

Presentation 16.2

Cognitive behavioral therapy by mental health nurse practitioners in patients with medically unexplained physical symptoms (61)

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Introduction

Patients with medically unexplained physical symptoms (MUPS) are common in primary care. In a previously published Cochrane systematic review, we showed that cognitive behavioral therapy may be effective for this patient group. The mental health nurse practitioner (MHNP) is a relatively new role in the primary health care team.

Research question and design

Is cognitive behavioral therapy by MHNPs effective in patients with MUPS in primary care?

Design: cluster randomized controlled trial in 85 practices in patients with MUPS lasting for at least 6 months. In intervention practices, patients had 6 sessions of cognitive behavioral therapy by a trained MHNP, in control practices they only received usual GP care.

Our primary outcome was physical functioning (RAND-36); secondary outcomes were mental functioning, other subscales of the RAND-36, anxiety and depression, and symptom severity.

Measurements took place at baseline and after 2, 4 and 12 months.

Results

Compared to usual care (n=87), patients in the intervention group (n=111) reported improvement on physical functioning (mean difference 2.24 (95% confidence interval (CI) 0.51 to 3.97; p = 0.011)), reduction of restrictions due to physical problems (mean difference 10.82 (95% CI 2.14 to 19.49; p = 0.015)) and reduction of pain (mean difference 5.08 (95% CI 0.58 to 9.57; p = 0.027)), over the 12 months follow-up period. We found no differences for anxiety, depression and symptom severity.

Larger, and clinically relevant differences were found in patients with shorter duration of symptoms (< 5.7 years, the median) and with less than three somatic disorders. In participants with longer symptom duration and more somatic disorders, the intervention had no effect.

Conclusion

Cognitive behavioral therapy by MHNPs in MUPS patients in general practice resulted in less pain and better physical functioning, especially in patients with symptom duration less than 5 years and few comorbid disorders.

What is the role of the conference theme in the presentation?

The new role of the MHNP offers new opportunities for MUPS patients. In a minority of general practices GPs are already teaming up with their MHNP for his group of patients.

Is the study completed? Yes

Is the study carried out in a GP population?

The study was carried out in general practice in patients who consulted their GP for MUPS.

What would like to ask the audience?

In a future study we would like to explore how we can further improve the intervention program. Hence, it is important to know if GPs are interested to deploy their MHNP for this patient group. What are potential barriers?

