:55 Closing Remarks
Professor Mary Chambers, Director, Centre for Public Engagement and Professor of Mental Health Nursing, Joint Faculty of Health, Social Care and Education, Kingston University and St. George's, University of London, UK

17:00 Close of Symposium

Abstracts for Presentations

09:10 About the European Society for Person Centered Healthcare and the Project on Medically Unexplained Symptoms

Professor Andrew Miles, Senior Vice President and Secretary General, European Society for Person Centered Healthcare & Editor-in-Chief, *European Journal for Person Centered Healthcare* / Editor-in-Chief, *Journal of Evaluation in Clinical Practice*

The current one day symposium is the result of a collaborative association between the European Society for Person Centered Healthcare (ESPCH) and the CauseHealth Project, signed by Professor Andrew Miles, Senior Vice President of the Society and Dr. Rani Lill Anjum, Principal Investigator, CauseHealth Project, in Madrid in 2015. The aims and scope of the CauseHealth Project are set out in outline within the Abstract which follows. The ESPCH was operationally implemented in January 2014 with the broad aim of re-introducing key elements of humanism within clinical practice and healthcare systems alongside continuing biomedical and technological advance. In order to achieve its goals the Society has elected a President, Senior Vice President, four vice presidents for Western, Northern, Southern and Eastern Europe and has instituted a quarterly academic journal, the *European Journal for Person Centered Healthcare* and a quarterly *e-Bulletin*. Over 80 special interest groups have been created and will function as the intellectual powerhouses of the Society. Having organised three international conferences on wide ranging aspects of PCH and supplemented these with awards ceremonies to recognise high levels of achievement in the field, the Society has commenced the organisation of illness/es-specific projects which will address the broad issue of what might constitute a more person-centered model of care for the given clinical condition/s. The first of these projects is the current project on the person-centered care of medically unexplained symptoms. Others to follow will include HIV/AIDS, MS, PD, MND and prostate and breast cancer, taking into account co- and multi-morbidity.

09:20 The CAUSEHEALTH Project and Medically Unexplained Symptoms – Creating a New Ontological Foundation for the person-centered care of MUS

Dr. Rani Lill Anjum, Research Fellow, Norwegian University of Life Sciences, Oslo & Principal Investigator, CAUSEHEALTH

Everyone has an interest in the identification and understanding of the causes of health, disease and recovery. But in order to do the detailed scientific work of discovering what causes what, we must also have a grasp of what causation is in general. What is it for one thing to cause another? CauseHealth brings together philosophers, medical researchers and practitioners to establish a mutually informed understanding of the complexities of causation.

The motivation for CauseHealth is an emerging problem of the increase in so-called medically unexplained symptoms (MUS). MUS are widespread and by some estimates amount to 30% of the symptoms reported to general practitioners.

The problem of understanding MUS could be interpreted as an empirical matter. On this view, more observation data, randomised controlled trials (RCTs), symptom counts and classification could ultimately lead to a clearer understanding of these conditions. But it has also been suggested that they show a limitation of current medical thinking. While the majority of existing research methods in EBM are designed for large scale population data and sufficiently homogenous groups, MUS are characterised by their complex and heterogenic nature. As a result, MUS also represent a methodological challenge for the health sciences.

CauseHealth regards the problem of MUS as a symptom of a deeper philosophical problem: how to detect causation in cases of complexity and heterogeneity. The orthodox view on causation dates back to 1739 when David Hume offered his famous analysis of causation as a relation of regularity between discrete, essentially unconnected types of event. This theory emphasises features such as perfect regularities, probability-raising, difference-making and same cause, same effect. In contrast, CauseHealth adopts a different theoretical framework of causal dispositionalism. This theory emphasises features such as tendencies, complexity, context-sensitivity, singularism and the possibility of interference. While these represent a challenge for the Humean notion of causation, they seem integral to MUS.

CauseHealth thus urges that we treat the challenging features of MUS as exemplary rather than to be dismissed as marginal. Potentially, the same issues concern all complex conditions that have multiple causes: genetic, environmental and lifestyle factors, which might be most medical conditions.

09:40 The Problem with Explaining Symptoms: The Origin of Biases in Causal Processing

Dr. Robin A. Murphy, Associate Professor, Department of Experimental Psychology, University of Oxford, UK

Understanding causation is complex, especially where it involves 'the person'. Advances in physiological, psycho/social understanding, and associated interventions have been made in the face of this complexity but often in spite of weak comprehension of the causal framework of any particular disorder. One of the problems highlighted by CauseHealth and ESPCH is that our tools (e.g., the Scientific Method, Evidence Based Medicine, Random Control Trials) are relatively weak in comparison with the model of understanding to which we aspire. Research from experimental psychology highlights a further constraint to our understanding; Animals have evolved neural mechanisms that solve causal problems in a manner that mirrors the scientific method. Our natural behaviour and thinking suffers from the same weaknesses as our methods. I will discuss experiments designed to understand how our perceptions, their mental representations and associated cognitions guide our thinking. Highlighting some of the biases that constrain our thinking about cause, we discuss 1) single cause bias 2) surface similarity between cause and effect and 3) representational complexity. These experiments have implications for both patient and practitioner as well as how they interact. Not only is the world more complex than we generally tend to acknowledge but we are evolved to think more simply than we might wish.

