Traumatised Medical Patients

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Traumatic Incidents: Impact On Lives
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Trauma
CHILD ABUSE
Medical Setting & Trauma

In the medical setting Trauma is associated to:

- Trauma related injuries
  - Burns
  - Road traffic accidents
  - Head injuries

- It is defined by the traumatic event, often associated with catastrophe & suddenness that lead a patient to the medical setting
What defines a Traumatic Event?

*DSM IV Criterion A:

- A person experienced, witnessed or was confronted with an event or involved actual or threatened death or serious injury or a threat to the physical integrity of self and others.
- The person’s response involved fear, helplessness or horror.

What defines a Traumatic Event?

- **involved actual or threatened death or serious injury**
  - Earthquakes, terrorist attacks, bomb explosion, road traffic accidents
  - What about being diagnosed with terminal or serious illness?

- **threat to the physical integrity of self and others**
  - Child Abuse, Sexual assault, Interpersonal Violence
  - What about loss of limbs, bodily functions?

- **response involved fear, helplessness or horror**
  - Objective vs Subjective appraisal
Those at risk of PTSD

- Victims of:
  - Domestic or intimate partner violence
  - Rape or sexual assault
  - Physical assault
  - Random acts of violence

- Survivors of unexpected events in daily life
  - Care accidents or fires
  - Natural disasters
  - Major catastrophic events such as plan crash, terrorist act
  - Disasters caused by human error i.e industrials accidents
Those at risk of PTSD?

- Survivors:
  - War / Combat Veterans
  - Civilian victims of war
- Children who are neglected or sexually, physically or verbally abused or adults who are abused as children
- Professionals who respond to victims in trauma situations such as police officers, firefighters, emergency medical service workers, military, search & rescue workers
Those at risk of PTSD?

- People who learn of the sudden unexpected death of a family member or close friend
- People diagnosed with a life-threatening illness
- People who have undergone invasive medical procedures
Attention is often given to those at risk of:

- Victims of interpersonal violence:
- Children who are neglected or abuse
- Survivors of unexpected events in daily life

_Treatment of trauma associated with_

- Actual event
  - Flashbacks, nightmares, withdrawal, insomnia
- Loss of bodily functions/disfigurement
  - Amputations, scarring
- Survivor’s guilt
  - Death of love ones or colleagues
Little or less attention is paid to those:

- People diagnosed with a life-threatening illness
  - Terminal Illness
  - Cardiac disease
- People who have undergone invasive medical procedures due to illness
  - Amputations due to sepsis
  - Stoma patients
  - Still births / Abortions
- People who learn of the sudden unexpected death of a family member or close friend
Illness & Trauma

- 1994 inclusion of diagnosis of a life threatening illness as a traumatic stressor for Criterion A1 in DSM IV, more attention is paid
- More interest in understanding PTSD prevalence, symptomatology and treatment in persons with potentially life-limiting illnesses
Kangas et al., reviewed studies on cancer

- Life time prevalence of cancer related PTSD ranges 3%-35%
- Current cancer related PTSD ranges from 0% -32%
- Discrepancy in prevalence rates could be due
  - Variations in cancer sites
  - Stages of disease
  - Treatment modalities
  - Method of PTSD assessment
  - Sample Size

- Cancer patients have high rates of
  - Intrusion (16% - 43%)
  - Avoidance Symptoms (15%-80%)
  - Higher prevalence in women than men
  - Greater prevalence associated with increased stage of cancer

Research Findings

Other Disease-related PTSD studies

- Prevalence of PTSD among patients with
  - adult respiratory distress syndrome
  - coronary artery bypass surgery
  - aortic valve replacement
  - Maxillofacial surgery
  - HIV/ Aids

- Correlation of disease-related PTSD diagnosis and reporting other traumatic life events
Research Findings

- Symptoms may be reactivated in elderly and those with deteriorating physical health.
- Persons with past exposure to traumatic events and/or history of PTSD may experience exacerbation of PTSD symptoms during hospice and palliative care.
- Increased physical health problems, chronic pain & negative impact on immune function in persons with PTSD symptoms.
Illness & Trauma

- Symptoms of PTSD is embedded in many medical diagnosis
- Often masked by physical or somatic complaints and treatment is often focused on these complaints
- Challenge is to recognise PTSD in medical patients
- To extend recognition of symptoms to family members and close ones because of secondary trauma
Secondary Traumatic Stress

Definition

- Natural, consequent behaviors and emotions resulting from the knowledge about a traumatizing event experiences by a significant others
- It is the stress resulting from helping or wanting to help a traumatised or suffering person
- Often family members and loved ones and also mental health professionals and other helpers
Medical Setting & Secondary Trauma

- Patient’s medical complaints could be a manifestation of secondary trauma
- Caregivers and family members may manifest symptoms of secondary trauma resulting in treatment resistance for patient
Implications For Practice

- Understanding subjectivity of definition
  - Post modern approach to trauma
  - Every client / patient has a story

- PTSD assessment
  - PTSD symptoms that are masked by medical complaints
    - Chronic pain with no medical basis (gynecological problems)
    - Stress related conditions such as fibromyalgia or chronic fatigue syndrome
    - Stomach pains or other digestive problems (IBS)
    - Eating Disorders
    - Breathing problems or asthma
    - Headaches
    - Muscle cramps or aches
    - Cardiovascular problems
    - Sleep disorders
    - Terminal illness
Implications For Practice

- Comorbidity Assessment
  - Patients with psychiatric problems such as depression, disassociation or anxiety disorder such as panic attacks could also be suffering from PTSD
  - Other self-destructive behavior
    - Alcohol & drug abuse
    - Suicidal impulses
    - High risk sexual behaviors
    - High risk life endangering behaviors
Implications for Practice

- Systemic approach in management of trauma
  - Importance of history taking
  - Biopsychosocial approach
    - Not to neglect or ignore the psychological complaints
    - Looking beyond the patient as a system
    - Psychoeducation
THANK YOU !