

## A Promising Primary Care Approach to the Patient with Medically Unexplained Symptoms

Smith RC, Lyles JS, Gardiner JC, et al. Primary care clinicians treat patients with medically unexplained symptoms: a randomized controlled trial. *J Gen Intern Med* 2006;21:671-7.

### Study Overview

**Objective.** To assess the ability of a primary care-based multifaceted intervention to improve mental health among patients with medically unexplained symptoms.

**Design.** Randomized controlled trial.

**Setting and participants.** Primary care patients aged 18 to 65 years who were continuously enrolled in a single health maintenance organization (HMO) in Michigan from May 2000 to January 2003. Patients were eligible if they had at least 8 visits per year over 2 consecutive years, a persistent symptom of at least 6 months' duration, and no documented organic disease.

**Intervention.** One-year program consisting of 12 scheduled office visits with nurse practitioners trained in methods of improving patient-provider communication and patient motivation. Treatment was individualized to the patient, mainly focusing on effective use of antidepressants, reduction/elimination of controlled substances, exercise, physical therapy, and improved management of comorbid conditions. The control group received usual care from HMO physicians.

**Main outcome measure.** Increase of at least 4 points on the mental component summary (MCS) portion of the SF-36 from baseline to 12 months. Secondary analyses explored potential mechanisms to explain the effects of the intervention, including changes in patient satisfaction and use of antidepressants.

**Main results.** 200 patients (97%) completed the 1-year program. A higher proportion of intervention patients achieved the primary outcome compared with control patients (49% versus 33%). The estimated number needed to treat for this improvement was 6.4 (95% confidence interval, 0.89-11.89). Baseline characteristics predictive of positive response included lower levels of mental health and higher levels of education, body pain, and physical function as obtained from the SF-36. Although patient satisfaction increased overall, adjusting for this potential mediator did not explain the

beneficial effects on the MCS noted among intervention patients. Use of antidepressant medications was strongly associated with treatment status, and adjusting for this potential mediator did explain a large portion of the improvements in MCS noted in the intervention group.

**Conclusion.** A multifaceted primary care intervention can successfully improve mental function among patients with frequent office visits and medically unexplained symptoms.

### Commentary

Patients with medically unexplained symptoms represent a challenge for providers. Many studies have documented the high prevalence of patients with medically unexplained symptoms. These visits result in increased utilization of scarce health care resources. The frustration inherent to managing patients with medically unexplained symptoms can damage the patient-physician relationship, often leading to the discouraged patient changing his/her primary care physician [1].

Smith and colleagues evaluated a potential model for improving care for patients with medically unexplained symptoms. Rather than focus on developing more efficient diagnostic strategies to identify underlying organic disease, this study highlighted the importance of engaging the patient in the care plan, focusing both on the psychological and social aspects of health care. The authors demonstrated a clinically relevant improvement in mental function among patients participating in this 12-month program.

While this intervention was successful in achieving the study's goals, the authors appropriately acknowledge that it creates a new set of questions, many of which are relevant to health care systems and clinicians attempting to address this important issue of medically unexplained symptoms. The first question is that the study was not designed to address whether the program could reduce unnecessary utilization of health care resources. In fact, this program was fairly resource-intensive, with 12 scheduled visits over a 12-month period. In addition, it will be important to understand what affect this program or similar programs might have on specific aspects of the quality of the patient-physician interaction. For example, does the improvement in mental

function reflect that patients are more motivated to learn coping mechanisms or address any underlying psychologic distress? This type of information might inform further refinements to the intervention and potentially increase both its utility and applicability to other health care settings.

### **Applications for Clinical Practice**

This study highlights an effective primary care-based intervention to improve mental function among patients with

prolonged medically unexplained symptoms, although future work will be needed to determine its generalizability and effect on utilization.

—Review by Thomas D. Sequist, MD, MPH

### **Reference**

1. Lamberg L. New mind/body tactics target medically unexplained physical symptoms and fears. *JAMA* 2005;294:2152–4.

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