Why medically unexplained symptoms and health anxiety don't need to make your heart sink

To the Editor: We read the article by Newby and Andrews[1] with great interest and wholeheartedly agree with both the prevalence of health anxiety and the effectiveness of cognitive behaviour therapy. We would add that, firstly, the scope of this problem is not confined to the primary care practitioner, and secondly, cognitive behaviour therapy can also be used to treat psychosomatic symptoms not just health anxiety.[2]

A proportion of medically unexplained symptoms are psychosomatic or functional in origin.[3] Functional symptoms are those experienced by patients due to a problem in the nervous system or other organs not functioning appropriately, in the absence of structural abnormalities or pathological changes. Studies estimate that 15% of patients seen in a standard neurology practice are diagnosed with a functional disorder.[4,5] These symptoms and syndromes are also common in other specialties; for example, irritable bowel syndrome, fibromyalgia, chronic fatigue syndrome, idiopathic chronic cough, idiopathic chronic pelvic pain and globus pharyngeus, to name a few.[6]

The successful management of functional neurological disorders requires careful assessment of the patient's history, presentation and investigation findings, followed by an honest clear discussion of the diagnosis and treatment options.[7,8] A good explanation of the symptoms to a patient with a functional disorder — while reassuring them of the validity of their symptoms — is vital to ensure successful treatment.[7,8] Metaphorical descriptions are often used in the neurological explanation of functional disorders (eg, "the hardware is fine, but there is a software problem").[7] We find that emphasising to the patient that functional symptoms are common and often reversible and that self-help is a key part of getting better also assist in empowering the patient. We direct the reader to well written articles about components of a good explanation.[5-8]

Finally, we often educate the patient about basic cognitive behaviour therapy concepts, including challenging negative thoughts, distraction techniques and mindfulness, as strategies to deal with or terminate the symptoms. Once this is done, patients are often more receptive to psychology or psychiatry referrals for further work. Our experience with educating and empowering patients with these strategies is that they often lead to successful treatments and grateful patients.

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