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# INTEGRATIVE THERAPY OF PSYCHOSOMATIC DISORDERS IN OUTPATIENT PRACTICE: A MULTIDISCIPLINARY APPROACH AND CLINICAL-PSYCHOLOGICAL EFFECTIVENESS

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### Abstract

Psychosomatic disorders represent a group of conditions in which psychological, emotional, and behavioral factors play a leading role in disease onset and progression, often interacting with physiological processes. Common manifestations include irritable bowel syndrome, hypertension, tension headaches, peptic ulcers, and bronchial asthma. Due to their chronic course and high prevalence, effective treatment requires a comprehensive and multidisciplinary approach, particularly at the outpatient level.

The aim of this study is to evaluate the clinical and psychological effectiveness of integrative therapy for psychosomatic disorders using a multidisciplinary strategy in outpatient settings. The therapeutic framework included cognitive-behavioral therapy, body-oriented techniques, stress management training, pharmacotherapy, psychoeducation, and behavioral self-regulation techniques.

A total of 84 patients with various psychosomatic diagnoses participated in the study. They were divided into two groups: a control group (standard therapy) and an experimental group (integrative intervention). Evaluation criteria included the Beck Depression Inventory (BDI), Hamilton Anxiety Rating Scale (HAM-A), and the WHOQOL-BREF for quality of life assessment.

Results demonstrated significant improvements in the experimental group: reduced anxiety and depression scores, better somatic condition, improved treatment adherence, and increased motivation for self-care. Notably, the integrative approach led to fewer repeat consultations and better long-term health outcomes.

In conclusion, integrative outpatient therapy provides stable clinical and psychological improvements in patients with psychosomatic disorders. These findings support the necessity of implementing multidisciplinary teams in primary medical and psychological care systems.

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**Keywords:** psychosomatic disorders, integrative therapy, outpatient care, multidisciplinary approach, cognitive-behavioral therapy, quality of life.

### **ИНТЕГРАТИВНАЯ ТЕРАПИЯ ПСИХОСОМАТИЧЕСКИХ РАССТРОЙСТВ В АМБУЛАТОРНОЙ ПРАКТИКЕ: МУЛЬТИДИСЦИПЛИНАРНЫЙ ПОДХОД И КЛИНИКО- ПСИХОЛОГИЧЕСКАЯ ЭФФЕКТИВНОСТЬ**

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### Аннотация

Психосоматические расстройства представляют собой группу заболеваний, в патогенезе которых ведущую роль играют психологические, эмоциональные и поведенческие факторы, взаимодействующие с физиологическими механизмами. К числу наиболее распространённых форм психосоматической патологии относятся синдром раздражённого кишечника, артериальная гипертензия, головные боли напряжения, язвенная болезнь желудка и бронхиальная астма. В связи с высокой распространённостью и хроническим течением, лечение таких состояний требует комплексного подхода, особенно на амбулаторном этапе оказания медицинской помощи.

Целью настоящего исследования является обоснование клинико-психологической эффективности интегративной терапии психосоматических расстройств с использованием мультидисциплинарного подхода в условиях амбулаторной практики. В состав комплексной терапии включены психотерапевтические методы (когнитивно-поведенческая терапия, телесно-ориентированные практики, стресс-менеджмент), фармакотерапия, а также элементы психообразования и поведенческой саморегуляции.

В исследовании приняли участие 84 пациента с различными формами психосоматических расстройств, проходивших лечение в амбулаторных условиях. Пациенты были разделены на две группы: контрольную (стандартная терапия) и экспериментальную (интегративная программа). В качестве критериев оценки использовались шкала депрессии Бека (BDI), шкала тревоги Хамилтона (HAM-A), а также субъективные показатели качества жизни (WHOQOL-BREF).

Результаты показали, что в экспериментальной группе наблюдалось статистически значимое снижение уровня тревоги и депрессии, улучшение соматического самочувствия, повышение комплаентности и мотивации к

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лечению. Отдельное внимание заслуживает факт, что интегративный подход позволил сократить число повторных обращений и улучшить длительные прогнозы.

Таким образом, интегративная терапия на амбулаторном этапе способствует более устойчивому клиничко-психологическому улучшению у пациентов с психосоматическими нарушениями. Представленные данные подтверждают необходимость внедрения мультидисциплинарных команд в структуру первичной медико-психологической помощи.