10:00 Complexity Theory, Health Perceptions and Interoception in Medically Unexplained Symptoms - a Complex Adaptive Systems and Networks Perspective

Dr. Carmel Martin, Associate Professor, Department of Medicine, Nursing and Allied Health, Monash Health, Australia / ESPCH SIG Co-chairman for Complexity and Health / Co-Editor, *Handbook of Systems and Complexity in Health* & Co-Editor, Forum on Complexity and Health, *Journal of Evaluation in Clinical Practice*

Complex Adaptive Systems (CAS) Theory is likely to be highly aligned with Cause Theory with science meeting philosophy in order to improve health. Human health and experience of symptoms represents multi-layered network phenomena which is increasingly understood via modern complex systems sciences including CAS.

In the late 19th century, sciences shifted as physicists, mathematicians, chemists and others found that the prevailing reductionist inquiry and explanation no longer sufficiently described the behavior of phenomena under study. The early 20th century saw new propositions of quantum mechanics (Heisenberg) and relativity theory (Einstein). The late 20th century saw an expansion of the field of cybernetics (Wiener), general systems theory (von Bertalanffy), concepts of self-organization (Prigogine), chaos theory (Mandelbrot, Lorenz), concepts of autopoesis and adaptation (Verala and Maturana), emergence and dynamic systems thinking (Kauffman and Bak), complex adaptive systems models (Holland, Gell-Mann), the sciences of networks (Barabasi) and resilience in multilayered systems (Scheffer).

Complexity sciences including CAS have an implicit philosophy of science that is non-reductive, open to the environment, representing historical flow and emergence from a collection of many different components (agents) that interact in nonlinear ways. Relationships between agents and their patterns of interactions in the absence of any external supervisory influence characterize a complex adaptive system. Behaviors of a complex adaptive system cannot be reduced to the behavior of specific agents. Complex adaptive systems show emergent behaviors. The whole is greater than, equal to or less than the sum of the parts!

Three observed phenomena in human health have particular implications for medically unexplained symptoms. Firstly, the problem of diagnosis as an historical ad hoc emergent system which is increasingly unfit for purpose as developments in systems science and medicine progress. The nature of interoception (human intuitive knowledge of personal health states - the sentient self) and the non-linear processes of resilience, critical transitions and tipping points are the other two phenomena of relevance. Medically unexplained symptoms may represent a range of phenomena including the inadequacy of current diagnostic labelling which does not identify critical transitions in health states, individual interoceptive processing which identifies underlying challenges to resilience through bodily awareness not a diagnosis, and or interoceptive errors due to hypervigilance or hypovigilence which overestimate, underestimate or misinterpret bodily sensations.

The presentation will discuss these points in more detail with the aim of further creating dialogue between complex systems science and CAS and philosophical approaches.

11:10 Naming What We Do—the implications of how we talk about illnesses

Professor Brian Broom, Consultant Physician (Clinical Immunology), Department of Immunology, Auckland City Hospital and Adjunct Professor, Department of Psychotherapy, Auckland University of Technology, New Zealand and Chairman, ESPCH SIG on Personhood and The Dynamics of Healing Relationships in PCH

'Naming' is always reductive. Taxonomies arise from agreed perspectives and assumptions. Over the last one hundred years there have been many approaches to the integration of physical and subjective elements of human reality and experience, in relation to the practical treatment of bodily illness. These approaches/names include: Medically Unexplained Symptoms; Somatic Symptom Disorder; Psychosomatic Medicine; Biopsychosocial Model; Narrative Medicine; Wholistic or Holistic Healthcare; Mind/Body Medicine; MindBody Healthcare; Medicine and Story; Integrative Healthcare; Person-centred Healthcare; and Whole Person Healthcare.

In our immunology clinics in New Zealand we treat both (so-called) 'medically explained' and 'medically unexplained' disorders from a whole person perspective. This includes accessing 'story' material related to the development, triggering and perpetuation of physical illness, whether medically explained or unexplained. Addressing the patient's 'story' turns out to be clinically relevant and useful in both groups of patients.

This paper comments on the assumptions, strengths and weaknesses of choices in naming, and casts light on implicit

or explicit fundamental attitudes towards personhood, 'wholes', and dualistic and non-dualistic modes of clinical practice. The importance of this is that if we persist with dualistic naming, patients with 'medically-explained' disorders will continue to miss out on a vital element of whole person-centred healthcare.

11:40 Encouraging Clinicians to Work Effectively with People with Medically Unexplained Symptoms – Is a change in Underlying Attitudes Required?

