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En fodboldkamp i et sommerhus ...

- ★ To drenge kæmper mod hinanden ...
- ★ De har bare fødder ...
- ★ En normal græsplæne ...
- ★ Skæg og ballade og en masse latter ...

- ★ Pludseligt træder en af dem på en lille tidsel ...
- ★ han mærker et **symptom - smerte**



Signaler og hjernen

Hjernen bortfiltrerede alle signaler fra de bare fødder, græsset og hans spark til bolden.

Men hjernen opdagede på et splitsekund signalerne fra tidslen. Han standsede, løftede foden og begyndte at opfatte symptomer næsten før han erkendte, at det var en tidsel han havde trådt på – hjernen skelnede mellem acceptable og uacceptable signaler – tidslen gav **symptomer**.



Sygdomsparametre og symptomer

- 'signs and symptoms'

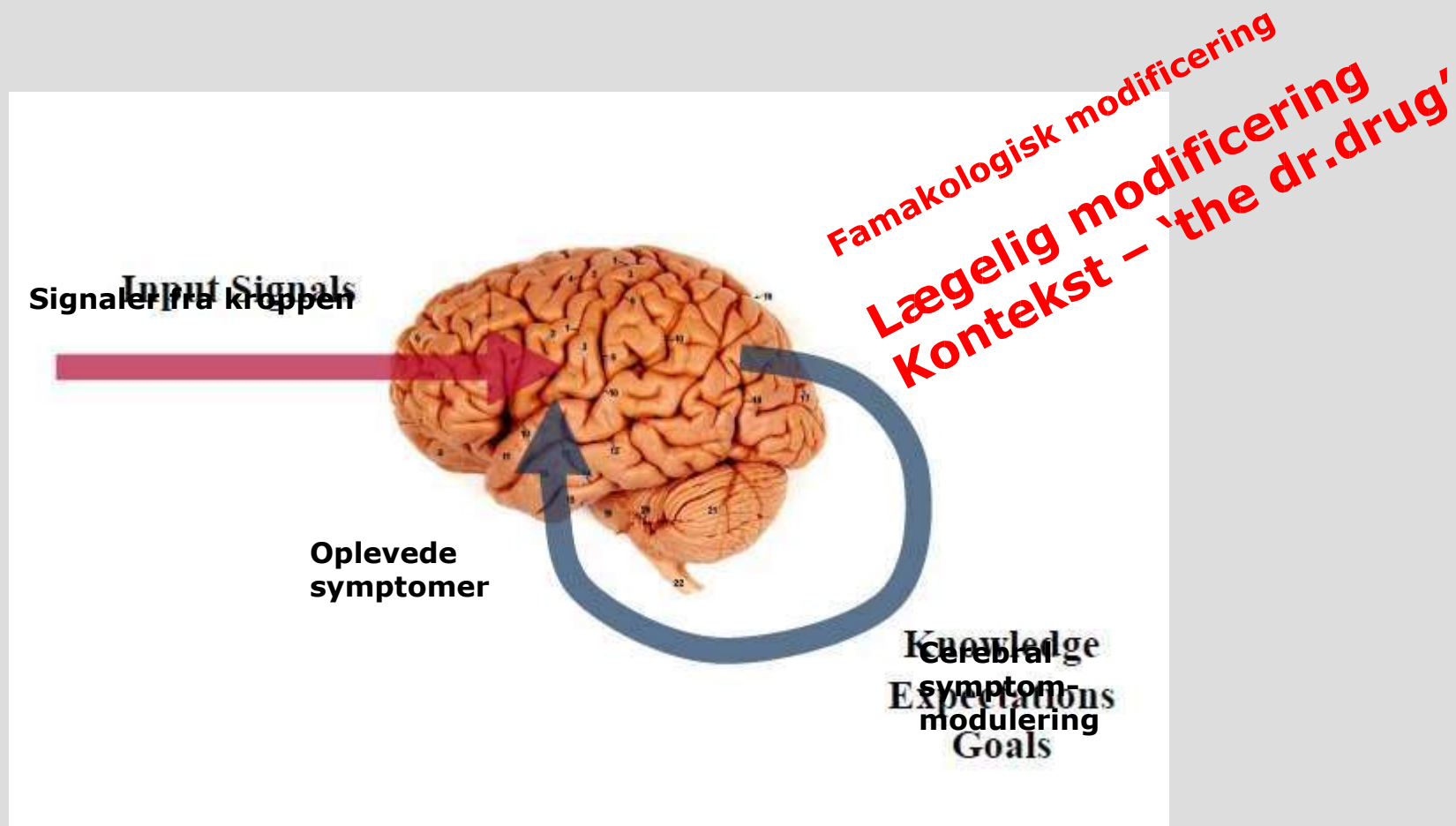
Biologiske forløb

- ★ Biologisk målbare sygdomsparametre, fx tumorer, thromber og resultatet af endoskopier, røntgenundersøgelser
- ★ laboratorieundersøgelser
- ★ Biologisk objektive data om at være syg/rask
- ★ Prognosedata (død/levende)

Oplevede forløb

- ★ Sygdomsfølelse
- ★ Smerte
- ★ Kvalme
- ★ Træthed
- ★ Livsmod/depression
- ★ Svimmelhed ★ Etc.

Signaler + hjernen = det oplevede symptom



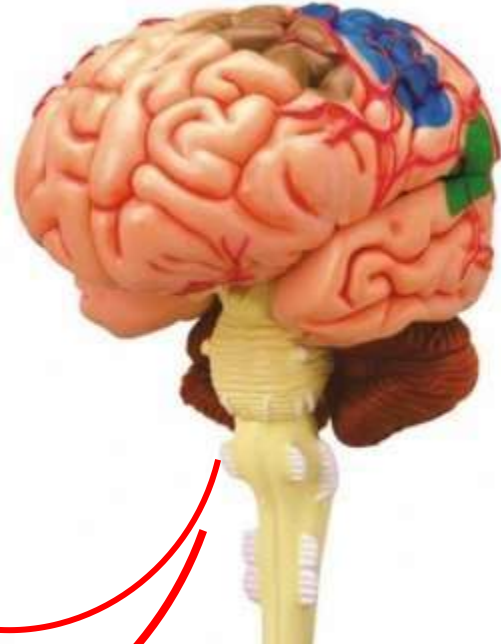
Oplevelsen aktiverer hjernens eget 'apotek',

og det autonome nervesystem følger op via diverse transmittere

Skovturen – du skal møde din kære...

- du fik øje på hende, fangede hendes hånd og nød dagen ..

Der havde sommerfugle i maven ...



Du var blød i knæene ...

Dine sanser passerede hjernen, og influerede via en række autonome transmittere på din krop og dit velbefindende ...

Oplevelser - effektveje – hjernens eget apotek...

- medicin og placebo spiller ofte på samme klaver

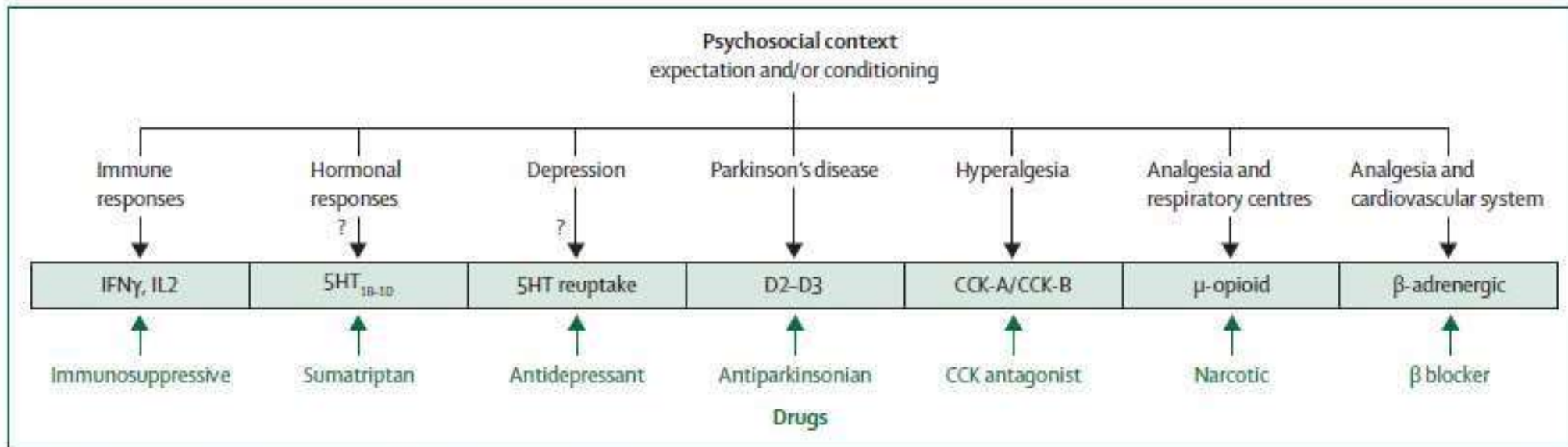


Figure 2: Receptor pathways activated by both psychosocial context and drugs

Antidotforsøg kan blokere flere placeboforsøgs positive udfald

Alzheimerpatienter mister placeboeffekter i forsøg

Effektveje kan vises i PET scanninger

Finniss DG, Kaptchuk TJ, Miller F, Benedetti F. Lancet 2010;375:686-695 incl. 107 ref.

Læge-patient-forholdet er et stærkt 'medikament'

- moderne placeboforskning viser klart, at læge-patient-forholdet og tilliden har biologisk målbar symptomlindrende effekt

Biological, clinical, and ethical advances of placebo effects

Damien G Finniss, Ted J Kaptchuk, Franklin Miller, Fabrizio Benedetti

Lancet 2010; 375: 686-95
University of Sydney Pain Management and Research Institute, Royal North Shore Hospital, St Leonards, NSW, Australia
(D G Finniss MSc (Med)); Osher Research Center, Harvard Medical School, Boston, MA, USA (T J Kaptchuk); Department of Bioethics, National Institutes of Health, Bethesda, MD, USA (F Miller PhD); and Department of Neuroscience, University of Turin Medical School, and National Institute of Neuroscience, Turin, Italy (Prof F Benedetti MD)
Correspondence to: Dr Damien G Finniss, University of Sydney Pain Management and Research Institute, Royal North Shore Hospital, Pacific Hwy, St Leonards, NSW 2055, Australia
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For many years, placebos have been defined by their inert content and their use as controls in clinical trials and treatments in clinical practice. Recent research shows that placebo effects are genuine psychobiological events attributable to the overall therapeutic context, and that these effects can be robust in both laboratory and clinical settings. There is also evidence that placebo effects can exist in clinical practice, even if no placebo is given. Further promotion and integration of laboratory and clinical research will allow advances in the ethical use of placebo mechanisms that are inherent in routine clinical care, and encourage the use of treatments that stimulate placebo effects.

