**An evaluation of 10 years of clinical provision for children with Medically Unexplained Symptoms in a Paediatric Psychology service**

**Robinson S, McGunnigle L, Golding K, Ah-Waan L, Colville G**

**Paediatric Psychology Service, St George’s University Hospitals NHS Foundation Trust, London SW17 0QT**

**gcolvill@sgul.ac.uk**

Accepted as poster abstract at RCPCH meeting Liverpool April 2020

To be published in Arch Dis Child October2020

**Aims:** Medically unexplained symptoms (MUS) are distressing somatic experiences that, despite appearing to be of physical origin, are medically unexplained. Despite evidence from the adult literature that these cases are associated with high utilisation of health care resources, little is known about the impact on services of MUS in children. The aim of this study was to evaluate service use of children with MUS referred to a Paediatric Psychology Service (PPS) at an acute hospital, over a 10 year period, with the view to informing service developments for these patients.

**Method: D**emographic, referral and clinical activity data were available for 268 patients with MUS and 4287 without, referred between 2007 and 2017.

**Results:** Patients with MUS accounted for 4-8% of referrals annually. Symptoms most commonly reported included unexplained pain, often in the abdomen (33%), dizziness/fainting/headaches (21%), and functional neurological symptoms such as abnormal motor functioning (13%) and non-epileptic attacks (12%).

Children with MUS were significantly more likely to be female (MUS=56%, non-MUS=49%, p<0.01) and older (MUS=12.5 years, non-MUS=9.2 years, p<0.001). In all, 54% of children with MUS also had a co-occurring medical diagnosis. Patients with MUS required significantly more outpatient clinical sessions than patients without MUS (mean: MUS=10.7, non-MUS=5.4, p<0.001) and were also more likely to cancel appointments (MUS=0.7%, non-MUS=0.4%, p<0.01). Patient groups did not differ for duration of clinical input or whether clinical objectives were partially/wholly met.

**Conclusion:** Patients with MUS were older and more likely to be female than other referrals to the PPS and typically required twice as many psychology sessions to meet clinical objectives . This evidence shows that children with MUS place greater demands on clinical services, although encouragingly they appear to respond well to psychological support, and suggests a need for clear care pathways and specific funding of psychological provision for this group. More research is also needed on the link between MUS in childhood and in later life. If effective services are provided early on, the potential exists to make substantial gains both in terms of patients’ quality of life and in longer-term cost savings in the NHS.