

# Persistent physical symptoms by Dr Rachel McEnery

Pennine GP learning meeting  
30/1/24



# Learning outcomes



The science behind persistent physical symptoms (PPS)



How to explain PPS



Helpful interventions

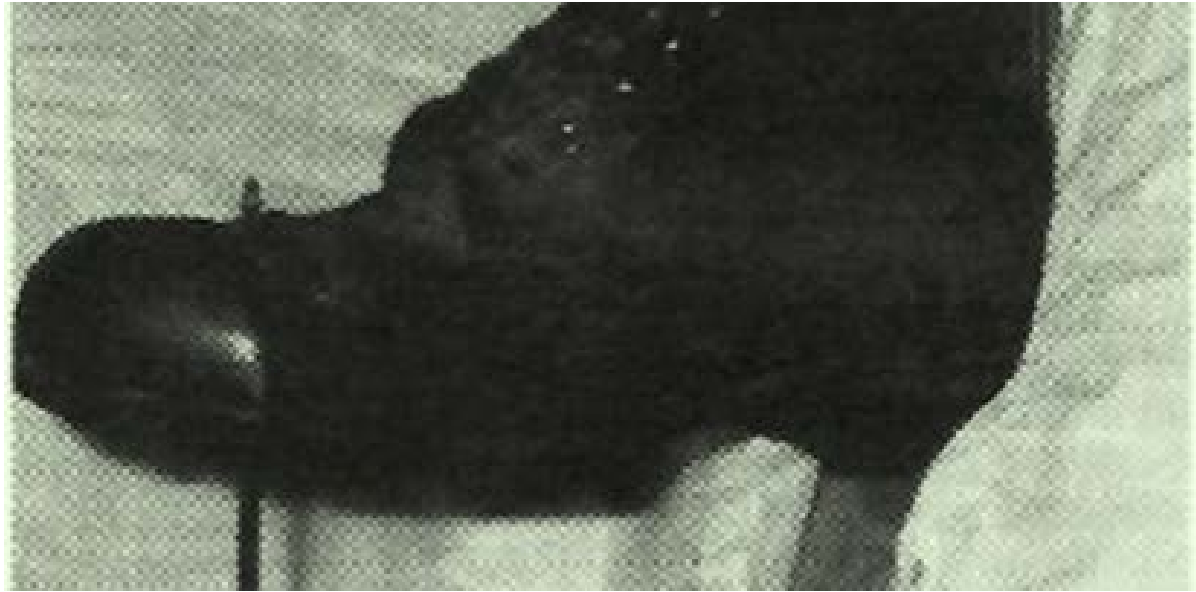


Resources



I have a favour to ask...!





# Asymptomatic individuals and MRI findings

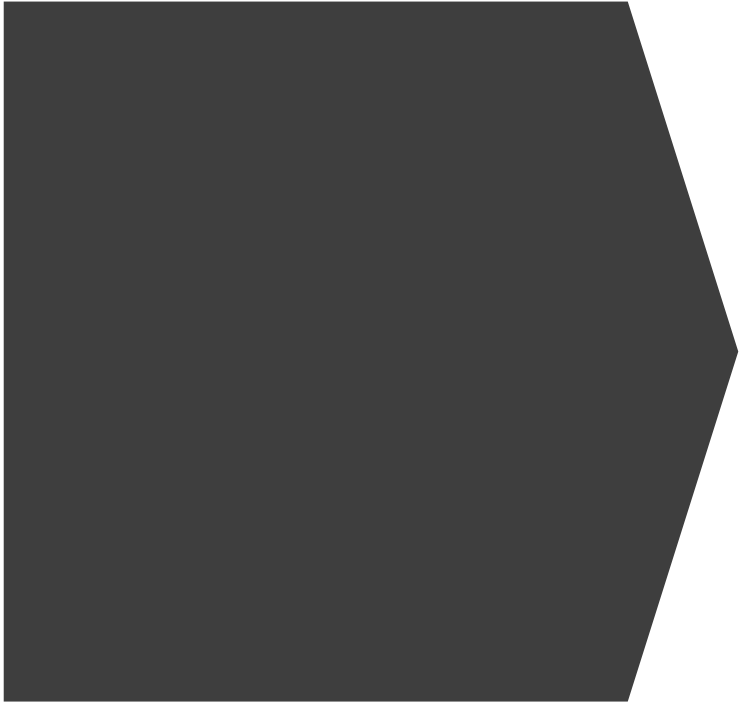
Age (yr)	20	30	40	50	60	70	80
DISC DEGENERATION	37%	52%	68%	80%	88%	93%	96%
DISK BULGE	30%	40%	50%	60%	69%	77%	84%
DISK PROTRUSION	29%	31%	33%	36%	38%	40%	43%
ANNULAR FISSURE	19%	20%	22%	23%	25%	27%	29%
FACET DEGENERATION	4%	9%	18%	32%	50%	69%	83%
SPONDYLOLISTHESIS	3%	5%	8%	14%	23%	35%	50%

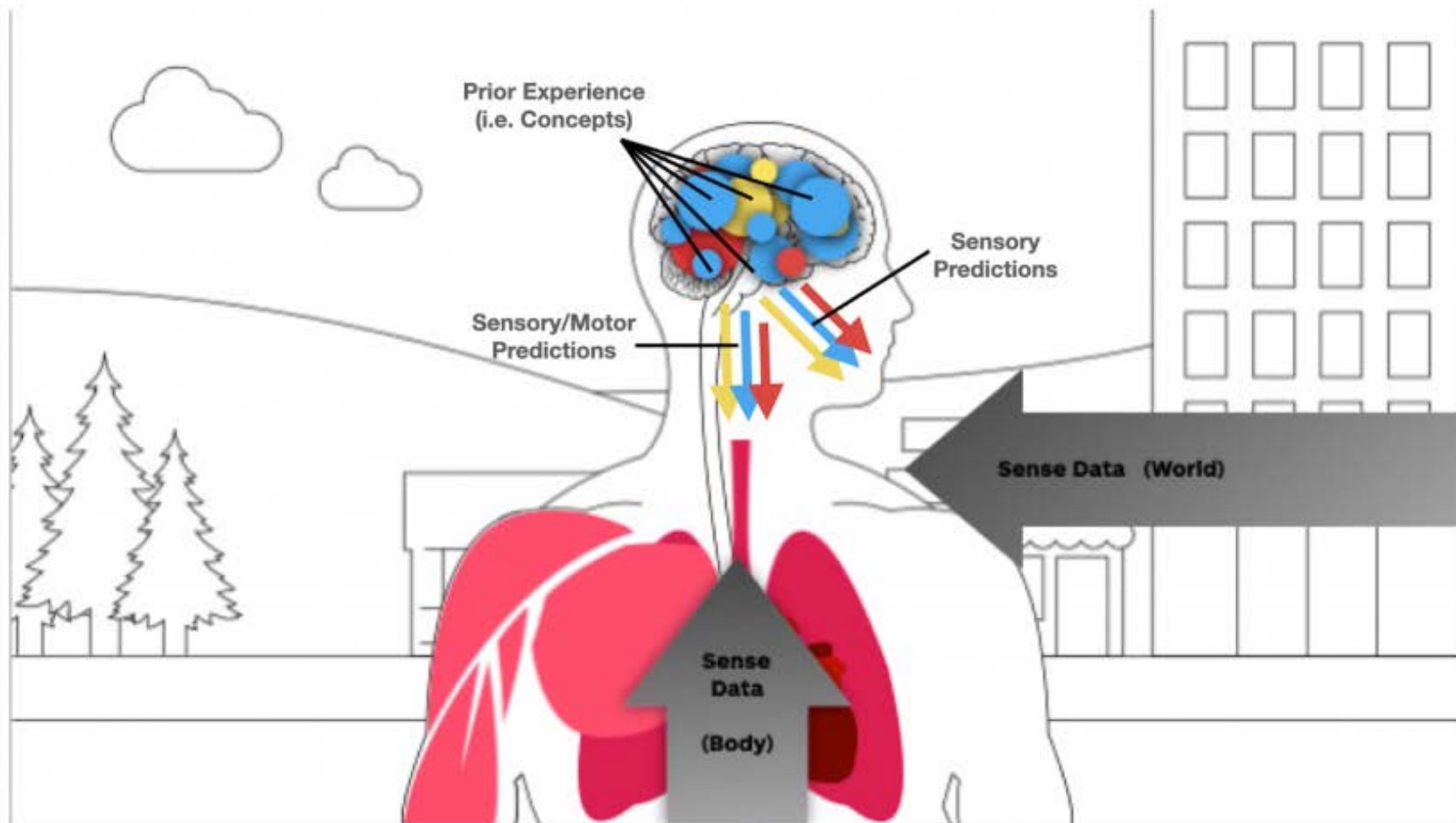
[#6 All MRI's are Abnormal – YouTube](#) (6 mins)