Introduction

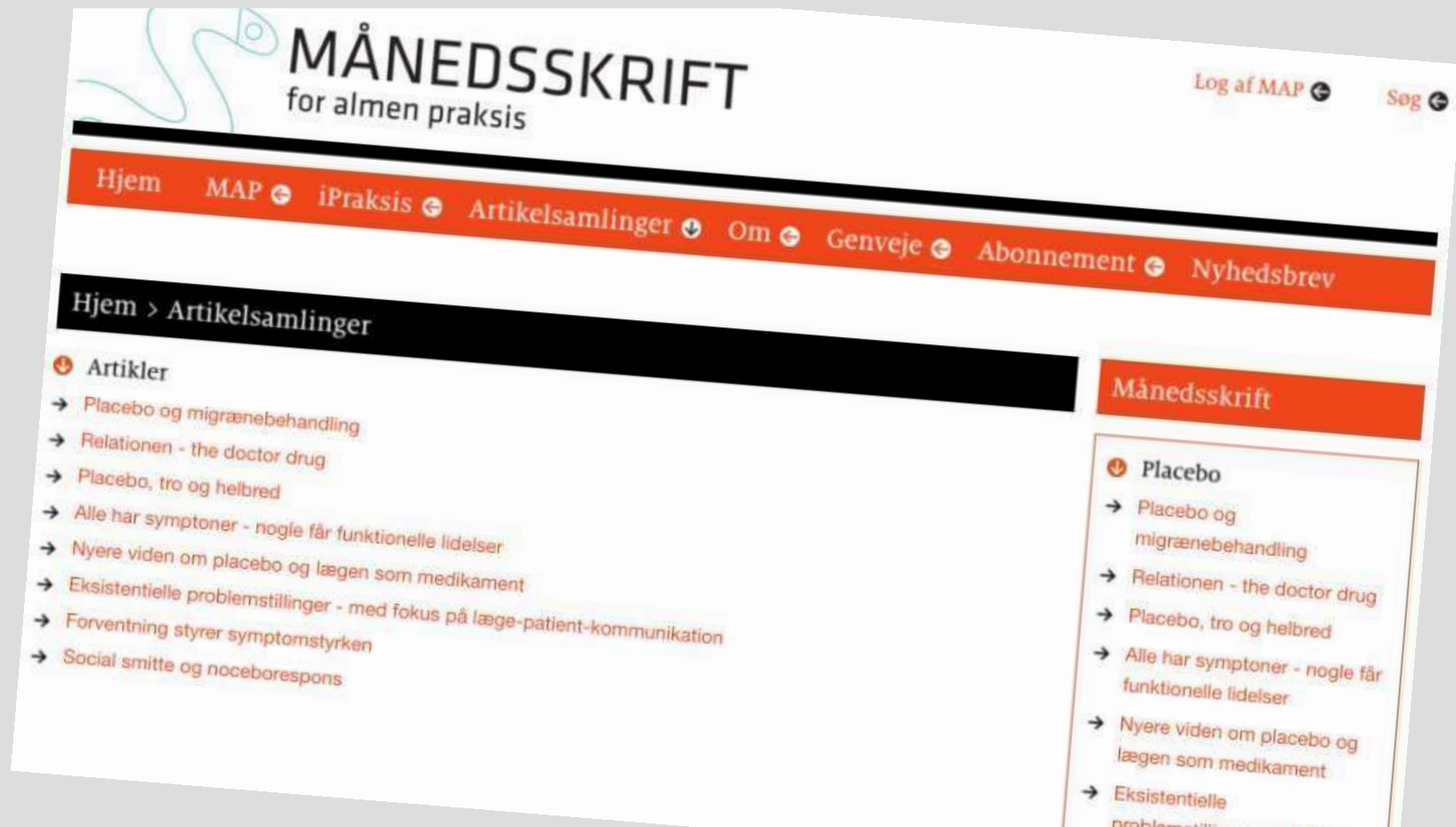
The notion of something called "placebo" started with St Jerome's mistranslation of the first word of the ninth line of Psalm 116, when instead of translating the Hebrew "I will walk before the Lord", he wrote "Placebo Domino in regione vivorum" ("I will please the Lord in the land of the living"). By the 13th century, when hired mourners waited for Vespers for the Dead to begin, they often chanted the ninth line, and so were called "placebos" to describe their fake behaviour.¹ Later, in *The Canterbury Tales*, Chaucer named his sycophantic, flattering courtier Placebo. The introduction of placebo controls, which entailed the administration of fake procedures to separate the effects of imagination from reality, began in the 16th century with progressive Catholic efforts to discredit right-wing exorcisms.² Individuals "possessed" by the devil were given false holy objects and if they reacted with violent

understanding of placebo mechanisms in both laboratory and clinical settings could lead to a reconsideration of placebo effects with implications for clinical practice.

Conceptual background

The association of placebo effects with RCTs has caused confusion because the response in the placebo group is not necessarily a genuine psychosocial response to the simulation of treatment. In fact, the reported response to placebo in RCTs might reflect the natural course of disease, fluctuations in symptoms, regression to the mean, response bias with respect to patient reporting of subjective symptoms, or other concurrent treatments. Furthermore, a traditional focus on the inert content of a placebo has led to difficulties in defining and understanding placebo effects,^{3,4} not to mention applying them in clinical research and practice.⁵

Finniss DG, Kaptchuk TJ, Miller F, Benedetti F. Lancet 2010;375:686-695 incl. 107 ref.



WEB: JIPS & SIPS

Søg: <http://JIPS.online> eller www.placebosociety.org/



Placebo Publications September 2017

Posted on September 30, 2017 by JIPS Editorial Staff

ABOUT JIPS

JIPS is a placebo literature update service for members of the [Society for Interdisciplinary Placebo Studies \(SIPS\)](#). [Learn more about JIPS](#)



Moderne definition af placebo

- ✦ "den reduktion af et symptom, som stammer fra patientens **oplevelse** af behandlingen" (Lene Vase 2004)
- ✦ Effekten af den samlede kontekst omkring den specifikke behandling
- ✦ **Kontekst-effekten**
- ✦ **Placebo: et dårligt ord for en vigtig del af behandlingen**
 - ➔ ✦ forskel på placebomiddel (tablet) og placeboeffekt (en universel reaktionsform)

- ★ Eller – effekten af 'lægen som lægemiddel' – men det inkluderer så hele konteksten omkring behandleren/lægen

Placeboeffekten





**Forskerens fjende ...
ven ...**

Klinikerens bedste



men fik vi aldrig fjendskabet lagt bag os?

Alternative behandlere

Den daglige avis: En kæmpeforretning ... Hvorfor er pt. glade?

Kan vi styrke dialogen med pt. om dette?

Kan vi erstatte/undgå det?



Funktionelle lidelser

Kan vi forebygge og behandle tidligt?

Kan vi styrke dialogen om patogenesen?

**Kan vi selv blive mindre frustrerede i mødet
med disse pt?**



Placebo og 'the doctor drug'

- ✦ **Hypotese: behandlingseffekt er 3 delt:**
- ✦ specifik, et behandlingsritual og lægerelationen.
- ✦ **Formål: påvise om der er ritual og relations effekt (76% kvinder, mean alder 39)**
- ✦ **Metode: KGU af 262 med colon irritabile**
- ✦ Gruppe 1: venteliste
- ✦ Gruppe 2: placeboakupunktur – ritualet
- ✦ Gruppe 3: Som 2 + relationel forklaring – 'dr drug'
- ✦ ***Effekt efter 3 uger selvrapporert: 1: 28% 2: 44% 3: 62 % ($p<0,001$)***

- ✦ Samme signifikante fund på: global improvement scale, symptom severity score
- ✦ Samme signifikante trend efter 6 uger

Kaptchuk et al. BMJ 2008;336:999 - 1003

RYGSMERTER OG TERAPEUTISK ALLIANCE

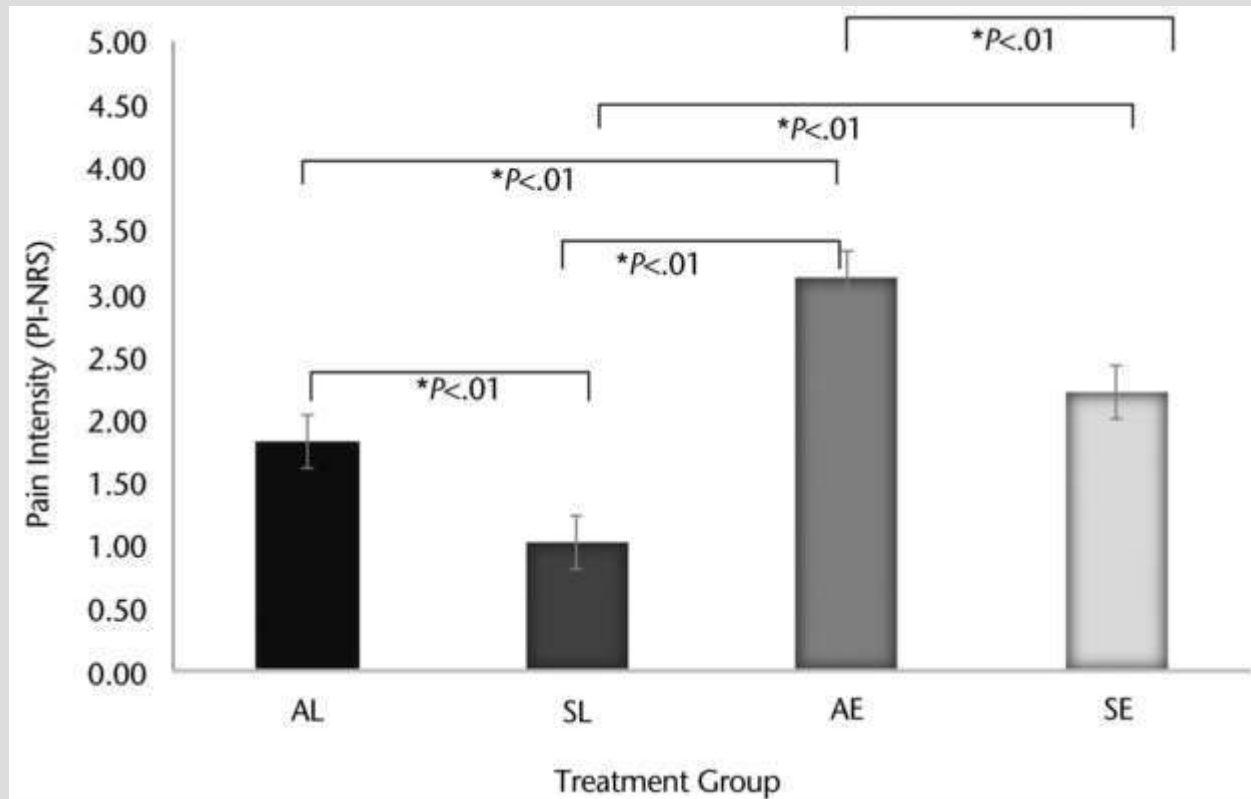
120 PT. RAND. TIL 4 GRUPPER

A= aktiv el-kortbølge

S = Sham el-kortbølge

L = begrænset alliance

**E = aktiv alliance (den
empatiske sygeplejerske)**



From: Enhanced Therapeutic Alliance Modulates Pain Intensity and Muscle Pain Sensitivity in Patients With Chronic Low Back Pain: An Experimental Controlled Study

