

Integrative Psychosomatic Medicine Model for Outpatients, Lisbon 2016/09/09 Axel Schueler-Schneider, Frankfurt

The analysis of the history of the psychosomatic practice led to surprising results. In the end lot of questions remain.

History

In 1986 a pilot project of the first psychosomatic ward in a general hospital in Germany was started. The Integrative Psychosomatic Medicine Model was developed for inpatients in Frankfurt. 67 patients were treated in 14 months. The interdisciplinary treatment was performed by internists and medical psychotherapists. It has been transferred and developed to ambulatory care since 1988. Until today more than 4000 Patients were diagnosed in the psychosomatic practice in Frankfurt.

In 1998 the "Psychotherapist Act" was adopted in Germany. Henceforth, psychologists could apply for a license for psychotherapeutic practice. This has changed the German psychotherapeutic landscape. In 2003, the medical specialist title "Psychosomatic Medicine" was introduced in Germany.

Already at that time there was a decrease in the number of medical psychotherapists. Until today the number of psychological psychotherapists is increasing. In 2011 the relation is 2:1 for psychologic psychotherapists.

Since 2009, assistants for further education in the field of psychosomatic medicine are trained in the project practice. This was a major alteration and has lead to important new experiences.

The interdisciplinary concept

includes internal medicine and psychotherapeutic treatment. There are three steps in the diagnostic process. First, psychoanalytic interview and testing (Beck's Depression Inventory and Burnout-Test). Second, medical examination with ECG, laboratory testing, sonography of the abdomen and the thyroid gland. Third, a second interview with a discussion of the test results and planning of the psychotherapeutic treatment. After the diagnostic phase, patients were treated only with psychotherapy.

The Team

includes a specialist for internal medicine and psychosomatic medicine, a physician assistant, a doctor in advanced training in the field of psychosomatic medicine, a medical psychotherapist and two psychologist in psychotherapeutic training. Two team members, the base team, were working constantly from December 2007 to August 2016 on the project. Noteworthy is the two-time exchange of doctors in specialist training. None of the patients discontinued treatment. All benefitted from this change of the transference object. After a brief irritation in combination with grief reaction there was a great advance in autonomy. Furthermore, patients made the experience that separation and continuity is compatible. The constancy of the Base Team certainly had a beneficial effect.

Results:

1023 Patients were diagnosed from December 2007 to August 2016: psychoanalysis 105 patients, psychodynamic psychotherapy 774 patients, 135 patients therapy in groups and twice five for couples and one family therapy). Most of the patients, 63%, started a psychotherapeutic treatment. 493(57%) started a psychodynamic psychotherapy and 102 that are 97,15% of the patients that were provided for a psychoanalysis, the treatment also began. 380 patients were only diagnosed but started no psychotherapy.

Which patients did not accept the offer of a psychotherapeutic treatment? There was no statistical accumulation of specific diagnoses in these patients. Narcissistic disorders did not occur in this group.

76 Patients have more than 25 sessions of psychoanalysis

125 Patients have more than 25 sessions of psychodynamic psychotherapy

This means that only 19.6% of all patients really have had a long-term psychotherapy.

Most patients completed the treatment in the context of short-term psychotherapy.

Most of the results of the medical examination were within the normal range, but serious previously unknown findings were made, for example an aortic aneurysm, a pituitary tumor, a hepatitis C and a thyroiditis hashimoto. ECG often showed a prolonged QT-Interval, which is important for the selection of antidepressant medications.

Discussion/Conclusion:

The study shows that physical and mental illnesses can be diagnosed and treated.

37% of the patients did not start a psychotherapeutic treatment. They needed psychotherapeutic help but did not accept it. The question is: How can we reach these patients? Most patients (80.4%) completed the treatment in the context of short-term psychotherapy. Not all were treated really successfully. This is demonstrated by successful long-term psychotherapies.

A man with intractable pain after an operation of the knee could not work for three years. In 100 Sessions of psychodynamic psychotherapy he developed a stable self-regulation for the first time in his life and was able to work and to be content in a new relationship.

A woman with a serious narcissistic personality disorder ended her successful psychoanalysis after 358 sessions. She was a controlling and compulsive person. For a long time she tried to get control over her son and partner. In the end she could even cope with a serious motorcycle accident of her son.

Finally, the further education of medical assistants has a positive effect on the therapeutic process.

The team had the function of a family and this meant stability and continuity. Changing the therapist was a crisis that has been mastered together successfully.

Thanks to my son Julian for assistance with the text, the statistical analysis of data and the design of the presentation. And thank you for your attention.