What can  
you see?

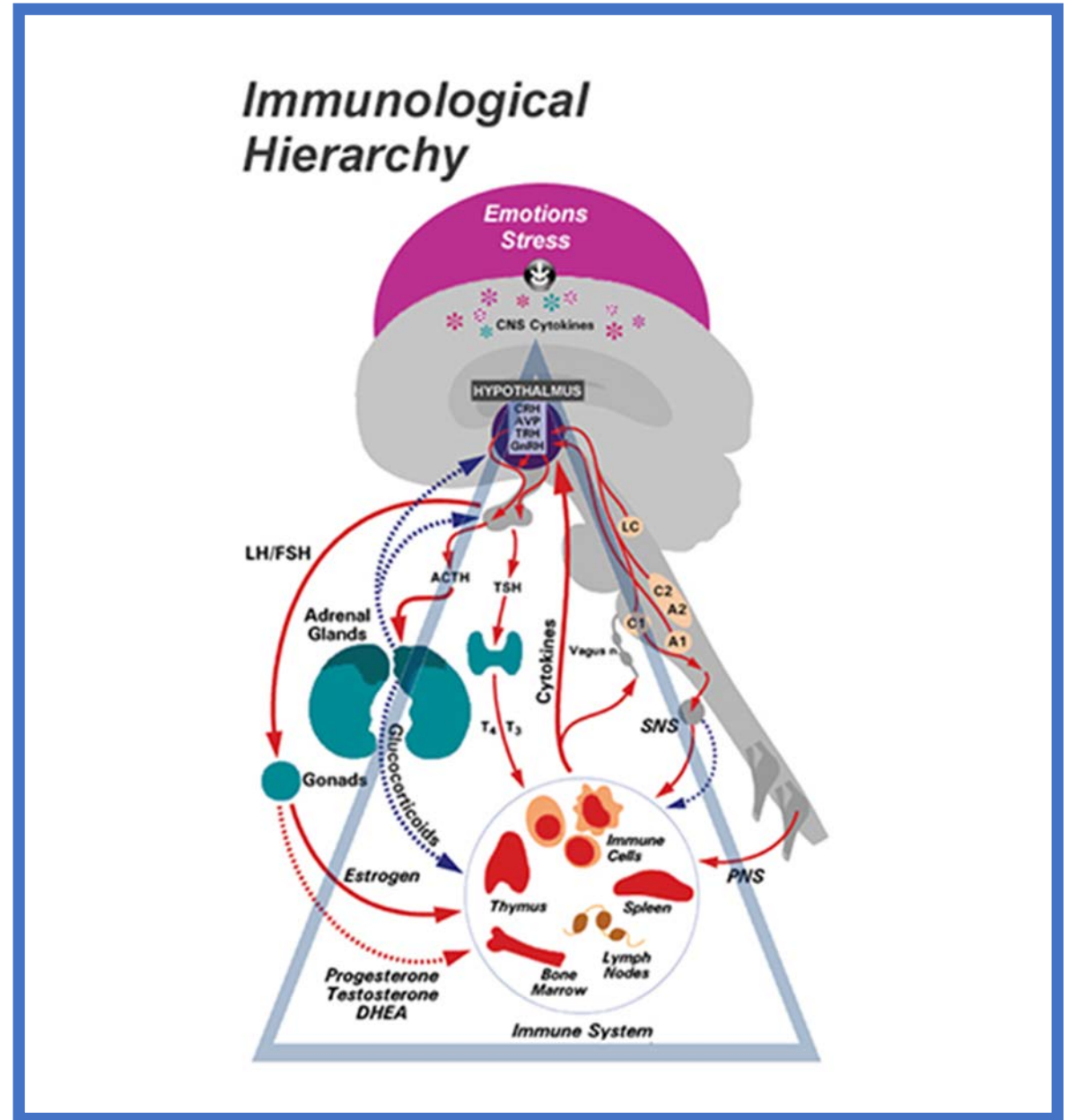
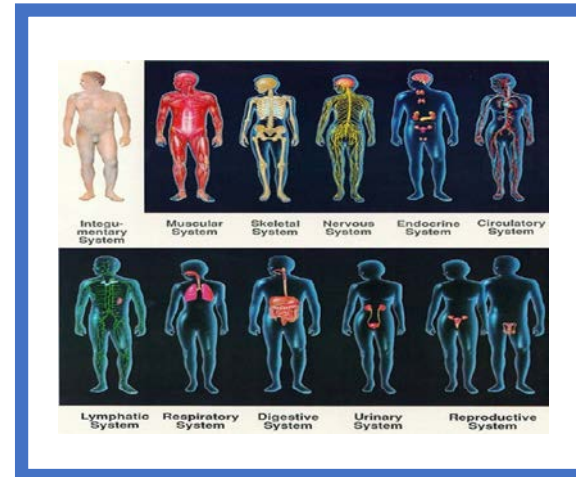
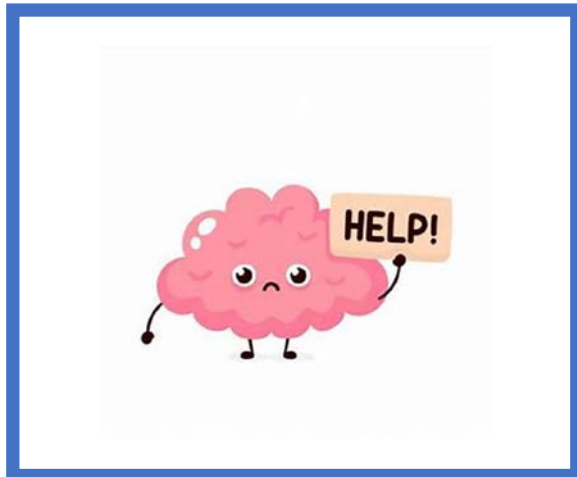
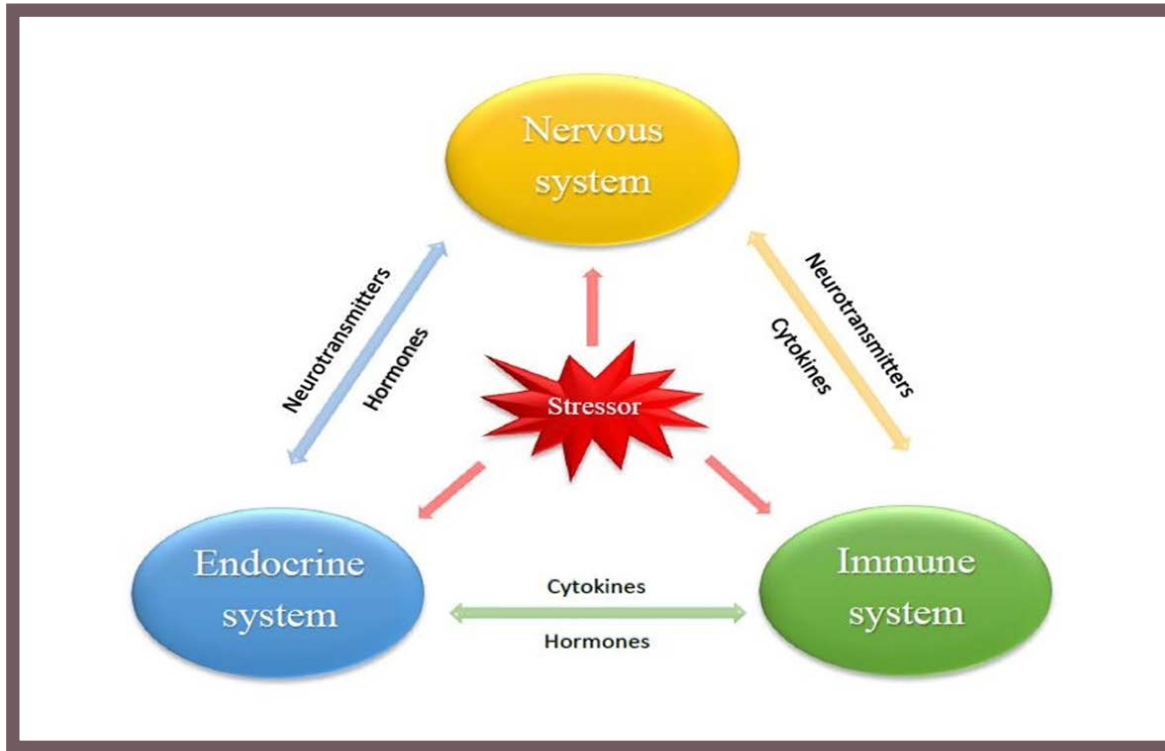




