

### LIST OF TERMINOLOGY

- ★ Medically unexplained symptoms (MUS) are defined as physical symptoms persisting for more than several weeks and for which adequate medical examination has not revealed any condition that adequately explains the symptoms.
- ★ MUS is a working hypothesis based on the (justified) assumption that somatic/psychological pathology has been adequately ruled out.
- ★ The working hypothesis 'MUS' is the starting point of this Guideline.

### DIAGNOSTIC RECOMMENDATIONS

#### History

- ★ Exploration of symptoms.
- ★ Allow the patient to speak uninterrupted for a while to give him or her the opportunity to give relevant cues.
- ★ Explicitly ask whether he or she has any questions.
- ★ Explore all dimensions of the symptoms based on the SCEBS model:
  - somatic dimension;
  - cognitive dimension;
  - emotional dimension;
  - behavioural dimension;
  - social dimension.
- ★ If the exploration of symptoms provides a reason for this, evaluate the presence of additional psychological disorders (refer to the relevant NHG Guidelines).

#### Physical examination and additional investigations

- ★ Perform a physical examination and – if necessary – additional investigations, or refer with a diagnostic query if the symptoms become worse or if alarming symptoms occur.
- ★ Select the type(s) of investigations, tests or diagnostic referral based on the type of initial symptom(s) (refer to the relevant NHG Guidelines).
- ★ Explicitly discuss the reason for the additional investigations/the diagnostic referral with the patient.

#### Evaluation

Determine the severity of the MUS based on prognostic factors obtained from the exploration of symptoms: extent of functional limitations, number of symptoms/symptom clusters (gastro-intestinal; cardio-pulmonary; musculoskeletal; general non-specific (fatigue, headache, dizziness, concentration/memory problems)), and duration of the symptoms.

- ★ *Mild MUS*:
  - slight functional limitations; and
  - one or several MUS within one or two symptom clusters.
- ★ *Moderate MUS*:
  - moderate functional limitations; and
  - multiple MUS in at least three symptom clusters; and/or
  - duration of symptoms longer than expected, depending on the normal course of the relevant symptom.
- ★ *Severe MUS*:
  - severe functional limitations; and
  - MUS in all symptom clusters; and/or
  - duration of symptoms > 3 months.

Make the dual diagnosis of MUS in combination with a depression or anxiety disorder if:

- ★ the physical symptoms are more pronounced than would be consistent with a depression or anxiety disorder;
- ★ the physical symptom was already present before the depression or anxiety disorder started;
- ★ both are of a severity that requires separate treatment.

## THERAPEUTIC RECOMMENDATIONS

## Non-drug treatment

- ★ Provide stepped care (see table).
- ★ Start with the mildest possible effective treatment.
- ★ If results prove insufficient, continue with intensification of the treatment in *step 2*.
- ★ In the event of moderate or severe MUS at first presentation, consider combining step 1 with initiation of more intensive treatment (*step 2* and possibly *step 3*).

Step	Recommendation
<p><i>Step 1</i></p> <ul style="list-style-type: none"> <li>• Patient with mild MUS</li> <li>• By general practitioner</li> </ul>	<ul style="list-style-type: none"> <li>• Conclude exploration of symptoms and potentially perform a physical examination and/or additional investigations.</li> <li>• Shared definition of problem, based on exploration of symptoms.</li> <li>• Education and advice: <ul style="list-style-type: none"> <li>- education and explanation;</li> <li>- discussion of factors that inhibit recovery;</li> <li>- advice.</li> </ul> </li> <li>• Formulation of a shared time-contingent plan.</li> <li>• Follow-up: <ul style="list-style-type: none"> <li>- monitor progress of plan and repeat exploration of symptoms if recovery stagnates;</li> <li>- if the symptoms change, repeat exploration of symptoms and perform a targeted physical examination and additional investigations if necessary.</li> </ul> </li> </ul>
<p><i>Step 2</i></p> <ul style="list-style-type: none"> <li>• Patient with moderate MUS</li> <li>• In collaboration with other primary care providers</li> </ul>	<p>Collaboration with/referral to:</p> <ul style="list-style-type: none"> <li>• (psychosomatic) physiotherapist or exercise therapist;</li> <li>• mental health nurse practitioner or psychiatric nurse in primary care;</li> <li>• primary care psychologist trained in cognitive behavioural therapy.</li> </ul>
<p><i>Step 3</i></p> <ul style="list-style-type: none"> <li>• Patient with severe MUS</li> <li>• In collaboration with secondary care providers</li> </ul>	<p>Collaboration with/referral to:</p> <ul style="list-style-type: none"> <li>• multidisciplinary teams/treatment centres.</li> </ul>