Phys Ther. 2014;94(4):477-489. doi:10.2522/ptj.20130118

Phys Ther | © 2014 American Physical Therapy Association

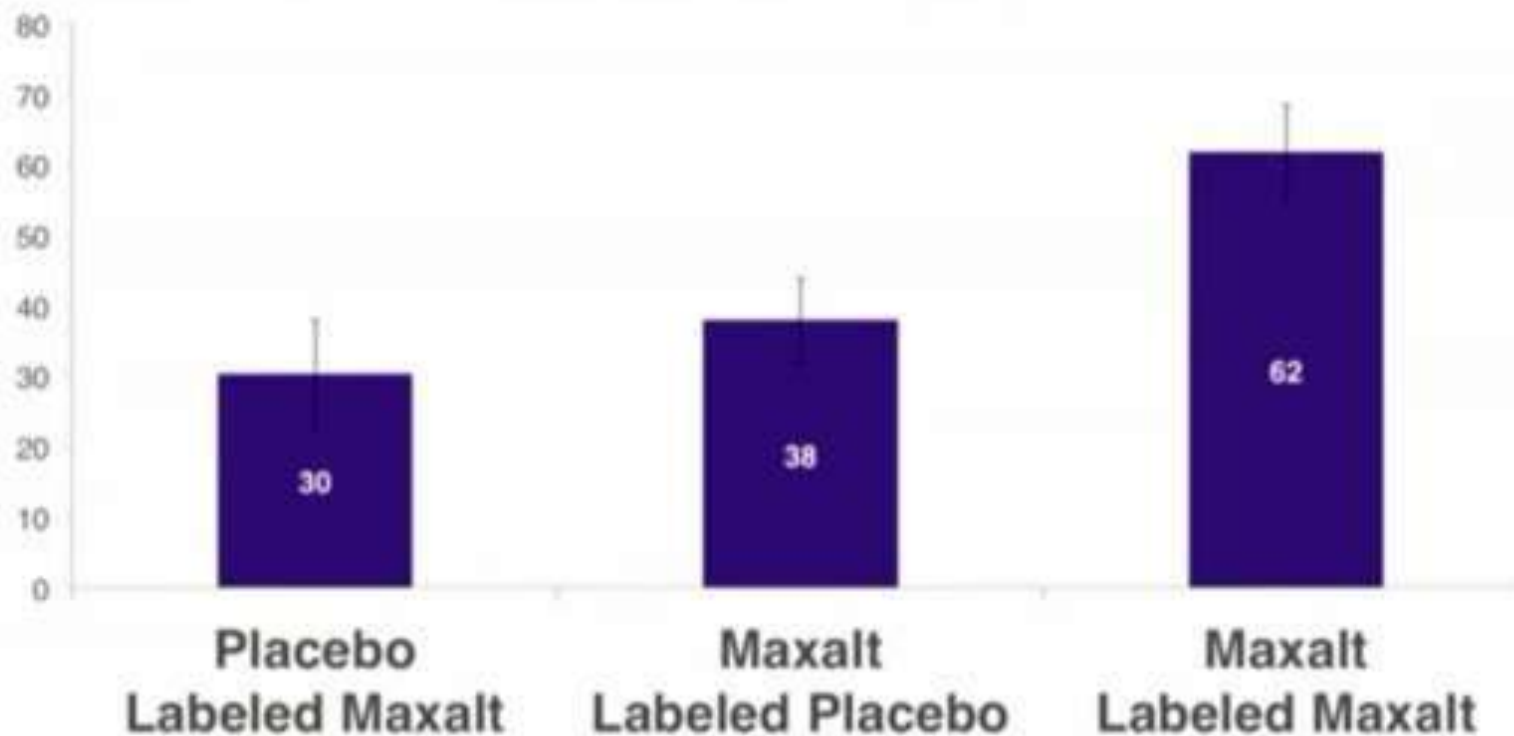
453 migræneanfald hos 51 patienter

Table 1. Study design combining three types of labeling and two types of treatment.

Labeling of treatment pill	Accuracy of treatment labeling	
	Given placebo pill	Given Maxalt pill
Placebo (negative information)	Correct	Incorrect
Maxalt or placebo (neutral information)	Correct	Correct
Maxalt (positive information)	Incorrect	Correct

Figur 2 453 migræneanfald hos 51 pt.

Percent Reduction in Pain



Science Translation Medicine 2014

Slide efter foredrag Kaptchuk T

Placebo analgesia



**Range of movement
after thoracotomy**

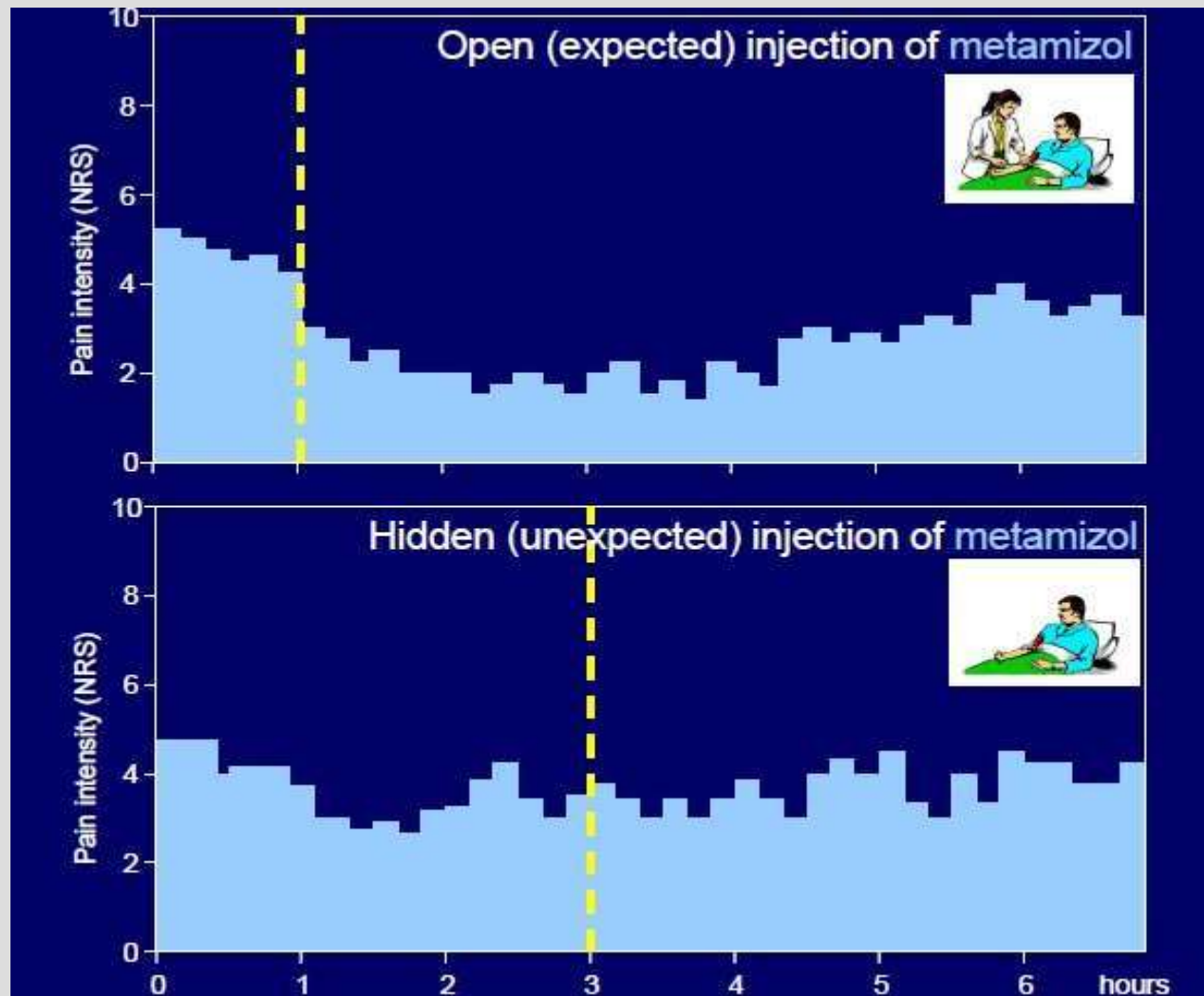


**Placebo
Analgesia**

Harvard Medical School – seminars on placebo.
<http://www.rwjf.org/en/grants/grantees/placebo-forum.html>.

Patient involvement matters

-self reported symptoms and injection of a pain killer



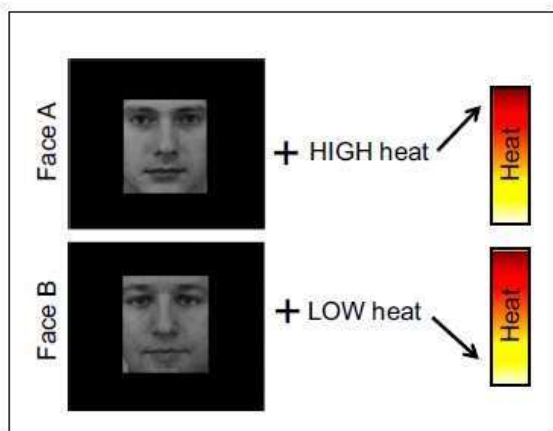
Benedetti et al.

Betinget oplæring med høj og lav stimulus og efterfølgende ...