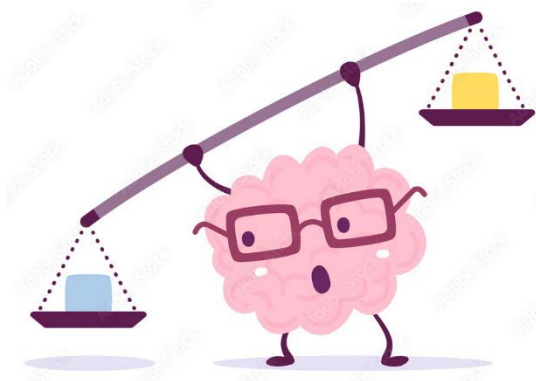






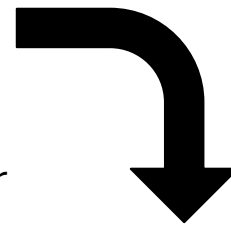


# Allostasis



## Deposits

- Eating well
- Sleeping
- Drinking water
- Sex
- Positive social contact
  - Kindness
  - Hugs



Initial withdrawals but investment to get return on

- Learning something new
- Moving/exercise



## Withdrawals

- Negative social contact/  
social rejection
- Uncertainty
- Ruminating
- Ambiguity
- Unpredictability
- Sexism
- Racism
- Bullying
- Illness
- Trauma
- Income inequality
- Political polarisation

The brain controls your body budget (explaining the previous slide)

### **What is your body budget?**

Also known as **allostasis** – your brain evolved to control your body budget. That's its main job.

We make **deposits (black)** by basically looking after ourselves – eating well, sleeping, drinking water, having positive social contact.

(purple) Exercise and learning something new are initial investments to get a return on Withdrawals

(red) are many - this is where your brain predicts that your body needs energy & makes withdrawals by releasing cortisol, flooding glucose into the blood stream.

When you look at this list and the situation we're in at the moment you can see why there's an epidemic of health problems – for example covid is reducing positive social contact, causing uncertainty, adding to income inequality. We have growing political polarisation evident in the USA and over here with Brexit.

