

# STRESS-INDUCED ILLNESS

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# MECHANISMS OF STRESS-RELATED ILLNESS

- ◆ TYPE A PERSONALITY
- ◆ PRESSURE OF WORK
- ◆ MANAGEMENT PRESSURE
- ◆ HARRASSMENT/BULLYING
- ◆ ACCIDENTS/ASSAULTS AT WORK
- ◆ FATALITIES IN THE COURSE OF WORK

## **TYPE A PERSONALITY**

- ◆ **'THE DRIVEN PERFECTIONIST**
- ◆ **SELF-INDUCED STRESS**
- ◆ **PREVENTIVE ROLE OF MANAGEMENT**
- ◆ **LEADS TO FIBROMYALGIA  
/ANXIETY/DEPRESSION**

## **PRESSURE/HARRASSMENT**

- ◆ **FAILURE TO COPE WITH ABNORMAL PRESSURES**
- ◆ **LEADS TO FIBROMYALGIA/ANXIETY/DEPRESSION**

## ACCIDENTS AT WORK/FATALITIES

- ◆ ACUTE PSYCHOLOGICAL SHOCK
- ◆ POST-TRAUMATIC STRESS DISORDER
- ◆ ADJUSTMENT DISORDERS
- ◆ DEPRESSIVE DISORDERS
- ◆ ANXIETY STATES

## DIAGNOSES OF STRESS REACTIONS

- ◆ NB. MENTAL ILLNESS IS PROBABLY A CONTINUUM

## ACUTE PSYCHOLOGICAL SHOCK

- ◆ A NORMAL REACTION IN AN ABNORMAL SITUATION
- ◆ SHAKING/PALPITATION/JELLY LEGS/NAUSEA/VOMITING
- ◆ LASTS AROUND 48 HOURS
- ◆ MAY BE DELAYED

# POST-TRAUMATIC STRESS DISORDER

- ◆ LIFE-THREATENING EVENT
- ◆ INCREASED AROUSAL
- ◆ AVOIDANCE
- ◆ HYPERVIGILANCE
- ◆ RELIVING EXPERIENCES

# ADJUSTMENT DISORDERS

- ◆ NORMAL OR ABNORMAL?
- ◆ TIME LIMITATION

# DEPRESSION

- ◆ NOT JUST MISERY OR SADNESS
- ◆ ABNORMAL QUALITY OR SEVERITY
- ◆ USUALLY BIOLOGICAL SYMPTOMS
- ◆ 'REACTIVE' OR 'ENDOGENOUS'

# ANXIETY

- ◆ TYPICAL CORE SYMPTOMS
- ◆ PANIC
- ◆ PHOBIC
- ◆ OBSESSIVE COMPULSIVE

# FIBROMYALGIA

- ◆ SOMATOFORM DISORDER
- ◆ FLITTING ACHES AND PAINS
- ◆ CHRONIC FATIGUE
- ◆ TREATMENT ISSUES
- ◆ ? CAUSATION

# Somatoform/Psychosomatic Disorders

- Fibromyalgia
- Chronic Fatigue Syndrome
- Irritable Bowel syndrome
- Atypical facial pain
- Pelvic Congestion Syndrome
- Repetitive Sprain Injury
- etc

# PSYCHOLOGIST OR PSYCHIATRIST?

	Psychologist	Psychiatrist
◆		
◆ <b>Primary Qualification</b>	Psychology Degree (3y)	Medical Degree(5-6y)
◆ <b>Secondary Qualification</b>	Clinical Psych Diploma(3y)	Post-grad psychiatry(6y)
◆ <b>Expertise</b>	measurement psychotherapy	phenomenology drug treatment psychotherapies
◆ <b>Particular strengths</b>	Neuropsych assessment	psychiatric illness
◆ <b>Origins</b>	Based in research	clinical med practice philosophy

# PHENOMENOLOGICAL APPROACH v. CRITERIA APPROACH

- ◆ Checklists offer black/white answers and therefore, at face value has an advantage for the British Judicial system. Seems like hard evidence, but not validated for the purpose of litigation. Litigants can still exaggerate to support their claim.
- ◆ Phenomenological approach uses searching supplementary questions to seek out the true nature of the symptom, rejecting the symptoms claimed by the patient but not truly experienced

# EXAMPLES OF COMMONLY USED SCALES

- ◆ PTSD CHECKLIST
- ◆ BECK
- ◆ HOROWITZ IMPACT OF EVENT SCALE

# TREATMENT ISSUES(1)

- ◆ ANTIDEPRESSANTS
- ◆ COGNITIVE BEHAVIOUR THERAPY/EMDR
- ◆ REHABILITATION MEASURES

## TREATMENT ISSUES(2)

- ◆ EARLY ACCEPTANCE OF THE NEED FOR TREATMENT
- ◆ ANTIDEPRESSANTS - ? NO COST
- ◆ COST OF CBT - £120 assessment and £100 per session thereafter - Usually 6-12 sessions.
- ◆ WOULD IT BE WORTH OFFERING TREATMENT ROUTINELY?

## TREATMENT ISSUES(3)

- ◆ BUT

- ◆ ?LIKELIHOOD OF FAILURE WITH LITIGATION ONGOING
- ◆ LOSS OF EVIDENCE FROM GP NOTES

# REHABILITATION

- ◆ EARLY ENGAGEMENT WITH CARING HR APPROACH/OCCUPATIONAL HEALTH
- ◆ GRADED RETURN TO WORK
- ◆ EARLY RESOLUTION/CLOSURE OF ISSUES
- ◆ A LITTLE EARLY GENEROSITY COUNTERS A LOT OF LATER ANGER

# FUNCTIONAL OVERLAY AND HOW TO SPOT THE MALINGERER

## ◆ DIFERENTIAL DIAGNOSIS

- ◆ **MALINGERING** – CONSCIOUS ELABORATION FOR FINANCIAL GAIN
- ◆ **FACTITIOUS ILLNESS** - CONSCIOUS ELABORATION FOR ITS OWN SAKE
- ◆ **FUNCTIONAL OVERLAY** – SUBCONSCIOUS OR CONSCIOUS EXAGGERATION
- ◆ **HYSTERIA**
- ◆ **SOMATISATION**
- ◆ **SICK ROLE BEHAVIOUR**

# METHODS OF DETECTING CONSCIOUS EXAGGERATION

- INCONSISTENT OBJECTIVE RECORDS
- VAGUE AND INTERNALLY INCONSISTENT ACCOUNTS
- VIDEO SURVEILLANCE
- EXAMINATION – ILLNESS BEHAVIOUR
  - 📁 MENTAL STATE
  - 📁 COGNITIVE STATE
    - ◆ e.g. Concentration, immediate recall, ST memory