Psychosomatic therapy and persistent symptoms in primary care

Terapia psicosomática y síntomas persistentes en la atención primaria

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Abstract

Introduction: Persistent somatic symptoms are very prevalent in primary care. Psychosomatic therapy could reduce them.

Objective: To identify psychosomatic therapy strategies according to patients and therapists.

Method: A qualitative study was conducted through semistructured face-to-face interviews and focus groups.

Results: Most patients described psychosomatic therapy as an effective combination of a continuous alternation of psychosocial conversation and body-oriented exercises.

Conclusions: According to patients and therapists, the continuous alternation of psychosocial conversations and body-oriented exercises to realize the interplay between body and mind is the perceived working mechanism of psychosomatic therapy

Keywords: persistent somatic symptoms,psychosomatic therapy,primary care,cognitive behavioral therapy. source: DeCS

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Resumen

Introducción:Los síntomas somáticos persistentes son muy prevalentes en atención primaria.La terapia psicosomática podría disminuirlos.

Objetivo: Identificar las estrategias de la terapia psicosomática según pacientes y terapeutas

Método:Se realizó un estudio cualitativo mediante entrevistas semiestructuradas cara a cara y grupos focales.

Resultados:La mayoría de los pacientes describieron la terapia psicosomática como una combinación eficaz de una alternancia continua de conversación psicosocial y ejercicios orientados al cuerpo

Conclusiones:Según los pacientes y los terapeutas, la alternancia continua de conversaciones psicosociales y ejercicios orientados al cuerpo para darnos cuenta de la interacción entre el cuerpo y la mente es el mecanismo de trabajo percibido de la terapia psicosomática

Palabras clave: síntomas somáticos persistentes,terapia psicosomática ,atención primaria,terapia conductual cognitivafuente:DeCS

Introduction

Persistent somatic symptoms (PSS), such as headache, dizziness, fibromyalgia and chronic fatigue syndrome, persist longer than usual and, either because of their character or because of negative clinical examination findings, cannot be attributed to the disease. PSS is very prevalent in primary care[1]. As a result, patients often experience functional impairment, interference with functioning at work and reduced quality of life[2].

Several interventions are used to treat SSP, such as pharmacological treatments (e.g., antidepressants), cognitive behavioral therapy (CBT), psychodynamic, interpersonal psychotherapy, relaxation therapies, and physical therapy. However, these interventions showed small to moderate effects in reducing somatic symptoms[3]. In addition, most patients with SSP do not readily accept psychological treatment because they have strong opinions about the biological nature of their symptoms and see the suggestion of a more psychological approach as disabling[4].

Little research has focused on the efficacy of multimodal treatment for patients with PSS in primary care[5]. In addition, studies did not explore the (causal) mechanisms underlying the interventions.

Psychosomatic therapy is a multimodal, stepwise and personalized treatment based on the biopsychosocial model in which illness is seen as the result of interacting mechanisms at the biological, psychological, behavioral, interpersonal and environmental levels. This involves addressing patients' symptoms, beliefs about the disease, concerns, illness behavior and social environment, including the following elements: psychoeducation, body-centered therapy with relaxation therapy and mindfulness, cognitive-behavioral approaches and activation therapy. Psychosomatic therapy is considered an important treatment option for patients with moderate SSP. It has the potential to result in symptom improvement and appears to be acceptable for patients with SSP[6].

This study aims to explore the experiences, views and opinions of patients and therapists on the working mechanisms of psychosomatic therapy.

Method

A qualitative study was conducted using face-to-face semistructured interviews and focus groups. Eligible patients (aged 18 to 80 years) with one or more symptoms from Robbins'List[7] who visited their primary care physician in primary care practices that frequently during the past 2 years were identified using an electronic medical record search strategy. Potentially eligible patients received information about the study and the Patient Health Questionnaire-15 (PHQ-15) by mail from their primary care physician[8]. Patients with a PHQ-15 score ≥5, meaning they had at least medium severity somatic symptoms, received an informed consent form. Patients who agreed to participate were individually randomized to the intervention group (psychosomatic therapy as an adjunct to usual care) or usual care. Psychosomatic therapists received intensive training on SSP and a standardized treatment protocol prior to the study. Psychosomatic therapy, according to the standardized treatment protocol, consists of (1) psychosomatic education, (2) body-oriented exercises, (3) cognitive-behavioral approaches, and (4) activation therapy. Therapy was administered in 6 to 12 individual sessions of 30 to 45 minutes each. To provide personalized care, therapists were allowed to adjust the intensity, frequency, and sequence of therapy elements. This study was approved by the Universidad Regional Autónoma de Los Andes (UNIANDES).