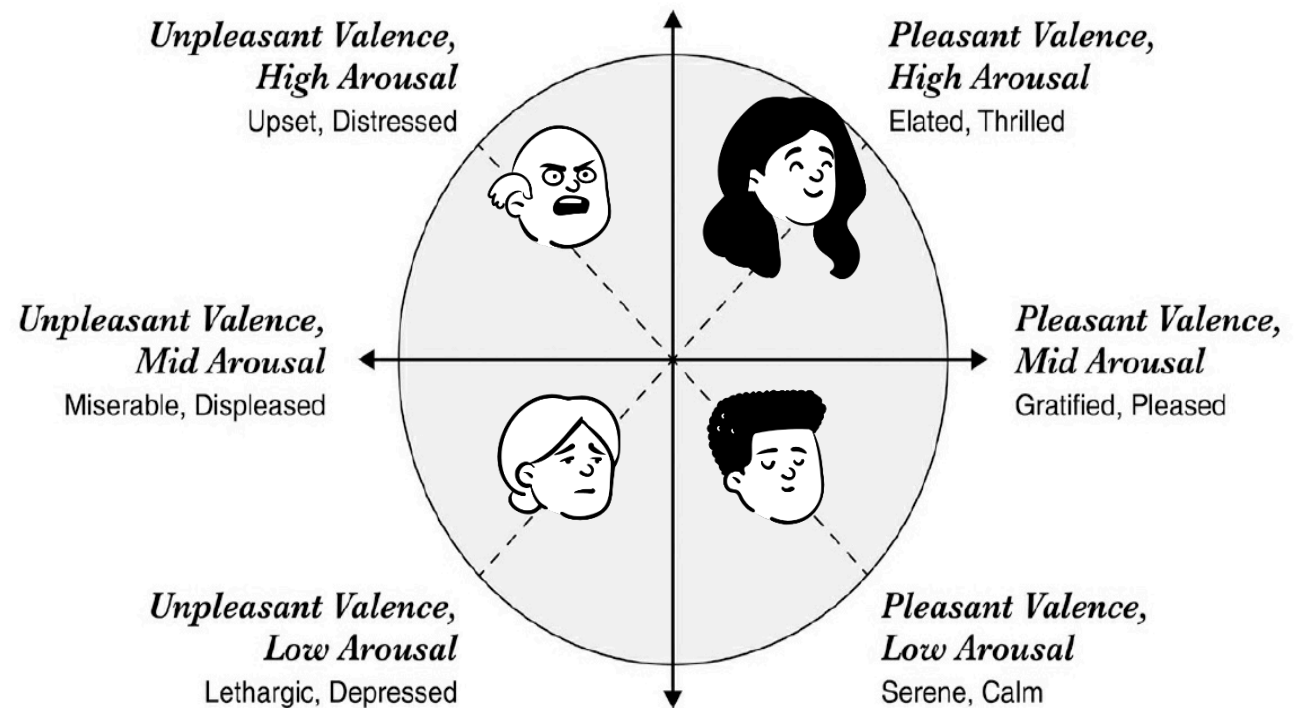
Every action you take or don't take is an economic choice.

We have an impact on each other's body budgets, making withdrawals and deposits.

[https://www.youtube.com/watch?v=M1OdhdI\\_3eI](https://www.youtube.com/watch?v=M1OdhdI_3eI) (This is why you feel the way you feel – 5 min)

This leads onto affect -

# Affect



<https://www.youtube.com/watch?v=0rbyC5m557I>

(How Emotions are made – 40min)

# How to structure the consultation

- **Empathize and validate symptoms** – ‘that sounds horrible. I can’t imagine how awful this has been’. Reaffirm validation of symptoms.
- **Ally** – I want to help. We need to work together to find answers. What has been tried is clearly not working’
- **Explain** – ‘Let me tell you about the latest scientific facts about your symptoms that most people and many Doctors aren’t aware of yet, that offers hope not just for coping with persistent physical symptoms but for reversing it’.
- **Personalize** – ‘Here’s how these ideas may apply to your situation’
- **Offer hope** – ‘Given all this information, I believe there is hope for you to get better, rather than simply cope with your symptoms’

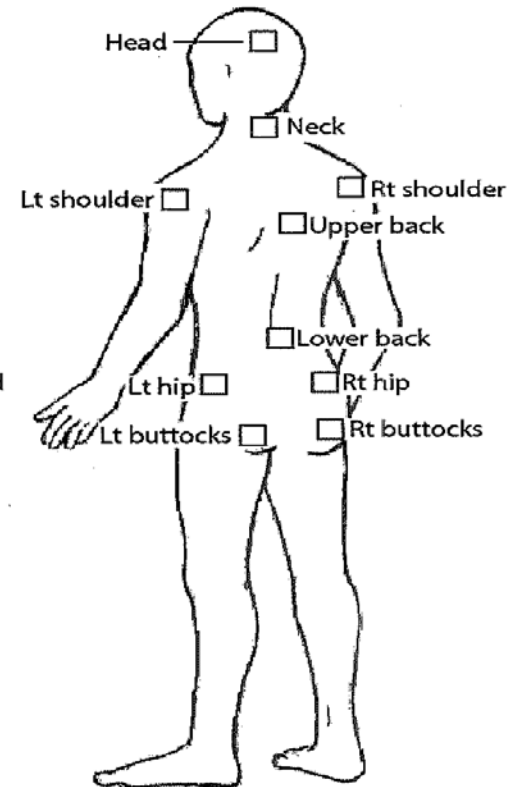
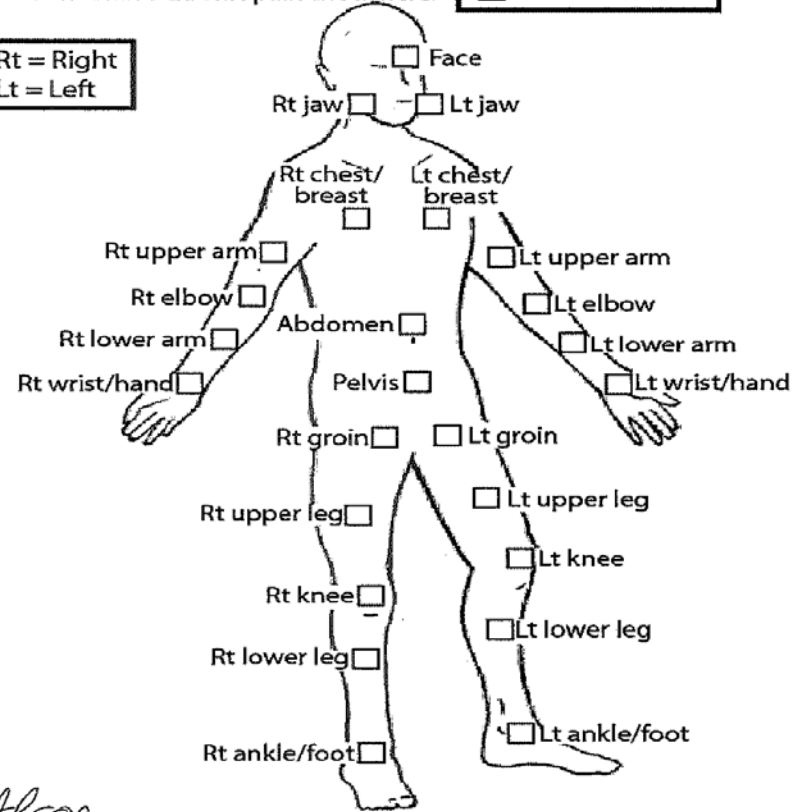
## Michigan Body Map

On the image below, **CHECK ALL** areas of your body where you have felt **persistent or recurrent pain** present for the last **3 months or longer (chronic pain)**.