Dr Marta Buszewicz, General Practitioner and Reader in Primary Care, Primary Care Mental Health Research Group Lead, Research Department of Primary Care & Population Health, University College London, UK

A range of studies suggest that 40–50% of cases seen in primary care and around half of new referrals to secondary care can be described as dealing with medically unexplained symptoms (MUS) which are not linked to clear diagnoses of organic pathology. The term MUS encompasses a wide range of presentations and can affect all bodily systems; hence the high number of patients seen across all specialties. The increased rates of presentation, investigations and referrals associated with MUS are accompanied by high medical, social and indirect costs, as well as the potential for iatrogenic harm to patients in terms of raised anxiety levels, unnecessary investigations and unhelpful relationships with their clinicians.

There is a strong drive within healthcare systems to reduce costs and therefore an added incentive to educate doctors about appropriate levels of investigation and suitable management strategies for patients with MUS. A common assumption is that patients with unexplained symptoms pressurise doctors into unnecessary investigations in their search for diagnoses and medical treatments. However, detailed work in primary care settings in the UK has indicated that many patients consulting with MUS seek emotional support, explanations and reassurance more than do patients with more straightforward physical diagnoses.

After giving a brief background summary, I will present an overview of work done by our team from the Research Department of Primary Care and Population Health at UCL over the past few years, starting with identifying the general lack of teaching in this important topic at both undergraduate and postgraduate levels across the UK. I will then present some in depth qualitative data describing the underlying difficulties and challenges experienced by junior doctors across a range of specialties when working with patients with MUS, and in particular the feelings of anxiety, frustration and perceived lack of competence which such patients often arouse in clinicians, potentially leading to negative attitudes and over-investigation and referral.

There is an urgent need to improve both undergraduate and postgraduate training about the topics of MUS and avoiding over-investigation, as current training does not equip junior doctors with the necessary knowledge and skills to effectively and confidently manage patients in these areas. I will finish by giving brief details of the courses which we have developed in this area and suggested important components of any such training.

12:10 The Phenomenon of Medically Unexplained Chronic Pain

Dr Lars-Petter Granan, Specialist in Physical Medicine and Rehabilitation, Department of Pain Management and Research, Oslo University Hospital, Advisory Unit on Pain Management and Associate Professor, at University College of South East Norway.

This presentation will start with defining what medically unexplained pain is, and if the content of this terminology is dependent on the prevailing medical framework. It will then look into various treatment options and what sort of clinical benefit that has been documented. Furthermore, the presentation will revolve around how we might reconsider the premises and consequences of an altered framework to develop individualized and targeted treatment modalities. This shift in conceptualization of medically unexplained pain is founded on the basics of psychology (i.e. the study of behaviour and mind, not the clinical aspect of it), neuroscience and the theory of evolution. The presentation is intended as a starting point for a fruitful discussion on how to meet persons with a longstanding pain condition, and what the next step as a clinician – the afflicted, next of kin, society or researcher – ought to be.

14:00 Biopsychosocial Formulation Related to Medically Unexplained Symptoms: A Person Centered Discussion

Dr. Abraham Rudnick, Professor, Department of Psychiatry and Behavioural Neurosciences, McMaster University & Psychiatrist-in-Chief, St Joseph's Healthcare, Ontario, Canada and Chairman, ESPCH SIG on Mental Health

Understanding people with mental health challenges, and care planning with them, typically benefits from one or more formulations, such as a biospsychosocial formulation (Campbell and Rohrbaugh 2006). Medically unexplained symptoms (MUS) may be related to mental health challenges, but in any case understanding people with MUS and care planning with them may benefit from such formulation. A particular challenge and opportunity for such formulation is to do it in a person-centered manner, which may be especially helpful for people with MUS, considering that there is no robust evidence base to explain MUS outside of their lived experience – recognizing that a person-centered approach is also needed for people with identified mental health challenges (Rudnick and Roe 2011). Hence, proposing a person-centered formulation approach with which to address and involve people with MUS could be helpful. The objectives of this presentation are to: 1. describe a standard biopsychosocial formulation approach (Campbell and Rohrbaugh 2006), 2. apply this formulation approach to people with MUS in a person-centered manner, and 3. discuss challenges and opportunities of such an application. The methods of this presentation include an: 1. interactive presentation with powerpoint slides, 2. illustration with a couple of scenarios, and 3. response to questions and comments.

14:30 Integrative Primary Care for Patients with Medically Unexplained Symptoms

Professor Frank Röhricht, Consultant Psychiatrist & Associate Medical Director, East London NHS Foundation Trust, London.

Currently, patients with MUS (also called somatisation disorder or "functional symptom/distress disorder" in newer classification systems) are difficult to engage in holistic care. Existing models have not met the complex needs necessary to achieve positive health outcomes for this group. Consequently treatment is often ineffective despite frequent presentation at primary and secondary care services.

