

## The Worried Well in Primary Care: Strategies for Management



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### Objectives



- Following this presentation, the participants will be able to identify 3 characteristics of “worried well” or patients with medically unexplained symptoms (MUS).
- Participants will verbalize three ineffective methods for dealing with worried well and those with medically unexplained symptoms and to understand why these tactics do not work.
- Participants will come away from this presentation with three effective strategies to utilize in practice in working with the “worried well” and patients with medically unexplained symptoms.

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### Terms Used

- Worried Well—frequent office visits, vague complaints or symptoms
- MUS—medically unexplained symptoms
- High utilization patients
- Somatoform disorders--mental/emotional concerns manifesting as physical symptoms (rarely used term)
- Somatic Symptom Disorder (new DSM-V term)

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### Extent of the Problem

- True percentage is unknown as **many go unrecognized**
- Estimated prevalence of MUS in primary care is 25-75%; predominant c/o is pain.
- Among all new symptoms in primary care only 16% have an organic basis (Kroenke, 2006)
- In current medical model system, MUS can only be diagnosed by excluding organic diseases

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### Differential Diagnosis

- Rare organic diseases such as Wilson's disease
- Lyme disease or other tickborne illness
- Multiple sclerosis or other disease with vague presentation
- Porphyria
- Factitious disorder(e.g.Munchausen Syndrome)
- Co-occurring organic and MUS-e.g. recent MI, now has daily chest pain; studies negative

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### Provider Perspective

- "difficult patient"
- Never satisfied
- Frustrating to encounter
- Avoidance behavior
- Refer to specialists
- "Frequent Flyers"
- Medicolegal concerns
- Concern about patient dependence

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**Profile of Patient**

- Heterogeneous with some characteristics in common:
  - Many have a history of abuse or family dysfunction
  - Seek explanation and emotional support
  - Psychosocial agendas
  - Frequent visits
  - Dissatisfaction with care
  - Health anxiety
  - Mistrust of health care system

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**Profile of Patient**

- More women than men
- Most common complaints:
  - Musculoskeletal
  - Abdominal
  - Headache
  - Dermatological
  - Cardiopulmonary
  - Miscellaneous

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**In Their Own Words: Patients**

- Several small qualitative studies done, one quantitative one on why patients worry:
- Uncertainty, perceive their problem as serious
- Concerned about loss of function, loss of control
- Want an explanation; some may not trust this—mistrust of healthcare system
- Patient's explanatory model of the symptom or illness

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**Categories of Reasons for Worry  
Pre/Post Visit:**

- Nature of the complaint
- Pain
- Complaint still present
- No explanation given by provider
- Bodily damage or dysfunction
- Ability to function
- Psychological consequences
- Death
- Inadequate treatment
- Mistrust in healthcare
- Negative prognosis of the complaint

Laakso, V., & Niemi, P.M. (2013). Primary health-care patients' reasons for complaint-related worry and relief. *Primary Health Care Research & Development* 2013; 14: 151-163

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**In Their Own Words: Patients**

- Part of a larger, longitudinal, quantitative study
- Selection of participants based on high utilization
- Interview with open ended questions, followed by directed questions:
  - explanatory models
  - locus of control
  - health-seeking behaviors
  - Relationships
  - expectations for the future
  - childhood memories and any history of abuse

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**In Their Own Words: Findings**

- 3 categories of high-utilizers:
  - Coping—insight into problem, optimistic outlook but still lots of visits
  - Classic—no insight, “entitled”, should be excused from work and social obligations due to symptom
  - Worried—health anxiety, displaced symptoms
  - History of abuse or family dysfunction in all three groups

Dwamena, F.C., Lyles, J.C., Frankel, R.M., & Smith, R. In their own words: qualitative study of high-utilising primary care patients with medically unexplained symptoms. *BMC Family Practice* 2009, 10:67

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### In Their Own Words: Findings

Themes divided into 3 areas:

- Experiences
  - Impact of childhood trauma, adult abuse, or family patterns of dysfunction or distress
- Perceptions
  - Entitlements, health anxiety, psychological explanations and insights
- Behaviors
  - Symptom focus, achievement, action, altruism, expressing dissatisfaction with health care

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### In Their Own Words: Providers

- Disconnect between medical model of symptom and diagnosis and psychosocial model of patient, seeking emotional support, listening, and validation.
- Physicians feel unprepared to treat patients with MUS, try reassurance that tests are negative.
- Unsure if patient belongs in primary care or psychiatric service

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### What Do NPs Offer to Worried Well?

- NPs are educated in the biopsychosocial model of health and illness—holistic
- Therapeutic communication and active listening is taught at the foundational level in nursing
- Focus on treating the patient's response to illness as well as the illness itself

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**Strategies for Management**

- ▣ Sir William Osler (1849-1919) said, "It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has"
- ▣ Active engagement of the patient in the plan of care
- ▣ Importance of patient-practitioner relationship
- ▣ Listen to the patient—broaden your questions beyond the symptom. . . "Is there anything else going on in your life that is different?"
- ▣ "What do you think is causing your problem?" Have you given it any thought? *This can be very insightful—you may learn about the patient's explanatory model of the illness OR they may just respond rather sharply, "That's why I came to see you".*

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**Strategies for Management**

- ▣ Same provider when possible
- ▣ Regularly scheduled follow up to avoid the "crisis" visits
- ▣ Avoid labeling it as a psych problem
- ▣ Cognitive behavioral therapy model is very effective for some cases but difficult to implement in primary care unless extra time is allotted for the visit

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**Strategies for Management**

- ▣ Screen for anxiety/depression and treat with SSRI if indicated.
- ▣ Consider cultural factors
- ▣ Work with patient on shared treatment plan—may involve structured activity by patient—exercise, meditation, visualization, support group, assignments

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**Strategies for Management**

- Successful model in an HMO using family nurse practitioners to manage complex, high utilizing patients
- Nurse practitioners received training in cognitive behavioral therapy, were assigned to specific patients and provided all primary care over a year.
- Extra time built in, visits at monthly intervals with phone contact in between

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**Strategies for Management**

- NURSING the patient—when the patient expresses an emotion, try to: Name it; Understand it; Respect it; Support it.
- Reattribution of the symptom is a therapy that connects mind and body and broadens the treatment for a somatic complaint.
- Integrative health practice is ideal; team approach.
- Still many questions about whether MUS belong in primary care or mental health.
- Remember to care for yourself as well.

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