

Persistent Physical Symptoms Meeting by Dr Rachel McEnery - Notes and Chat

Tuesday 30th January 2024

Picture of singing lady – ask people in a group to do that and many will develop several physical symptoms eg palpitations. This is a good way to explain that persistent physical symptoms do not need to be caused by a physical disease process. It can be the impact of your physiology and your brain ramping up signals to the body's systems due to perceived danger.

Black boot with nail through it – example of man on construction site who experienced severe pain but when boot was removed the nail had actually not pierced his foot at all. It had gone between his toes and not caused any physical injury. Pain subsided once he realised no injury. This is the brain messaging sending danger signals due to the visual stimulus

Picture of man with nail through his hand – experienced no pain until he got to A&E department. Brain triggers protective mechanism so person can get to somewhere where the injury can be dealt with.

Picture of man with severe injuries who was airlifted by helicopter due to severe injuries. Recovered but later relapse of symptoms when out with his wife. The wife noticed a helicopter flying above them. Brain associated helicopter sound with pain and sent pain signals. Neural pathways can be formed with associations like these. Can be undone/changed but need to be identified and addressed.

MRI findings and asymptomatic individuals

All MRIs are abnormal with disc degeneration and disc bulge being observed even at young ages. Difficulty occurs when patients become fixated on reason for pain / symptoms due to scan findings.

Picture of snake

In initial picture just looks like black and white blobs and brain is trying to make sense of the information. Then second picture has colour and a bit more detail so brain able to process image better.

Can trigger curiosity in patients regarding how the brain works by sharing these examples. Helps to explain why they may be experiencing persistent physical symptoms.

Diagram of Person

How a person experiences symptoms depends on these factors

Prior experiences create concepts in their mind

Sensory / motor predictions – eg see something that think will cause pain

Sense Data from body and environment/ the world.

Diagram of how the nervous system, immune system and endocrine system interact

Have 11 body systems – the way the brain communicates with these systems is what causes symptoms.

50% of patients seen in Persistent Physical Symptom service in Bradford have functional neurological disorder. Some will have non-epileptic attack disorder.

PPS can include IBS, tinnitus, unexplained SOB or palpitations.

If keep the brain feeling safe, then doesn't have to give symptoms.

Brain safety – see attached document

Audit of clinic in GP surgery showed 5% of patients were taking up 25% of GP time – if do something different with them then could change that. Currently have disjointed services – Chronic fatigue service, Pain clinic, long covid service etc which is not ideal as often these patients have overlapping problems!

Pain is an alarm system – Personality traits and behaviour patterns can put you on high alert. False alarms are just as loud as real ones!

Allostasis – Body budgeting – see slide and explanation

Affect – deconstruct affect – usually because body budget is imbalanced/ negative withdrawal state.

How to structure consultation

Empathise and validate symptoms

Ally

Explain

Personalize

Offer hope

Body map

For patients stuck with symptoms, list all symptoms and where getting – label on diagram

List symptoms and when started

The issue is a Communication system problem, the way things are functioning NOT tissue damage.

Personality traits – see list on presentation

These have an impact on how people experience symptoms. Sense of self – if someone identifies themselves as someone with chronic pain / fatigue that will impact their experience.

Event

Adverse childhood events have an impact

Can use ACE questionnaire. See list on presentation

Can be learned behaviours / patterns from parents.

Quiz – large percentage of patients seen in several specialty clinics have unexplained symptoms.

Unnecessary investigations of persistent physical symptoms are estimated to cost £3 billion pounds per year.

Neurodiversity

Patients with neurodiversity can be psychologically inflexible or have black and white thinking but we want people to be more flexible.

Cognitive remediation therapy – getting them to multitask and also doing something different.

Eating disorders such as ARFID (**Avoidant restrictive food intake disorder**) can present in patients with autism / neurodiversity.

Helpful interventions

See slides for examples

Being in nature – calms system down – activate parasympathetic system

Somatic tracking

Do this when symptoms not too bad

Mindfulness

Safety re-appraisal

Positive affect induction – use humour to reassure brain that safe.

What else can the brain learn to interpret as dangerous?

Personality traits – recognise where these have come from

Behaviour traits – ones that don't serve you well are problem solving, worry pressure and intensity, preoccupation

In PPS get all of these 3 issues

Triggers – life stressors, good things happening, ongoing contact with abuse perpetrators, emotions

3 stages of relapse

- 1. Panic**
- 2. Forced techniques**
- 3. This is how it is done**

Have to go through all three stages even when know them.

Follow up – Linking concepts together – making sense of symptoms

Summary advice to patients – encourage tiny habits, authentic care love and safety, keep on eye on internal state, approach with lightness and ease, goal is not to stop the pain / symptoms but change the way you respond when they come.

Meeting chat

20:01:01 From SN to Everyone:

I tell people disc degeneration is just like wrinkles on the face, certainly doesn't mean anything is wrong

20:11:27 From CS to Everyone:

There is an amazing Tedtalk by Lorrimer Mosley explaining how pain is a construct of the brain-he uses a snake bite/scratch from a stick as his example.

<https://youtu.be/gwd-wLdIHjs?feature=shared> why things hurt by Lorrimer Moseley (14.5min)

20:18:33 From SN to Everyone:

I was going to say I often find my chronic pain patients have had emotional trauma that has triggered the body's alarm system. Patients often open up and then we can work on therapy to help with this and move away from the idea of attempted pharmaceutical solutions.

21:13:31 From PS to Everyone:

I wonder if the long Covid service does similar work like this - run by OT etc, but I don't think there is anything else like this in Calderdale

21:17:06 From PS to Everyone:

We are about to start a frequent attenders pilot in upper Calder Valley and chronic pain is one of areas we are focusing, it would be great if our care coordinators could learn some of these principles