In order to obtain the most significant possible wealth of in-depth data, semistructured face-to-face (in-depth) interviews were conducted with patients who received psychosomatic therapy and their psychosomatic therapists. In addition to the interviews, two additional focus groups were conducted with psychosomatic therapists. Focus groups were not conductedon patients because this could be a threatening context for SSP patients, preventing them from speaking freely about their experiences regarding their symptoms and therapy.

Written informed consent was obtained from all participating patients and therapists. Patients and therapists could withdraw their consent at any time.

Two semistructured face-to-face interviews were conducted with each patient after completing psychosomatic therapy (between October 2019 and June 2020) and approximately 1 year later

(between March 2020 and November 2020). In addition, researchers decided to conduct two focus groups with a psychosomatic therapist in addition to the interviews. This adds value to the study because therapists can respond to each other's input in a focus group, which is believed to highlight differences and similarities in each other's points.

The database and statistical processing of the data were performed and analyzed in the statistical program SPSS 26 (SPSS Inc., Chicago, IL, USA). Descriptive statistics were used for the results collection, presentation and interpretation.

Results

Thirty-seven patient interview transcripts, 25 therapist interview transcripts, and 2 focus group transcripts were included in the analysis. The characteristics of the patient participants are summarized in Table 1.

Table 1. Patientcharacteristics

Features	(n=20)
Genre Male Female	 7 13
Age in years, mean (range)	52 (24–80)
Education Low educational level Average educational level Highereducationlevel	 6 6 8
Somatic symptom score (PHQ-15), mean (range)	14,8 (6–24)
Symptomintensity,* mean (range)	6.3 (2–10)
Main symptoms Musculoskeletal symptoms Pain Difficulty breathing Fatigue Headache Dizziness/nausea Sleep disorders No. of treatment sessions, average (range)	 13 16 2 7 5 4 3 9 (3 -12)

Source: statistical analysis. PHQ-15 screening: exclusion score <5.

Three main themes are identifiedregarding the working mechanisms of psychosomatic therapy according to patients: (1) continuous alternation of psychosocial conversations and body-oriented exercises; (2) awareness of the body-mind connection; and (3) good rapport with the therapist.

Most patients described psychosomatic therapy as an effective combination of a continuous alternation of psychosocial conversation and body-oriented exercises. According to these patients, the psychosocial exercises and conversations were aimed at (body) awareness, relaxation and gaining tools for coping with their symptoms.

Their problems and symptoms were discussed and explored. Most patients said the therapist explained how symptoms could originate and pointed out the connection between the body and the mind. Talking and reflecting on their symptoms and problems during and after the treatment sessions seemed to help patients understand their symptoms. In addition, they mentioned that the application of the exercises after the session at home was beneficial.

Most patients reported that the therapist provided structure, clarity, safety, and guidance in the treatment session. In addition, a couple of patients mentioned the calm and steady construction of the treatment sessions.

Most patients reported that they gained an awareness of the body-mind connection due to the body-oriented exercises. In addition, they mentioned that they gained insight and learned

to cope with their symptoms and problems. According to the patients, these experiences of awareness combined with perceived symptom recovery led to behavioral change and improved self-regulation.

All patients mentioned the importance of a good treatment relationship with the therapist in which therapists provided reassurance, trust, and expertise. They emphasized the need for a connection in which the therapist takes time, listens attentively, without judgment, and is genuinely interested. In addition, most patients noted that they were taken seriously. They felt understood, respected and treated as an equal partner; they were being heard, seen and validated.

All therapists described the treatment as a personalized, patient-centered process-based approach in which there is a continuous alternation between treatment and exploration of patients' symptoms, perceptions, and coping problems during each session.

