An evaluation of a stepped-care model of psychological therapy for people with long-term conditions and medically-unexplained symptoms

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Research objective

To evaluate the clinical efficacy of a low-intensity, short-term psychological intervention with people with long-term conditions (LTC) and medically-unexplained symptoms (MUS) and the acceptability of an educational intervention.

Study design

NHS England funded 13 pathfinder sites across England to provide a stepped-care model of psychological therapy (mostly, group and individual cognitive behavioral therapy CBT) for LTC and MUS. Some pathfinders provided training for their staff on LTC and MUS but did not deliver interventions specific to LTC and MUS conditions. Key data were collected for each patient on each intervention.

Key data measures were collected for each patient

|Variable| Gender: Female (Reference: Male)| Ethnicity: White (Reference: Asian)| Educational (Reference: No Qualification)| Age (years, median [interquartile range])|N|LTC: Asthma| MUS: CFS| LTC: COPD| MUS: Other|MUS: Fibromyalgia| Work and usual activities|EQ-5D| Work and usual activities|EQ-5D| Work and usual activities|EQ-5D| Work and usual activities|EQ-5D|
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|PHQ-9| Depression| 0.27 |–| 0.15 |0.12 |0.05 |0.01 |0.07 |0.03 |0.01 |0.00 |0.00 |0.00 |0.00 |0.00 |0.00 |
|GAD-7| Anxiety| 0.21 |–| 0.11 |0.07 |0.03 |0.01 |0.05 |0.02 |0.01 |0.00 |0.00 |0.00 |0.00 |0.00 |0.00 |
|WASAG| Work and usual activities| 0.00 |–| 0.00 |0.00 |0.00 |0.00 |0.00 |0.00 |0.00 |0.00 |0.00 |0.00 |0.00 |0.00 |0.00 |
|EQ-5D| Health-related quality of life| 0.00 |–| 0.00 |0.00 |0.00 |0.00 |0.00 |0.00 |0.00 |0.00 |0.00 |0.00 |0.00 |0.00 |0.00 |

Results of the stepwise regression

1. The rationale behind this programme is based on evidence, which suggests that psychological problems lead to poorer self-care in physical conditions [1]. Patients with an LTC (such as diabetes, chronic obstructive pulmonary disease, asthma, depression or anxiety) are less likely to develop resilience [8], and therefore achieve better outcomes.

2. Exceptions to the positive results for patients with LTCs include patients’ beliefs about their illness, which may influence the condition on quality of life, and COPD, due to the effect that seasonality and weather may have on patients who leave their mouse to attend therapy sessions.

3. MUS is a term used for conditions which have no identifiable organic cause [5], whereas research has also shown that, unlike patients with an LTC, MUS patients are rich to accept a diagnosis because of the framing of the condition [2], which may have an effect on the engagement of MUS patients with the therapy, and consequently, on the outcomes for the psychological measures.

4. Although staff had been thoroughly trained on the concept that people with LTCs and MUS had more complex needs and that interventions were not specifically designed for them and did not address their needs, which may have lead to poorer outcomes. This may also explain the poor outcome for patients with medical conditions, as people with LTCs, versus MUS, were unable to tailor the therapy appropriately without knowing the specific condition.

5. Previous studies have shown that psychological services in England tend to be disproportionately female and while [4] are unable to tailor the therapy appropriately without knowing the specific condition.

Discussion

Although the assessment of the overall data showed that there had been a significant improvement in all four measures, the logistic regression showed that this varied depending on the characteristics of the patient and the intervention.

After doing the stepwise regression, most variables were kept across all measures, but three variables were not deemed significant enough, using the Akaike Information Criterion (AIC), to be included (Cerebrovascular accident or CVA, Epilepsy and IBS). The results of the regression are clearly shown below in a diagram, with the patient and intervention characteristics that resulted in either more likely improvement or less likely improvement. Numbers are to the outcomes were only included to the relevant statements discussing possible causes:

Conclusions and relevance to policy

Increasing multimorbidities, including mental health issues, in an ageing population is complex enough and faces a range of challenges, addressing both the physical and psychological dimensions of care.

The simple stepped-care model of therapy evaluated in this study shows an overall reliable improvement in both the physical and psychological wellbeing for patients with multiple and complex conditions, although some groups benefit more than others.

Some pathfinders sites tried to address these disparities in uptake, offering tailored health facilities for CCF patients and interpreter services for migrant groups, among others.

For such successful implementation, it is necessary to clearly identify sub-groups where the effectiveness of psychological therapy is most likely and develop a model of psychological wellbeing as key to physical wellbeing. This is crucial to achieve optimal outcomes after the intervention.

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References


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