

RIMS 31ST ANNUAL RIMS CONFERENCE

APRIL 25-30, 1993

ORLANDO, FL

Speaker's Name(s): Dorothy DuggerSession Number: WC Session Name: Worried Sicks
301Date: Monday Time: 2-4 p.m.
April 26

**BEHAVIORAL MEDICINE:
A BIO-PSYCHO-SOCIAL APPROACH
TO ILLNESS AND INJURY**

Dorothy Dugger MD

WC #301

Worried Sick: The
Psychosocial Frontier
of Risk Control

mon 4/26/93 2-4PM

BACK INJURY CLAIM

predictive factors **probability of filing claim**

- 1) history of back pain
- 2) job dissatisfaction
- 3) distress in life



Of 3,000 workers with "Vertebral Column Disorders" in the Quebec Task Force 1981 Study:

- **7.4% disabled at 6 months**
- **70% of lost work days**
- **73% of medical care costs**
- **76% of compensation payments for back pain**

PAIN

- Acute and chronic pain therapy affects 45% of Americans annually**
- \$85 to \$90 billion cost to the economy**
- 30% of the American public is estimated to have chronic pain***
- 50 million Americans lose their ability to work because of pain**
- loss of 700 million work days per year secondary to pain**

***United States Department of Health and Human Services (SSATUB) 64-031: The Report of the Commission on Evaluation of Pain. Washington: 1987.**

PSYCHOSOCIAL STRESS → INJURY

Cooper - job dissatisfaction (poor relations at home & work) lower mental health

Green - pilots at fault had life event problem

Rundmo - risk perception, job stress → injury, error

Melamed - job dissatisfaction, stress

+ psychological c/o → accidents

+ physical c/o → sickness, absenteeism

St. Paul Fire & Marine - ↑ stress, ↑ accident rate

↑ medical benefit use, ↓ productivity

Dr. A. Hirschfield - workers stressed prior to injury

- adaptive

Possible Psychophysiological Disorders

System	Examples
Endocrine	Hypopituitarism Hyperthyroidism, hypothyroidism Hypoglycemia Diabetes mellitus
Other	Posttraumatic headache Phantom limb pain Painful posttraumatic states

HOLMES AND RAHE SOCIAL READJUSTMENT RATING SCALE

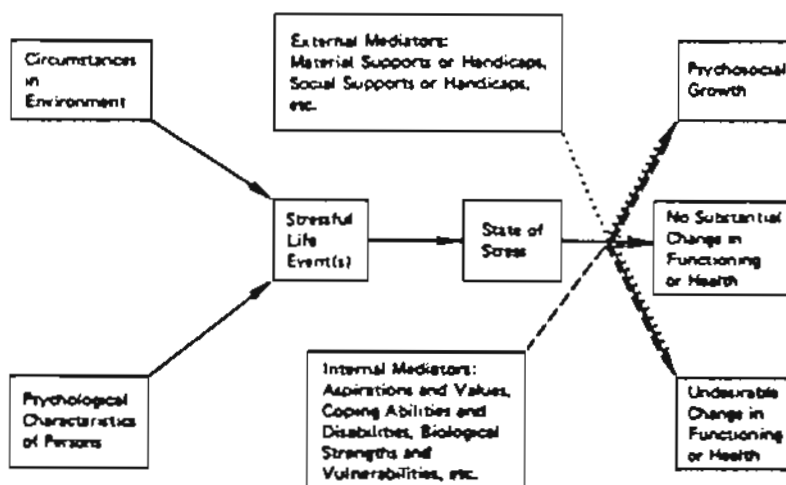
Life Events	Mean Magnitude (Percent)	Life Events	Mean magnitude (Percent)
Death of spouse	100	• Trouble with in-laws	29
- Divorce	73	• Outstanding personal achievement	28
- Marital separation	65	• Wife begin or stop work	26
- Jail term	63	• Begin or end school	26
• Death of close family member	63	• Change in living conditions	25
• Personal injury or illness	53	• Revision of personal habits	24
• Marriage	50	• Trouble with boss	23
- Fired at work	47	• Change in working hours or conditions	20
• Marital reconciliation	45	• Change in residence	20
• Retirement	45	• Change in schools	20
• Change in health of family member	44	• Change in recreation	19
• Pregnancy	40	• Change in church activities	19
• Sex difficulties	39	• Change in social activities	18
• Gain of new family member	39	• Mortgage or loan less than \$10,000	17
• Business readjustment	39	• Change in sleeping habits	16
• Change of financial state	38	• Change in number of family get-togethers	15
• Death of close friend	37	• Change in eating habits	15
• Change to different line of work	36	• Vacations	13
• Change in number of arguments with spouse	35	• Christmas	12
• Mortgage over \$10,000	31	- Minor violations of the law	11
- Foreclosure of mortgage or loan	30		
• Change in responsibilities at work	29		
• Son or daughter leaving home	29		