Four main themes can be identifiedas working mechanisms of psychosomatic therapy according to therapists: (1) rapport building; (2) continuous search for common ground; (3) making patients aware of the interaction between body and mind; and (4) continuous alternation between exploration and treatment.

Most therapists indicated that it is essential that the patient and therapist agree on the explanation of the symptoms and try to find common ground on the psychosomatic approach that is acceptable to both the patient and therapist while making sure that there are no unrealistic expectations. In addition, they mentioned that the patient's willingness to change is conditional on finding common ground.

Therapists explained that physical and emotional awareness is one of the main topics during therapy. In addition to using a psychosocial conversation with psychoeducation about the interaction between body and mind and the influence of this interaction on their physical symptoms, CBT techniques are used to understand the patient's cognitions better and clarify the relationship between patients' thinking, feeling and acting. Most therapists mentioned that they prefer body-oriented therapy with body awareness exercises to help their patients feel what is happening inside their body. They try to make patients experience how physical symptoms can influence their mind, emotions and behavior and vice versa to improve self-management of their symptoms.

All therapists emphasized that their approach of using the body as an entry point in the treatment of PSS to help patients understand their symptoms' physical and emotional aspects is one of the strongest qualities of psychosomatic therapy.

Discussion

Patients and therapists emphasize the value of psychosocial conversations and body-oriented exercises. They stress the importance of awareness of a mind-body interaction to understand the physical and emotional aspects of the patients' symptoms. Achieving a positive therapeutic alliance and finding common ground regarding treatment are prerequisites for successful treatment. Therapists apply various tools to build rapport and, as a result, patients experience that they are taken seriously, listened to, seen and validated. Therapists emphasize that they apply the four elements of therapy in various combinations depending on the patient's preferences, knowledge, and the therapist's ongoing exploration of the problem at hand[9].

The findings correspond to previous research affirming that treatment in patients with SSP should be biopsychosocial and multimodal, in addition to activating, involving the patient and operating based on a biopsychosocial model of integrating somatic and psychosocial determinants of distress and therapeutic factors (10).

The study shows that, according to patients and therapists, the combination of body-oriented exercises and psychosocial conversations in which awareness of the mind-body interaction is raised is very valuable and important[11]. A recent study on treatment modalities in a multidisciplinary and combined care intervention in primary care identified some similar themes, such as relaxation, body awareness exercises and graded activity, which also emerge as important elements of treatment in our study[12]. A key factor in whether or not a patient will engage with and ultimately benefit from treatment is whether or not they believe that their concerns are taken seriously and that their feelings are respected [13]. This aligns with that findings that a

good therapeutic alliance is a prerequisite for successful psychosomatic therapy.

A recent study on health interventions for chronic pain suggested that interventions should focus on validating pain through meaningful and rational explanations and validating patients by listening to and valuing their stories[14,15] . In our study, therapists and patients mentioned the importance of these issues. However, according to the therapists in our study, the most important elements in providing an explanation of symptoms is the body awareness exercise through which patients experience the body-mind interaction for themselves.

According to research with a facilitated support group for patients with SSP[16,17], patients mentioned that they feel a gap in the currently available clinical care offered by healthcare professionals and feel validated by sharing similar experiences with their peers. However, in the study, no participants mentioned a lack of peer support.

As it is essential to find common ground regarding the patient's symptoms and a psychosomatic approach, it will be helpful for the primary care physician to prepare and inform the patient about the psychosomatic approach. In addition, conveying realistic expectations regarding treatment may make patients receptive to such an approach[18]. Good interdisciplinary cooperation and communication between the therapist and the general practitioner seem important, confirmed by previous research[19,20]. However, more research is needed on the influence of interdisciplinary cooperation and communication on patients with PSS treatment outcomes.

The findings regarding psychosomatic therapy for patients with SSP may also apply to regular exercise therapy and physical therapy for patients with other symptoms, but further research will be needed.

Conclusions

According to patients and therapists, the continuous alternation of psychosocial conversations and body-oriented exercises to realize the interplay between body and mind is the perceived working mechanism of psychosomatic therapy. Therapeutic alliance and finding common ground between patient and therapist are prerequisites for the success of psychosomatic therapy.

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