

Confer presents

Working with Psychosomatic and Unexplained Symptoms in General Practice:

an integrated approach

6 one-day conference-workshops examining
aetiology, diagnosis and treatment

An estimated 25% of all consultations in primary care relate to psychosomatic or unexplained symptoms.

Problems in finding a clear diagnosis can cause frustration and stress for both doctors and patients.

In the search for a physical cause there can be undue emphasis on the organic, and an overlooking of the life stresses that lead to physiological disturbances. Simultaneously, a psychological diagnosis can overlook a crucial level of organic dysfunction. Each person lives in a social setting and responds to life events that will effect their biology and biochemistry.

Recent breakthroughs in neuroscience are bringing about a paradigm shift in how we understand the relationship between the mind and body. Sustained arousal or stress is now understood as an integrated mind-body state.

This is particularly clear when psychological pressures impact upon the complex 'eco-systems' of the autonomic nervous system, hypothalamic-pituitary-adrenal axis, immune functioning and the cardiovascular system, causing dysregulation of these structures or a breakdown of co-operation between them.

New research and technology gives us better access to the diagnosis of such disruptions to the body's homeostasis.

A whole-person approach addresses both the symptom, and its emotional and social context. It facilitates a more effective partnership between doctor and patient and indicates clearer treatment strategies.

Venue

The Royal College of General Practitioners

8 November 2002 – 19 September 2003

Dr Christopher Bass

Dr David Beales

Dr David Brodie

Dr Grahame Brown

Roz Carroll

Dr Angela Clow

Professor Francis Creed

Dr Michael Dixon

Dr Owen Epstein

Dr Linda Gask

Sir David Goldberg

Dr Mick Harbuz

Richard Hawkes

Dr Frank Hucklebridge

Professor Stafford Lightman

Dr Margaret Lloyd

Dr David McGavin

Rabbi Julia Neuberger

Sir Denis Pereira Gray

Dr David Peters

Debby Pickvance

Professor Andrew Sims

Dr Peter Shoenberg

Dr Trevor Thompson

Dr Maggie Turp

Professor Andre Tylee

Ivan Tyrell

Dr Alan Watkins

Professor Simon Wessely

Dr Sotiris Zilidis

Booking Form

Name _____

Address _____

Post Code _____

Telephone Number _____

Current Post _____

Memberships _____

Please tick those sessions you will be attending:

8 November 2002

24 January 2003

7 March 2003

16 May 2003

11 July 2003

19 September 2003

I enclose a deposit of £50 per session booked

Total £ _____ Date: _____

Cheques are made payable to **Confer**

Please return to:

**Confer, 36a Mildmay Road,
London N1 4NG**

Booking Conditions

- A non-refundable deposit of £50 per day is paid upon booking
- The balance is to be paid by the date stated on the invoice that we will send you
- Your place is for your own use only. A ticket for the whole series can only be used by one participant.
- Participants who have paid in full and wish to cancel will receive a refund of £50 per day if cancellation is received in writing up to 14 days before the event.

Information

Venue

Royal College of General Practitioners,
14 Princes Gate, Hyde Park, London SW7

Fees

£140 + VAT per day

£720 + VAT whole programme

The fee includes refreshments and a light lunch

PGEA approval applied for

Biographical details of speakers are

posted on our website: www.confercpd.com

Course Directors

Dr David Beales, MRCPG; FRCP(UK); DCH; DRCOG

Jane Ryan MA, UKCP

To Book

Please complete the booking form below and return with a (non-refundable) deposit of £50 per date booked. You will be invoiced for the balance approximately one month before your first date booked.

Further details:

Please call Confer on 020 7254 2323

Confer is an independent organisation providing continuing professional development in the field of mental health.

Active Learning

- We will be asking participants to do some optional preparation before each event, considering how the themes of that day relate to your own patients.
- During the course we will ask you to participate in some non-verbal exercises designed to maintain your receptivity and energy levels, and to facilitate the group working as a whole.
- Lectures and workshops will all include some level of optional participation.
- Participants will be invited to pair-up with another GP at the end of each day to arrange follow-up calls to discuss how the material is unfolding in their own practice work.
- Participants will also be invited to join groups at the end of the final day.