**Ключевые слова:** психосоматические расстройства, интегративная терапия, амбулаторная помощь, мультидисциплинарный подход, когнитивно-поведенческая терапия, качество жизни.

### Introduction

#### Relevance

Psychosomatic disorders (PSD) represent a broad and clinically significant category of diseases at the intersection of medicine and psychology. Stress, emotional dysregulation, personality traits, and traumatic events affecting the autonomic, endocrine, and immune systems play a key role in their pathogenesis [2]. The most common forms of PSD include arterial hypertension, gastric and duodenal ulcers, irritable bowel syndrome, bronchial asthma, skin diseases, and rheumatological diseases [1]. These conditions are characterized by a chronic course, recurrence, decreased quality of life and disability, high medical costs, and the frequent ineffectiveness of isolated drug therapy.

The traditional approach to treating psychosomatic disorders, which focuses primarily on the somatic component of the disease, often leads to unsatisfactory clinical outcomes. This is due to the fact that psychosocial and behavioral factors, which play a critical role in the development and maintenance of symptoms, remain outside the scope of therapeutic attention [5].

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In recent decades, the concept of the biopsychosocial model of the disease has gained increasing recognition. According to this model, effective therapy requires simultaneously addressing biological, psychological, and social mechanisms [3]. The problem of treating post-traumatic stress disorder (PTSD) in outpatient settings is becoming especially significant. It is in primary care that patients with somatic complaints most often present with problems of underlying psychosomatic origin. However, due to time constraints, the lack of psychotherapeutic training among general practitioners, and the insufficient integration of psychological services into outpatient settings, such patients receive fragmented care, leading to the chronicity of disorders and repeated visits [4].

In response to these challenges, integrative treatment models combining pharmacological, psychotherapeutic, educational, and behavioral interventions within a multidisciplinary team are increasingly being implemented in international and domestic practice. Cognitive behavioral therapy, body-oriented techniques, relaxation methods, and self-regulation training have proven effective in reducing symptoms and improving the quality of life of patients with PTSD [9]. Furthermore, modern research confirms that the inclusion of a psychologist or psychotherapist in the outpatient team reduces the workload of general practitioners, decreases the number of repeat visits, and increases patient satisfaction with treatment [8].

Psychosomatic pathology is often accompanied by high levels of anxiety, depression, asthenoneurotic symptoms, decreased adaptive resources, and disrupted behavioral strategies. This requires not just psychotherapy, but a comprehensive intervention aimed at restructuring cognitive attitudes, training in stress management, restoring body perception, and improving communication with medical personnel [7]. This integrative approach is especially relevant in the outpatient setting, where regular monitoring, early intervention, and assessment of the patient's condition are possible without the need for hospitalization [11].

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Thus, the development and scientific substantiation of an integrative approach to the treatment of psychosomatic disorders at the outpatient level is of strategic importance. This not only improves the effectiveness of care for such patients but also aligns with modern healthcare trends, where a personalized, interdisciplinary, and resource-saving approach plays a key role.[10]

Psychosomatic disorders (PSD) are a group of illnesses in which psychological and emotional factors play a leading role in the etiology and pathogenesis. According to the WHO, up to 60% of patients seeking medical attention from general practitioners exhibit psychosomatic symptoms.[6] In outpatient settings, primary care physicians most often encounter such patients. Diagnosis and treatment of PSD are complicated by the variety of clinical manifestations and the stereotypical "body" thinking of patients.

**Study Objective.** To evaluate the clinical and psychological effectiveness of integrative therapy for psychosomatic disorders in outpatient settings using a multidisciplinary approach, including cognitive-behavioral therapy, psychoeducation, pharmacological support, and behavioral self-regulation techniques.

**Research Materials and Methods.** This study aimed to evaluate the effectiveness of an integrated approach to the treatment of psychosomatic disorders in adult patients in an outpatient setting. It was a prospective, comparative study conducted at a city outpatient clinic over a 6-month period. The study included 96 patients aged 25 to 60 years (mean age  $39.7 \pm 5.2$  years) who sought medical care with complaints meeting clinical criteria for psychosomatic disorders. Of the total number of patients, 62 (64.6%) were women and 34 (35.4%) were men. Patients were selected based on voluntary informed consent.