This study evaluated the feasibility and explored the cost/clinical effectiveness of a novel care pathway that provides a holistic Primary Care service, tailored towards the specific explanatory beliefs and symptom pressure of this patient group. Health care for patients with MUS was delivered in a "one-stop-shop" fashion in GP surgeries including the following steps: Identification, Assessment, Engagement and Group Interventions – Mindfulness Stress Reduction (MBSR) and Body Oriented Strategies for Better Living (SBLG). Both interventions were entirely focused towards helping patients to improve their overall coping and to foster wellbeing, without challenging and patient's health beliefs and only implicitly working psychologically.

The findings of the project analysis demonstrate that despite difficulties regarding GP and patient take up / acceptance, patients who participated in the project (93 out of 145 referred) gained significant improvements in symptom levels and this resulted in corresponding significant reduction in health care utilisation (GP contacts / consultations and referrals to specialist services).

15:50 Developing a Physiotherapy Based Intervention for the Patient with Functional Motor Disorder - Results from a Feasibility Trial and Qualitative Interviews.

Mr Glenn Nielsen, Neurophysiotherapist and Research Fellow, UCL Institute of Neurology & The National Hospital for Neurology & Neurosurgery, Queen's Square, London UK

Functional motor disorder (FMD), also known under the broader diagnostic category of conversion disorder, is amongst the most common diagnoses made by outpatient neurologists. There are few treatment options available for these patients and prognosis is considered poor. Psychological based intervention is traditionally proposed as the treatment of choice, yet evidence for efficacy is limited. Physical based rehabilitation has emerged as a promising treatment with a growing evidence base, however there are few published descriptions of what this treatment should consist of and there are no parallel arm randomised controlled trials (RCT).

In this presentation I will present the results from a randomised feasibility study with embedded longitudinal qualitative research of a specialist physiotherapy programme for patients with FMD.

Sixty patients with an established diagnosis of FMD were recruited from outpatient neurology clinics at the National Hospital for Neurology and Neurosurgery, London, UK. Participants were randomised to receive the study intervention or treatment as usual control. The intervention was a 5-day physiotherapy delivered treatment programme consisting of education, movement retraining (with distraction) and developing a self management plan. Eleven intervention group participants were purposively recruited to take part in semi-structured qualitative interviews conducted at baseline, after treatment and six months follow up.

At six months follow up, 72% of the intervention participants rated their symptoms as improved compared to 18% in the control group. There was a moderate to large treatment effect across a range of physical and quality of life outcome measures.

The qualitative interviews found that most participants had experienced a frightening physical event that they associated with the onset of their motor symptoms. This had led them to a series of contacts with health care professionals that they often found disappointing and frustrating. Most had been given psychological explanations for their symptoms, which seemed to be at odds with their physical experience. This left them feeling dismissed and disbelieved. Immediately following treatment, all participants in the qualitative sample described some degree of improvement in the severity of their motor symptoms. They generally considered the understanding they had gained from the intervention to be the most valuable treatment outcome. Most considered the explanations for symptoms reflected their experiences and helped to make sense of them. At six month follow up, the majority of participants reported ongoing benefit from the intervention. Most continued to experience some functional motor symptoms, but considered their rehabilitation as a work in progress.

16:10 Removing Barriers and Increasing Access to Effective MUS Therapies

Professor Trudie Chalder, Professor of Cognitive Behavioural Psychotherapy, Department of Psychological Medicine, King's College London and Past President, British Association of Behavioural and Cognitive Psychotherapies

Medically unexplained symptoms (MUS) is the umbrella term applied to several related syndromes characterised more by symptoms and functional disability than demonstrable organic pathology. Some of these syndromes include the irritable bowel syndrome, chronic fatigue syndrome, fibromyalgia, non cardiac chest pain, chronic tension headache, dysmenorrhoea and chronic pelvic pain. Although a commonly used term MUS is not a popular term with people in the population or with patients. They prefer the term "Persistent Physical Symptoms". Half of new attender's (50%) to medical outpatient clinics have at least one MUS and around 50% of these patients will have co-morbid anxiety and depression, severe sleep disturbance and marked disability. The management of MUS is one of the most important tasks facing health professionals. The aims of this lecture are to 1) describe a transdiagnostic approach to understanding and treating MUS and 2) to describe acceptable ways of engaging patients in change in a variety of settings.

16:30 What Should a Person-Centered Model(s) of Care for the Investigation, Management and Follow-Up of Medically Unexplained Symptoms Look Like?

Professor Andrew Miles, Senior Vice President and Secretary General, European Society for Person Centered Healthcare & Editor-in-Chief, *European Journal for Person Centered Healthcare* / Editor-in-Chief, *Journal of Evaluation in Clinical Practice*

Person-centered healthcare has been defined as a philosophy and a technique which enables affordable biomedical and technological advance to be delivered to patients within a humanistic framework of care that recognises the importance of applying science in a manner which respects the patient as a whole person and takes full account of his/her stories, values, preferences, cultural context, worries, fears, hopes and life ambitions and which thus recognises and responds to his emotional, social and spiritual necessities in addition to his physical needs. The current literature on MUS and the reports of the associated patient charities and advocacy and support groups indicates that modern approaches to the care of patients with MUS do not typically draw upon such a definition of care and that much remains to be done to understand the unique individual presentations of MUS and the nature of the person who manifests them. This brief presentation will discuss that observation, drawing upon the presentations and discussions that have taken place during the Symposium and advancing the suggestion that ongoing clinical and economic investigations of MUS should adopt a far more person-centered model of understanding and management.