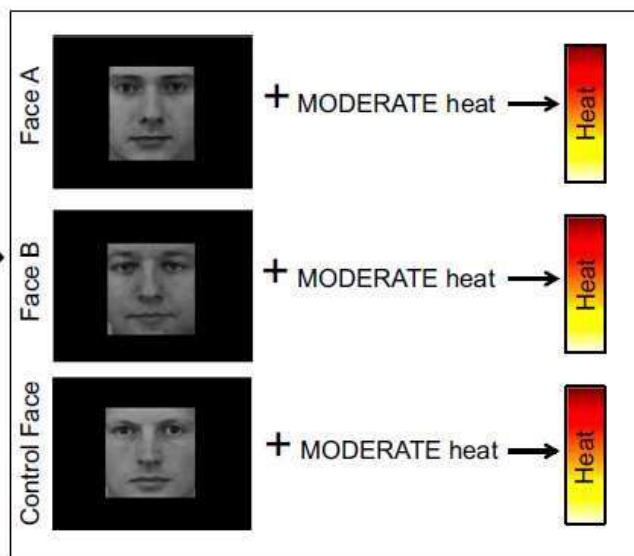
a: synlig opfattet eksponering for samme stimulus

b: hurtig usynlig eksponering for samme stimulus

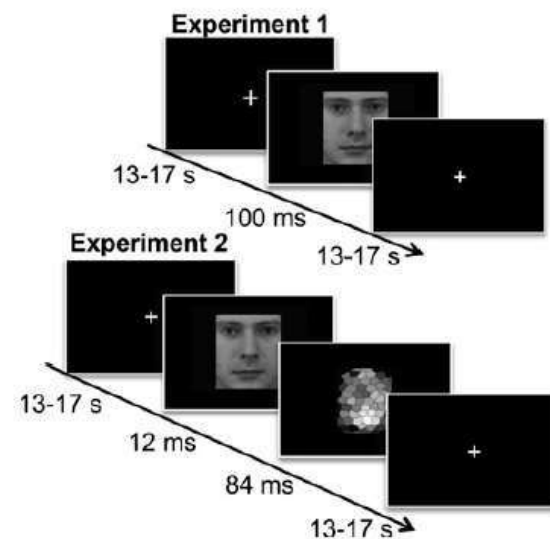
A CONDITIONING x 50 stimuli



TEST-SEQUENCE x 60 stimuli



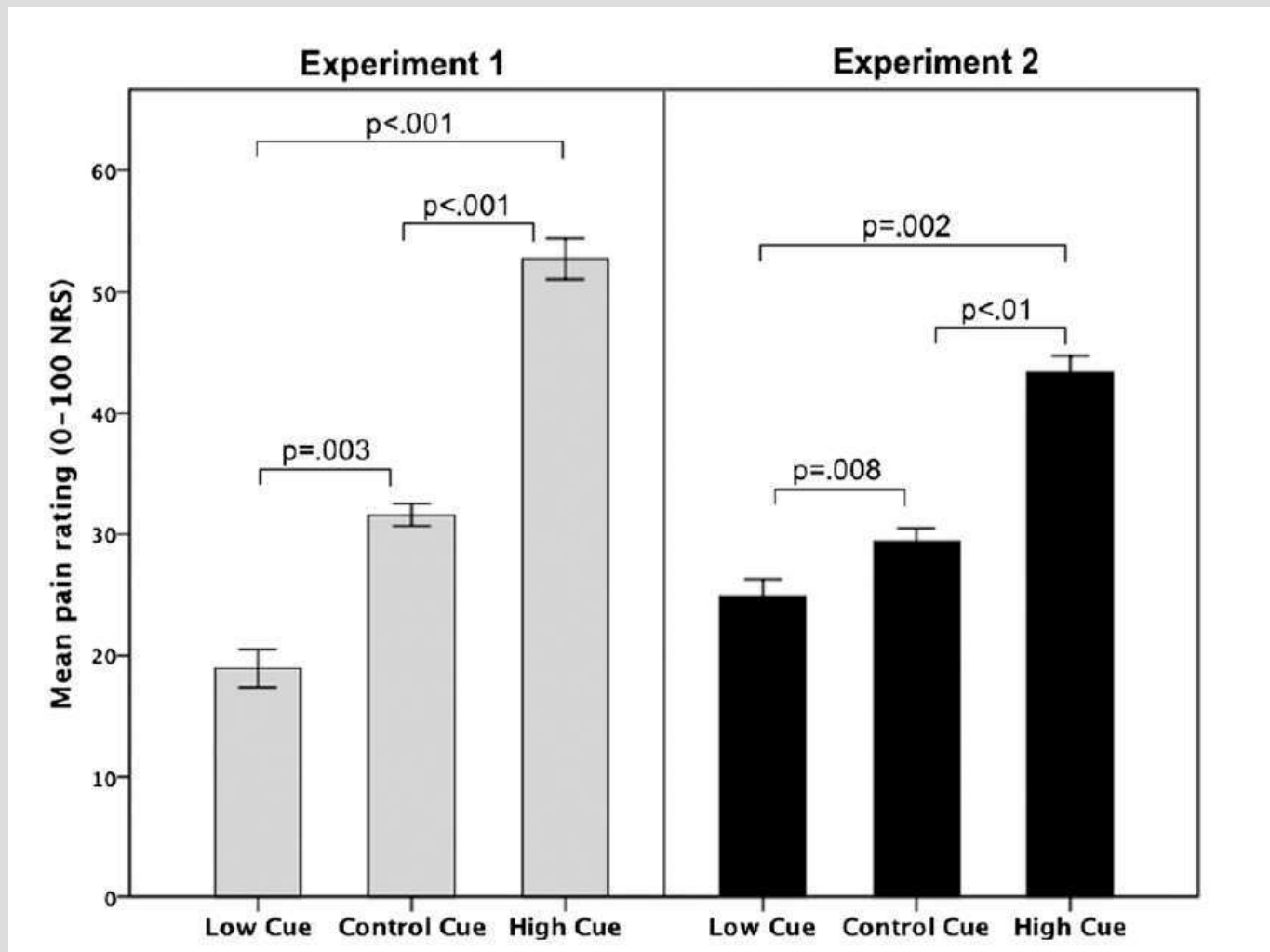
B EXPOSURE LENGTHS Test-sequence



Smerteoplevelse normale forsøgspersoner

-samme eksponering

- kendt (eks1) eller 'usynlig' (eks2) prækonditionering



Asthma and treatment outcome

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Active Albuterol or Placebo, Sham Acupuncture, or No Intervention in Asthma

Michael E. Wechsler, M.D., John M. Kelley, Ph.D., Ingrid O.E. Boyd, M.P.H.,
Stefanie Dutile, B.S., Gautham Marigowda, M.B., Irving Kirsch, Ph.D.,
Elliot Israel, M.D., and Ted J. Kaptchuk

Change in FEV1

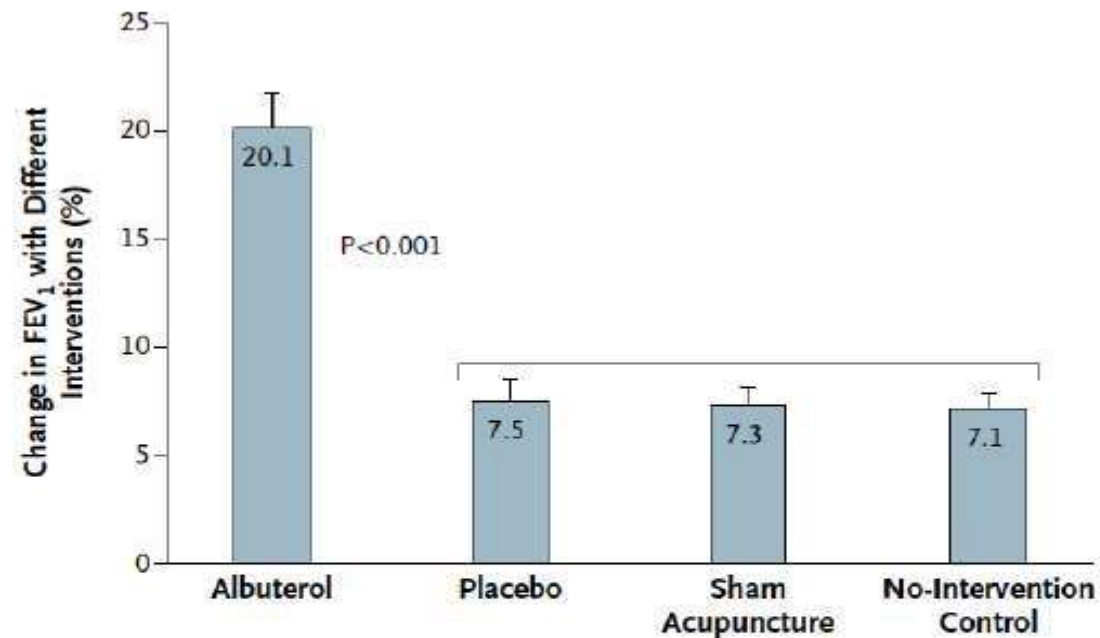


Figure 3. Percent Change in Maximum Forced Expiratory Volume in 1 Second (FEV₁) with Each of the Four Interventions.

The relative improvement in FEV₁ achieved with albuterol was significantly greater than that achieved with each of the other three interventions ($P<0.001$). No other differences among the four groups were significant. T bars indicate standard errors of the mean.

Subjective effect

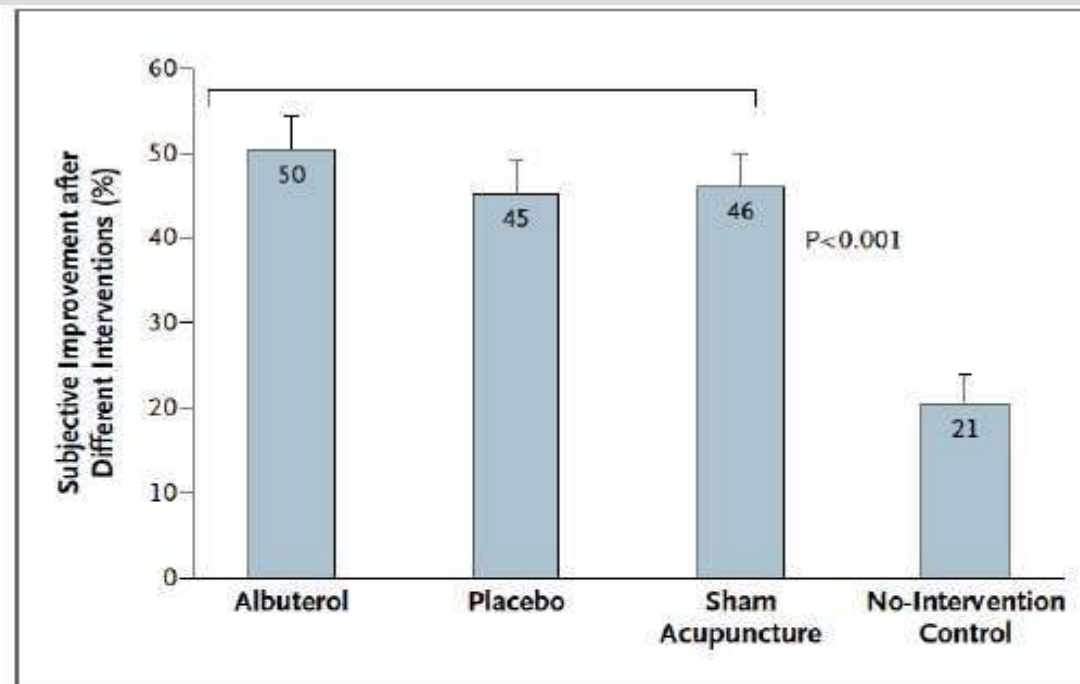


Figure 4. Percent Change in Subjective Improvement with Each of the Four Interventions.

