Out of Hours

Reflections on medically unexplained symptoms in older people

Older people of >80 years have lived through an interesting time. They experienced the Second World War and probably failed to process this emotionally, as they 'all went through it together'. Then came the birth of the NHS and the promise of care for all who had illnesses and symptoms. This promise was seductive to a generation who had experienced profound distress, impoverishment, and loss. The link wasn't made between bodily symptoms and distress because there were free pills to take away the pain. A system was set up that inadvertently produced somatisation of distress, and the medical model of symptom removal without understanding began to grow and pervade our society. Huxley's *Brave New World* of 'a pill for every ill' came alive.

Older people still seem to have a great belief and trust in the power of the doctor: consulting frequently and asking for reassurance. They are troubled because they are facing the distress of ageing and illness, and multiple further losses somewhat resembling the unprocessed experiences of the war years they have survived. Many of them revisit their history as they have time on their hands to do so.¹

My greatest teacher about this age group has been my mother. She survived many wartime experiences — the family home being bombed, her father dying, her brother nearly dying, TB in herself and her other brother, among other challenging issues. She busied herself all her life and then when my father died the past suddenly came more alive. She had never talked about these things when I was growing up in the early fifties — the war was over. *'Life was better, let's move forward.'*

She has a lot of memories of their family doctor and is very critical of modern medicine and the interference of the computer in consultations. She wants to be heard most of all and loves being given pills. This in the past has made her feel she is being taken seriously. She loved seeing specialists and having investigations, though often waiting for these made her very anxious and then cross when nothing was found. *'They think it's all in my head'*, she would say furiously.

She now lives at home with a live-in carer. She is 91 and has hypertension, mild vascular dementia, IBS, and depression. Her medication has been stable and effective for 3 years.

Her symptoms are nearly always a reflection of how she feels emotionally. She is very, very convincing in her description of symptoms as illnesses. When she has done too much or feels out of control, she feels woozy. When she is anxious, she has urinary frequency. She can extract antibiotics out of any OOH doctor who doesn't know her! She also air swallows and belches, when anxious. When she is cross, she becomes constipated. When she is sad, she gets lower abdominal pain and thinks she shouldn't eat or drink because of it (this strategy makes her very much worse). When she thinks others should be doing more for her, she takes small overdoses of Senokot® or throws extraordinary things down the toilet such as toast, newspaper, dead flowers, and picture hooks. When she feels increasingly overwhelmed by who she is and how she feels, she will then carefully pick a fight to help her cry and then she feels better.

This usually happens the day before she returns home from a holiday. It is quite exhausting and upsetting to be on the receiving end. On these occasions I am *'cruel and heartless and bossy like a prison warder'*, and she feels like *'a piece of baggage being carted around'*. I'm told I *'just don't understand'*. More recently however the bossy word has been changed to *'firm like your father'*. I think I am improving.

*She has learned that 7/11 breathing helps calm herself,*² which settles the wooziness, the lower abdominal pain, and the heartburn and belching (7/11 breathing is where you breathe in for a count of 7 and out for a count of 11). She can't be bothered with self-hypnosis CDs and body-scan mindfulness exercises though they do work! She responds well to identification of her feelings: *'You do sound cross'*, *'That sigh makes me think you are sad'*, *'What are you worried about?'*³

However, any overt association with her physical symptoms produces the rejoinder *'I am so ill right now. I'm the worst I have been'* and an intensification of her symptoms. She then hyperventilates to prove her point. She is beginning to learn that her anxiety about going out disappears when she is occupied. However, it takes a persistent carer to help her challenge her avoidant strategies.

She has now discovered for herself that she gets cabin fever, which is a bit like wooziness, and that it goes if she walks around the block.

She is no longer a frequent attendee at her GP's and hasn't had more than the occasional urine test done. I look at her medical history and investigations now and think how irrelevant most of it seems. What an expensive way to do things — to not listen to someone and the body they live in that 'talks for them'. Her carers have learned to defer things until the morning, so she can see her regular GP, who now always asks what's going on at home. Her GP responds well to the question of *'What can be done about this wooziness?'* by moving towards her, speaking clearly face-to-face with a dedicated eye contact. *'We have investigated that a lot and haven't found anything. It's one of those things. For your age you are doing wonderfully, you really are.'* Her GP has learned never to look at the computer during the consultation and is grateful for the care plan my mother and I have written.

There is a DNAR form on the fridge and the GP appreciates e-mail updates about home circumstances. The carers are increasingly wise and kind as they understand her 'body talk' better. *'Our remedies oft in ourselves do lie'* (As You Like It — William Shakespeare).

The above quote is in the RCGP guidelines on MUS.⁴ The words seem so apt. For my mother the remedies lie in all-round compassionate care (from her carers, family, and GP) that listens to what is behind her symptoms and responds warmly and accurately to the covert message.

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