Biographies of Participants

Professor Andrew Kent MD FRCPsych

Pro Vice Chancellor and Dean, Faculty of Health, Social Care and Education, Kingston University and St. George's, University of London, UK

Professor Andrew Kent is executive dean of the joint faculty between Kingston University and St George's, University of London. Working with the faculty's 375 academic and professional services staff he is responsible for the delivery of undergraduate and postgraduate degree programmes in allied health, nursing, midwifery, social care, and teacher training to the faculty's 7,000 students. Public engagement in education and research is central to the faculty's ethos, and is coordinated by the faculty's Centre for Public Engagement. Professor Andrew Kent´s own interest in patient and public engagement developed during his clinical career as a psychiatrist, most recently as a specialist in perinatal psychiatry where shared decision making is embedded in practice. In his ongoing role as a non-executive director of a London NHS mental health trust, Professor Andrew Kent is a strong advocate of co-production in service design, delivery and evaluation.

Professor Mary Chambers Dip.N Lond RCNT RNT PhD BEd(Hons) PgCert RMN RGN

Director, Centre for Public Engagement and Professor of Mental Health Nursing, Joint Faculty of Health, Social Care and Education, Kingston University and St. George's, University of London, UK

Mary is Professor of Mental Health Nursing and Director of the Centre for Public Engagement, Faculty of Health, Social Care and Education, Kingston University and St George's, University of London. Throughout her career she has held a number of clinical, managerial and academic positions including coordinator of the Northern Ireland Centre for Health Informatics. She is involved in a number of research projects locally and internationally. She is a fellow of both the Royal Society of Medicine and the European Academy of Nurse Scientists, and an expert panel member of HORATIO, the European Association for Psychiatric Nurses, and a member of the Institute of Leadership and Management. Mary has a well-established record of patient and public involvement (PPI) in education and research dating back to the 1980s. Outcomes of her work with respect to PPI in both these areas have had impact nationally and internationally. Integral to this work has been the co-production and delivery of education programmes, as well as PPI at all stages of the research process. PPI is one of her key research interests.

Professor Andrew Miles MSc MPhil PhD DSc [hc]

Senior Vice President and Secretary General, European Society for Person Centered Healthcare & Editor-in-Chief, *European Journal for Person Centered Healthcare* / Editor-in-Chief, *Journal of Evaluation in Clinical Practice*

Professor Andrew Miles is Senior Vice President and Secretary General of the European Society for Person Centered Healthcare (ESPCH). He is Editor-in-Chief of the *European Journal for Person Centered Healthcare* and Editor-in-Chief of the *Journal of Evaluation in Clinical Practice*. Gaining his first Chair at the age of 30, he was formerly Professor of Clinical Epidemiology and Social Medicine & Deputy Vice Chancellor (Deputy Rector) of the University of Buckingham UK, holding previous professorial appointments in the departments of primary care and public health medicine at Guy's, King's College and St. Thomas' Hospitals' Medical School London and at St. Bartholomew's and The Royal London Hospitals´ School of Medicine, London. He is a Visiting Professor at the University of Milan Italy, at the Medical University of Plovdiv and at the National University of Bulgaria in Sofia. He is a Fellow at the WHO Collaborating Centre for Public Health Education and Training within the Faculty of Medicine at Imperial College London UK. He is a Distinguished Academician of the National Academy of Sciences and Arts of Bulgaria and a Fellow of the New York Academy of Medicine USA. He trained at the University of Wales and its Medical School in Cardiff UK and holds four higher degrees: two Master's degrees (prostate pathology, clinical audit/evaluation) and two Doctorates (pineal gland neuroendocrinology, person-centered medicine), one of the two latter being awarded honoris causa for his contribution to the advancement of person-centered healthcare internationally. He has published extensively in the peer reviewed medical and biomedical press, has co-edited 47 medical textbooks in association with an extensive number of Royal Colleges and medical and clinical societies in the UK and has organised and presided over more than 100 clinical conferences and masterclasses in London as part of a major and long term contribution to British national postgraduate medical education. He has lectured widely in person-centered healthcare across Europe. Professor Miles is accredited with having changed the direction of the global EBM debate away from scientistic reductionism based on population-derived aggregate biostatistical data and rigid foundationalism, towards the embrace of the complex and the personal within international medicine and health policymaking. He has a profound interest in the modern management of long term, multi-morbid and socially complex illnesses and the methods through which medicine´s traditional humanism can be re-integrated with continuing scientific and technological advance. Professor Miles co-founded the ESPCH in 2013 with Professor Sir Jonathan Asbridge DSc (hc).

