Iatrogenic Disability

Avoiding Needless Illness Behavior and Dis/ability - Focusing on Function

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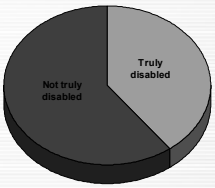
According to a 2001 survey of 235 physicians involved in disability evaluation

What is your estimate of the percentage of individuals who currently receive long-term disability benefits that are truly disabled and unable to carry out meaningful work?

40%

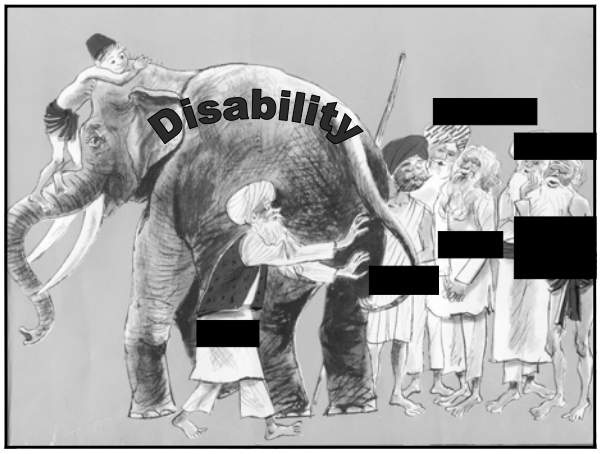


According to a 1998 survey of Occupational Medicine Physicians

Up to 80% of paid indemnity expense is unnecessary …

Managed Comp Survey - April 1998

Impact



What are 10 key questions?

1. Why do some people become disabled, and others do not?
2. Why do some people with the same extent of impairment achieve high levels of performance, and others do not?
3. What are the risk factors for illness behavior and delayed recovery?

Key Questions

What are 10 key questions?

4. How do we hold people and systems accountable?
5. How do we support self-responsibility?
6. How do we deal with systems which demand proof of illness?
7. How do we avoid blaming the "victim" of dysfunctional "systems"?

Key Questions

What are 10 key questions?

8. What is the potential value of work?
   - Transcends the remuneration received
   - Provides a skill, an identity, and a sense of accomplishment
   - Key determinant of how one perceives one's health

Key Questions

What are 10 key questions?

9. Why do we tolerate a society which appears often to foster disability?
10. Why do we tolerate a medical system which, from time to time, creates disability?

Key Questions

Learner's Objectives

1. Identify characteristics that distinguish high-performers from those needlessly disabled
2. Explain the concepts of iatrogenic disability, delayed recovery, illness behavior and somatization
3. Describe how to avoid iatrogenic disability
4. Demonstrate the ability to empower patients

Learner's Objectives

"I seem to have been only a boy playing on the seashore, and diverting myself in now and the finding a smoother pebble or prettier shell than ordinary, whilst the great ocean of truth lay all undiscovered before me."
(Sir Isaac Newton)

Waddell G. *The Back Pain Revolution*. Churchill Livingstone, Edinburgh, 1998.

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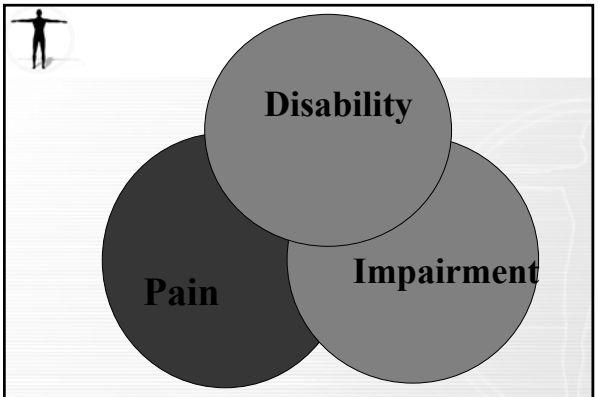

