



Study protocol: Group based Acceptance and Commitment Therapy for adolescents with functional somatic syndromes – a randomized trial

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Background

Over the last 3 decades, an increasing number of adolescents report recurrent functional somatic symptoms, i.e. somatic symptoms not attributable to any known conventionally defined physical disease.

Epidemiological studies illustrate that 5 -10 % experience persistent symptoms and reduced functioning and may receive diagnoses for **functional somatic syndromes (FSS)** such as chronic fatigue syndrome (CFS), fibromyalgia (FM), recurrent abdominal pain/irritable bowel syndrome (IBS) or idiopathic pain syndrome, characterized by severe disability and reduced quality of life.

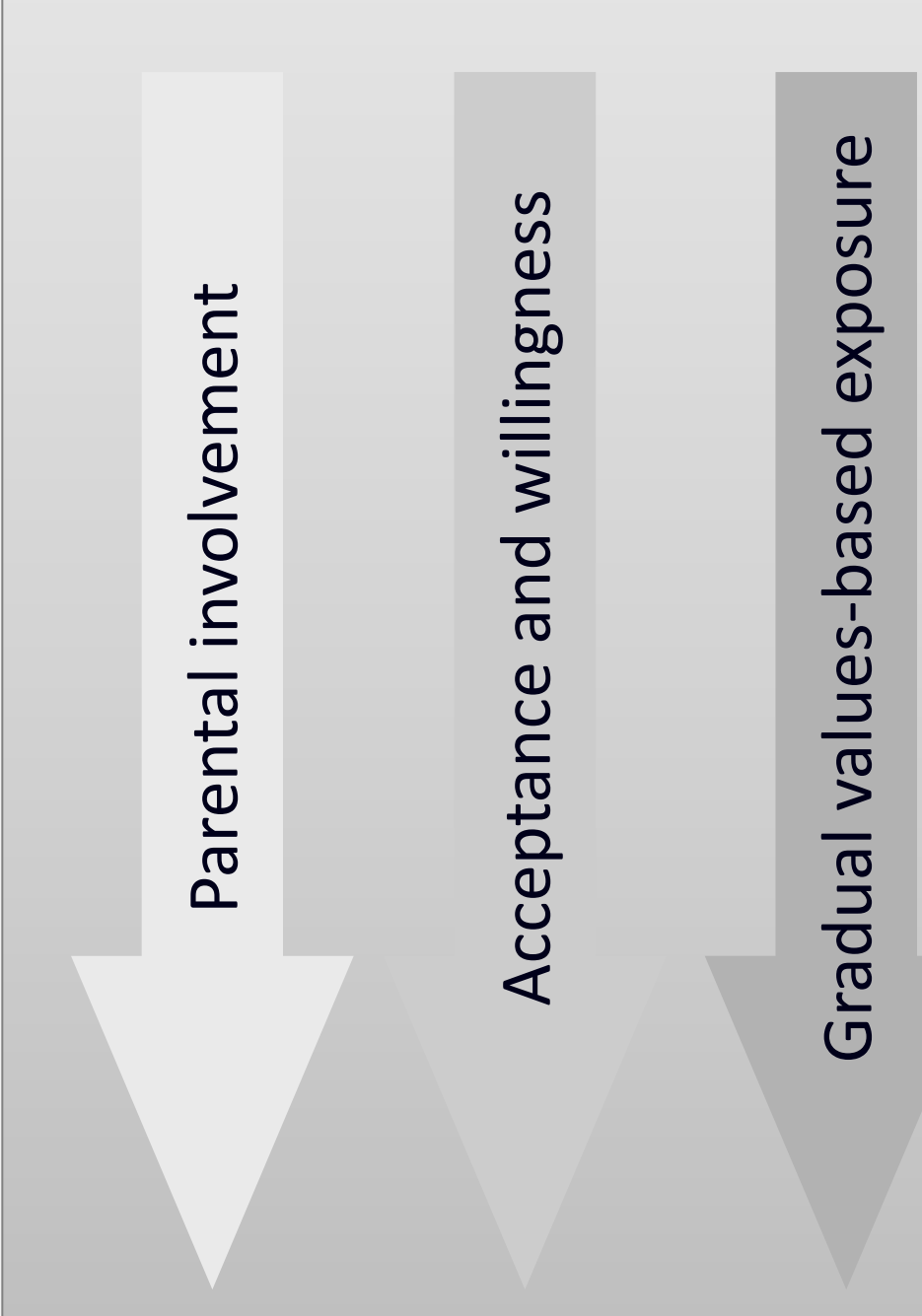
Unfortunately, despite the high need for care, there is yet a lack of empirically supported treatments for these adolescents.

Aim

To examine the efficacy of group based **Acceptance and Commitment Therapy (ACT)** for adolescents with severe FSS.

