Psychosocial treatments for multiple unexplained physical symptoms: a review of the literature


Authors' objectives
The authors examined the efficacy of psychosocial treatments for polysymptomatic somatisers.

Searching
MEDLINE, PsycLIT (from 1966 to January 2001) and the Cochrane Library were searched. The search terms were reported. In addition, the references from retrieved articles were examined. Non-English publications and unpublished studies were excluded from the review.

Study selection
Study designs of evaluations included in the review
Only randomised controlled trials (RCTs) were included in the review.

Specific interventions included in the review
To be included in the review, the studies had to compare any psychosocial intervention with a control intervention. Numerous psychosocial treatments were examined in the review under the following treatment categories: cognitive-behavioural therapy (CBT) treatment, cognitive treatment, behavioural treatment, group treatment, short-term dynamic therapy, relaxation, and exercise. A number of control conditions were described in the tables.

Participants included in the review
Participants treated for multiple unexplained physical symptoms were included in the review. These included participants with somatisation disorder, irritable bowel syndrome (IBS), chronic fatigue syndrome (CFS) and fibromyalgia; together, these conditions were referred to as polysymptomatic somatisation. Studies with patients suffering from single-symptom unexplained disorders, such as tension headaches or dysmenorrhoea, were excluded from the review. Studies were excluded that examined samples comprising of both single-symptom and polysymptomatic disorders.

Outcomes assessed in the review
The primary outcomes of interest were those that measured the intensity and frequency of physical symptoms. These included symptoms such as pain, depression and anxiety.

How were decisions on the relevance of primary studies made?
The authors did not state how the papers were selected for the review, or how many reviewers performed the selection.

Assessment of study quality
The authors did not present a validity assessment of each of the included studies. They did, however, discuss some general methodological limitations of the included studies (e.g. intention-to-treat analysis and length of follow-up). The authors did not state how the papers were assessed for validity, or how many reviewers performed the validity assessment.

Data extraction
The authors did not state how the data were extracted for the review, or how many reviewers performed the data extraction. The tables in the review presented data on sample sizes, percentage of drop-outs, the sample of participants treated (e.g. gastroenterology patients), treatment and control conditions, and results. Effect sizes were calculated where possible.
Methods of synthesis
How were the studies combined?
Initially, a narrative synthesis was undertaken. The results were presented according to the condition and the treatment given. The authors also calculated a mean effect size, weighted by sample.

How were differences between studies investigated?
The authors performed Fisher's exact tests to determine whether the following variables were associated with treatment outcome: diagnosis (IBS versus CFS versus fibromyalgia versus somatisation), type of treatment (CBT versus relaxation versus exercise), format of treatment (individual versus group), and type of control condition (no or minimal treatment versus attention-control treatment).

Results of the review
Thirty-four RCTs with 1,925 participants were included in the review.

A number of treatments and outcomes were examined in the review with variable results. Two studies (n=138) examined the effect of psychotherapy on participants with somatisation disorder. Fifteen studies (n=651) examined six different therapeutic approaches for IBS. Five studies (n=410) examined psychosocial interventions for CFS and 12 studies (n=726) examined four different types of treatments for fibromyalgia.

Based on data from 11 of these studies, the mean effect size was 0.68.

The authors stated that, overall, the treatments may be modestly effective in reducing the physical discomfort and disability of polysymptomatic somatisers, and that the benefits may last for at least 3 months after treatment. No single intervention seems to have been more effective than the others. In addition, none of the syndromes appears to have been more responsive to the interventions than the others. However, the data suffered from methodological limitations.

The authors reported that none of the Fisher's exact analyses were significant.

Authors' conclusions
The authors concluded that, although the review suggested that psychosocial treatments seem beneficial, they do not show a lasting and clinically meaningful influence on the physical complaints of polysymptomatic somatisers.

CRD commentary
The inclusion criteria were broad, but they addressed all relevant criteria: study design, participants, intervention and outcomes. A number of databases were searched, nevertheless, non-English studies and unpublished data were excluded, thus introducing retrieval bias. The authors discussed some methodological shortcomings of the included studies. However, the review should have included a detailed quality assessment (using a checklist for RCTs) for each of the included studies. In addition, detailed information on the included studies was lacking, e.g. the gender and age of the participants, and the numbers of individuals in the treatment and control groups. Overall, more stringent systematic review methods would be needed to minimise bias.

Given the broad scope of the review, heterogeneity was present between the studies. The authors did not test for heterogeneity, although they attempted to explore some of its potential sources; the results of these tests were limited, as discussed by the authors. A narrative synthesis was appropriate given the heterogeneous nature of the studies. The authors also calculated an overall effect size on a subgroup of studies, but this was inappropriate given the nature of the data set. The authors were appropriately critical of the data set and the results of their review, as reflected in their conclusions.

Implications of the review for practice and research
Practice: The authors did not state any implications for practice.

Research: The authors stated that future research should assess the efficacy of more intensive, long-term treatments.
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Record Status
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.