



MU?PS CLINIC

pilot



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MU?PS CLINIC

- Pilot
- Target population
- Procedure MU?PS clinic
- Patient characteristics



Pilot

- Initiative: department of General Practice
- Small-scale pilot without external funding
- Multidisciplinary project group
 - GPs
 - Internist, Gynaecologist
 - Psychiatrist
 - Occupational Health officer



Target population

- Patients with MUPS whom their GP would refer to somatic medical specialist, expecting ‘nothing wrong’: better refer to MU?PS clinic
- Preferrably early referral to prevent medical shopping
- Referral by limited group of GPs



AIMS MU?PS CLINIC

- Wind up query for somatic disease
- Exploring somatic and psychosocial aspects of symptoms: SCEBS = Somatic, Cognitive, Emotional, Behavioural, Social)
- Focus from causal to perpetuating factors
- Advice to patient and GP (treatment, life style, case-management, communication)



Procedure MU?PS clinic

Time frame 4-6 weeks

1. Referral by GP
2. 1st visit: MU?PS diagnostic work-up
3. Additional diagnostics / referral/ consultation
4. 2nd visit 3 weeks later: explanation and advice



1: referral

- GP indicates referral and phrases request
- GP summarizes patient record concerning current symptoms
- Patient fills out 4-Dimensional Symptom Questionnaire and Whiteley Index



2: 1st visit MU?PS diagnostic work-up

Broad symptom exploration by MUPS-GP:

- Somatic: character, location, severity, duration and additional symptoms
- Cognitive: views and expectations, catastrophizing thoughts
- Emotional: health anxiety, mood, anger
- Behavioural: avoidance, rest/activity, sick-leave, health care utilisation, influence of behaviour on symptoms
- Social: reactions from colleagues, family and friends, influence of stressors

Focused physical examination



3: between 1st and 2nd visit

Only when indicated:

- additional diagnostic tests
- MUPS-GP consults medical specialist
- patient visits medical specialist within 2 weeks, specialist quickly reports findings to MUPS-GP



4: explanation and advice

- Discussion of findings
- Explanation: what is **not** (disease) and what **is** the problem (perpetuating circles, stress and strength, chronic stress and pain change the brain, loss of fitness, psychiatric disorders,...)
- Patient reactions; look for common ground
- Discussion of advice letter: patient and own GP are supposed to execute the advice.



Patient characteristics

- Almost 50% has >1 main symptom
- 75% has suffered current symptoms for >4 years
- Mean referral rate for current symptoms is 3

So we get patients with longstanding severe MUPS

GP hardly refers early MUPS:

‘I do not have a drawer in my mind for GP-to-GP referral’

‘I consider it my own task to manage these patients’



Future plans

- MU?PS CLINIC approach for all MUPS patients who visit VU University medical center (Gynaecology, Urology, Neurology, Psychiatry, GE, Rheumatology, ...)
- Training GPs and other primary healthcare workers to treat and manage MUPS patients according to multidisciplinary and GP guidelines
- MUPS cohort study