Definitions

Impairment vs. Disability

- Impairment
  - "Loss of, loss of use of, or derangement of body part, system, or function" – a medical determination (often determined by the AMA *Guides to the Evaluation of Permanent Impairment)*
- Disability
  - Subjective impact of the impairment on a person's ability to function in life activities.
  - Gap: what one needs to do ……what one can do (or willing to do)

AMA Guides to the Evaluation of Permanent Impairment – 5th ed., AMA Press, Chicago, 2001

Definitions

Contrast

- Needlessly disabled
  - Individual perceives themselves as disabled, despite minimal impairment(s)
- Exceptionally capable
  - Individual is dynamic and productive with his / her life, despite significant impairment(s)

Needlessly Disabled

Definitions are needed to permit a common language – prior to exploring these issues.

Our traditional medical training often has not provided an adequate conceptual basis or means to communicate about illness behavior or understand iatrogenic disability.

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Illness behavior

- Adoption of the "sick role"
- "the manner in which individuals monitor their bodies, define and interpret symptoms, take remedial action, and utilize sources of help"

Mechanic D: The concept of illness behavior. *J Chronic Disability* 15a;189-194, 1961.

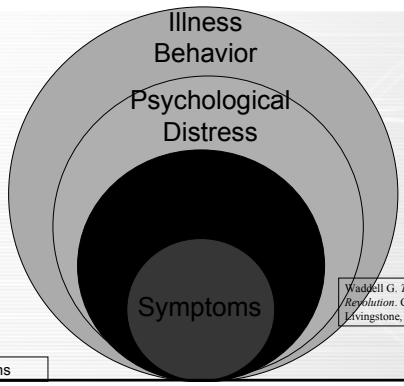
Definitions

Illness behavior: a spectrum

Unconscious Symptom Exaggeration → Psychiatric Disorders and Malingering

Definitions

Social Environment



Waddell G. *The Back Pain Revolution*. Churchill Livingstone, Edinburgh, 1998.

Definitions

Symptom magnification

– Increased expression of symptoms in excess of that expected; (cry for help)

"*A conscious or unconscious self-destructive socially reinforced behavioral response pattern consisting of reports or displays of symptoms which function to control the life circumstances of the sufferer.*"

Learned pattern of illness behavior

- Refugee
- Game player
- Identified patient

Matheson LN: Symptom magnification syndrome. *Ind Rehabil* 4(1), 1991.

Definitions

Malingering

- Malingering
  – Intentional claims of false or grossly exaggerated symptoms for financial gain, avoidance of military duty, work or criminal prosecution or obtaining drugs
- Co-malingering
  – *Cooperative* manipulation and subversion of private or public disability system; not always intentional, supported by the system it seeks to deceive
  – A function of conflicting self-interests, labor relations, and gaps in disability management

Definitions

Comparison of Features

	Symptoms of Gain	Deceptive State of Mind	Mental Disorder
Somatoform Disorder	**Yes**	**No**	**Yes**
Factitious Disorder	**No**	**Yes**	**Yes**
Malingering	**Yes**	**Yes**	**No**
Symptom Magnification: Refugee	**Yes**	**No**	**No**
Symptom Magnification: Game Player	**Yes**	**Yes**	**No**
Symptom Magnification: Identified Patient	**No**	**Yes**	**No**

Ensalada LH. The Importance of Illness Behavior in Disability Management. *Occ Med STAR* 15(4): 739-54

Definitions

Distortion, Deception, Misattribution

- Distortion
  - Unintentional or intentional misrepresentation of events.
- Deception
  - Inducing a false belief in another.
  - Conscious distortion of behaviors or self report.
- Misattribution
  - Claim deficit due to false cause rather than true cause.