Dr. Rani Lill Anjum BA MA PhD

Research Fellow, Norwegian University of Life Sciences, Oslo & Principal Investigator, CAUSEHEALTH

Dr. Rani Lill Anjum (Dr.Art./PhD) is Researcher in Philosophy at the Norwegian University of Life Sciences (NMBU), where she currently runs the research project Causation, Complexity and Evidence in Health Sciences (CauseHealth), funded by the Research Council of Norway. Her research specialism is causation. In the last decade she has, together with Professor Stephen Mumford, challenged the positivist notion of causation as developed from David Hume and developed an original theory, referred to as Causal Dispositionalism. Anjum is particularly interested in how philosophical theories of causation shape scientific methods, norms and practices. In the health sciences, this is illustrated with the differences between qualitative and quantitative methods, and with the limitations of the evidence-based framework for clinical practice.

Dr. Abraham Rudnick BMedSc MD MPsych PhD CPRP FRCPC CCPE FCPA

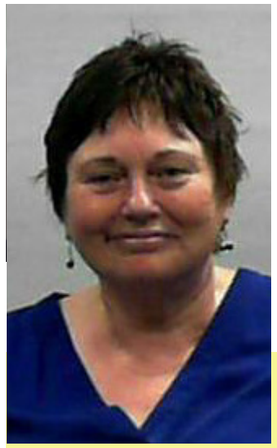
Professor, Department of Psychiatry and Behavioural Neurosciences, McMaster University & Psychiatrist-in-Chief, St Joseph's Healthcare, Ontario, Canada and Chairman, ESPCH SIG on Mental Health

Dr. Abraham Rudnick is a Certified Psychiatrist and a PhD-trained philosopher. He is a Professor in the Department of Psychiatry and Behavioural Neurosciences and an Associate Member in the Department of Philosophy at McMaster University. He is the Psychiatrist-in-Chief as well as a staff psychiatrist at St Joseph's Healthcare Hamilton, Ontario, Canada. He is a Canadian Certified Physician Executive and a Certified Psychiatric Rehabilitation Practitioner. He is a Senior Editor of the Canadian Journal of Community Mental Health. He is the founder of the Canadian Unit of the International Network of a UNESCO Chair in Bioethics, a recipient of the pioneer award in recovery research granted by Psychosocial Rehabilitation (PSR) / Readaptation Psychosociale (RPS) Canada, a recipient of the Michael Smith research award granted by the Schizophrenia Society of Canada, a Fellow of the Canadian Psychiatric Association and a Distinguished Fellow of the European Society for Person Centered Healthcare as well the Chair of its Mental Health Special Interest Group. One of his main foci of interest is person-centered care for people with mental illness, on which he has published many papers, chapters and books, and presented and taught across the world, as well as led and provided consultation for service development and quality improvement initiatives.

Dr. Robin A. Murphy PhD

Associate Professor, Department of Experimental Psychology, University of Oxford, UK

Professor Murphy is an Associate Professor in the Department of Experimental Psychology and leads the Centre for Computational Psychopathology at the University of Oxford. He is also the Psychology Fellow at Corpus Christi College Oxford. He worked in forensic psychology in a correctional facility in Canada before receiving his PhD from McGill University in 1999. He became a Fellow of the Higher Education Academy in 2003 and was an academic at both Universities of Hertfordshire and University College London from 1996-2008. His lab is involved in discovering the neurobiological, computational and behavioural components of learning including the consequences and determiners of predictive and causal relational learning. He has published over 50 scientific papers, most recently he wrote for and co-edited, the *Handbook of the cognitive neuroscience of learning* (Murphy & Honey, 2016) with contributions from leading researchers in the science of association and learning. He acts as scientific consultant for the social media analytics firm Garantier Ltd. and NeuroBio, a biotech firm developing interventions for disorders of neurodegeneration.



Dr. Carmel M. Martin MBBS MSc PhD MRCGP FRACGP FAFPHM

Associate Professor, Department of Medicine, Nursing and Allied Health, Monash Health, Australia / ESPCH SIG Co-chairman for Complexity and Health / Co-Editor, *Handbook of Systems and Complexity in Health* & Co-Editor, Forum on Complexity and Health, *Journal of Evaluation in Clinical Practice*

An Australian medical graduate from the University of Queensland, Professor Martin completed a Masters in Community Medicine at the London School of Hygiene, University of London and a PhD in Epidemiology and Population Health at the Australian National University. Professor Martin is in active clinical practice as a general practitioner. Her research in Australia, Canada and Ireland has focused on reforms related to chronic care and complex systems. Her interests, research and implementation and evaluation cover a wide range of systems based interventions, underpinned by complex adaptive systems theory and social constructionist perspectives. A particular focus is to improve chronic illness trajectories. This involves modelling and predicting illness and wellness, resilience, tipping points and deteriorations using complex systems theory and IT systems. She is the Joint Editor in Chief of the *Handbook on Systems and Complexity in Health* (Springer Verlag) and the Forum on Systems and Complexity in Health in the *Journal of Evaluation in Clinical Practice* (Wiley) with Associate Professor Joachim Sturmberg, University of Monash.

