ADJUSTMENT DISORDER

INTRODUCTION

- It is one of a few diagnostic entities in which an *external stressful event is linked to the development of symptoms.*
- This diagnostic category characterized by an emotional response to a stressful event.
- By definition, the symptoms must begin within 3 months of the stressor and must remit within 6 months of removal of the stressor.

INTRODUCTION

- Typically, the stressor involves financial issues, a medical illness, or a relationship problem.
- Symptom complex may involve anxious or depressive affect or may present with a disturbance of conduct.
- A variety of subtypes of this are identified in the DSM-IV-TR varying on the particular predominant affective presentation.

HISTORY

- In DSM-I (1952)- described under the category of transient situational personality disorder. Having subtypes of gross stress reaction, adult situational reaction, adjustment reaction of infancy, adjustment reaction of childhood, adjustment reaction of adolescence, and adjustment reaction of late life.
- In DSM-II- it was changed to transient situational disorder and first two subtypes were eliminated.

HISTORY

- In DSM- III-the diagnosis of adjustment disorder was introduced and the subtypes were categorized based on the predominant affective experience.

- DSM-III-R retained these diagnostic subtypes and added an additional one involving physical complaints and also specified that symptoms could not exceed 6 months.

HISTORY

- DSM-IV- eliminated 4 previous subtypes and stressor was allowed to persist for an indefinite time and symptoms for more than 6 months were said as chronic.

- DSM-IV-TR- the onset of symptoms is within 3 months of a stressor and the resolution within 6 months of the termination of the stressor.

EPIDEMIOLOGY

- Prevalence in general population-2-8%
- Women are diagnosed twice than men.
- In children and adolescents, boys and girls are equally diagnosed .
- It can occur at any age.
- But most frequently diagnosed in adolescents.

EPIDEMIOLOGY

- In one study, 5% of persons admitted to a hospital over a 3-year period were classified as having an AD.
- Up to 50% of persons with specific medical problems or stressors have been diagnosed with AD.
- 10 to 30% of mental health outpatients and up to 12% of general hospital inpatients referred for mental health consultations have been diagnosed with AD.

EPIDEMIOLOGY

- In one of the largest studies on AD at Western Psychiatric Institute,11000 individuals of all age included.
- 10% was found to have AD
- In children and adolescents less than 18 years of age, over 16% had AD.

EPIDEMIOLOGY

- A further study examined the prevalence of AD among adults and children admitted to an psychiatric hospital.

- Approximately 7.1% of the adults and 34.4 % of the adolescents were admitted with an adjustment disorder diagnosis.

ETIOLOGY

- 1) PSYCHODYNAMIC FACTORS-

- 3 factors are important here-
- the nature of the stressor,
- the conscious and unconscious meanings of the stressor,
- and the patient's pre-existing vulnerability.

ETIOLOGY

- A person is vulnerable if having-

-A concurrent personality disorder or organic impairment.

-The loss of a parent during infancy or being reared in a dysfunctional family.

ETIOLOGY

- There is an importance of *Donald Winnicott's* concept of the good-enough mother.
- In a study of 2000 twin pairs, monozygotic twins showing greater concordance than di-zygotic twins

CLINICAL FEATURES

Symptoms depend on the type of AD-

- depressed mood,
- low self-esteem,
- suicidal behaviour,
- increased motor activity,
- Hyper vigilance,

CLINICAL FEATURES

- Anxiety
- Assaultive behaviour
- Reckless driving
- Impulsivity
- Irritability
- Loss of appetite
- Loss of sleep
- Hopelessness

DIAGNOSIS

DSM-5-

- A) The development of emotional and behavioural symptoms in response to an identifiable stressor(s) occurring within 3months of onset of stressor(s).

- (B) These symptoms or behaviours are clinically significant, as evidenced by 1 or both of the following-

DIAGNOSIS

- 1)Marked distress that is out of proportion to the severity or intensity of the stressor.
- 2)Significant impairment in social, occpuational or other important areas of functioning.

- C)The stress related disturbance does not meet criteria for another mental disorder and not merely an exacerbation of pre-existing mental disorder.

