**MNYES PSP**

*Summary Questions - Evidence Check*

*Criteria for inclusion:*

Systematic reviews published between 2011 and 2021 which are available in written English and concern adult (aged 18 and over) human participants were sought to provide evidence from the research literature relevant to the agreed 46 summary questions.

*Evidence identified during searches:*

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|  | **Summary Question** | **Explanatory note** | **Evidence** | **Evidence summary** | **Rank of the uncertainty at the final workshop** | **Evaluation** |
| 33 | Overall, what are the most effective treatment strategies for different symptoms of MNYES? | This question covers all potential treatment strategies (for example: pharmacological; psychological; physical; or collaboration models) to help manage or alleviate any medically not yet explained symptom or combination of symptoms (such as pain, fatigue, dizziness, functional neurological disorder, bowel symptoms, palpitations and syncope). | Mesa-Jiménez et al., 2015Ainpradub et al., 2016Kamper et al., 2014Zech et al., 2017 | Manual therapies show short term benefits for tension headachesEducation recommended as part of treatment for neck and back painMultidisciplinary biopsychosocial rehabilitation may benefit low back painGuided imagery/hypnosis combined with CBT beneficial for fibromyalgia | 1 | Partial evidence |
| 19 | How can clinicians collaborate effectively to form the most appropriate care pathway and service model to offer assessment and treatment for patients with MNYES? | What are the best ways for clinicians to collaborate with each other to form an appropriate care pathway to support people with MNYES (psychiatric consultation models, multi-disciplinary team models, collaborative care models or other integrated care pathways). This care pathway will include the professionals and services which may be involved for the purpose of assessment, diagnosis and the provision or coordination of treatment. |  |  | 2 | No recent evidence identified |
| 12 | What are the most effective methods for training clinicians to diagnose and treat their patients with MNYES with compassion, empathy and respect? | This question refers to GPs and medical specialists who are already qualified and employed in positions that involve the diagnosis and treatment of people with MNYES. The focus of attention here is on the communication of information which acknowledges the perspective and concerns of the person experiencing MNYES | Heijmans et al., 2011Weiland et al., 2015 | Article concludes more research is neededA communication intervention may be useful when training medical students | 3 | Partial evidence |
| 44 | What outcomes matter most to patients with MNYES? | Symptom improvement, quality of life, level of functioning |  |  | 4 | No recent evidence identified |
| 38 | What are the most effective ways to support patients with MNYES and their carers to live with their symptoms? | Full range of support including optimal ways to discuss MNYES, shared decision making for treatment, peer support, reasonable adjustments, home adaptations, psychological support to cope with symptoms, recovery and rehabilitation options |  |  | 5 | No recent evidence identified |
| 37 | How can the most appropriate treatment be selected, dependent on different MNYES symptoms, that a person with MNYES is most likely to benefit from? | What are the best ways to match people who experience specific MNYES symptoms with the treatments that are most likely to benefit them. This relates to personalisation of treatment based on diagnostic factors (such as history of trauma), biomarkers or treatment needs. |  |  | 6 | No recent evidence identified |
| 8 | What symptoms are commonly reported by people with MNYES and what links them? | The list of MNYES is extensive and people who experience these symptoms often report living with multiple MNYES. What are the symptoms which most commonly co-occur and the underlying factors and mechanisms between them | Kroenke, 2014 | At least 1/3 common symptoms do not have a clear, disease-based explanation | 7 | Partial evidence |
| 40 | What factors affect outcomes for MNYES? | What can influence the prognosis for people with MNYES: symptom specific factors; the availability and quality of information clinicians have access to; the way information is shared between clinicians and people experiencing MNYES; whether outcomes relate to full recovery or symptom management | Gelauff et al., 2014van Eck van der Sluijs et al., 2018 | Prognostic factors identified for functional (psychogenic) motor symptoms was variableMUS persistent in over 1/3 cases; predictive factors identified | 8 | Partial evidence |
| 11 | What strategies are effective at promoting awareness and up to date clinical knowledge about MNYES amongst healthcare professionals? | How to consistently and effectively ensure clinicians are aware of, and have the most up to date information about MNYES which will enable the care people receive to reflect current evidence |  |  | 9 | No recent evidence identified |
| 29 | Which self-management techniques are effective in MNYES? | Which strategies can people use separately to appointments with clinicians to manage or alleviate MNYES. Examples of self-management approaches include education, exercise and dietary changes. | Moayyedi et al., 2014Tiequn et al., 2015Searle et al., 2015 | Fibre beneficial for IBSProbiotics beneficial for IBSExercise programmes beneficial for lower back pain | 10 | Partial evidence |