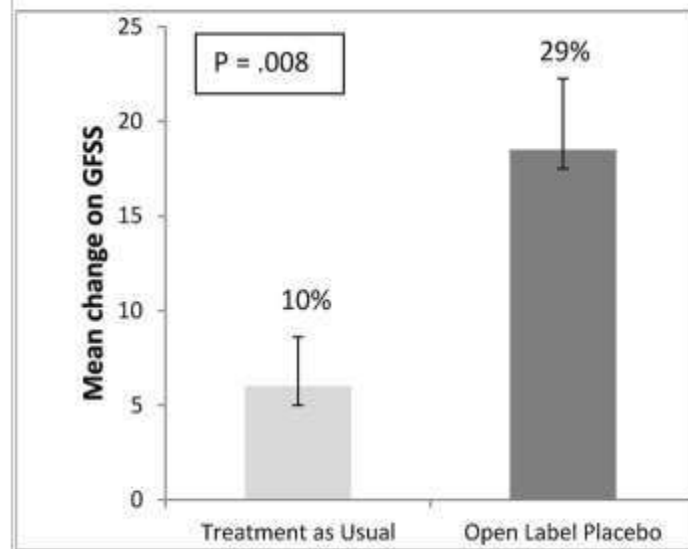
The relative improvement in subjective outcomes, assessed with the use of a visual-analogue scale (with 0 indicating no improvement and 10 indicating complete improvement), was significantly greater with the albuterol inhaler, the placebo inhaler, and sham acupuncture interventions than with the no-intervention control ($P<0.001$). No other differences among the four groups were significant. T bars indicate standard errors of the mean.

Åben placebobehandling

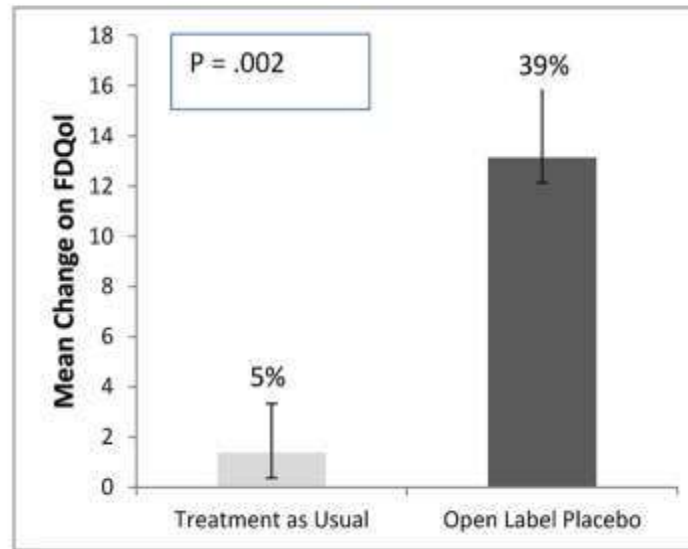
- pt. er forklaret om placebo på standardiseret, åben, søgende, empatisk måde
- åbent randomiseret studie med blindet assessor. N=74

Pt. havde haft cancer 6 mdr. til 10 år tidligere og havde moderat eller svær træthed

A. Global Fatigue Symptom Severity (GFSS)



B. Fatigue-Disrupted Quality of Life (FDQoL)



Outcomes by treatment group at 21-day endpoint. (A) Mean change scores on global fatigue symptom severity (GFSS). (B) Mean change scores on fatigue-disrupted quality of life (FDQoL). Error bars represent standard errors of the mean.

Sci Rep. 2018; 8: 2784.

Published online 2018 Feb 9. doi: [10.1038/s41598-018-20993-y](https://doi.org/10.1038/s41598-018-20993-y)

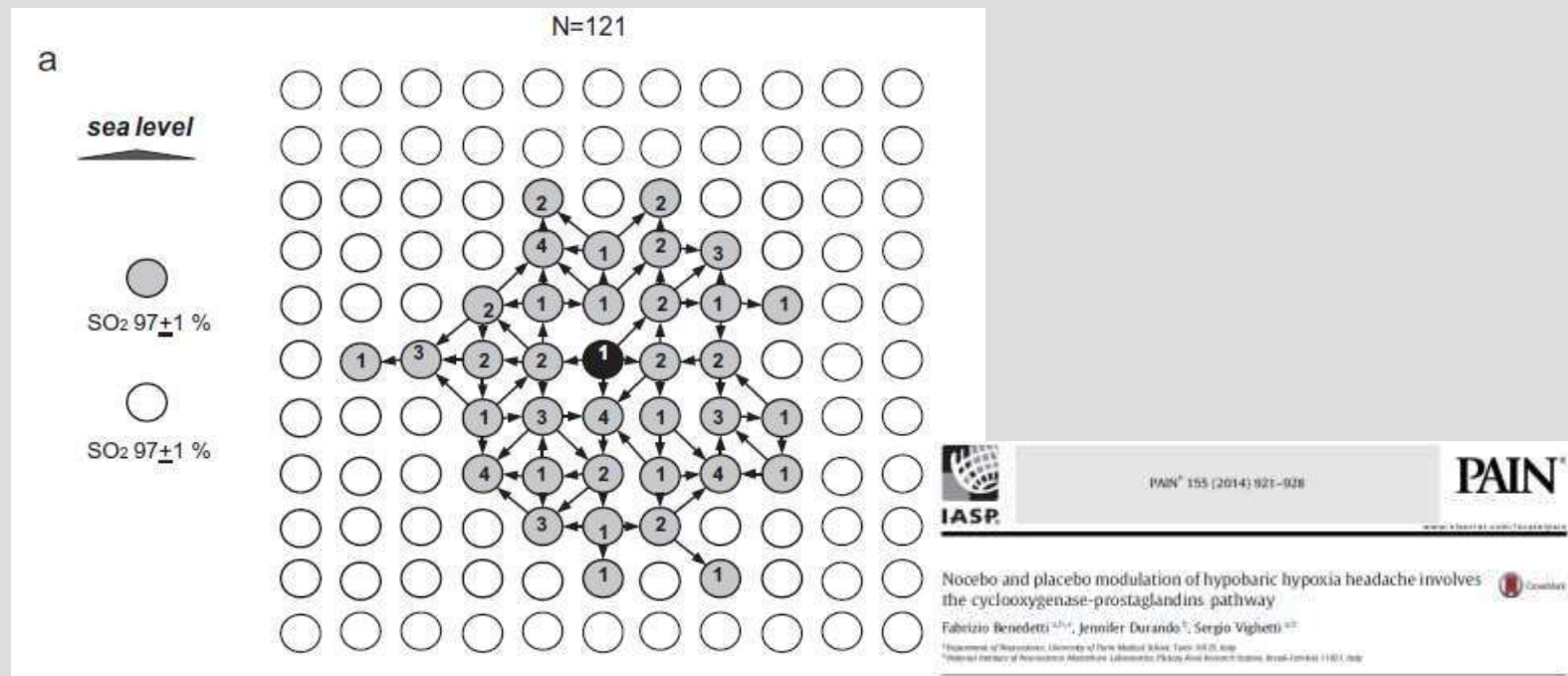
PMCID: PMC5807541

Open-Label Placebo Treatment for Cancer-Related Fatigue: A Randomized-Controlled Clinical Trial

Teri W. Hoenemeyer,¹ Ted J. Kaptchuk,² Tapan S. Mehta,³ and Kevin R. Fontaine⁴

Social smitte af noceboinformation

- én person informeres om hovedpine som bivirkning til ophold i højde. Taler i løbet af en uge med 36 = nocebogrupppen



Nocebogruppe fik oftere hovedpine

- højdeeksponering 3500 m iltmætning ca. 85%
- sammenligning med 38 tilfældigt udvalgte kontrolpersoner

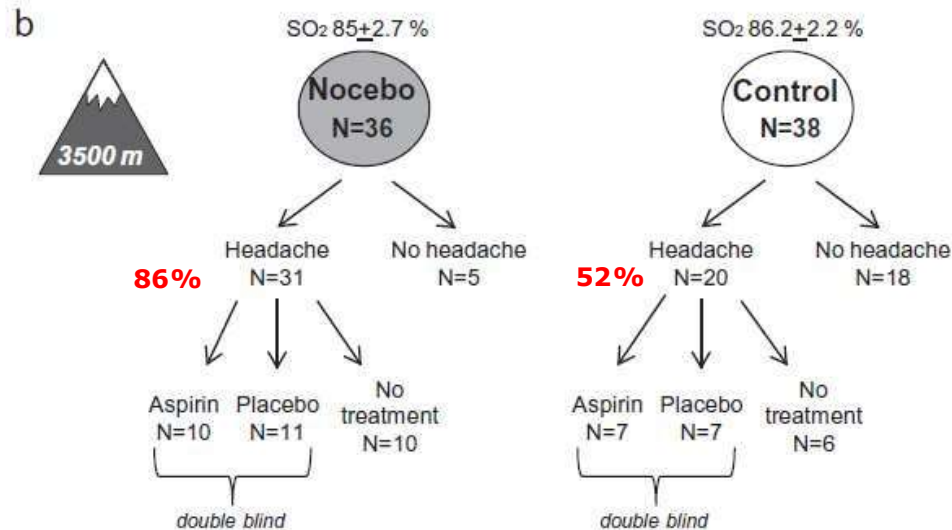


Fig. 1. Experimental design. (a) At sea level, 121 subjects were invited to go up to 3500 m. Only one of these (the “trigger”: black circle) was informed about the risk of severe headache. The diagram shows the pattern of interindividual negative communication that occurred naturally over a period of 1 week, in which 36 subjects received negative information (grey circles). The numbers represent how many times each individual received (inward arrows) the negative information. Mean ($\pm$ SD) blood oxygen saturation (SO_2) is shown for those subjects who received negative information and those who did not. (b) At 3500 m, the nocebo group was represented by those subjects who received negative information, whereas the control group was represented by a subset of subjects (randomly chosen) who were not reached by the negative communication, thus, they did not receive any information about headache. Both groups were subdivided into headache and no-headache sufferers. Those with headache were further subdivided into those who took either aspirin or placebo and those who did not undergo any treatment. The drop in SO_2 in both groups shows the hypoxic condition.