DIAGNOSIS

- D)The symptoms do not represent the normal bereavement.
- E)Once the stressor or its consequences have terminated, the symptoms do not persist for more than 6 months.

DIAGNOSIS

Specify whether-

- With depressed mood
- With anxiety
- With anxiety and depressed mood
- With disturbance of conduct
- With mixed disturbance of emotions and conduct
- Unspecified

DIAGNOSIS

- ICD-10-

  The onset is usually within 1 month of occurrence of stressor and symptoms usually does not exceed than 6 months except in cases of prolonged depressive reaction.

  Diagnosis depends on careful evaluation of the relationship between-

(a) form, content and severity of symptoms.

(b) previous history and personality.

(c) stressful event, situation or life crisis.

DIAGNOSIS

- If the criteria for AD is satisfied, the clinical form or predominant features can be specified-

  -Brief depressive reaction

  -Prolonged depressive reaction

  -Mixed anxiety and depressive reaction

  -With predominant disturbance of other emotions

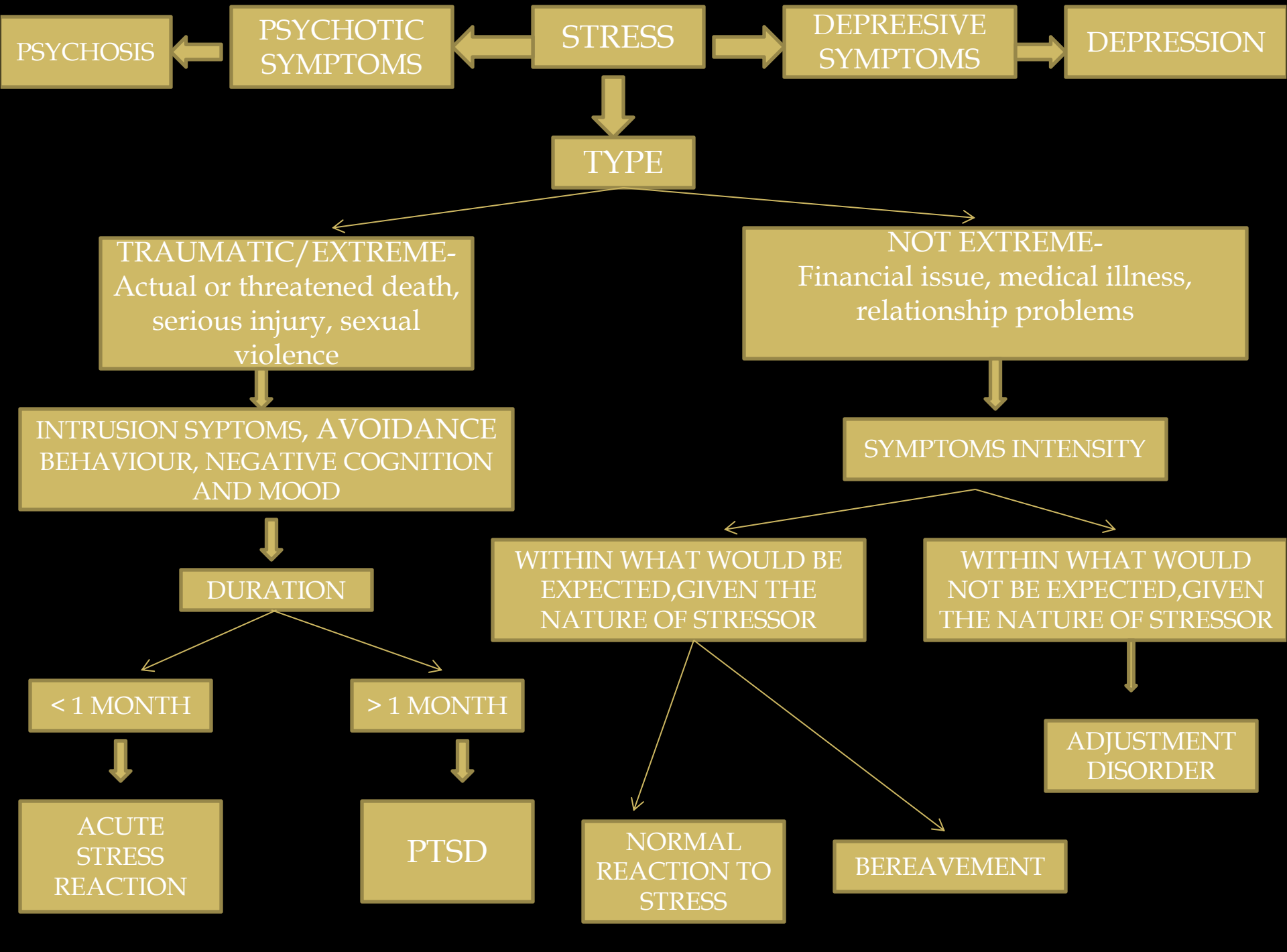
  -With predominant symptoms of conduct

  -With mixed disturbance of emotions and conduct

  -With other specified predominant symptoms

D/D

- 1. Normative stress reaction
- 2. PTSD
- 3. Acute stress reaction
- 4. MDD
- 5.Personality disorder
- 6. Conduct disorder
- 7. Substance related disorder
- 8. GAD


PSYCHOSIS
PSYCHOTIC SYMPTOMS
STRESS
DEPREESIVE SYMPTOMS
DEPRESSION
TYPE
TRAUMATIC/EXTREME- Actual or threatened death, serious injury, sexual violence
NOT EXTREME- Financial issue, medical illness, relationship problems
INTRUSION SYPTOMS, AVOIDANCE BEHAVIOUR, NEGATIVE COGNITION AND MOOD
SYMPTOMS INTENSITY
DURATION
WITHIN WHAT WOULD BE EXPECTED,GIVEN THE NATURE OF STRESSOR
WITHIN WHAT WOULD NOT BE EXPECTED,GIVEN THE NATURE OF STRESSOR
< 1 MONTH
> 1 MONTH
ADJUSTMENT DISORDER
ACUTE STRESS REACTION
PTSD
NORMAL REACTION TO STRESS
BEREAVEMENT

D/D

- Personality disorders- some personality features maybe associated with a vulnerability to situational stress that may resemble AD.

  Lifetime history of personality functioning will helpful.

COURSE AND PROGNOSIS

