



British Pain Society Response to the Department of Health Improving Access to Psychological Therapies (IAPT) Documents:

Long-term conditions positive practice guide*

Medically unexplained symptoms positive practice guide*

(*These documents were both published on 12th November, 2008 and reflect the deliberations of The IAPT Long-term Conditions and Medically Unexplained Symptoms Special Interest Group chaired by Dr John Hague, GP and independent consultant to The Sainsbury Centre for Mental Health.)

1. The British Pain Society recognises that many patients who suffer pain also suffer with depression and anxiety. We welcome the fact that, through IAPT, steps are being taken to improve the psychological care that these patients receive.
2. The British Pain Society supports IAPT in seeking to improve the access of patients to effective psychological therapies but regrets the fact that these documents were produced without consulting The Society.
3. Pain Services have played a major role in developing and applying biopsychosocial models and in providing interdisciplinary services for patients suffering pain, whether medically explained or medically unexplained. In physical health matters, Pain Services have led the way in making CBT based programmes an integral part of our services. Among our patients are a considerable number who may come under the 'medically unexplained physical symptoms' umbrella including patients with chronic pelvic pain, tension headache, chronic low back pain, atypical chest pain and fibromyalgia
4. The British Pain Society broadly supports the *Long-term conditions positive practice guide (LTC)*. However, we have a number of concerns in relation to the *Medically unexplained symptoms positive practice guide (MUPS)*:-
 - i. Firstly, we believe that construing pain as "medically unexplained" is rarely helpful to patients with chronic pain. We recognise that not all pain can be fully explained in terms of identifiable peripheral physiology and pathology but there is mounting evidence that much of the answer lies in complex central mechanisms. We are concerned that IAPT therapists working unprofessionally and apart from specialist pain services will be ill-equipped to work effectively with chronic pain patients. Their efforts may actually prove to be counter-therapeutic.
 - ii. The Society questions whether the MUPS guide adds anything of value to the LTC guide. Paragraph 4 of the MUPS document recognises: "...these mental health disorders [depression / anxiety] are detectable and treatable, irrespective of the explanation for the physical symptoms [our emphasis]". Pain Services, as the LTC guide recognises, have demonstrated that it is possible to provide effective multidisciplinary, CBT-based, pain management programmes to patients with medically unexplained pain alongside patients whose pain is better understood.
 - iii. It is undoubtedly the case that all medical services, whether their patients are presenting with pain, respiratory, dermatological, gastro-intestinal, cardiovascular, neurological or other

conditions, deal with patients who are anxious and depressed. Some of these patients have physical symptoms that are medically unexplained but many do not. The Society suggests that the goal of IAPT services should be to help existing physical health services, in primary and secondary care, to improve the psychological care that *all* anxious and depressed patients receive.

- iv. Patients with medically unexplained physical symptoms are not all affected by mental health issues. The decision to refer a patient for psychological therapy should be based on the identification of mental health problems of such severity that they interfere with the individual's capacity to adapt both psychologically and physically to challenging symptoms. It should not be based on the simple fact that the physical symptoms are medically unexplained.
 - v. Multidisciplinary pain services have demonstrated that the depression and anxiety of patients can be successfully managed without the need to persuade patients that their distress is a cause of their physical symptoms. Most patients are able and willing to recognise that anxiety and depression can exacerbate physical symptoms and / or impair their ability to manage physical symptoms.
 - vi. While showing some recognition of the complexity of the relationships between depression / anxiety and physical symptoms, the MUPS guide promotes the view that mental health problems are likely to be the key to understanding and managing medically unexplained medical symptoms (paragraph 13). It may be appropriate to consider somatisation when a major psychiatric condition is present. However, the concept of somatisation can be too easily invoked when patients are simply displaying the sort of heightened somatic concern that is a frequent and understandable response to chronic pain and other distressing symptoms. As the document recognises, it is an inference that can cause distress to patients and, in the pain field, it often reflects the clinician's lack of knowledge of painful conditions and the complex biological mechanisms contributing to them.
 - vii. The MUPS document, in contrast to the LTC document, gives insufficient weight to the importance of multidisciplinary, biopsychosocial care for patients with medically unexplained physical symptoms. Psychological therapies are likely to be better received and more effective when offered alongside appropriate medical and physical therapies.
 - viii. The MUPS document understates the importance of specialist assessments and specialist services for patients presenting with medically unexplained physical symptoms and places an overreliance on primary care medical judgements.
 - ix. The Society is well aware that unnecessary medical and surgical investigations and treatments are detrimental to the public purse and to patients. However, it is also concerned that, in seeking to move away from models and services which have paid too little attention to psychological issues, IAPT may push the pendulum of change to a point where patients are viewed and treated within a framework that pays too little attention to biological and physical factors.
5. The British Pain Society particularly welcomes paragraph 8 of the LTC document and will be pleased to be involved in future developments:

"Mental health commissioners are encouraged to work closely with commissioners who have responsibilities for relevant physical health services. More integrated commissioning will ensure that better links are made between IAPT services, and physical health services, to ensure continuity of care and effective referral pathways for people with co-morbid physical and mental health problems."