Benedetti & al, Pain 2014

Biokemiske markører for hovedpine værst i nocebogruppe

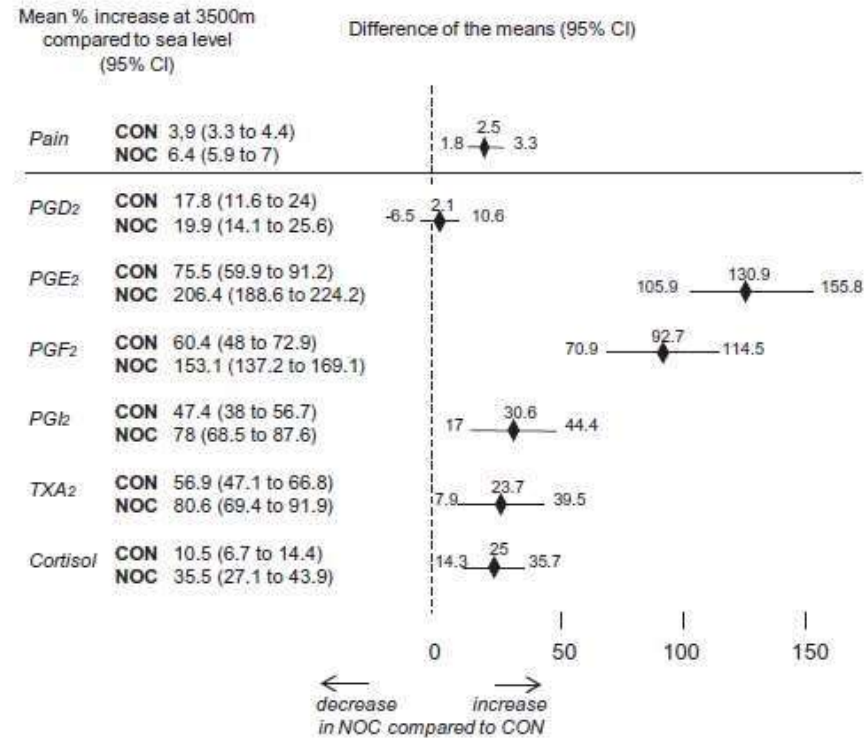
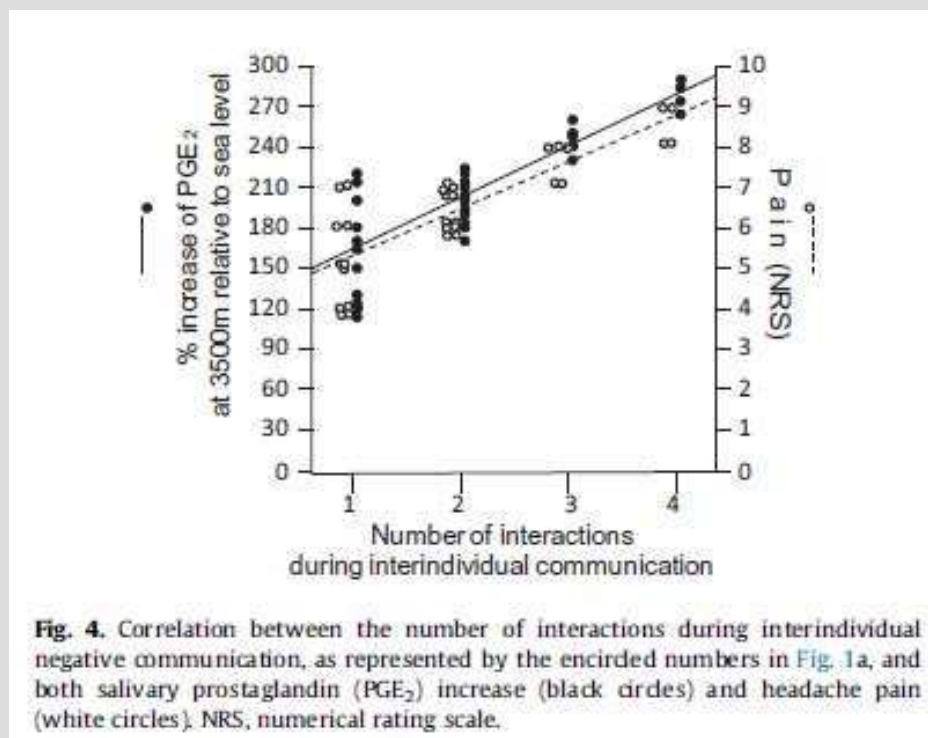


Fig. 3. Increases in headache pain, salivary prostaglandins (PG), thromboxane (TX), and cortisol at 3500 m compared to sea level in both control (CON) and nocebo (NOC) groups. On the left, mean percentage increases and 95% confidence intervals (CI) are shown in both groups. On the right, the differences between the means of the 2 groups are shown with 95% CI. Note that all values are significantly increased in group NOC compared to CON, with the exception of PGD₂.

Benedetti & al, Pain 2014

Dosisrespons-sammenfald mellem nocebopåvirkning og hovedpine+markører



Benedetti & al, Pain 2014

Giver betablokker til cardiovascular lidelse impotens - er information 'nocebo'?

- ★ **Patienter randomiseret til 3 grupper:**
 - ★ a: blind dosering – ingen information om præparatet
 - ★ b: information om præparatet, men ikke om mulig impotens
 - ★ c: som b, men også information om mulig impotensbivirkning
-
- ★ Efter 3 mdr iflg. Internat. index for impotens questionnaire:
 - ★ *a: 3,1%*

★ *b: 15,6%*

★ *c: 31,2 %*

Eu. J Health. Silvesti et al. Doi:10.106

Nocebo i en række kliniske forsøg

- konteksten modificerer oplevelse af bivirkninger

Tricykliske placeboarm

SSRI placebo arm

Tør mund	19%	6%
Syn og akkomodering	7%	1%
Svimmelhed	14%	7%
Træthed	17%	6%
Forstoppelse	11%	4%
Tremor	4%	2%

Sex problemer

5%

2%

30 – 50% af drop outs pga. bivirkninger var i placebogruppe

Rief et al. Arch. Int Med 2006; Drug safety 2009

Nocebo

...og lidt om informeret samtykke og information i dialog

Nocebo Effects, Patient-Clinician Communication, and Therapeutic Outcomes

Luana Colloca, MD, PhD

Damien Finniss, MSc Med

The importance of information delivery and disclosure of potential adverse events in the clinical setting is highlighted in some clinical trials, involving significant nocebo

JAMA, February 8, 2012—Vol 307, No. 6 **567**

Nocebo side-effects in cancer treatment

www.thelancet.com/oncology Vol 12 December 2011

Advancements in technology and targeted agents for cancer have improved patient outcomes and reduced toxicities;¹ however, serious side-effects with systemic or

Nocebo effects can be evoked through negative conditioning. Over the past 10 years, neurobiological pathways triggered by negative expectations have been

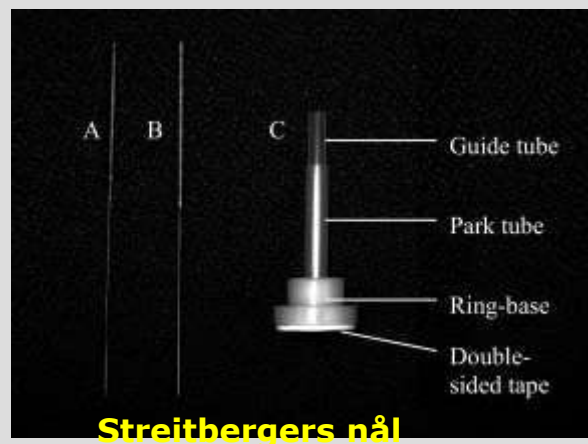
Klinikerens egen tro på behandlingen influerer også behandlingsresultatet ...

Tandsmerter og placebobehandlede patienter: læger oplyses (fejlagtigt), at den ene gruppe ikke får analgetica – patientfaktor holdes konstant. Patientgruppen med læge med negativ forventning havde betydeligt mindre respons

Svarer det til Rosenthaleffekten?

Gracely RH, Dubner R, Deeter WD, Wolskee PJ. Clinicians' expectations influence placebo analgesia. *Lancet* 1985; 325: 43.

Clinicians' expectations also seem to affect placebo responses. In a small, double-blind trial done in 1985, patients with postoperative dental pain were divided into two groups and told that they could receive a drug which would increase their pain (naloxone), decrease their pain (fentanyl), or have no effect (placebo).¹⁰⁰ By contrast, the clinicians were told that in one of the groups, there was no chance of receiving an active analgesic drug, and to this extent it was the clinicians who were manipulated and not the patients. The placebo response was substantially lower in the group that clinicians believed would receive no analgesic treatment. The double-blind nature of the study



Akupunktur virker!!

Men er effekten en placeboeffekt?

Mange (de fleste?) vil i dag svare 'ja'

Men det virker, og gør det så noget?

hypothesis. A series of large trials in Germany compared acupuncture done according to traditional Chinese medicine (verum acupuncture), sham acupuncture (superficial needling at non-acupuncture points), and either no-treatment or usual clinical care. Conditions studied included migraine,⁸⁵ tension headaches,⁸⁶ chronic low back pain,^{87,88} and osteoarthritis of the knee.⁸⁹ Generally across the various trials, outcomes did not differ between verum and sham acupuncture groups; however, participants in both of these groups had substantially greater symptom improvement than did those in the no-treatment and usual clinical care control groups.⁹⁰ Linde and colleagues⁹¹ reported that in four of these RCTs (n=864), patient's expectation of pain relief was the most robust predictor of efficacy of acupuncture treatment, irrespective of the group assignment to genuine or sham treatment. The effect of positive expectation on outcome lasted for 1 year. These results therefore accord with the hypothesis that acupuncture works by means of a placebo effect. A

Simulated acupuncture and real acupuncture both reduced low back pain dysfunction and symptoms

STUDY DESIGN

Design: randomised controlled trial. ClinicalTrials.gov NCT00065585.

Allocation: concealed.*

Blinding: blinded (diagnostician acupuncturist and interviewers).*

STUDY QUESTION

Setting: integrated healthcare systems in Washington, California, USA.

Patients: 641 patients 18–70 years of age (mean age 47 y, 60% women) who were receiving care for uncomplicated, chronic low back pain.

Outcomes: main outcomes were back-related dysfunction (modified Roland-Morris Disability Questionnaire) and symptoms (pain bothersomeness scale) at 8 weeks.

CONCLUSION

Individualised, standard, and simulated acupuncture each reduced low-back pain dysfunction and symptoms more than usual care.

*See glossary.

ABSTRACTED FROM

Cherkin DC, Sherman KJ, Avins AL, *et al.* A randomized trial comparing acupuncture, simulated acupuncture, and usual care for chronic low back pain. *Arch Intern Med* 2009;**169**:858–66.

Correspondence to: Dr D C Cherkin, Center for Health Studies, Seattle, WA, USA; cherkin.d@ghc.org

Source of funding: National Institutes of Health.

► **Clinical impact ratings:** GP/FP/Primary care 6/7; Physical medicine and rehabilitation 6/7; Rheumatology 6/7

Additional data are published online at <http://ebm.bmj.com/content/vol14/issue6>

Kultur og medicinske ritualer

Ikke alle medicinske ritualer er ens:

Placebo tabletter er bedre til søvnforstyrrelser end placebo akupunktur, men sham-akupunktur (placebo akup.) er bedre til smerter

Det samme gælder nocebo-effekter.

I et placeboforsøg rapporterer 30% bivirkninger, men mønster er helt afhængigt af de bivirkninger, man er informeret om.

had different effects. Not all medical rituals are the same: placebo pills are better for sleep and sham needles are better for pain. Nocebo effects also differed between treatment delivery groups. Patients in the

Although 30% of people in both placebo groups reported adverse effects, the type of effects differed between groups and mimicked the information provided during the informed consent process.

