Current Trends of Psychosomatic Medicine in China

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The 24th World Congress on Psychosomatic Medicine will be held in Beijing in 2017. We are looking forward to this event. Psychosomatic medicine as part of a patient's health care is not well developed in China. The relationship between mind and body according to the biopsychosocial model is hardly investigated. In addition to the letter to the editor by Yuan et al. [1] of 2015 in this journal, we would like to report about additional clinical and research developments in the field of psychosomatic medicine in China.

Background

Seven of the 20 most frequent causes for Years Lived with Disability (YLD) in China are mental health issues. Approximately 173 million people in China have a mental disorder in need of treatment, but 158 million (92%) of these patients have never been treated [2]. The comorbidities of depressive disorders and anxiety disorders, coronary heart diseases, stroke, diabetes and other com-

mon physical diseases, and the interaction between physical diseases and mental disorders find little consideration in our country.

The 12-month prevalence rates for mental disorders are between 10 and 20% [2, 3]. This is contrasted by a comparatively low care capacity with qualified personnel in the mental health field. In the current country report, the WHO specifies for China a distribution key for mental health care of 1.53 psychiatrists for 100,000 inhabitants with a strong urban-rural gap [4]. It is imperative to improve the training of psychiatrists and psychologists. One decisive step in the right direction was the Mental Health Law, which became effective on May 1, 2013. It specifically demands the establishment of a psychiatric and psychosomatic consultation and liaison service in the general hospital. In 2015, the General Office of China's State Council published the 2015–2020 National Mental Health Work Plan which focuses on the recognition and treatment of 'severe mental illnesses' such as schizophrenia, bipolar disorder and mental retardation. However, psychosomatic medicine and the interactions

between common physical diseases and common mental disorders, such as depression, are not mentioned in the 2015–2020 National Mental Health Work Plan while it refers to psychotherapy only on the side [5]. Since the 1980s, the development and professionalization in the psychotherapy services have been evident, although intermittent; however, systematic training and research remain rare.

Current State of Psychosomatic Medicine in Clinic and Research

In the last few years, an attempt has been made to bridge the above-mentioned gap in clinical education and in research by international cooperation. The German-Chinese Academy of Psychotherapy has been established 20 years ago. It organizes regular training programs in psychodynamic psychotherapy, cognitive behavioral therapy, and systemic and family therapy. By now, it can look back at several thousands of participants, who successfully completed the training. Over the past years, more education programs have been added. These include primarily psychodynamic therapy and cognitive behavioral therapy and involve Norway, the USA, and France.

In 2005, the cooperation in the field of psychosomatic medicine was initiated with the support of the ASIA-Link Program, funded by the European Union, which aims to train postgraduate medical doctors in psychosomatic basic care [6]. Additional training programs in advanced psychosomatic medicine and psychotherapy followed. For instance, a new 4-year training program in psychosomatic medicine and psychotherapy will start in November 2016. The objective of the program is the implementation of a reference curriculum for the continuing training of physicians and psychologists in psychosomatic medicine and psychotherapy. Parallel to it, there will be a train-the-trainer program.

Over the past years, the Balint group method, offered within the framework of psychosomatic basic care, has spread across China [7]. Over time, training courses on the topic of ‘breaking bad news’ have been offered by foreign experts in oncology [8] while the first course in psychocardiology is planned in Shanghai in November 2016. Examples for the development of these training programs are the FRUITS Program, implemented at the Department of Psychological Medicine of the Peking Union Medical College Hospital, and the Sunshine Hospital Project, implemented at the Mental Health

Center of West China Hospital, Sichuan University in Chengdu.

On top of the progress in clinical training in psychosomatic medicine and psychotherapy, the advancement in scientific understanding and research within the field should be emphasized. A study on somatoform disorders/functional syndromes may serve as an example: similar to western countries, psychological and behavioral variables such as dysfunctional illness perception and illness behavior were associated with high somatic symptom severity and low quality of life [9]. Treatment satisfaction and the quality of the doctor-patient relationship in patients with high somatic symptom severity were the highest in Traditional Chinese Medicine [10].

There is currently an ongoing validation study to explore the frequency of DSM-5 Somatic Symptom Disorder (SSD) and the planned ICD-11 Bodily Distressed Disorder (BDD) in a multicenter study in biomedicine, Traditional Chinese Medicine and psychosomatic medicine. With the support of the Sino-German Center for Research Promotion in Beijing, a randomized clinical trial on group psychotherapy for patients with distressing somatic complaints and functional syndromes is under way. The group psychotherapy concept combines an interpersonal psychodynamic approach with cognitive behavioral techniques and includes elements from body therapy. The textbook *Psychosomatic Medicine for the Primary Care Setting* is now translated into Chinese and was published in May 2016.

To summarize, the demand for psychosomatic medicine and psychotherapy in China is high. The development of training in psychosomatic medicine is only beginning. A graduate training program and a biopsychosocial health care model are needed.

Acknowledgment

Zhao Xudong and Kurt Fritzsche have received a grant (GZ 690) awarded by the Center for Sino-German Research Promotion in Beijing.

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