Dr. Thomas Fröhlich MD PhD

Physician, Heidelberg, Germany & Vice President (Western Europe), European Society for Person Centered Healthcare

Dr. Thomas Fröhlich is a medically qualified psychotherapist working in Heidelberg, Germany. He initially studied biology at Freiburg University and Heidelberg University, Germany, before proceeding to study medicine and to complete theses in biophysics and medicine in 1978 and 1983, respectively, having graduated in medicine at the University of Heidelberg in 1980. From 1980 - 1986, he worked at the Paediatric Hospital, University of Heidelberg. From 1973-1976 and 1986 - 1987, he worked at the Max Planck Institute for Medical Research, Heidelberg, conducting research in biochemistry, biophysics and human physiology. From 1986-1990, he studied the techniques involved with the psychoanalytic psychotherapy of children and adolescents at the Institute for Analytical Psychotherapy for Children, Heidelberg, Germany and has practised privately in paediatrics, allergy and psychotherapy since 1988. From 1997, he has collaborated in research at the Institute of Medical Biometry and Informatics, Heidelberg University, with the Technical University Braunschweig, Institute of Medical Informatics (Reinhold Haux), Hospital of Internal Medicine and Psychosomatics, Heidelberg University (Gerd Rudolf) and Psychosomatic Medicine, Klinikum rechts der Isar, Munich Technical University, with Peter Henningsen. Dr. Fröhlich has been awarded research grants to develop understanding in his field and has published extensively. He has conducted ground breaking research on the mathematical representation of psychosomatic interactions in childhood asthma and on the prevalence, psychosomatics and treatment of childhood and adult asthma. He has lectured at the Institute of Medical Informatics Technical University Braunschweig and since 2001 has been CEO of Heidelberg Metasystems GmbH, a research organization mainly focused on asthma prevalence and treatment issues and on IT-supported early detection of common chronic diseases in a family medicine private practice setting. He has developed a web-based IT tool for the treatment of self-reported stress and symptoms of psychic and organic diseases in paediatric and family medicine private practice contexts, which may be viewed at: www.medkids.de.

Professor Brian Broom MB ChB FRACP MSc (Imm) MNZAP

Consultant Physician (Clinical Immunology), Department of Immunology, Auckland City Hospital and Adjunct Professor, Department of Psychotherapy, Auckland University of Technology, New Zealand and Chairman, ESPCH SIG on Personhood and The Dynamics of Healing Relationships in PCH

Professor Brian Broom is a Consultant Physician/Immunologist and Registered Psychotherapist in the Immunology Department at Auckland City Hospital, New Zealand, and Adjunct Professor in the Department of Psychotherapy, AUT University. His career includes being awarded Training Fellow (Clinical Immunology) of the New Zealand Medical Research Council (1971-5), establishing an academic Immunology Department (1976-81), training in psychiatry (1982-6), establishing a 'whole person'-oriented private centre integrating biomedical clinicians and psychotherapists (1987-2007), establishing the post-graduate multidisciplinary MindBody Healthcare Diploma and Masters Program, AUT University (2005--), establishing the New Zealand MindBody Network (2005), a return to public hospital clinical immunology practice (2008--), and being finalist for Senior New Zealander of the Year in 2015. His three books, and numerous papers, concern the phenomenology and theory of the rich and intimate relationships between human subjectivity and physical illness, and argue for a seamless clinical attention to both normative biomedical practice and the patient's 'story', in all physical illness. He has extensive experience of national and international workshop teaching of whole person approaches and longer term training supervision of clinicians of many disciplines who are attempting to provide a 'whole person' orientation in their practices.

Dr. Marta Buszewicz BA MBBS DRCOG DCH MRCGP MRCPsych

General Practitioner and Reader in Primary Care, Primary Care Mental Health Research Group Lead, Research Department of Primary Care & Population Health, University College London, UK

Dr. Marta Buszewicz trained and qualified in both General Practice and Psychiatry. She is a Reader in Primary Care at University College London where she leads the Primary Care Mental Health research group and also works as a part-time GP in north London. Her research and teaching interests are mainly in the field of mental health, particularly depression, anxiety, medically unexplained symptoms and the overlap between physical and psychological symptoms in primary care patients. She has also been involved in projects examining the interface between primary and secondary care services for people with mental health problems, in particular those with learning disabilities. Her research involves both quantitative and qualitative methodologies, including national randomised controlled trials of arthritis self-management in primary care; practice nurse led pro-active care for primary care patients with chronic or recurrent depression and medication versus cognitive behavioural therapy for generalised anxiety disorder. She has been involved in designing and setting up several innovative undergraduate and postgraduate teaching courses in common mental disorders, medically unexplained symptoms and somatisation and investigating and managing patients when the diagnosis is unclear.