Arthrose: specifik og kontekst effekt

- the efficacy paradox

Clinical and epidemiological research

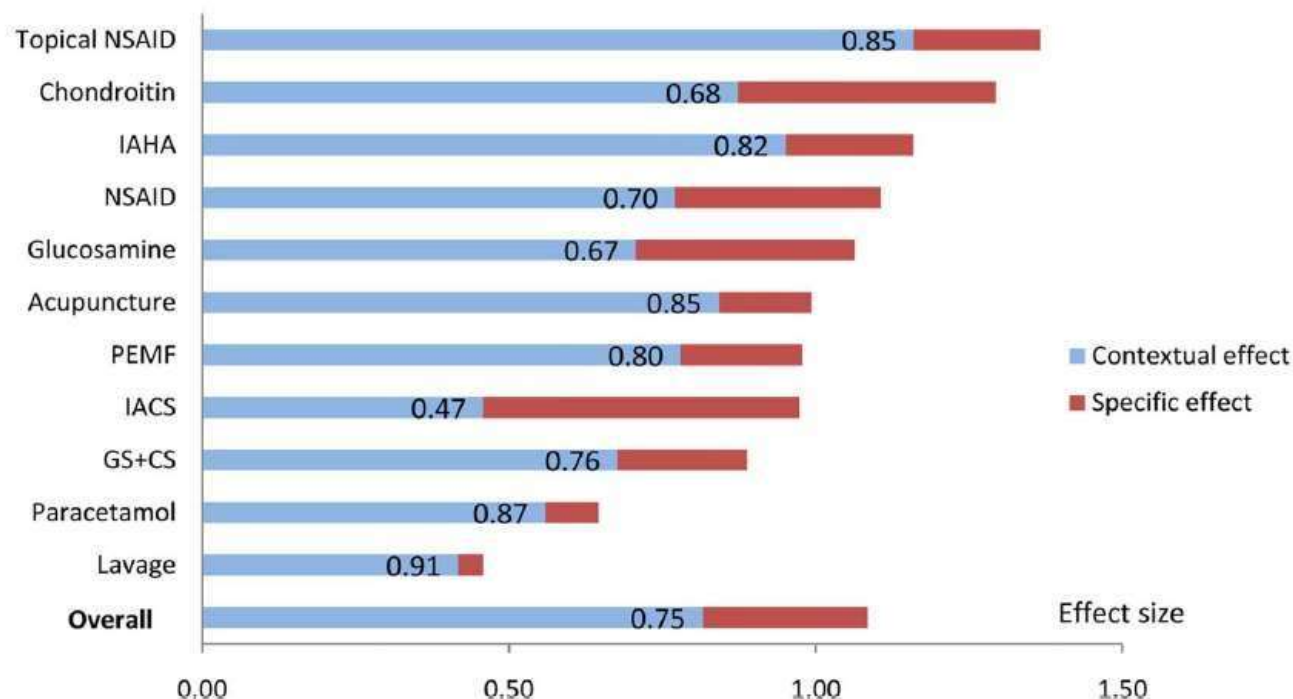


Figure 3 The overall treatment effect and the proportion attributable to contextual effect (PCE) for pain in osteoarthritis. The overall length of the bar represents the effect size (ES) of overall treatment effect; the blue component of the bar and the label represents the PCE of each treatment (measured by ratio of the ESs between contextual effect and overall treatment effect, ranging from no contribution from contextual effect (=0) to 100% contribution from contextual effect (=1); the red component represent the proportion attributable to specific effect of each treatment). CS, chondroitin sulfate; GS, glucosamine sulfate; IACS, intra-articular corticosteroid; IAHA, intra-articular hyaluronic acid; NSAID, non-steroidal anti-inflammatory drug; PEMF, pulsed-electromagnetic field therapy.

Er lægen et medikament ...

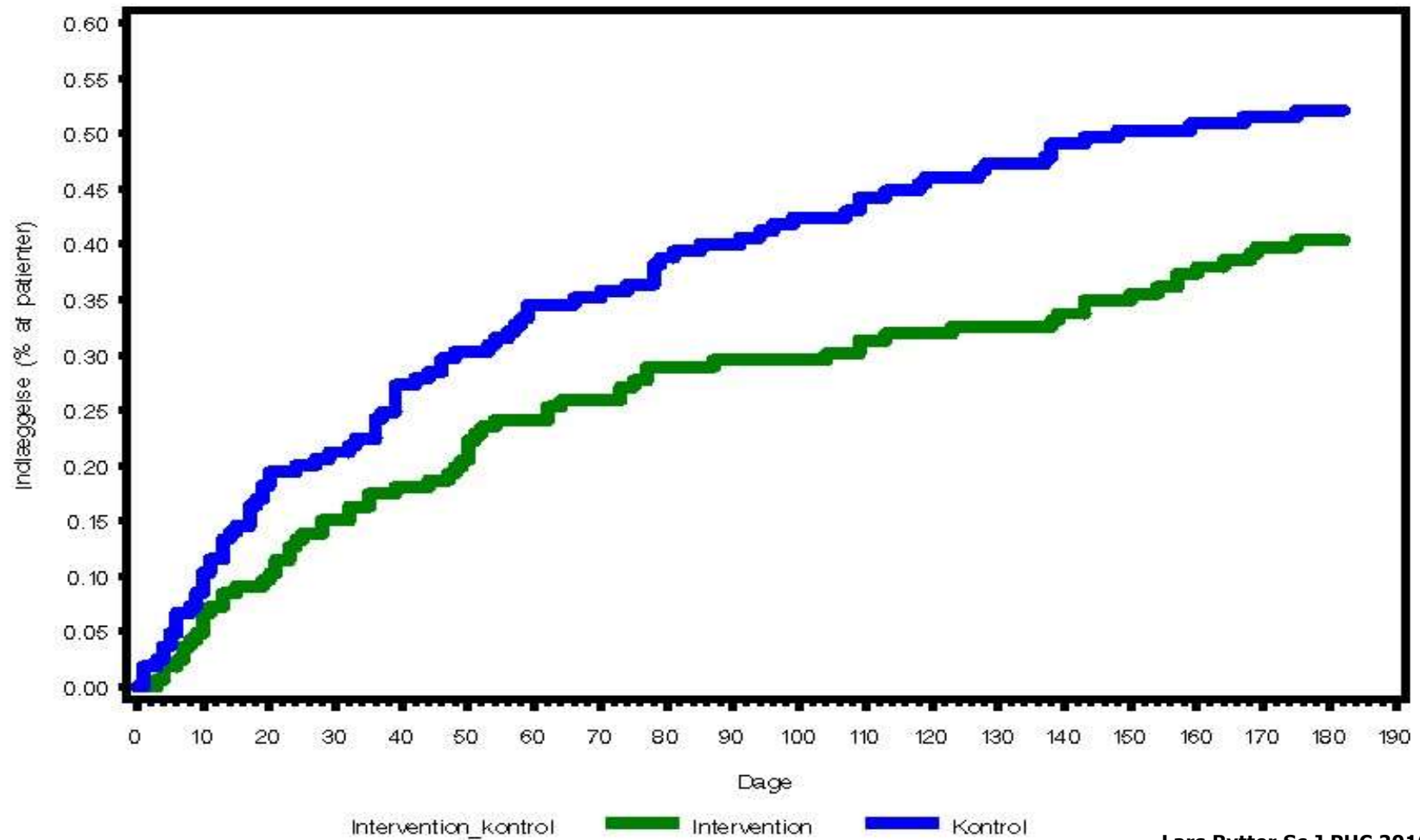
- svaret påvirker behandlingsstrategien

- ✦ Tænk f. eks. på:
- ✦ Den depressive –
- ✦ 'Kom igen om 6 uger, når medicin virker'
- ✦ 'Jeg vil gerne følge dig om 1 uge, 2 uger og 4 uger...'
- ✦ Rygpatienten...
- ✦ klæde af – undersøge grundigt

★ Holdningen til sygebesøg...

★ 'Statuskonsultationer' efter udskrivelse...

Opfølgende hjemmebesøg – gamle - genindlæggelser
23% reduktion



Lars Rytter Sc J PHC 2010

Behandling af øjenbetændelse i almen praksis

- ★ **3 strategier havde samme effekt efter en uge:**
- ★ antibiotikaøjendråber nu
- ★ antibiotika ved fortsatte symptomer i 3 dage
- ★ *kun 52% indløste recept*
- ★ ingen behandling
- ★ **Vil du gå til læge næste gang?**
- ★ 68% i første gruppe

★ 41 og 40% i to andre grupper

★ **Podning: øgede forældres bekymring og usikkerhed!**

Hazel AE et al. BMJ 2006; 333: 321-24

Eksempel - leddegigt

Ambulant kontrol af leddegigt

- ✦ Sædvanlig: faste kontroller i sygehus.
- ✦ Intervention: 'åben indlæggelse' til amb. kontrol
- ✦ *Patient og egen læge kan frit visitere til kontrol* ✦ 6

års follow up

- ✦ *Biomedicin ingen forskel – måske lidt i favør af åbne*
- ✦ *Tilfredshed signifikant større i åbne gruppe*
- ✦ **38% færre amb. besøg**
- ✦ **Specialisten bruges til det specielle**

Hewlett S et al. BMJ 2005;330: 171-75

På venteliste til operation for lave lændesmerter

- 50 patienter, der havde ventet mere end et år
- **Systematisk genvurdering i bio-psyko-soc. perspektiv:**
- ✦ 85% enten tidl. psyk. syge eller højt score for somatisering □

Intervention:

- ✦ Aktiverende, støttende terapi □ **6-måneders follow-up:**
- ✦ 21 (42%) ønskede stadig op.
- ✦ 8 (16%) ambivalente
- ✦ 18 (36%) ønskede sig slettet fra ventelisten
- ✦ 3 (6%) ubesvarede

Fra informeret samtykke til shared decision

- ★ Bedste kliniske guidelines udarbejdes ...
- ★ En gruppe patienter med subjektive klager og objektive og billeddiagnostiske fund, som berettiger til ny hofte eller knæ.
- ★ Kun maks. 20% ønskede nye hofter efter 'shared decision' drøftelse af fordele og ulemper
- ★ Incitamenter med stor behandlingsmotivation (penge/drg) hos klinikere kan ødelægge shared decision (fra 20% -> 100% op.)

- ★ Stoler vi for meget på guidelines som eneste værktøj i de brugerog udbyderfølsomme ydelser?

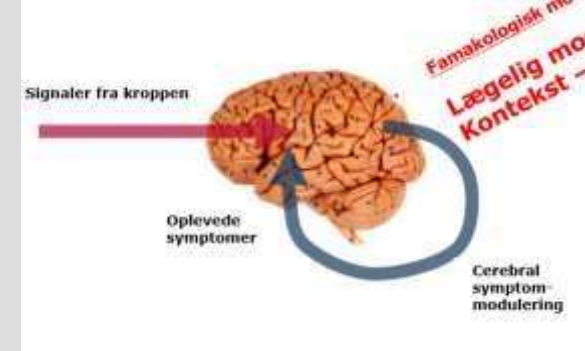
Wennbergs bog - canadaforsøget

Somatisering og placebo

- ★ Somatisering: et sammenbrud i symptommodulerende mekanismer.
- ★ Forståelse af moderne placeboforskning er del af forståelsen af patogenesen

★ **Placebobevidsthed i den betydning, som her er præsenteret
kan være en del af behandlingen**

Funktionelle lidelser ...