If you do not have chronic pain check here:

☐ No Chronic Pain

Rt = Right  
Lt = Left



Also:

Use cross-hatch ## to show  
where the pain is located  
on these drawings



Symptom	Age of onset
Heartburn, acid reflux	
Abdominal pains	
Irritable bowel syndrome	
Tension headaches	
Migraine headaches	
Unexplained rashes	
Anxiety and/or panic attacks	
Depression	
Obsessive-compulsive thought patterns	
Eating disorders	
Insomnia or trouble sleeping	
Fibromyalgia	
Back pain	
Neck pain	
Shoulder pain	
Repetitive stress injury	
Carpal tunnel syndrome	
Reflex sympathetic dystrophy (RSD)	
Temporomandibular joint syndrome (TMJ)	
Chronic tendonitis	
Facial pain	
Numbness, tingling sensations	
Fatigue or chronic fatigue syndrome	
Palpitations	
Chest pain	
Hyperventilation	
Interstitial cystitis / irritable bladder	
Pelvic pain	
Muscle tenderness	
Postural orthostatic tachycardia syndrome (POTS)	
Tinnitus	
Dizziness	
Post-traumatic stress disorder (PTSD)	

Personality Traits	Yes
Having low self-esteem	
Being a perfectionist	
Having high expectations of yourself	
Wanting to be good and/or be liked	
Frequently feeling guilt	
Feeling dependent on others	
Being conscientious	
Being hard on yourself	
Being overly responsible	
Often responsible for others	
Having rage or resentment	
Have difficulty making decisions	
A rule-follower	
Have difficulty letting go	
Cautious, shy, or reserved	
Tend to hold thoughts and feelings in	
Tending to harbour rage or resentment	
Difficulty standing up for oneself	

Event	Age
Ever been in a serious disaster (e.g., an earthquake, hurricane, large fire, explosion)?	
Ever seen a serious accident (for example, a bad car wreck or an on-the-job accident)?	
Had a very serious accident or injury (a bad car wreck- on-the-job accident)?	
Was a close family member ever sent to jail?	
Have you ever been sent to jail?	
Were you ever put in foster care or put up for adoption?	
Did your parents ever separate or divorce while you were living with them?	
Have you ever been separated or divorced?	
Ever had serious money problems (not enough money for food or a place to live)?	
Ever had a very serious physical or mental illness?	
Ever been emotionally abused or neglected (frequently shamed, embarrassed, ignored, or repeatedly told that you were "no good")?	
Ever been physically neglected (for example, not fed, not properly clothed, or left to take care of yourself when you were too young or ill)?	
Have you ever had an abortion or miscarriage (lost your baby)?	
Have you ever been separated from your child against your will (for example, the loss of custody/visitation or kidnapping)?	
Has a baby or child of yours ever had a severe physical or mental handicap?	
Have you ever been responsible for taking care of someone close to you (not your child) who had a severe physical or mental handicap?	
Has someone close to you died suddenly or unexpectedly?	
Has someone close to you died?	
Ever see violence between family members (e.g., hitting, kicking, slapping, punching)?	
Ever seen a robbery, mugging, or attack taking place?	
Ever been robbed, mugged, or attacked (not sexually) by someone you did not know?	
Ever been abused or physically attacked (not sexually) by someone you knew?	
Ever been bothered or harassed by sexual remarks, jokes, or demands for sexual favours by someone at work or school?	
Ever touched or made to touch someone else in a sexual way because he/she forced you in some way or threatened to harm you if you didn't?	
Ever have sex (oral, anal, genital) when you didn't want to because someone forced you in some way or threatened to hurt you if you didn't?	
Have any of the events mentioned above ever happened to someone close to you so that even though you didn't experience it yourself, you were seriously upset by it?	

# Quiz

**What percentage of patients seen in hospital specialties are 'unexplained'?**

- Gynaecology
- Neurology
- Gastroenterology
- Cardiology
- Rheumatology
- Respiratory

Nimnuan,C.,Hotopf,M., & Wessely,S. (2001). Medically unexplained symptoms: An epidemiological study in seven specialities. Journal of Psychosomatic research, 51(1), 361-7

# Quiz

**What percentage of patients seen in hospital specialties are 'unexplained'?**

- Gynaecology **66%**
- Neurology **62%**
- Gastroenterology **58%**
- Cardiology **55%**
- Rheumatology **45%**
- Respiratory **40%**

- Unnecessary investigations for PPS are estimated to cost over £3 billion/year
- Doctor burnout

<https://www.kingsfund.org.uk/publications/physical-and-mental-health>

- *'If you order and direct people to change when they are not ready to do so, it can have the opposite effect, i.e. they dig their heels in- a counter-motivational effect.'*

- Treasure et al 2007





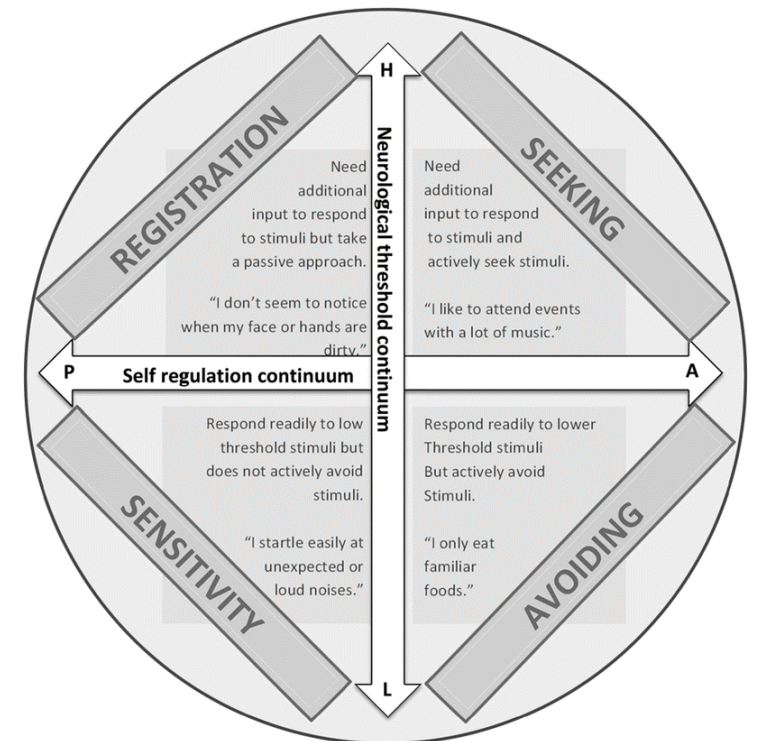
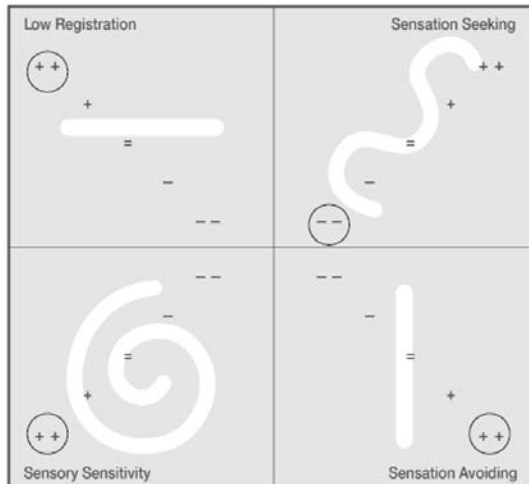
# Neurodiversity

We screen for neurodiversity using the Q global sensory assessment. A recent audit found at least 2/3rds of our patients have a sensory profile that's indicative of neurodiversity (this is likely to be a lot higher from recent data). This is a key factor for patients presenting with medically unexplained symptoms – because they're wired differently, they experience themselves and the world differently, their immune/hormone systems differ and communication can be an issue. We are able to bear this in mind with the interventions we offer and help patients and their health professionals to minimise future communication difficulties.