Dr. Lars-Petter Granan MD PhD

Specialist in Physical Medicine and Rehabilitation, Department of Pain Management and Research, Oslo University Hospital, Advisory Unit on Pain Management and Associate Professor, at University College of South East Norway.

Dr. Lars-Petter Granan is a Specialist in Physical Medicine and Rehabilitation and Sports Medicine. He works fulltime at the Department of Pain Management and Research at Oslo University Hospital in the capitol of Norway. Half of the time is dedicated clinical work, with the main focus of persistant primary pain and post traumatic/post operative pain. The other half is dedicated management of the local pain registry at the hospital and developing new pain management programs for primary pain conditions (both localized and widespread). Dr. Granan is also an Associate Professor at the University College of Southeast Norway. There he has co-founded, and is co-chairing, a 1-year interprofessional postgraduate course in Pain Management. Dr. Granan's primary interest is combining existing knowledge in clinical medicine, psychology, neuroscience, logic and own experience in developing novel patient treatment programs.

Professor Frank Röhricht MD FRCPych

Consultant Psychiatrist & Associate Medical Director, East London NHS Foundation Trust, London

Professor Dr. med. Frank Röhricht is Consultant Psychiatrist, Body Psychotherapist and Associate Medical Director for Research, Innovation & Service Development at the East London NHS Foundation Trust; he is also Honorary Professor at the Centre for Psychoanalytic Studies, University of Essex and Honorary Professor of Psychiatry at St. George's Medical School, University of Nicosia / Cyprus. He has more than 25 years of clinical experience working as a psychiatrist and psychotherapist and previously also in Psychosomatic Medicine, Neurology and General Practice. From 2000-2013 as Clinical Director and since November 2013 as Associate Medical Director he has been involved with major service development programmes as a clinical manager. He is one of the leading researchers in the international field of Body Image Phenomenology and Body Psychotherapy in Mental Illness and published numerous papers and textbooks. Publication list and papers: www.frankrohricht.com. He has a special clinical interest in compassionate and person-centred care with a main emphasis on recovery in psychosis and on somatoform disorders www.mus.elft.nhs.uk.

Professor Stephen Mumford PhD

Professor of Metaphysics, Department of Philosophy, Durham University, UK, and Professor II, School of Economics and Business, Norwegian University of Life Sciences, Oslo

Professor Stephen Mumford is Professor of Metaphysics in the Department of Philosophy at Durham University as well as Professor II at Norwegian University of Life Sciences (UMB). He is the author of *Dispositions* (Oxford, 1998), *Russell on Metaphysics* (Routledge, 2003), *Laws in Nature* (Routledge, 2004), *David Armstrong* (Acumen, 2007), Watching Sport: Aesthetics, Ethics and Emotion (Routledge, 2011), *Getting Causes from Powers* (Oxford, 2011 with Rani Lill Anjum), *Metaphysics: a Very Short Introduction* (Oxford, 2012) and *Causation: a Very Short Introduction* (Oxford, 2013, with Rani Lill Anjum). He is editor of *George Molnar's posthumous Powers: a Study in Metaphysics* (Oxford, 2003) and co-editor of *Metaphysics and Science* (Oxford, 2013 with Matthew Tugby). His PhD was from the University of Leeds in 1994 and he was at Nottingham from 1995 until 2016. He served there as Head of the Department of Philosophy, Head of the School of Humanities and Dean of the Faculty of Arts.

Neurophysiotherapist and Research Fellow, UCL Institute of Neurology & The National Hospital for Neurology & Neurosurgery, Queen's Square, London UK

Mr. Glenn Nielsen is a NIHR Clinical Doctoral Research Fellow at the UCL Institute of Neurology and a Physiotherapist at the National Hospital for Neurology and Neurosurgery. He has a clinical background as a neurophysiotherapist. Working with neurologist Professor Mark Edwards, he has set up a specialist physiotherapy service for patients with functional motor disorder (FMD). His research is concerned with developing physiotherapy treatments for FMD and a mixed methods feasibility study of a specialist physiotherapy intervention for FMD.

Professor Trudie Chalder PhD MSc RMN SRN

Professor of Cognitive Behavioural Psychotherapy, Department of Psychological Medicine, King's College London and Past President, British Association of Behavioural and Cognitive Psychotherapies

Professor Trudie Chalder is Professor of Cognitive Behavioural Psychotherapy at King's College London. She has worked as a clinician and a researcher in the area of long term conditions and medically unexplained symptoms for over 25 years. She develops specific cognitive behavioural models for understanding and treating these conditions and evaluates the approaches within the context of randomised controlled trials in primary and secondary care. Her research involves investigating not only whether treatment works in the context of gold standard randomised controlled trials but how and for whom it works. Her work spans adolescents and adults. Trudie has published approximately 200 articles. She was the President of the British Association of Behavioural and Cognitive Psychotherapy and is an Editor of the *Journal of Mental Health*.

Notes

Notes

Notes

EUROPEAN SOCIETY FOR PERSON CENTERED HEALTHCARE
www.pchealthcare.org.uk