8 November 2002

Chair: Professor Stafford Lightman

9.30 **Illness as Dysregulation of the Autonomic Nervous System: a developmental and dynamic perspective.**

The autonomic nervous system organises a wide range of physiological functions within the body. Research is deepening our understanding of how its threshold settings and preferential modes are conditioned by early attachment, thus predisposing the individual towards, or protecting them from illness. Since the ANS is the main structure for regulating feelings, we will explore how imbalances and disturbance on an emotional level are intricately interconnected with the overall health of the individual, as well as with specific symptoms.

Roz Carroll

10.30 Coffee

11.00 **The Hypothalamic Pituitary Adrenal (HPA) Axis and Illness.**

This talk will provide an overview of the associations between HPA axis activity and both physical and mental health. The main product of HPA secretory activity is the steroid hormone cortisol which has powerful effects upon cardiovascular activity, the immune system and mood. The role of individual differences in HPA activity, and reactivity, in relation to susceptibility to illness will be explored.

Dr Angela Clow

12.00 **The Importance of Psychoneuroimmunology to Contemporary General Practice**

In this interactive lecture I will first of all to explore the predominant "lesional" model of disease that is our inheritance as students of western medicine. This will be contrasted with alternative and more inclusive models. We will then test these models through case reports and through reference to the literature of psychoneuroimmunology (PNI). The PNI literature includes both clinical, population and laboratory research and examples of all of these will be visited – though not exhaustively or exhaustingly. Finally we will explore the implications of PNI for those drawn to a more holistic mode of practice.

Dr Trevor Thompson

13.00 Lunch

14.00 **The Medical Consequences of Emotion**

New insights have emerged over the last ten years on how emotions are constructed and the vital role they play in the pathogenesis of many of the major diseases that affect the industrialised world. This session will explore these new understandings and suggest what positive steps can be taken to combat the emotional dysfunction that is commonly encountered in general practice as a forerunner to other pathology.

Dr Alan Watkins

15.00 Tea

15.30 **Dr Alan Watkins: Part II**

16.30 End

24 January 2003

Chair: Dr Margaret Lloyd

- 9.30 **Psychological influences over the Th1/Th2 balance of the immune system**
The immune system is balanced between Th1 (type 1) and Th2 (type 2) domination. Th1 lymphocytes direct cellular immune responses against intracellular pathogens whereas Th2 lymphocytes direct antibody responses against extracellular infectious organisms. These two populations of T lymphocyte are counterregulatory and maintained in a dynamic equilibrium. Psychological stress skews the balance towards Th2 domination. The psychophysiological mediators of this influence and consequences for disease progression and health outcomes will be discussed.
Dr Frank Hucklebridge
- 10.30 Coffee
- 11.00 **Who will be susceptible to Impaired Immune Responsiveness?**
Conflict in relationships, stress at work and poor coping skills all increase stress hormone levels and alter immune functioning. Studies focussed on a variety of diseases have suggested that the severity of the disease and the outcome for the individual can be influenced by changes to these physiological systems. This lecture will address the question: Can we intervene to reverse these negative outcomes?
Dr Mick Harbuz
- 12.00 **Physiological Measurement of Mind-Body Interaction in Heart Wave Analysis and Carbon-dioxide Monitoring**
This talk will explore, in an interactive presentation, how demands from the inner world of emotions and the outer world of pressurising challenges interact at a mind-body level on respiratory and cardiovascular function. We will consider the implications for clinical practice of gathering information relevant to sympathetic, neuroendocrine, and neurotransmitter inter-relationships. We will look at how the demonstration of dysregulation of respiratory and/or cardiovascular systems might impact on clinical practice. Can a metabolism in catabolic overload be brought back to anabolic balance and self-regulation by feedback using capnography and heart rate variability? New 'consulting room technology' will be demonstrated.
Dr David Beales
- 13.00 Lunch
- 14.00 **Biofeedback as Evidence of Psychological Factors in Illness and Recovery in Digestive Disorders**
Almost two thirds of patients with irritable bowel syndrome have experienced an adverse life event prior to the onset of symptoms. Stress is recognised as a target for therapy but few resources are available to address this component of the disease. Biofeedback is powerful method for teaching relaxation and this can be used to considerable effect in managing the symptoms of IBS.
Dr Owen Epstein
- 15.00 Tea
- 15.30 **Contemporary Tools for Identifying Mind-Body Interactions**
A hands-on look at some new software for monitoring levels of breathing dysregulation, heart-rate variability and stress manifesting in the autonomic nervous system. An opportunity to consider the extent to which these tools may be useful in your practice.
The workshop convened by **Dr David Beales**
- 17.30 End