Definitions

Faking bad

- Malingering, false imputation, simulation.
- Exaggeration or fabrication of symptoms and negative features.
- Denial and/or minimization of positive traits.
- Misattribution of deficit to false cause.
- Always involves looking worse, more dangerous, sick, or negative than one is to achieve a desired outcome.
- Vs. Faking Good

Definitions

Secondary gain

- Contributes to illness behavior
  - Manipulation of relationships
  - Privileges of the sick role (sanctioned dependency)
  - Financial gain
  - Communication of ideas or feelings that are blocked
  - Intrapsychic defense mechanisms
  - Attention of health care providers, access to passive, “feel good” modalities
  - Relief from occupational and home responsibilities

Definitions

Personality Disorders

- enduring patterns of inner experience and behavior that deviate from those expected by the individual's culture
- commonly seen in the IME setting, particularly with cases of “delayed recovery:
- ten personality disorders are divided into three clusters

Cluster A Personality Disorders

- **Paranoid Personality Disorder**
  - **person suspects, without sufficient basis, that others are exploitive, harmful or deceitful, is probably the most common in the legal arena.**
- **Schizoid Personality Disorder**
- **Schizotypal Personality Disorder**

Cluster B Personality Disorders

- **Antisocial Personality Disorder**
- **Borderline Personality Disorder**
- **Histrionic Personality Disorder**
- **Narcissistic Personality Disorder**

Cluster C Personality Disorders

- **Avoidant**
- **Dependent**
- **Obsessive-Compulsive**

Negative affectivity

–Tendency to report a wide range of psychological symptoms and emotional distress: low self-esteem, guilt, anger, self-consciousness, anxiety, and hostility

–Correlated with negative appraisal of one's physical health

Costa PT, McCrae RR. Hypochondriasis, neuroticisms, and aging: when are somatic complaints unfounded? *AM Psychol* 40:19-28, 1985.

Definitions

Hysteria

- Behavior that produces the appearance of disease
- Mimics culturally permissible expressions of distress – great pressure on the unconscious mind to produce only legitimate symptoms
- Universal human response to emotional conflict

Hysterical epidemics

- Physician enthusiasts and theorists
- Unhappy, vulnerable patients
- Supportive cultural environments
- Interactive and evolving process

Somatization disorder

– "Conscious or unconscious use of symptoms for psychological purposes or personal gain"

– Propensity to:

- experience and report somatic symptoms that have no pathophysiologic explanation,
- misattribute them to disease, and
- seek medical attention for them

Definitions

"Please, Doc—nothing too aggressive. I'm kind of attached to my symptoms."

Somatization

Effects of Somatization

- Estimated to represent 5 – 40% of patient visits
  - Make greater resource use
  - Assume sick role
- Physicians often ignore psychosocial influences
  - Specialists especially
  - Also providers who benefit from providing unneeded services
    - passive interventions; unneeded modalities, manipulations, and surgeries

Somatization

Ford CV. The Somatizing Disorders: Illness as a Way of Life. New York, Elsevier, 1983.

Common Somatic Complaints

- Complaints
  - Low back pain
  - Neck pain
  - Shoulder pain
  - Hand/wrist pain
  - Headache
  - Tinnitus
  - Pelvic pain
  - Dizziness
- Syndromes
  - Fibromyalgia
  - Chronic Fatigue
  - Multiple Chemical Sensitivity
  - Toxic Mold

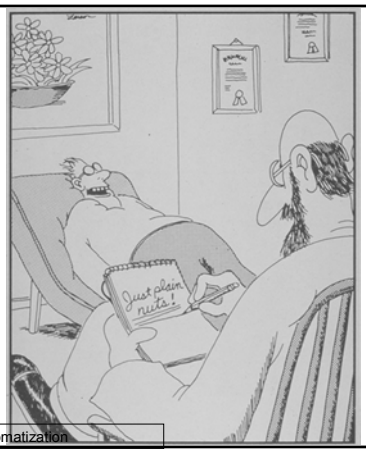
Somatization

Determinants of Perceived Health Status

- Study of medical outpatients screened for hypochondriasis
- Self-rating of health status correlated with:
  1. **Hypochondriacal attitudes (*r* = 0.79)**
  2. **Tendency to somatize (*r* = 0.77)**
  3. **Functional disability (reported) (*r* = 0.62)**
  4. Psychiatric morbidity (*r* = 0.48)
  5. Aggregate medical morbidity (*r* = 0.36)

Somatization

Barsky AJ, Cleary PD, Klerman GL. Determinants of Perceived Health Status of Medical Outpatients. *Soc. Sci. Med.* 34(10):1147-1154, 1992.