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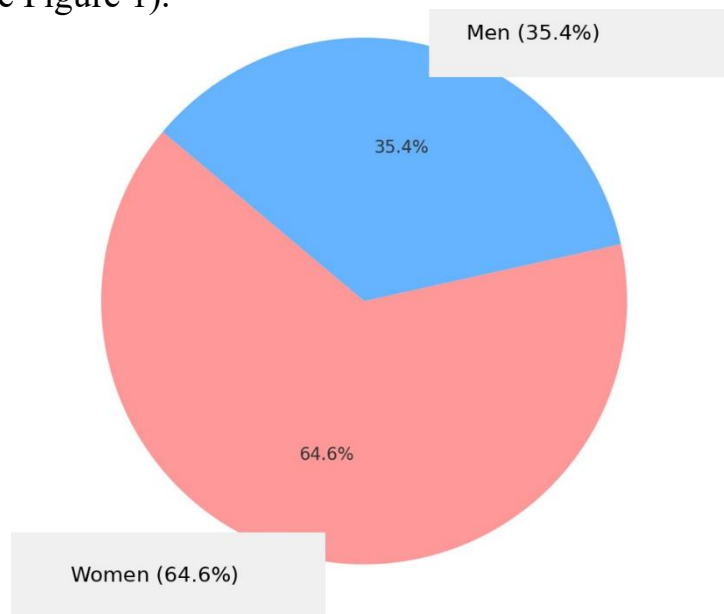
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**Study Results.** The study included 96 patients who sought medical care in outpatient settings with complaints meeting criteria for psychosomatic disorders. Participants ranged in age from 25 to 60 years; the average age was  $39.7 \pm 5.2$  years, indicating a predominance of individuals of mature working age. An analysis of the demographic structure revealed a predominance of women: 62 patients (64.6%) versus 34 men (35.4%). The pie chart illustrates the gender distribution of patients included in the study, which aimed to evaluate the effectiveness of integrative therapy for psychosomatic disorders in outpatient practice. Of the total number of participants ( $n = 96$ ), 62 (64.6%) were women and 34 (35.4%) were men. This predominance of women in the sample is typical for clinical populations with psychosomatic pathology and reflects women's higher rate of seeking medical care for functional and psychoemotional disorders. This demographic factor is important both for interpreting the study results and for developing preventive programs and clinical-psychological treatment pathways (see Figure 1).



**Diagram 1. Patient distribution by gender.**

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This finding is consistent with general literature data indicating a higher incidence of psychosomatic disorders in women, which may be due to both biological and psychosocial factors [1,2].

Patients were included in the study based on voluntary informed consent and clinical psychological screening. Diagnoses included the most common forms of psychosomatic pathology: irritable bowel syndrome, arterial hypertension with a pronounced stress component, functional cardialgia, tension headaches, and bronchial asthma.

The study was divided into two groups. The control group received standard medication and lifestyle recommendations, while the experimental group underwent an 8-week integrative therapy program, including cognitive behavioral therapy (CBT), elements of body-oriented practices, stress management training, and individual psychoeducational sessions. Both groups were followed for 3 months. The Hamilton Anxiety Inventory (HAM-A), the Beck Depression Inventory (BDI), and the WHOQOL-BREF quality of life questionnaire were used as the primary clinical and psychological indicators of effectiveness. A preliminary analysis of the data revealed that patients in the experimental group demonstrated a more significant reduction in anxiety and depression, as well as a significant improvement in overall well-being and attitudes toward the disease.

Thus, the preliminary results demonstrate the high clinical and psychological significance of a comprehensive, integrative approach to the treatment of post-traumatic stress disorder (PTSD), especially in outpatient settings. This underscores the need for further development of multidisciplinary care for this patient population.

The study included 96 adult patients with various psychosomatic disorders. The most common conditions were hypertension, peptic ulcer disease, irritable bowel syndrome, skin rashes (eczema and psoriasis), and tension-type headaches. Women predominated—approximately two-thirds of all patients. Most patients