7 March 2003

Chair: Professor Sir Denis Pereira Gray

9.30 **How Do GPs Respond to Unexplained Somatic Symptoms?**
Sir David Goldberg

10.30 Coffee

11.00 **Patient Involvement and Patients who are Hard to Treat**
The rising popularity of complementary therapies tell us much about what people want from health services (e.g. time, personalised care, the right to question). Doctors have difficulty coping with these challenges to their authority, and with the growth of health-care consumerism generally. A debate about the values inherent in health services should help to restore faith in NHS and those who work in it. But patients need to be drawn into all these debates, and the public needs to participate. GPs need to share decision making, and to support participation by patients at every level of healthcare.
Rabbi Julia Neuberger

12.00 **Who is Troubling You in your Practice?**
Looking at specific patients in your practice this workshop will be an opportunity to review their symptoms and how you are responding to these.
Dr David Beales

13.00 Lunch

14.00 **The Doctor's health: recognising and managing the impact of unconscious somatic communication.**
The importance of non-verbal communication is well established. As well as telling us about their symptoms, patients communicate with us in more primitive and less conscious ways. Our receptivity to these communications has both a valuable and a dangerous aspect. On the one hand, it enables us to tap into a valuable source of information with regard to the patient's mind-body state. On the other, it carries the potential for precipitating illness within the practitioner. Is it possible to be receptive without becoming unwell?
Dr Maggie Turp

15.00 **An Integrated Approach to Patients Presenting with Musculoskeletal Pain and Dysfunction**
A biopsychosocial approach to patients presenting with pain is essential. Careful examination of the musculoskeletal system is important: the vast majority of spinal and regional pain problems are the result of dysfunctions in the system rather than disease. Psycho-social factors influence pain perception via the mind-body system and are the most powerful predictors of disability attributable to musculoskeletal disorders. The session will highlight how clinicians can improve their consultation and clinical skills to enhance case management and improve their own job satisfaction.
Dr Grahame Brown

16.00 Tea

16.30 **The Nature and Management of Chronic Fatigue Syndrome in General Practice**
An integrated approach to aetiology, diagnosis and treatment.
Professor Simon Wessely

17.30 End

16 May 2003

Chair: Professor André Tylée

- 9.30 **Making Sense of Somatisation in the General Practice Setting.**
This talk will explore the idea that emotions have somatic components that sometimes can be experienced in isolation and cannot be made sense of unless the emotional context in which they appear is acknowledged. Somatisation is a concept coined to describe the behaviour of patients who are unaware, or ignore the emotional setting within which somatic symptoms arise. They cannot make sense of their physical symptoms and keep consulting the doctor because they are frightened about their possible medical significance.
Dr Sotiris Zalidis
- 10.30 Coffee
- 11.00 **How Can we Understand People with Somatising Conditions and their Relationships with Doctors?**
People with somatising conditions can present particular pressures for doctors. This session will introduce some key ideas in Cognitive Analytic Therapy (CAT) and apply them to the problematic relationships which can develop between doctors and patients who present with somatising conditions. It will look at ways of managing these relationships which are more satisfactory for both doctors and patients.
Debby Pickvance
- 12.30 Lunch
- 13.30 **The Human Givens Approach to General Practice**
This session will cover the Human Givens approach to understanding human needs, how they are programmed into us by our genes and seek their fulfillment in the environment. We will look at what happens when they are not fulfilled and how this can result in anxiety, depression, trauma, addiction and illness. We will examine depression, one of the most intriguing ways of understanding how the brain works and how it affects physical health. Practical direction for lifting depression will be covered.
Ivan Tyrell
- 15.30 Tea
- 16.00 **The Human Effect**
Using an Ancient Art to Restore Self Healing to the Frequent Presenter
Dr Michael Dixon
- 17.00 End