- With appropriate treatment, the overall prognosis of an AD is generally favourable.
- Most patients return to their previous level of functioning within 3 months.
- Adolescents usually require a longer time to recover than adults.
- A 5-year follow-up study at the University of Iowa showed a recovery rate of 71% in adults versus 44% in adolescents.

COURSE AND PROGNOSIS

- A recent study of 119 patients with AD shows that 60% had documented suicide attempts in the past, and 96% had been suicidal during their admission to the hospital.
- 50% had attempted suicide immediately prior to their hospital admission.
- Co morbid diagnoses of substance abuse and personality disorder contributed to the suicide risk.

TREATMENT

- 1)PSYCHOTHERAPY-

- It remains the treatment of choice for AD.
- Group therapy- particularly useful for pts having common stressors.
- Individual psychotherapy offers the opportunity to explore the meaning of the stressor to the pt so that the earlier traumas can work through.

TREATMENT

- Psychotherapy can help persons adapt to stressors that are not reversible or time limited and can serve as a preventive intervention if the stressor does remit.

- Family therapy- helpful in pts having AD with conduct disturbances.

TREATMENT

- Crisis intervention and case management are short-term treatments aimed at helping persons with AD resolve their situations quickly by –
- supportive techniques,
- suggestion,
- reassurance,
- environmental modification, and
- even hospitalization, if necessary.

TREATMENT

- 2)PHARMACOTHERAPY-

- No studies have assessed the efficacy of pharmacological interventions in pts with AD.
- But medications may be used for specific symptoms for brief duration.
- Depending on the type of AD, a patient may respond to an antianxiety agent or to an antidepressant.

TREATMENT

- In pts with severe anxiety- anxiolytics maybe useful.
- Antipsychotic drugs may be used if there are signs of psychosis.
- SSRI's are found to be useful in treating symptoms of traumatic grief/depressive symptoms.
- Recently, there has been an increase in antidepressant use to augment psychotherapy in pts with AD.

THANK YOU