



Complex patients

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What this presentation is not...

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- ❑ It is not about being deep and meaningful
- ❑ It is not telling you what to
- ❑ It is not telling how bad you are

What this presentation is (hopefully) going to do

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- Give you some information about the size and implications of medically unexplained symptoms
- Show how primary care are the best people to deliver care for these people
- Why practice based commissioning offers these people the best options

General Practice

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- ❑ Disorganised/Chaotic
- ❑ Poor at identifying people with mental health problems
- ❑ Not interested in mental health

General Practice

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- ❑ 280 million consultations annually
- ❑ 30% have a mental health component
- ❑ 91% of all mental health problems are managed entirely in primary care
- ❑ 25% of people with severe mental health problems are managed entirely in primary care

General Practice

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- ❑ The art of general practice is “organising the chaos of the first presentation”
- ❑ People usually present with somatic symptoms
 - A more acceptable ticket of entry
 - Easier to explain
 - Stigma
- ❑ Difficult sometimes to distinguish a psychological cause from a physical cause

General Practice

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- ❑ Distinguishing between physical and psychological problems takes time
- ❑ Getting it right is important...if we don't
 - The patient and the doctor are both dissatisfied
 - The wrong patient is getting the wrong treatment in the wrong place from the wrong doctor
 - It costs money
- ❑ Medically unexplained symptoms (MUS)

But...

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- ❑ There is always a fear of missing a significant underlying medical condition
- ❑ Not all referrals are a bad idea!
- ❑ It requires excellent consultation skills from the GP
- ❑ It requires a primary care approach, not a psychiatrist!

How Common are MUS in primary care?



There is a large literature looking at medically unexplained symptoms (MUS) in Primary Care; the table summarises 14 papers

- 20% of all attendees have some disability
- 5% have severe disability

Feder et al	24%
Mumford	5% to 10%
Pevelar	19%
Palsson	16%
Pilowsky	39%
Scicchicchitano	27%
Kroenke	74%
Khan	34%
Kroenke	35%
Marple	33%
Kroenke	20%
De Waal	21.9% to 16.1%
Barsky	20.5%

How Common are MUS in secondary care?

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Prevalence of MUS in acute out patients in
a London Teaching Hospital

Clinic	%
• Chest	59%
• Cardiology	56%
• Gastroenterology	60%
• Rheumatology	58%
• Neurology	55%
• Dental	49%
• Gynaecology	57%

The cost?

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- How much does your PCT spend on these out-patient departments?
- Is this money well spent?

How costly is the Problem?

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- Barsky estimates \$256 BILLION annually in the USA
- Hiller et al found 2.2 times the spend on people in this group

- Reid estimated each case cost £955 per MUS patient (2002 figures - pre-tariff)

In Bexley...



- Population 218,000
- Assume 66% are over 18 and under 65
 - 143,880
- Assume national tariffs
- Assume that national referral rates apply
- Assume that each patient has 3.2 F/u appts

In Bexley...

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Specialty	No. with MUS	Cost (£)
Cardiology	562	£281,722
Dental	53	£18,786
Gastroenterology	247	£104,684
General Medicine	646	£324,024
Gynaecology	1913	£742,784
Neurology	420	£210,436
Rheumatology	273	£162,250
Thoracic	150	£82,281

More information [PBC Economic Assessment.xls?](#)

What about primary care costs?

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- Assume that 20% of attendees will have MUS
- Assume that 12.3% will be interested in treatment
- Assume that 4.8% will still be symptomatic at 6 months
- Assume that the cost of a consultation is £34.00

What about primary care costs?

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- ❑ Assume that people with MUS consult twice as frequently as others
- ❑ Assume that 60% of the those who want treatment, and are still symptomatic at 6 months respond
- ❑ Saves 10,938 consultations in primary care

How many patients are there in your practice with MUS?

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- ❑ Nottingham Medical School have delivered a commissioning tool for practice based commissioners
- ❑ It is NOT validated to identify individuals
- ❑ It uses the practice data base to identify people who are likely to have MUS

How many?



□ Factors included

- Age
- Chronic fatigue
- Life stress
- Long term illness
- Negative ESR
- Anti-depressants

□ $Z = -1.9269 + -0.0292(X_1) + 1.7709(X_2) + 0.6125(X_3) + 0.8156(X_4) + 0.8648(X_5) + 0.9476(X_6)$

How many severe patients?

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□ Factors

- Age
- Anti-depressants
- Dryness
- Obesity
- Sleep problems
- Negative ESR
- Life stress
- Asthma

□ $Z = -3.3399 + -0.0106(X_1) + 1.2742(X_2) + 0.9175(X_3) + -0.7362(X_4) + 0.6755(X_5) + 1.1049(X_6) + 1.1388(X_7) + 0.5055(X_8)$

What works

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- CBT
- Antidepressants
- Collaborative care
- Reattribution?
- Keeping the patient in primary care
- <http://www.mhchoice.csip.org.uk/silo/files/mus-review-for-pathfinders.pdf>

CBT

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- ❑ Hiller et al looked at cost effectiveness of CBT in a group of people at a tertiary care centre, at a 2 year follow up they found a treatment related offset of €382 (-24.5%) for outpatient care and €1098 (-36.7%) for inpatient care.
- ❑ In a subgroup of somatising high users per patient savings of €32,174 were achieved.

Drugs

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- A meta analysis of antidepressant treatment showed benefit in 69% of studies.



Reattribution

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- Initial trials promising, showing a 15% drop in total healthcare costs
- A trial in press by one of the developers of the treatment is less promising



Collaborative care

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- ❑ Collaborative care is a combination of training and psychiatric consultation / support for primary care. Van der Felz-Cornelius showed that collaborative care was more effective than training alone, with highly significant reductions
- ❑ 43% of care as usual for primary care service use
- ❑ 11.6% of the care as usual group for 'care in all health care settings'

Primary Care

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- ❑ Excellent consultation skills
- ❑ The key is to introduce stepped, collaborative, care
- ❑ Screen out undiagnosed depression and anxiety, and somatisation
- ❑ Provide a logical pathway for these patients
- ❑ Provide a collaborative care support offering CBT
- ❑ Support PC when it goes wrong

Don't forget

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- ❑ Those with Long Term Conditions
 - Diabetes
 - Ischaemic heart disease
 - COPD
- ❑ Psychological treatment can improve these groups as well
- ❑ There are significant savings to be made

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Thank you

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