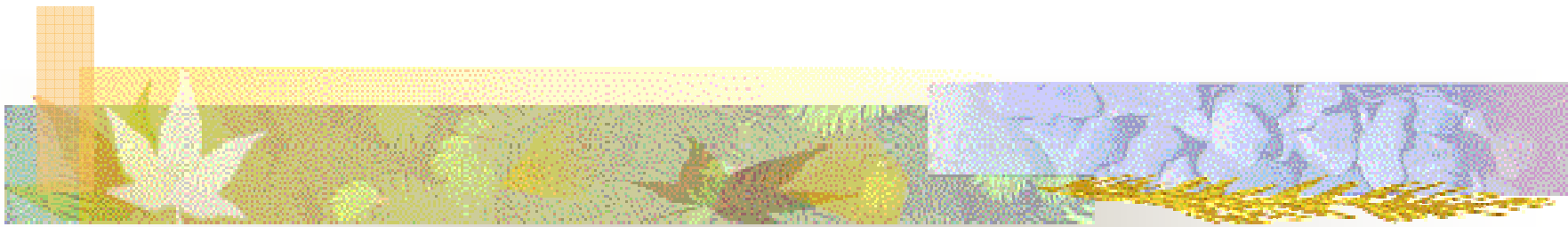


# Traumatised Medical Patients



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**Traumatic Incidents: Impact On Lives**

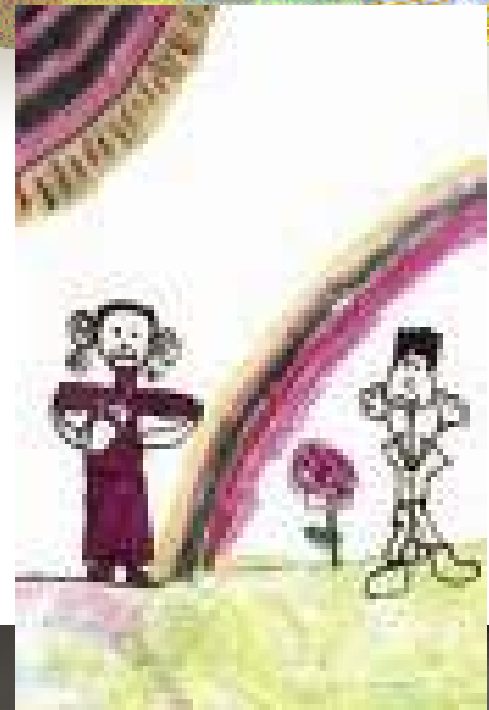
**30 July 2006**

# 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 plane crash, terrorist act
  - Disasters caused by human error i.e industrial 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



# Medical Setting & Trauma

**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



# Medical Setting & Trauma

- 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



# Research Findings

- 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 !**