11 July 2003

Chair: Professor Andrew Sims

10.00 **A new model for the diagnostic interview for patients who may somatise.**
This talk will be based on clinical experience of interviewing patients who present somatic symptoms reflecting underlying psychological problems combined with experience of working with trainee general practitioners. A brief theoretical model will indicate the areas to be covered: current mood state, anxiety about health, illness beliefs, recent upsetting events (including illness in close relatives) and, possibly, childhood adversity. The presentation will provide questions that can be used to introduce and probe each of these areas. The presentation will also indicate the importance of detecting verbal and non-verbal cues, which may indicate illness behaviours and suggest ways these may be dealt with in the interview. The emphasis throughout will be on engaging the patient in a joint exploration of possible causes of symptoms rather than a didactic approach.

Professor Francis Creed

11.00 Coffee

11.30 **Assessment of the Frequent Attender in Primary Care**
Dr. Bass will discuss ways in which the frequent attender with medically unexplained symptoms can be assessed in a primary care setting. Ways of engaging and containing a patient, by the use of specific interviewing techniques will also be described. There will be an opportunity to re-assess some of your own patients using these criteria.

Dr Christopher Bass

13.00 Lunch

14.00 **Practical strategies for managing patients with medically unexplained symptoms**
This session will draw heavily on work carried out by Linda Gask, Richard Morris and Sir David Goldberg into developing the 'Reattribution model' for the management of somatised emotional distress in primary care. In the session participants will:

- Learn how to utilise the strategies which were developed in conjunction with general practitioners
- Find out about the evidence base for the impact of skills training on patient outcome and cost of care.
- Consider how the skills of reattribution may be used in the practical management of cases.

Dr Linda Gask

15.30 Tea

16.00 **Dr Linda Gask: Part II**

17.00 End

19 September 2003

Chair: Dr Christopher Bass

- 9.30 **What Can a Psychotherapy Service Offer a GP with Psychosomatic Patients?**
This talk will discuss modern views about psychodynamic psychotherapy's contribution to helping psychosomatic patients in the NHS, looking at a range of disorders from acute somatisation to chronic somatoform disorders (e.g. chronic IBS) and chronic physical disorders which have a possible psychosomatic aetiology (e.g. chronic inflammatory bowel disease).
Dr Peter Shoenberg
- 10.30 Coffee
- 11.00 **Complementary medicine and the somatising patient: boon or blind alley?**
Experience suggests that when GPs are offered access to complementary therapies, a disproportionate number of patients referred are the most challenging. Does access to complementary and alternative medicine improve the management of 'heart-sink' patients? What are the consequences of using hands-on therapies for such clients? When, on the other hand, might referral to a complementary practitioner represent an inappropriate collusion that splits the patient or the team further? This session will examine these issues through the experience of a team using complementary therapies in the NHS.
Dr David Peters
- 12.00 **The Effectiveness of Patient Centred Motivational Interviewing for Patients with Chronic Disease**
Motivational interviewing is a patient-centred strategy which originated in drug addiction control and is now being embraced in other areas which require lifestyle change as a form of therapy. It is based on the premise that the patient, not the health professional, is the expert. Over a series of interviews, the patient explores behavioral change and makes personal decisions over the actions to be taken. This workshop will explore the conventional and motivational interviewing techniques, and there will be an opportunity to experience a small element of the approach.
Professor David Brodie
- 13.00 Lunch
- 14.00 **An Anthroposophical Approach to General Practice**
Every practitioner has immense unused resources which when mobilised can transform goings-on in the consulting room to the advantage of both patient and doctor. This workshop will demonstrate how the use of clowning and specific artistic therapies can help one temper tedious guidelines which threaten to snuff-out the human being as a principal healing resource.
Dr David McGavin
- 16.00 Tea
- 16.30 **Forming Networks**
A workshop for GPs wishing to form on-going peer support groups focused on developing new models of treatment for psychosomatic or difficult to diagnose patients. Identifying your needs and those of your patients, together with developing strategies for dealing with these.
Richard Hawkes
- 17.30 End