| 7 | What is the relationship between mental health problems and MNYES? | MNYES symptoms often co-occur with mental health problems and psychological therapies are frequently offered to support people with MNYES  | Kohlmann et al., 2016 | Overlap of symptoms (depression, anxiety, somatic) is common in general population and primary care population | 11 | Partial evidence |
| 3 | What is the relationship over time between MNYES and known medical conditions and does that suggest some shared pathological process? | Are MNYES related in some way to known medical conditions? How? |  |  | 12 | No recent evidence identified |
| 15 | What is the best practice to offer optimal care for patients with MNYES? | Multi-disciplinary clinical guideline committee recommendations | Van der Feltz-Cornelis et al., 2012Roenneberg et al., 2019 | Disease management based on risk profiles; stepped care and case management by GP; support of multi-disciplinary team including mental health support – Dutch guidelineBiopsychosocial explanatory models, communication, self-efficacy and interdisciplinary management | 13 | Partial evidence |
| 17 | What are current clinical attitudes and levels of knowledge about MNYES? | Many people with MNYES report negative attitudes from clinicians when they seek support | Rawlings et al., 2018  | Healthcare practitioner views of psychogenic nonepileptic seizures | 14 | Partial evidence |
| 34 | What are the most effective physical treatments for different symptoms of MNYES? | Manual therapies offered by qualified practitioners (such as physiotherapists or occupational therapists) considered effective in the treatment of MNYES | Furlan et al., 2015Naumann et al., 2014Salazar et al., 2017Müller et al., 2014Martins et al., 2016Lam et al., 2013 | Massage not associated with long term improvements in back painMore research needed to assess effectiveness of balneotherapy and hydrotherapy for fibromyalgiaSome evidence that electric stimulation or electroacupuncture may provide pain relief in fibromyalgiaMore research needed to assess whether osteopathic manipulative therapy is helpful in IBSMusculosceletal manipulation approaches are effective for temporomandibular joint disorderAcupuncture may be helpful in nonspecific chronic low back pain | 15 | Partial evidence |
| 32 | What are the most effective psychological treatments for different symptoms of MNYES? | Talking therapies provided by qualified mental health practitioners considered effective in the treatment of MNYES | Anheyer et al., 2017Waterschoot et al., 2014Koelen et al., 2014Van Dessel et al., 2014Ganslev et al., 2020Gutkin et al., 2021Goldstein et al., 2020 | Mindfulness may help low back painUnclear if dose affects outcome in pain rehabilitationPsychotherapy effective in severe somatoform disorderCombined psychological therapies more effective than usual care – somatoform disorders and medically unexplained physical symptomsLack of evidence for psychosocial intervention in conversion and dissociative disorderCBT and psychodynamic therapy may be beneficial for FNDDissociative seizure-specific CBT in addition to specialist neurological and psychiatric care may benefit dissociative seizure | 16 | Partial evidence |
| 9 | Why do symptoms of MNYES fluctuate? | What influences changes in MNYES symptoms over time |  |  | 17 | No recent evidence identified |
| 1 | Do childhood, recent or ongoing adverse events trigger or maintain MNYES? | Trauma may influence the development of MNYES | Varinen et al., 2017 | Associations between childhood adversity and fibromyalgia |  | Partial evidence |
| 2 | Which conditions/factors influence the development or onset of MNYES (such as age, gender, ethnicity, social factors, lifestyle, diet, infections, genetics)? | What is the profile of someone who may develop MNYES |  |  |  | No recent evidence identified |
| 4 | Could different presentations of MNYES be explained by different mechanisms or causes? | Aetiology of MNYES |  |  |  | No recent evidence identified |
| 5 | How many people are affected by MNYES? | Prevalence | Hilderink et al., 2013 | General population and GP surveys of somatoform disorders and MUS |  | Partial evidence |
| 6 | What are the mechanisms of MNYES and can we identify biomarkers for them? | Aetiology and diagnosis |  |  |  | No recent evidence identified |
| 10 | How do patients/carers/healthcare professionals understand the symptoms of MNYES? | Description of problem |  |  |  | No recent evidence identified |
| 13 | What is the impact of MNYES on healthcare utilisation? | What impact do MNYES have on an individual’s use of healthcare services? | Nunez-Wallace et al., 2015 | Correct diagnosis reduces health resource utilisation in veterans with psychogenic nonepileptic seizures |  | Partial evidence |
| 14 | How can employers support people with MNYES? | Many people with MNYES are unable to work. Are there any reasonable adjustments which may support people with MNYES to continue in employment? |  |  |  | No recent evidence identified |