Treatment

Specifically developed for adolescents with severe FSS



- 1st session: Psychoeducation on BDS and treatment agenda
 - 2nd session: Personal values and barriers: observe the inner struggle
 - 3rd session: Behavioral analysis to avoid the unpleasant and the consequences of avoidance
 - 4th session: Self as context: Can you be your own best friend?
 - 5th session: Defusion: You are not your thoughts
 - 6th session: Self compassion: Kindness to yourself
 - 7th session: Present here and now: long mindfulness exercises
 - 8th session: Where do I want to go from now and what might stop me?
- ↓ 4 weeks
- 9th session: What should your future direction be?
- ↓ 12 weeks
- 10th session: Follow up meeting: Follow-up and relapse prevention

Method and design

Patients

120 adolescents aged 15-19 years
 Diagnosed with severe functional somatic syndromes

Block randomization

1. Standard treatment: Consultation with psychiatrist and treatment as usual
2. Standard treatment plus manualized ACT based group therapy

Outcome measures

Questionnaires

Primary Physical health: SF36 aggregat score of PF (physical functioning), BP (bodily pain) and VT (vitality)

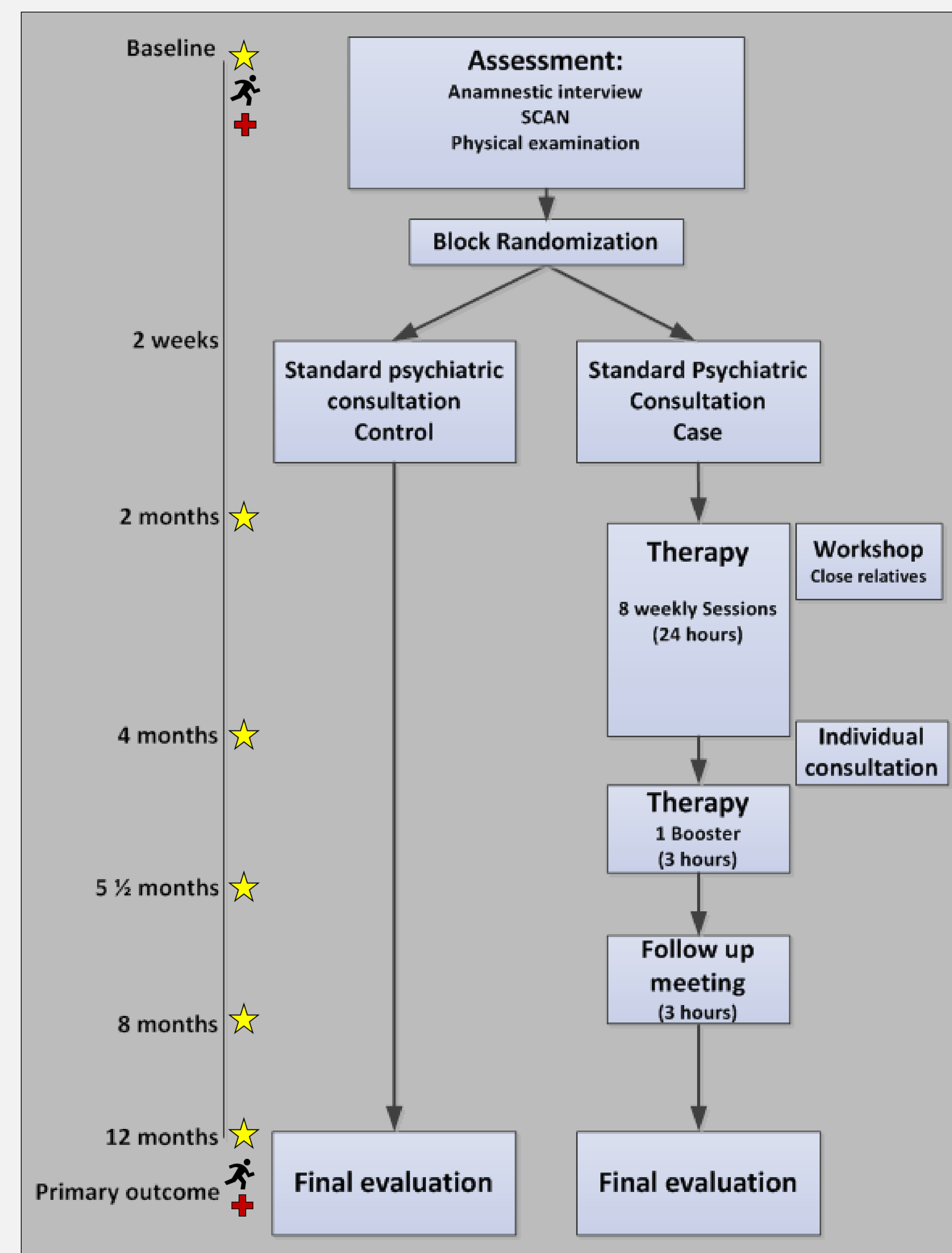
Secondary Symptom severity: SCL-som, BDS checklist
 Symptom interference: Limitation index
 Anxiety and depression: SCL-8-6-4
 Stress: PSS
 Global improvement: PGIC
 Quality of life: SF36

Process Psychological flexibility: AFQ-Y8, PIPS-12
 Illness perception: IPQ
 Illness related behavior: BRIQ
 Health anxiety: Whiteley

Physical activity (1 week)

Physiological stress response

Heart rate variability Inflammatory response Hair cortisol



Patient evaluation



Pilot groups: Patients' own statements after end of treatment (model foto)

Discussion

This is one of the first larger studies which aims to develop effective, evidence based treatment for adolescents with severe, disabling chronic FSS.

Objective markers for physiological stress response will increase our knowledge of FSS and the potential process of change.

If the treatment is effective this may result in significant improvement in the well-being and overall quality of life of these young patients as well as substantial reductions in health-related costs.