• = subjective event

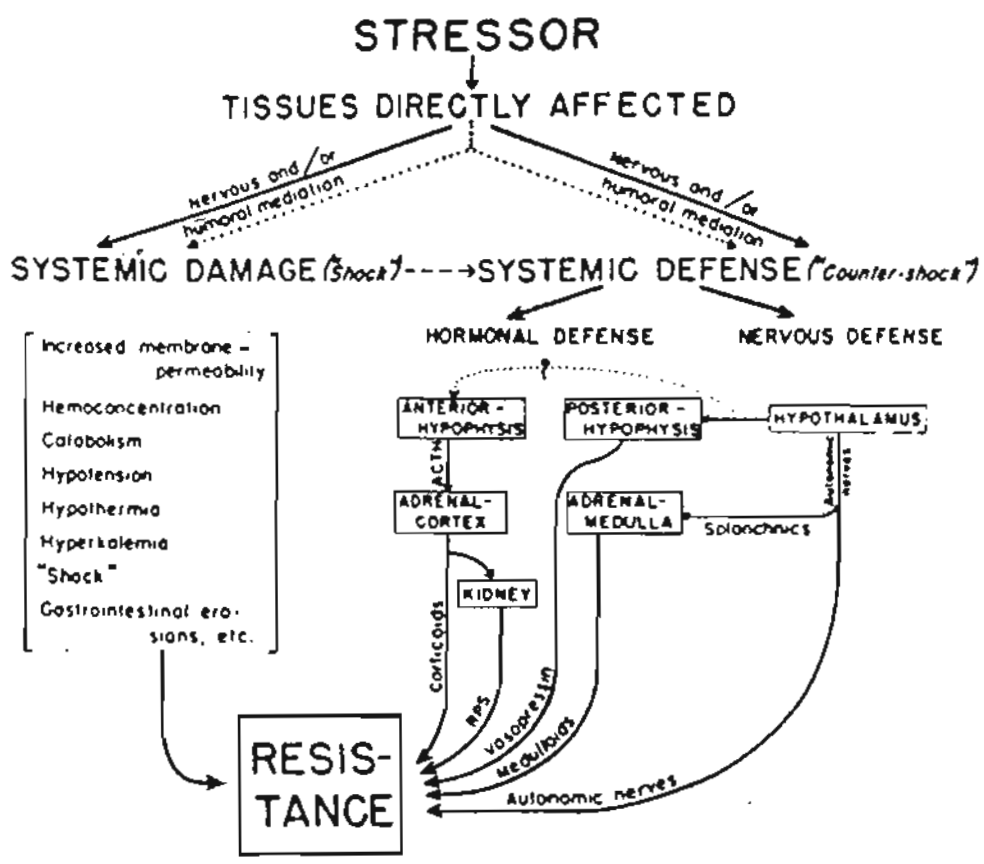
- = negative objective event that may be confounded with psychopathology

Adapted from Holmes and Rahe (1967). The mean magnitude represents the stressfulness of different events relative to the death of a spouse, based on answers obtained from test populations.

GENERAL PARADIGM OF THE STRESS PROCESS EXTENDED
TO INCLUDE ANTECEDENTS OF STRESSFUL LIFE EVENTS



From Dohrenwend, B. S., et al., *J. Health Social Behav.*
19:205-229, 1978 (Figure 1). Used with permission of
The American Sociological Association, Washington, D.C.



A model of the General Adaptation Syndrome: Pathways through which stress elicits systemic reactions. (From Selye, H., and Fortier, C., *Res. Publ. Ass. Nerv. Ment. Dis.*, 29:4, 1950.)

HISTORY OF BEHAVIORAL MEDICINE

Cannon 1920 - fight/flight response, homeostasis

Alexander, blocked emotions → physical symptoms

Weiss & English 1949 - psychosomatic medicine

Wolff - adaptive, nonspecific nature of physical symptoms

Workers' Comp Costs

	1987	1990 (Tillinghast)
-	\$45 billion	\$60 billion in direct costs
-	60% increase from '82 to '87	doubled in last 5 years
-	predict \$100 billion by 2000	averages 2% of payroll
-		for \$1 in direct costs, \$2 in indirect costs

SOMATIZATION

**-physical expressions of emotions
-objective signs, subjective symptoms, and
complicated syndromes commonly accepted as
stemming from psychophysiological disturbances**

**Sheehan & Hackett
The Harvard Guide to Modern Psychiatry**

CRITERIA FOR MAJOR DEPRESSION

- 1) loss of interest/pleasure or depressed mood
- 2) at least 4 of the following:
 - weight loss/gain or \uparrow or \downarrow appetite
 - insomnia/hypersomnia
 - psychomotor agitation/retardation
 - fatigue
 - feeling worthless/inappropriate guilt
 - inability to concentrate
 - suicidal ideation/attempt
- 3) not due to organic factor or bereavement

PREVALENCE OF MAJOR DEPRESSION

3 - 5% in general population

30% in chronic pain patients in pain clinic

Romano, Turner, Chronic Pain & Depression Psychol Bull 1985;97

65% lifetime prevalence in patients with chronic back/pelvic/chest pain

Katon, Sullivan, Dep. & Chronic Medical Illness, J. Clin. Psychiatry 1990, 51 (SUPPL 6)

CHRONIC PAIN SYNDROME

- 1) pain persists beyond normal healing time for acute injury (i.e. 3 months)**
- 2) functional disability far exceeds that expected on basis of objective findings**
- 3) high/excessive health care utilization**
- 4) indications of concomitant psychiatric disorder**
- 5) excessive/prolonged use of narcotics, anxiolytics, alcohol**

**Sullivan, Turner, Romano
"J. Family Practice" V43 No.2, 1991**

CHRONIC PAIN MANAGEMENT STRATEGY

- 1) workplace**
 - sensitive handling of incident**
 - personal health management/stress management**
 - EAP**
 - organizational management**
- 2) coordination of A & H and P & C data**
 - target high risk for education, assistance**
- 3) case management**
 - proactive - onsite**
 - early assessment**
 - identify high risk cases**
 - manage expectations, medical care, cost**

Benefits Design

**every 20% ↑ in benefits → 10% ↑ costs
(higher utilization)**

PERSONAL HEALTH MANAGEMENT

- **Objective --Personal Ownership of Health Management (Self-Care and Lifestyle)**
- **Three Level Program:**
 - **Telephonic Patient Advocacy**
 - **Telephonic Patient Advocacy plus Literature Support**
 - **Above plus Health Risk Management**
- **Integrated with UR/CM Programs**



INTRACORP

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