

Initial Communications About Medically Unexplained Physical Symptoms (MUPS)

- MUPS is **any** clinical presentation of symptoms or impairment in the absence of medical evidence for organic cause.
- MUPS requires we combine medical and psychosocial elements in evaluation and treatment.
- MUPS is not simply a psychiatric illness, but rather physical symptoms that likely result from physiologic conditioning and the psychosomatic pathway (baseline ability to sense/perceive physical sensations).
- MUPS can arise without concurrent depression or anxiety (psychiatric symptoms associated with MUPS may be the RESULT of symptoms, rather than the cause).

Ways NOT to introduce MUPS to families:

- It is clinically useless to state a cause and effect link between emotional and physical symptoms.
- Explaining negative findings as “normal” is not reassuring.
 - Families need to know you understand their illness experience.
 - Negative findings create uncertainty in diagnosis and prognosis for families.
 - Families need to know what IS wrong, an explanatory model for the likely cause of symptoms.

Ways to introduce the relationship of the brain to the body in perpetuating MUPS to families:

- Physical symptoms are the reason for evaluation and should be maintained as the focus of evaluation.
 - Use conversation to move focus from cure to improving function and what the patient is able/unable to do.
 - Physical symptoms have a physical basis, but can originate in a variety of ways.
- Multiple trigger and precipitants
 - This connection between brain and body means that anything mediated through the central nervous system can realistically “cause” symptoms to occur. (fatigue, stress, habits, anxiety or depression, sensory stimulation)
 - Many things can trigger a single symptom but the body has a limited number of ways to respond to triggers.
- Physiologic conditioning
 - Conditioned responses are patterns of normal physiology that occur when a repeated stimulus causes a repeated response.
 - We can often identify a triggering event such as an infection, a stressor, and injury.
 - The result can be symptom responses linking to other stimuli or occurring in the absence of the original trigger. Symptoms then can take on a life of their own.
 - Secondary gain can happen as a byproduct of dependence on caregivers, reduced demands on the patient, and reduced activity.

Ways to introduce treatments to families:

- Treatment needs to be multimodal and behaviorally/ functionally oriented.
 - Physical/ rehab arm: OT, PT, to address immobility and function; daily self-care plan to increase independence and success with daily care activities.
 - Medical arm: Regular follow-up with PCP: pharmacotherapy if necessary for pain, motility issues, muscle spasm, or comorbid anxiety or depression, as well as dietary issues.
 - Psychological arm: individual CBT therapy to teach mind-body strategies for managing pain and symptoms; Family work to enhance treatment and support parents in increasing independence at home; Treatment of any comorbid anxiety/depression.
 - Educational arm: return to school with support to address educational/ functional challenges.
- Take a “chronic treatable” approach: Focus on functional improvement over symptom elimination.
- Treatment goal to recondition the body and mind to work towards return to function in physical, emotional, academic, and interpersonal dimensions.

Sample Scripts

Framing the Conversation

“There appear to be a lot of factors contributing to your {abdominal pain, diarrhea, IBS}. For example, bowel wall spasm causes the same problem whether it is related to IBS or to something else. It is also mediated through your central nervous system, so it can be made worse by things like poor sleep, stress, anxiety, or emotions.”

“We could order that test. However, based on your history I suspect that the cause of your pain is a conditioned response in your body that will not show up on any test.”

“Based on your history and physical examination I am confident that your headaches are related to muscle tension or spasm. The muscles on the side of your head are pretty tender and those attach to your jaw, resulting in pretty consistent pain. I know that you and your parents are worried you might have something more serious going on. We can get a CT scan to reassure you that nothing else is happening. Even before the CT scan comes back normal though, we can start working on some things to help reduce your discomfort and increase your ability to do things. For one thing, you aren’t sleeping very well and we know that sleep problems are related to this kind of muscle tension. There are likely other things which can cause that muscle to contract involuntarily that we can resolve.”

Chronic Illness: Management vs. Acute Illness: Cure

“There is no acute problem present with a cure we can easily implement.”

“We can describe persistent pain in terms of structure (the presence or absence of disease or tissue damage) and function (things the body does that influence pain). The pain you are experiencing is not associated with structure, so we can be confident that it is likely functional, or related to triggers that you can learn to control over time.”

Introducing Treatments

“Because there are multiple factors contributing to your_____, there is no single thing that will provide full relief. It is more realistic for us to manage your symptoms by working on a variety of therapies, rather than searching for a single cure or treatment. This will likely include recommendations for how you manage your {diet, bowel habits, sleep, school} psychological and behavioral techniques to alleviate stress, relaxation and pain management techniques, medications, and physical activity. If each of these accounts for even 10% of your symptoms, I believe we can improve a lot more than that by working on all of them.”

“Treatment, like cause needs to incorporate ways to manage a variety of possible triggers, which may include changing behaviors or habits, improving sleep and diet, changing structure of activity, relaxation techniques, management of potential stressors, and regular follow up with your medical provider.”

Summarizing your position

“Your EEG was normal during the movements that looked like seizures. Therefore we know that the muscles were not twitching because of a seizure. But they were twitching when they weren’t supposed to and you definitely did not want them to. Somewhere along the pathway between the nerves and the muscles, the message is firing incorrectly. This isn’t anything permanent and should get better over time. But you don’t have to just wait until your symptoms get better; there are some things that we can help you with to get those signals to work the way you want them to when you want them to.”

Likely Contributing Factors to Your Physical Symptoms