- ”Du har af en årsag, vi endnu ikke forstår fået en forstyrrelse i den måde din hjerne håndterer og filtrerer symptomer på”
- ”Det er ikke en psykisk sygdom på samme måde som for eksempel sclerose ikke en psykisk sygdom”
- ”Det gode er, at vi kan genoplære hjernen til en mere ‘normal’ håndtering igen”

Alternative behandlere

Den daglige avis: En kæmpeforretning ... Hvorfor er pt. glade?

Kan vi styrke dialogen med pt. om dette?

Kan vi erstatte/undgå det?



Nogle observationer fra en gammel practicus ...

- ★ Lægevagten og migræne ...
- ★ Landmanden med epicondylit
- ★ Lumbal smerte og en konsultation...
- ★ Smerterne hos en cancerpatient...
- ★ Den klamt svedende coronarpatient...
- ★ Skift i antirheumaticum...
- ★ Den svært funktionelle pt.

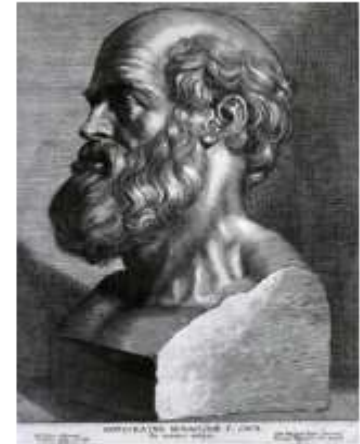
Diskussion

- ★ Rosenthal-effekten – forventninger påvirker præstationer
- ★ Hawthorne effekten – opmærksomhed påvirker præstationer
- ★ Placebo-effekten – kontakt, tillid og relationer påvirker det oplevede
- ★ og vi kan i dag vise de biologiske processer i hjernen bag effekten

✦ Moderne forskning i placeboeffekten bygger bro mellem psyke og soma og mellem humanistisk og biologisk medicin

"I would rather know the person who has the disease than know the disease the person has."

– *Hippocrates*



If you are distressed by anything external, the pain is not due to the thing itself, but to your estimate of it; and this you have the power to revoke at any moment.

– *Marcus Aurelius*



Brain, Behavior, and Immunity



BMJ Open Continuity of care with doctors – a matter of life and death? A systematic review of continuity of care and mortality

Denis J Pereira Gray,¹ Kate Sidaway-Lee,¹ Eleanor White,^{1,2} Angus Thorne,^{1,3} Philip H Evans^{1,2}

BMJ Open: first published as 10.1136/bmjopen-2017-021161

To cite: Pereira Gray DJ, Sidaway-Lee K, White E, et al. Continuity of care with doctors—a matter of life and death? A systematic review of continuity of care and mortality. *BMJ Open* 2018;**8**:e021161. doi:10.1136/bmjopen-2017-021161

► Prepublication history and additional material for this paper are available online. To view these files, please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2017-021161>).

Received 19 December 2017
Revised 15 March 2018
Accepted 20 April 2018

ABSTRACT

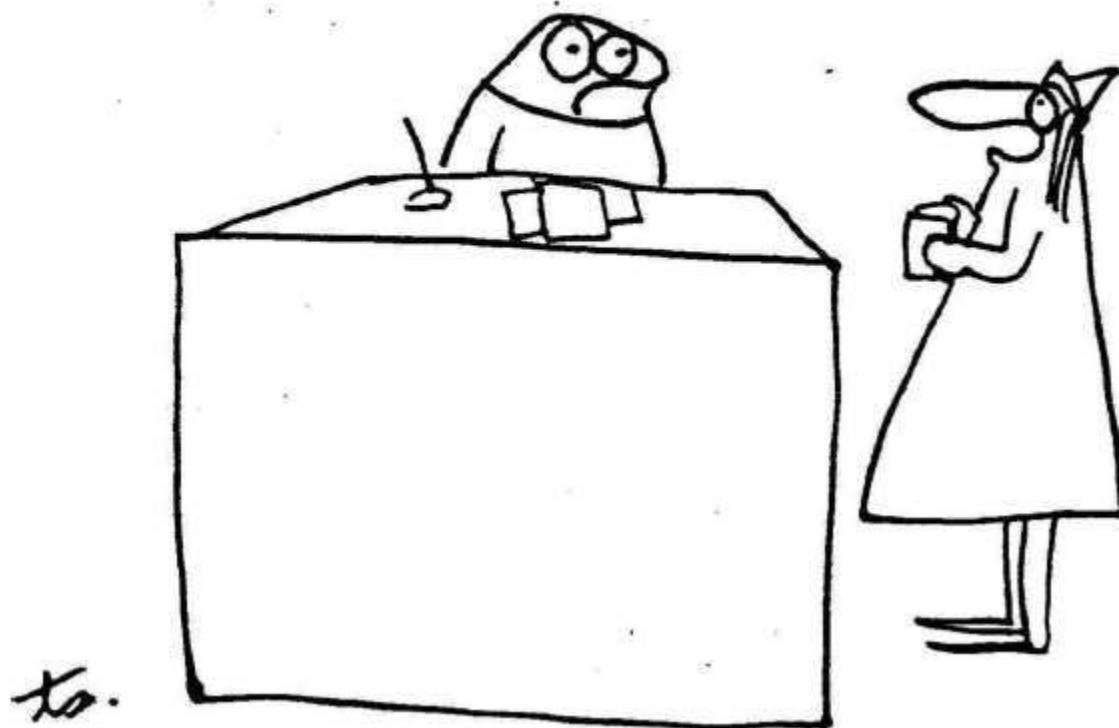
Objective Continuity of care is a long healthcare, especially of general practice with increased patient satisfaction, increased health promotion, greater adherence to and decreased use of hospital service to examine whether there is a relationship between receipt of continuity of doctor care and health outcomes.

Design Systematic review without meta-analysis.
Data sources MEDLINE, Embase and Cochrane from 1996 to 2017.
Eligibility criteria for selecting studies primary research articles, published in English, reporting measured continuity of care from any kind of doctor, in any setting related to measured mortality of those patients.
Results Of the 726 articles identified, 100 fulfilled the eligibility criteria. The studies were mostly cross-sectional and most adjusted for confounding factors. These studies carried out in the UK, USA, Australia, Canada, New Zealand, and the Netherlands.

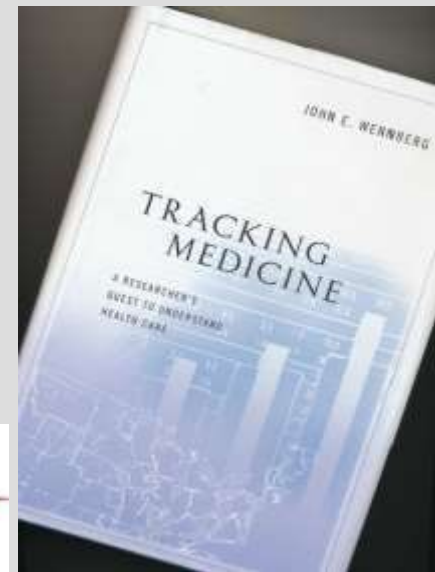
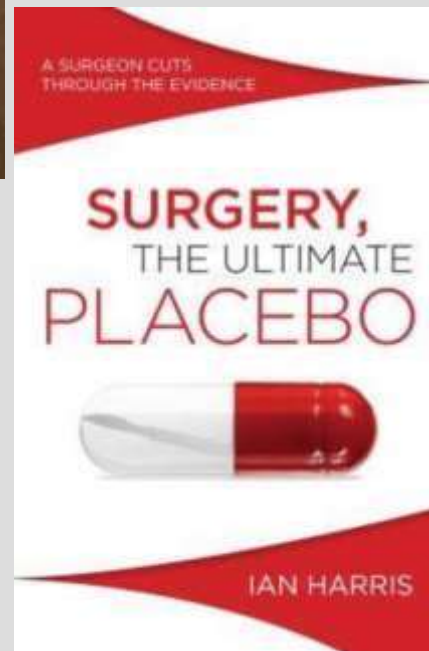
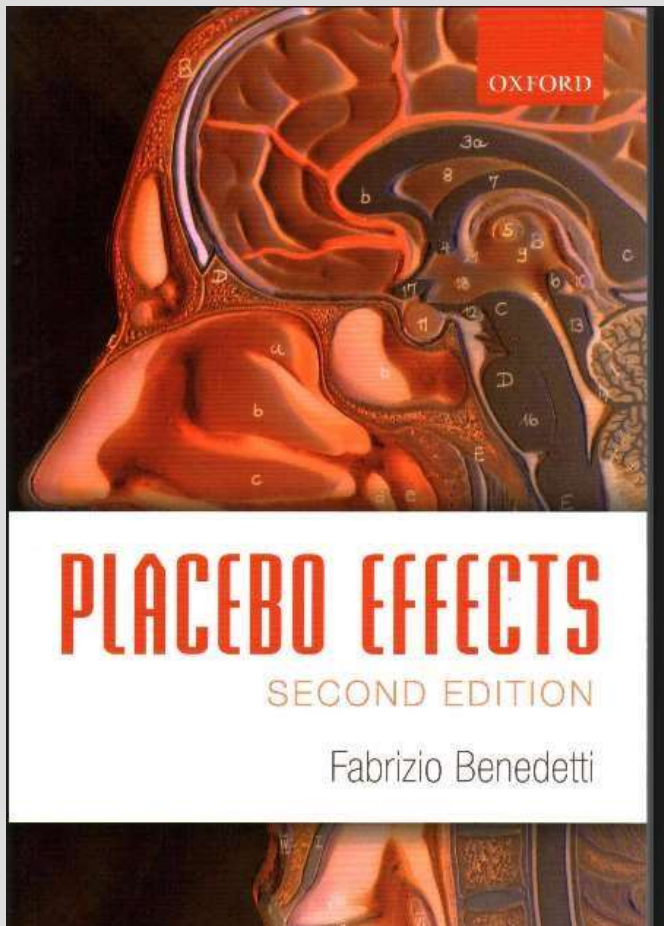
Conclusions This first systematic review reveals that increased continuity of care by doctors is associated with lower mortality rates. Although all the evidence is observational, patients across cultural boundaries appear to benefit from continuity of care with both generalist and specialist doctors. Many of these articles called for continuity to be given a higher priority in healthcare planning. Despite substantial, successive, technical advances in medicine, interpersonal factors remain important.

Der er masser af etik- og bivirkningsovervejelser ...

**MR. SMITH REALIZED YOU CURED HIM WITH A
PLACEBO. HE PAID US WITH PLAY MONEY.**



Julen står for døren - gode bøger





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