Somatization

The Effects of Medicalization of Complaints and 'Syndromes'

1. Amplifies distress and concern
2. Fosters somatization
3. Declining tolerance, threshold for self-limiting symptoms
4. Functional somatic syndromes amplified by the media

Somatization

Illness behavior

- Mistaken beliefs
- Refusal to consider alternative explanations of symptoms
- Misattribution of symptoms
- Falsification of information
- Fabrication of complaints
- Manufactured disease
- Exaggeration for profit or revenge

Ensalada LH. The Importance of Illness Behavior in Disability Management. *Occ Med STAR* 15(4): 739-54, 2001.

Illness Behavior

Illness behavior

Determined by multiple factors:

- Systems context:
  - Disability systems
  - Litigation and Workers' Compensation
- Cultural context
- Social Network
- Personality and life experience
- Response of the health care system

Illness Behavior

Iatrogenic disability

Disability caused by the health care system, as a result of:

- Incorrect or incomplete clinical assessment (physical , behavioral, psychosocial and psychological)
- False attribution to the etiology of the problems
- Failing to recognize and reinforcing dysfunction behavior

Iatrogenic Disability

Iatrogenic disability

Disability caused by the health care system, as a result of:

- Inappropriate diagnostic and treatment interventions
- Failure to promote function and effective return to work

Iatrogenic Disability

Medicalization

- Invocation of a medical diagnosis to explain physical discomfort that is not caused by disease
- Application of a medical intervention to treat it
- Examples range from labeling of pain disorders to functional somatic syndromes (fibromyalgia, chronic fatigue syndrome, multiple chemical sensitivity, toxic mold)

Barsky AJ, Borus JF: Somatization and medicalization in the era of managed care. *JAMA* 274(24): 193-1934, 1995.

Iatrogenic Disability

Delayed Recovery Relates to Psychosocial Factors

1. Attitude: challenge, positivity / catastrophe
2. Beliefs, expectations, perceived demands
3. Locus of control
   - Perceived by individual - Internal vs. External
   - Actual control
4. Mood
5. Coping style, capacity, and skills
6. Sum of stressors

Delayed Recovery

Predictors of Chronic Disability in Injured Workers

- Older age
- Greater reported baseline pain and functional disability
- Perception of inability to return to work
- Dysfunctional personality traits / disorders and psychological problems
- With back pain, a specific dx ("disc disease") vs. dx of "nonspecific back pain"

Turner, JA, Franklin G, Turk D. *Am J Ind Med* 38:707-722, 2000.

Delayed Recovery

Occupational and Psychological Profiles of People Disabled by Soft Tissue Injuries – Low Back Pain (Colledge)

- Job dissatisfaction, monotony and stress
- Depression, anxiety, hypochondriasis, hysteria
- Legal entanglement

Colledge A. Motivation Determination (Sincerity of Effort): The Performance APGAR Model. *Disability Medicine.* 1(2):5-18, 2001.

Delayed Recovery

When we assess overall what typically occurs in the "care" of spinal pain, would patients have better functional results if they did not access the "health care" system?

Conclusions

Hippocrates 350 BC

Primum non nocere.

(First, do no harm.)

Conclusions

Need to:

Explore dis/ability within the context of the illness experience and individual vulnerability and socioeconomic influence

Conclusions

Understand what promotes performance and facilitate the development of full potential of the individual.

Conclusions

Develop a society which encourages performance and prevents dis/ability, not one which creates and reinforces disability.

Conclusions

Make a difference.

Create empowered individuals who achieve their dreams.

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What steps will you take to accomplish this vision?

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