| 16 | What is the current provision of services providing care and treatment for patients with MNYES? | People with MNYES are seen in a range of services. This seeks to understand the current service provision and how care across settings is coordinated. | Stone et al., 2010 | Neurology service provision |  | Partial evidence |
| 18 | What are patient experiences of the treatment/support they have received for MNYES? | What services are people supported from, what treatments are offered and are they found to be helpful? |  |  |  | No recent evidence identified |
| 20 | What aspects of multi-disciplinary treatment programmes are effective for MNYES? | Which elements of MNYES service provision are effective? |  |  |  | No recent evidence identified |
| 21 | What is the impact of receiving and sharing an MNYES diagnosis for both patients and carers? | Discussions around MNYES can be challenging. This question seeks to understand the information which is considered to be helpful to include in discussions. |  |  |  | No recent evidence identified |
| 22 | How should information be shared with patients with MNYES and their carers throughout the diagnostic phase? | What is the most helpful way for information to be shared, verbally, in a written form, online, how frequently might updates be expected during the diagnostic phase? |  |  |  | No recent evidence identified |
| 23 | What are the information needs for patients with possible MNYES related to diagnostic and treatment decisions, and how should this be provided? | Understanding the investigations and findings from screening and diagnostic processes and consequent relevant treatment options available |  |  |  | No recent evidence identified |
| 24 | How valid and reliable are current diagnostic tools for MNYES and what are the limitations of testing? | Which screening and diagnostic tools (biological markers, symptoms and severity, medical or psychological tests) have been validated? What are their limitations? |  |  |  | No recent evidence identified |
| 25 | Which validated screening tools for emotional wellbeing/ quality of life are most useful for people with MNYES? | Which tools have been used with people who have MNYES? Which have been found to be helpful? |  |  |  | No recent evidence identified |
| 26 | How many people are misdiagnosed with MNYES and what are the consequences? | The number of incorrect diagnoses or diagnoses which need to be revised | Eikelboom et al., 2016 | Up to 9% functional somatic symptom diagnoses are revised |  | Partial evidence |
| 27 | How are MNYES related to disability? | The impact of MNYES on daily functioning / usual activities |  |  |  | No recent evidence identified |
| 28 | How can clinicians identify when a MNYES scenario is beginning to develop and provide information about this? | What processes support clinicians to identify MNYES? | Murray et al., 2016 | Challenges in the diagnoses of non-specific, function and somatoform disorders. |  | Partial evidence |
| 30 | What can improve treatment engagement for patients with MNYES? | People with MNYES can struggle to access/ engage with the treatments available (e.g. people with brain fog may struggle to engage with cognitive treatments, people with physical challenges may find it difficult to travel to appointments) |  |  |  | No recent evidence identified |
| 31 | What are the most effective pharmacological treatments for different MNYES symptoms? | Medications prescribed by medical professionals considered effective in the treatment of MNYES | Derry et al., 2017Kleinstaeuber et al., 2014Walitt et al., 2016Ford et al., 2017 | NSAIDS not useful for fibromyalgiaFurther research needed for somatoform disordersQuetiapine might be helpful for fibromyalgiaPsychotropic drugs might be helpful for functional dyspepsia |  | Partial evidence |
| 35 | Do treatments for co-existing psychiatric conditions impact on the symptoms of MNYES? | Where people with MNYES also have psychiatric diagnoses, do the treatments for psychiatric conditions have any affect on MNYES? |  |  |  | No recent evidence identified |
| 36 | How do treatments for MNYES work? | Which mechanisms / symptoms are targeted by specific treatments? |  |  |  | No recent evidence identified |
| 39 | What is the prevalence of injury (physical and psychological) due to MNYES and/or its treatment? | Consequences of MNYES and/or treatments for MNYES |  |  |  | No recent evidence identified |
| 41 | What affect do MNYES have on mental health? | What consequences do MNYES have on mental wellbeing? |  |  |  | No recent evidence identified |
| 42 | What treatment factors affect outcomes for MNYES? | This includes treatment type, dose, frequency, length of treatment, who provides treatment, mode of delivery. |  |  |  | No recent evidence identified |
| 43 | What is the most appropriate way to measure treatment effect for MNYES? | How do people know whether a MNYES treatment is beneficial? |  |  |  | No recent evidence identified |
| 45 | What health service factors affect outcomes for MNYES? | Services available, specialists providing care, treatments offered, accessibility |  |  |  | No recent evidence identified |
| 46 | How do MNYES symptoms change over time? | What changes are noticed by patients in terms of severity of symptoms, level of functioning, quality of life | Steinbrecher et al., 2011 | Findings report course and influencing factors for somatoform disorder and MUS in primary care |  | Partial evidence |

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