## QUADRANT PROFILE

The following symbols are used to represent the classifications on the Quadrant Profile:

- Much Less Than Most People
- Less Than Most People
- = Similar to Most People
- + More Than Most People
- ++ Much More Than Most People





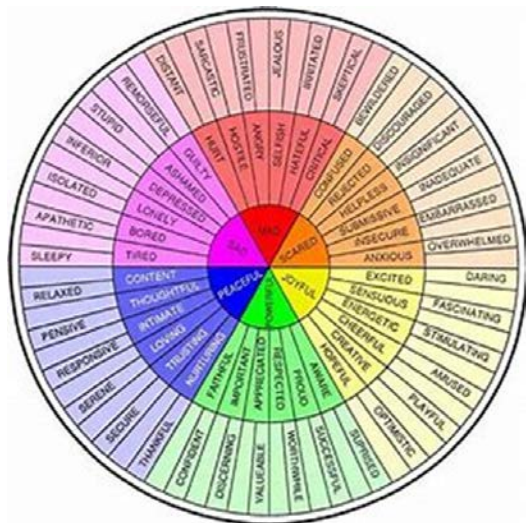
# Helpful interventions

- Education about PPS
- Top down/bottom up
- Giving your brain a feeling of safety



# Useful phrases to use

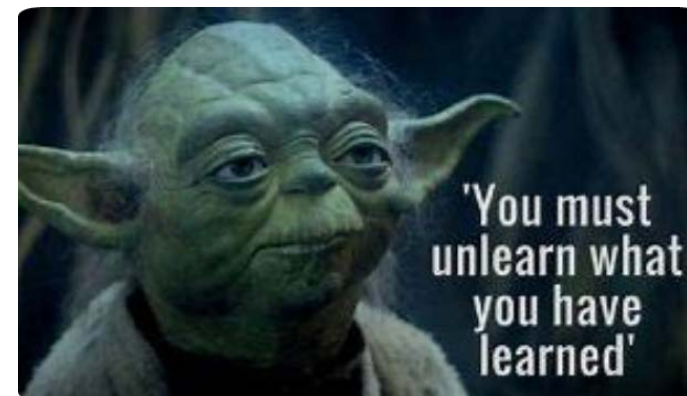
- Symptoms that persist, that impact in a negative way on your life
- An illness that's not explained (or fully explained) by a disease process
- A problem with the way the brain and body communicate, the way systems function
- A software rather than a hardware problem
- Your biology is the result of all your experiences
- If your brain feels in danger the only way it can communicate this to you is by giving you symptoms
- We can't see the reason for your symptoms on the usual scans/blood tests we do but we understand enough about the brain and the body to know your symptoms are real



## 52 WEEKS OF GRATITUDE CHALLENGE

1. WHY START THIS CHALLENGE?
2. SPOUSE / SIGNIFICANT OTHER
3. FAMILY
4. A FAMILY MEMBER
5. SOMETHING SOMEONE GAVE YOU
6. THE CITY YOU LIVE IN
7. A FRIEND 1
8. EXPRESS GRATITUDE TO 3 PPL
9. HOW DID YOU DO & FEEL?
10. LIST 5 THINGS YOU LIKE ABOUT YOU
11. SOMEONE WHO INSPIRES YOU
12. YOUR FAVORITE PERSONALITY TRAIT
13. A CHALLENGE YOU'VE OVERCOME
14. A TALENT YOU HAVE
15. THINGS YOU LIKE ABOUT SPRING
16. SIMPLE THINGS IN LIFE
17. SOMETHING YOU TAKE FOR GRANTED
18. THE WEATHER
19. HEALTH
20. A FRIEND 2
21. THINGS YOU LIKE ABOUT SUMMER
22. SOMETHING YOU USE EVERY DAY
23. FAVORITE PHYSICAL TRAIT
24. A BOOK YOU LEARNED FROM
25. EDUCATION
26. SOMEONE YOU GOT TO MEET
27. FAVORITE SPOT IN YOUR CITY
28. YOUR PAST
29. YOUR FAVORITE MEMORY
30. YOUR CURRENT AGE
31. CORE VALUE
32. A CITY YOU'VE VISITED
33. SOMETHING YOU LOOK FORWARD TO
34. THINGS YOU LIKE ABOUT FALL
35. YOUR NEIGHBORHOOD
36. YOUR HOME
37. SOMETHING YOU CREATED
38. MUSIC YOU LOVE
39. YOUR HERITAGE
40. GREATEST ACCOMPLISHMENT
41. HOBBIES
42. YOUR FAVORITE POSSESSION
43. A MENTOR / TEACHER
44. YOUR FAVORITE HOLIDAY
45. WHAT YOU DO FOR FUN
46. TECHNOLOGY
47. OPPORTUNITIES YOU'VE BEEN GIVEN
48. YOUR JOB
49. THINGS YOU LIKE ABOUT WINTER
50. LESSONS LEARNED THIS YEAR
51. 100 THINGS TO BE THANKFUL FOR
52. DID THIS CHALLENGE CHANGE YOU?

ESTHERANDJACOB.COM



# What these pictures represent in terms of interventions...

- Expanding people's emotional vocabulary leads to better health outcomes
- Flower growing out of concrete – developing a feeling of awe / wonder and curiosity about the world
- 52 weeks of gratitude challenge
- Learning something new helps with psychological flexibility
- Unlearning what is not serving you

Some people may need EMDR or DBT





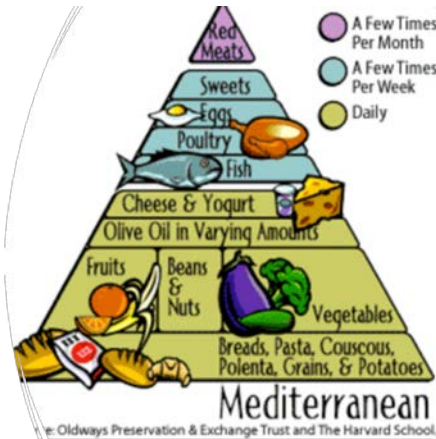
Positive social contact, take turns to treat friends



Exercise



Sleep



Diet



Rest and relaxation



Spending time in places with less noise and crowding. More greenery and natural light

