

The power of belief; Psychosocial impact on illness, disability and medicine

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I attended this conference in the hope of acquiring some new perspectives on those patients with significant disability in whom - from a neurological perspective - we are unable to find a cause. These patient's problems may not be susceptible to the reductionist and formulaic approach by which we arrive at a pathological diagnosis and I felt the need to acquire some new behavioural software to help me deal with these patients. This conference, including the banter over coffee, provided this.

All of the talks contained insights and useful frameworks of thinking which can be applied directly to patients with neurological diseases. By emphasising the perspective of the patient and the views they hold, the relevance and appropriateness of the medical model was put into its proper context. As a non-psychologist the following summary will inevitably be open to criticism, but in it I will try and convey some of what was said.

Professor Robert Horne (Brighton) talked about patient's beliefs about their medication and the impact this has on compliance and outcome; both are related to the perceived need for the medication and concerns regarding the side effects. The problem may be more common in chronic conditions, such as hypertension and diabetes, and may become increasingly relevant to neurology as more treatments are introduced which do not alleviate symptoms eg Riluzole.

Professor Irving Kirsch (University of Connecticut) lectured on 'Placebo: The Role of Expectancies in the Generation and Alleviation of Illness'. The opposite of a placebo effect is a nocebo effect and examples of both were described. Placebos are the most studied medication and the effect varies as a function of the colour, the current dose, mode of administration and the brand name of the supposed medication. Placebo effects can also be additive. The importance of paying attention to expectancy - that of the patient and doctor - was emphasised and this is obviously an important component of any form of treatment. Although tongue in cheek, a strong case was put for being able to prescribe placebo tablets for a variety of conditions!

Professor Peter Salmon (University of Liverpool) talked about patient's beliefs regarding their medically unexplained symptoms and the implications for diagnosis and treatment. The paradox of a doctor making a diagnosis of medically unexplained symptoms but yet providing traditional symptomatic interventions was highlighted. Whilst some sympathy was expressed for the general practitioner struggling with a huge differential diagnosis, the conclusion seemed to be that greater engagement and better explanation from doctors is the only alternative and symptomatic interventions are inappropriate. This is a considerable challenge for general practitioners and the needs of this group of patients may be better addressed by other professionals.

A presentation on beliefs about mental disorders and their treatment from Professor Anthony Jorm (Australian National University) introduced the concept of mental health literacy, a term used to describe the knowledge amongst the general public of mental disorders. Apparently members of the public are poor at recognising specific disorders or different types of psychological distress. Their views differ from mental health experts in beliefs about the causes and treatments of mental disorders. Stigmatising attitudes are widespread and hinder recognition and the seeking of appropriate help. These factors have limited the development of family and com-

munity support for people with mental disorders. The use of handbooks and websites to educate the general public was described with the emphasis being on those who have not presented themselves to health care professionals.

After lunch Professor Derick Wade (University of Oxford) gave a lecture entitled 'Enablement: Remarketing Socio-medical Expectations in Rehabilitation'. The World Health Organisation classification of illness (pathology, impairment, activities and participation) was discussed and the central role of appropriate goal setting described. The importance of seeing the patient as someone who should be setting their own goals in conjunction with health care professionals was emphasised; arresting comparisons were made with the consultant appraisal process! Enablement is the new alternative word to rehabilitation and I think it is going to take off.

The presentations before and after our afternoon coffee focused on back pain, obstacles to recovery and how education of the public can make a difference to the attitudes of doctors and the patients.

Professor Kim Burton (Huddersfield) emphasised the importance of psychosocial factors in maintaining persisting symptoms and disability and how these can be identified. The role of inappropriate or erroneous beliefs held by patient and practitioner are important obstacles to recovery. An impressive public policy initiative in Australia was described by Professor Rachel Buchbinder (Monash University); this appears to have led to an impressive reduction in the number of claims for low back problems. Interestingly it appears that TV commercials helped the medical practitioners as much as the patients. Unfortunately the impact of prime time TV commercials appears to wane after 2-3 years. This may turn out to be an appropriate way to manage a number of other chronic conditions, funds permitting.

The lecture entitled 'Clinician Bias in Diagnosis and Treatment' by Dr Duncan Double (University of East Anglia) described over diagnosis and over treatment, the relationship of this bias to the positivist orientation of medical practice and the way that this leads to a focus on progress related to bodily mechanisms as seen in 3 areas. 1) A diagnostic bias against the personalist perspective of emotion and mental disorders. 2) Doctors over-estimation of patient's expectations for, and of, treatment. 3) A lack of adequate awareness of psychological aspects of suggestion in the doctor/patient relationship including the placebo and nocebo effects of medication.

The final presentation was the perfect Sunday supplement type end to the conference. The concept of subjective validation was explained using clairvoyance and people who claim extra-sensory perceptual powers as an example. I will never be able to look at my own work in the same light again!

Overall the day was about the way in which patients look to health professionals to help them understand their story better, the factors influencing the way they tell their story, and how health professionals interpret it. It was generic stuff, a huge part of the day to day practice of all healthcare professionals whether they deal with backs, bones, brains or bile ducts. The beliefs held by people, with or without an identifiable 'medical' problem, appear to be the most important determinant of whether they thrive, or fail to thrive. Thought provoking stuff!

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This meeting was jointly organised by Professor Peter W Halligan, Professor of Neuropsychology, Cardiff University and Professor Mansel Aylward CB, Chief Medical Adviser, Department for Work and Pensions.