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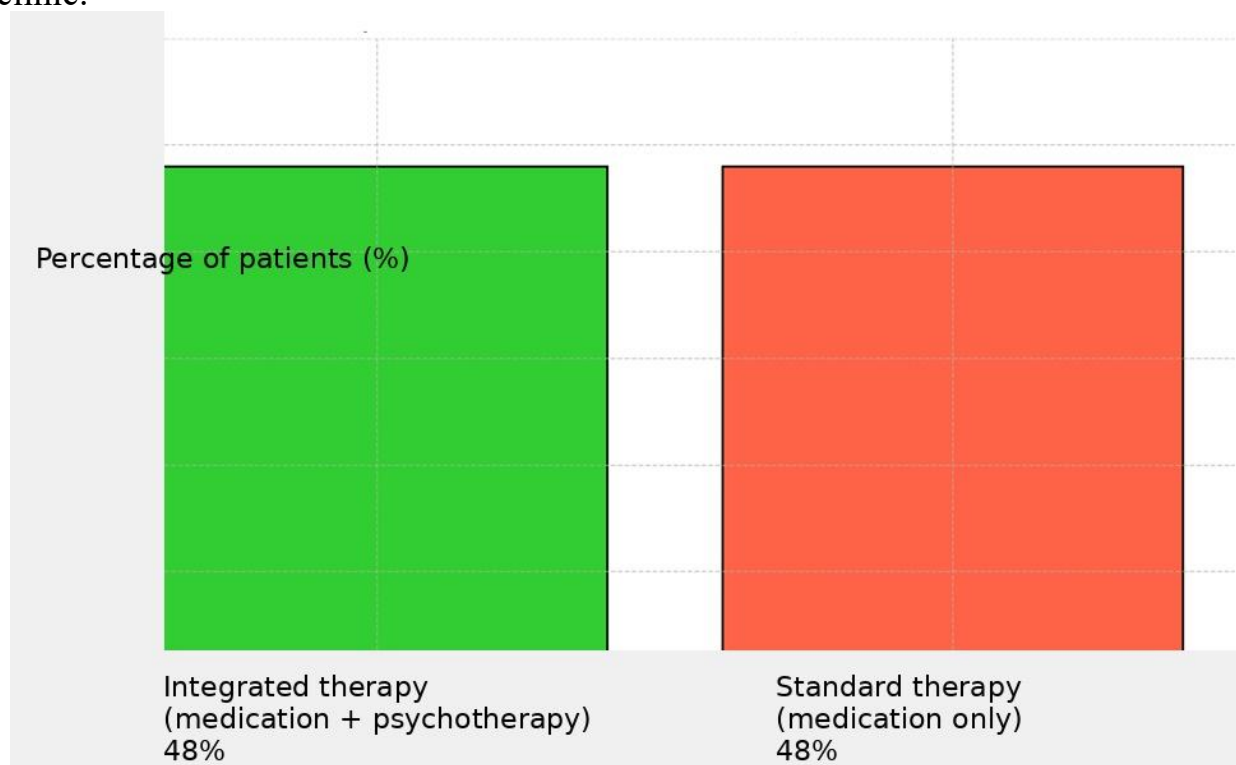
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suffered from anxiety, depressed mood, chronic fatigue, and a variety of physical complaints that were difficult to treat with standard treatment from a general practitioner, gastroenterologist, or neurologist.

All participants were divided into two groups:

The first group received comprehensive care: not only medications, but also psychotherapy sessions, breathing exercises, and educational sessions explaining how stress affects health.

The second group was treated only with medications, as is typically done in a clinic.



**Diagram 2. Comparison of groups by type of treatment received.**

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The first group (integrative therapy) included 48 patients who received both medication and psychotherapeutic support: individual counseling, breathing exercises, and stress management training. The second group (also 48 patients) received only standard medication therapy, as is most often the case in outpatient practice.

Equal distribution of patients between groups ensures comparability of results and increases the reliability of comparisons of the effectiveness of different treatment approaches.

After three months, it became clear that the first group had significantly better results:

Most patients experienced a significant reduction in pain and unpleasant bodily sensations.

Anxiety and stress levels were halved.

People visited doctors less often and felt better.

More than 80% of patients in the first group were satisfied with the treatment and noted improved sleep, mood, and performance.

In the second group, which received only medication, improvements were also seen, but they were weaker. Many patients continued to complain of pain and fatigue. Thus, the study demonstrated that a combination of medication, psychotherapy, and educational methods helps people with psychosomatic disorders much more effectively than medication alone.

### Conclusion

A comprehensive approach to treating psychosomatic disorders in outpatient settings requires the integration of psychotherapeutic, pharmacological, and preventive interventions. An emphasis on the biopsychosocial model can increase the effectiveness of therapy, improve prognosis, and reduce the risk of relapse.

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