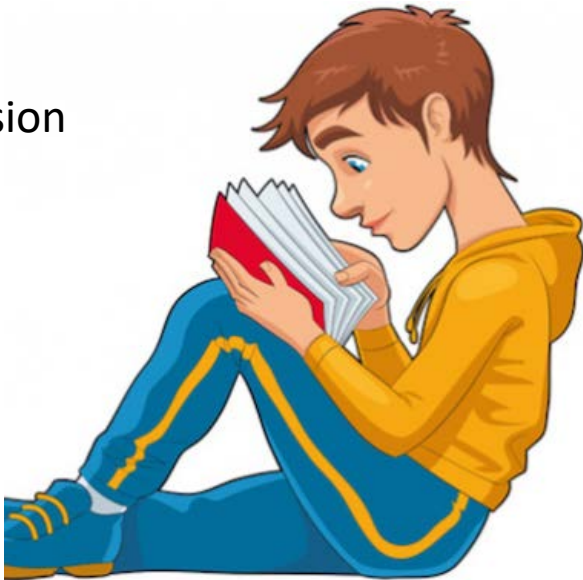


Accepting unalterable situations, setting boundaries, acting to change



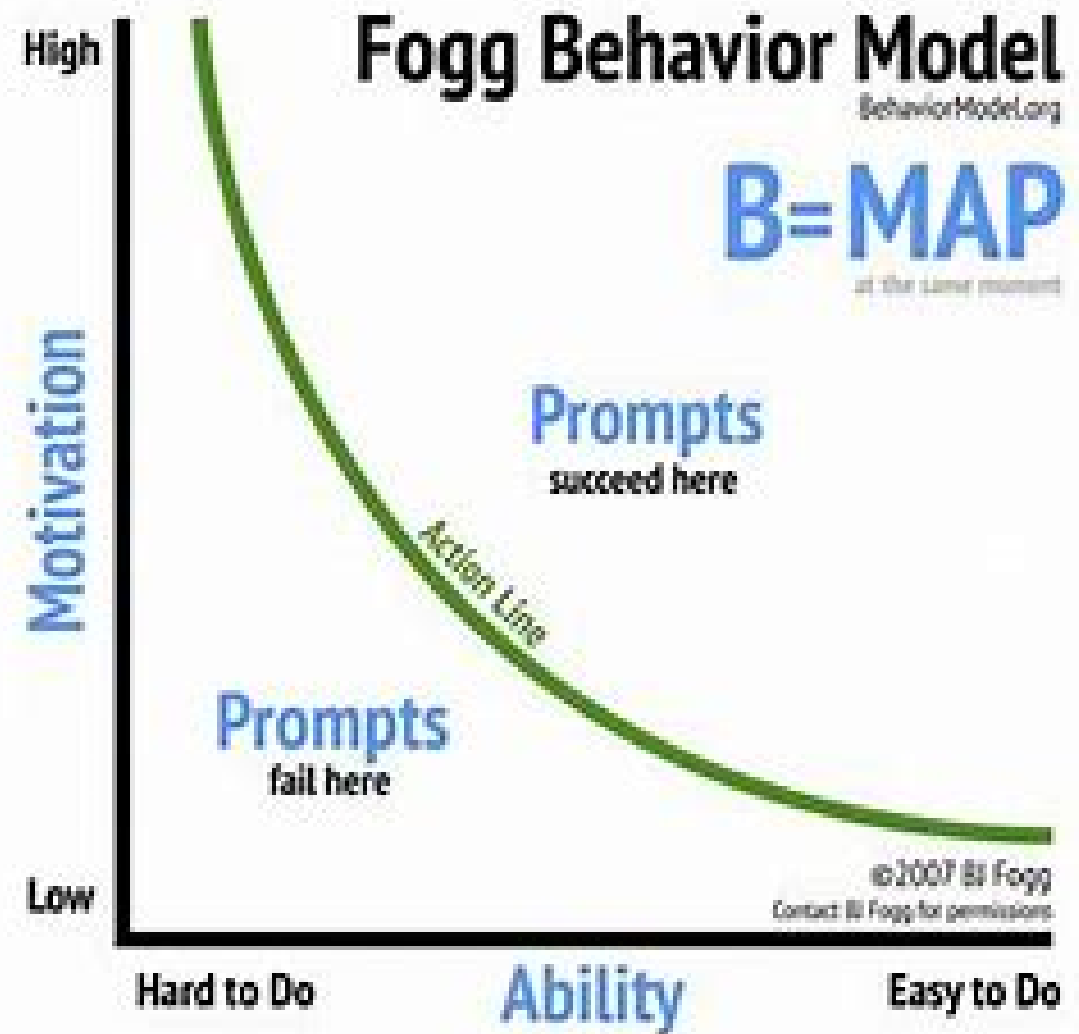
personal  
boundaries

Mental excursion  
into a good  
book/film



Get a pet  
Take up a hobby

# Tiny habits



Reduce reliance on motivation

- 
- Remember it's not 'when the persistent physical symptoms go I'll be able to enjoy life more' - it's 'when you enjoy life more the persistent physical symptoms will go away'.





# Pain reprocessing



# Functional, Inconsistent, Triggered (FIT)

## Functional

- Symptoms begin without a physical reason
- Symptoms persist after an injury has healed, or without an injury
- Symptoms are in distribution pattern that's symmetric
- Symptoms occur on one whole side of the body or occur on half the face, head or torso
- Symptoms spread over time to different areas of the body
- Symptoms radiate to the opposite side of the body or down a whole leg or arm
- Symptoms that occur in many different body parts at the same time
- Symptoms that have the quality of tingling, electric, burning, numbness, hot or cold.



## Inconsistent

- Symptoms shift from one location in the body to another
- Symptoms are more or less intense depending on the time of day, or occur first thing in the morning or the middle of the night
- Symptoms occur after, but not during activity or exercise
- Symptoms occur when one thinks about them or when someone asks about it
- Symptoms occur when stress is increased or one thinks about stressful situations
- Symptoms are minimal or non-existent when engaged in joyful or distracting activities, such as when on holiday
- Symptoms are minimal or non-existent after some kind of therapy, such as massage, chiropractic, reiki, acupuncture

## Triggered

- Symptoms are triggered by things that are not related to the actual symptoms such as foods, smells, sounds, light, computer screen, periods, changes in the weather.
- Symptoms are triggered by the anticipation of stress, such as prior to school, work, a doctor's visit, a medical test, a visit to a relative, or a social gathering; or during those activities.
- Symptoms that are triggered by simply imagining engaging in activity, such as bending over, turning the neck, sitting or standing
- Symptoms are triggered by light touch or innocuous stimuli, such as the wind or cold.



# What these pictures represent in terms of pain reprocessing...

- Searching for exceptions (Functional, Inconsistent, Triggered questions)
- Avoiding feeling trapped (Brain feels unsafe)
- Managing uncertainty – we worry about lots of things that don't happen. Reframing to say “whatever happens I will be okay” helps.
- Avoid overstimulation – practice calmness and stillness
- Self-compassion – authentically looking after oneself as the brain knows when it isn't authentic. Ask “what do you do which is 100% about your joy?”
- Positive sensations – for example noticing hot water in the shower



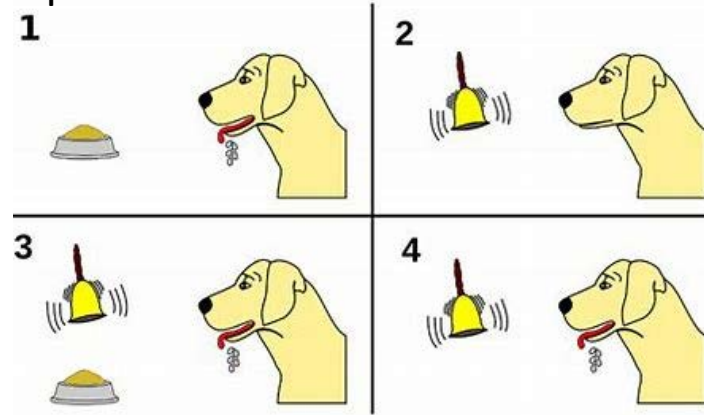


Cognitive soothing – sending self messages of safety



Confident attitude

Pavlov's dog – conditioned responses may develop which can be difficult to unpick



Outcome independence – doing something without expecting an outcome – go for a walk despite being in pain



Catching your fears

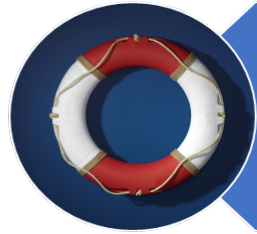


Extinction burst – burst of symptoms before they improve – “things get worse before they get better

# Somatic tracking



Mindfulness



Safety reappraisal



Positive affect  
induction

<https://www.painpsychologycenter.com/how-it-works/>

[https://www.youtube.com/watch?v=LaJ4Fe7\\_nzk](https://www.youtube.com/watch?v=LaJ4Fe7_nzk) (14 min)



What else  
could the  
brain have  
learnt to  
interpret as  
dangerous?

## Personality traits

## Behavioural patterns

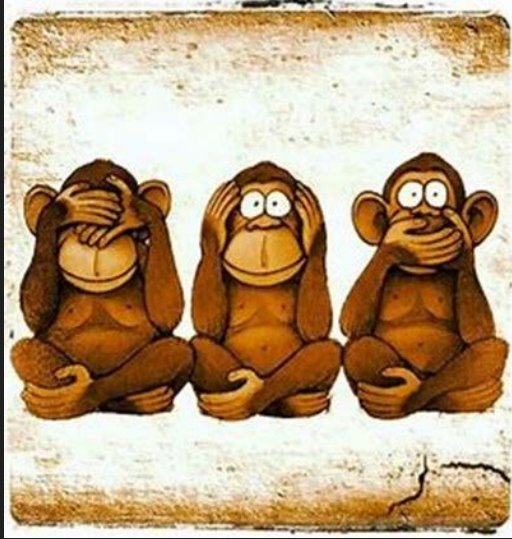
- Problem solving
- Preoccupation
- intensity

## Triggers

- Life stressors
- Good things happening
- Ongoing interactions with ACE perpetrators

## Emotions







Good things happening



Abuse perpetrators that a person has ongoing contact with



Life stressors



Emotions

# The 3 stages of relapse

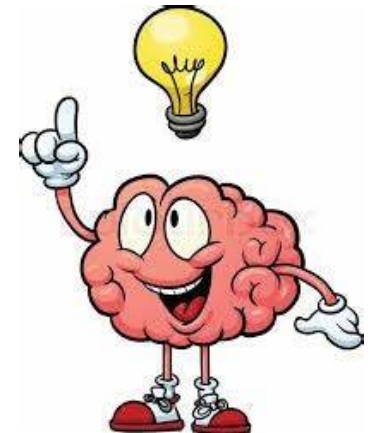
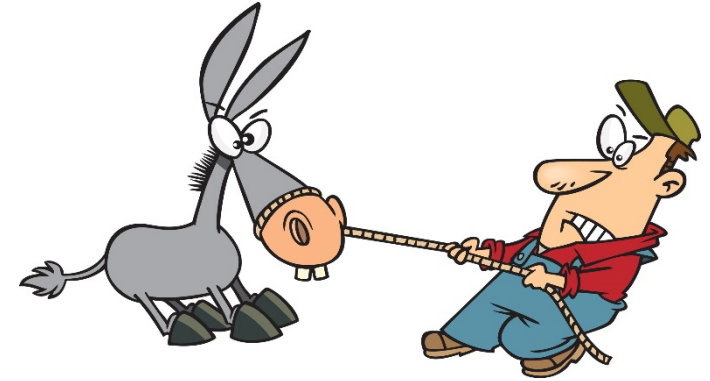
**1. Panic** – when you're scared it's difficult to notice the pain with lightness and curiosity, difficult to do somatic tracking and have a corrective experience. Focus on sending your brain messages of safety.

**2. Forcing it** – You're doing it all but with the wrong mindset – with an undercurrent of desperation and pressure not self-compassion and lightness. So, none of it works. The brain needs to feel safe – not just with the techniques but the spirit behind the techniques. The frustration stage.

**3. 'Oh yeah, this is how it works'**

– doing the right things with the right energy. Your brain learns that it's just a false alarm. The sensations it's misinterpreting are safe.

You have to go through all 3 stages even if you know it!



# Follow up

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Linking concepts together – making sense of symptoms

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What have they been trying?

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What did they learn?

---

How is it working?

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Impact on symptoms?

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Further work/onward referral

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You don't need to do everything – what is speaking to them?

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Have patience, it can take time to develop new predictions but trust in their capacity for change



## Summary of advice for patients

- Encourage tiny habits
  - Do whatever you can to give your brain an authentic feeling of care, love and safety
  - Learn to keep one eye on your internal state
  - Approach with lightness and ease like watching the clouds go by
  - The goal is not to stop the pain/symptoms but to change the way you respond when they come
- 



# Resources

- [The Way Out: A Revolutionary, Scientifically Proven Approach to Healing Chronic Pain by Alan Gordon | Goodreads](#)
- [Learning Resources - Pain Reprocessing Therapy Institute](#)
- [Effect of Pain Reprocessing Therapy vs Placebo and Usual Care for Patients With Chronic Back Pain: A Randomized Clinical Trial | Pain Medicine | JAMA Psychiatry | JAMA Network](#)
- [\(12\) What is Pain - overview videos – YouTube](#)
- [Pain Recovery Program | TMS Forum \(The Mindbody Syndrome\) \(tmswiki.org\)](#)

# Resources

- [Functional Neurological Disorder \(FND\) – A Patient's Guide to FND \(neurosymptoms.org\)](#)
- [Projects – FND Portal](#)
- [formulation.neurosymptoms.org](#)
- [Tiny Habits Book | BJ Fogg](#)
- [PEACE Pathway](#) – sensory measure