“An overview of psychiatric claims: expansion into family members”

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Overview of psychiatric claims

Focus on the expansion of psychiatric claims into family members

PTSD

Adjustment disorders

Bereavement disorders
Diagnosis in Psychiatry

Two classification systems:

- DSM: Diagnostic and Statistical Manual of the American Psychiatric Association (APA)
  - DSM-V 2013

- International Classification of Diseases – World Health Organisation
  - ICD 10 1990
  - ICD-11 January 2022
Diagnosis in Psychiatry

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ICD-11
International Classification of Diseases for Mortality and Morbidity Statistics
Eleventh Revision
World Health Organization
Diagnosis in Psychiatry

- Interview – truth is assumed in the clinical setting
- Observation in the assessment
- Collateral history (family/friends/Gardaí)
- Collaboration: medical reports, newspapers, social media
- Minimal objective measures:
  - laboratory tests, imaging
Diagnosis in Psychiatry

- Mad, bad or sad
- "Normal" versus "unwell" symptoms
- Key is impaired functioning
What is depression?

- Depressed mood in reaction to negative experiences is normal
  - feeling sad is a normal reaction to stressful or upsetting experiences that are
  - most people feel low or `blue' occasionally

- Depression as illness:
  - depressed mood is serious and prolonged
  - accompanied by other symptoms
  - disturbances of functioning
Major psychiatric disorders

- Schizophrenia
- Bipolar Disorder
- Major (melancholic/biological) Depression
- Severe Anxiety (GAD/panic/OCD)
- Severe Personality Disorder
Illnesses Cited in PI

- PTSD
- Adjustment Disorder
- Depression and Anxiety
- Cognitive Dysfunction
- Somatoform Disorder
- Grief/bereavement disorders
PTSD

- 70% of adults experience a traumatic event at some time in their lives
- 31% experience four or more events
- Lifetime prevalence of PTSD: 1.3 to 12.2%
- EU 12 month prevalence: 1.1–2.9% (about 7.7 million people)
PTSD: increased risk

- Younger persons
- Female sex
- Childhood trauma
- Fewer years of schooling
- Socially disadvantaged persons
- Prior mental disorders
- Exposure to four or more traumatic events
- History of exposure to interpersonal violence
PTSD: increased risk

- Exposure to death, injury, torture or bodily disfigurement
- Traumatic brain injury
- Traumatic experience that is unexpected, inescapable or uncontrollable
- Military personnel
- Police officers
- Fire-fighters
- First responders
PTSD

Probability that PTSD will develop varies according to sex and the type of trauma

<table>
<thead>
<tr>
<th>Type of Trauma</th>
<th>men</th>
<th>women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rape</td>
<td>65%</td>
<td>46%</td>
</tr>
<tr>
<td>Physical assault</td>
<td>2%</td>
<td>22%</td>
</tr>
<tr>
<td>Accident</td>
<td>6%</td>
<td>9%</td>
</tr>
</tbody>
</table>
PTSD diagnosis: DSM-5

A. Exposure to actual or threatened death, serious injury, or sexual violence
   – Directly experiencing the traumatic event
   – Witnessing in person the event as it occurred to others
   – Learning that the traumatic event occurred to a close family member or close friend
   – Experiencing repeated extreme exposure to aversive details of the traumatic event (e.g. first responders collecting human remains; police officers repeatedly exposed to details of child abuse)
PTSD: DSM-5 criteria

• B. Presence of one or more intrusion symptoms associated with the traumatic event
  • Recurrent intrusive distressing memories
  • Current distressing dreams
  • Dissociative reactions such as flashbacks
  • Intense or prolonged psychological distress at exposure to reminders
  • Marked physiological reactions to reminders
PTSD: DSM -5 criteria

- C. Persistent avoidance of stimuli associated with the traumatic event
  - Avoidance of distressing memories, thoughts and feelings
  - Avoidance of external reminders

- D. Negative alterations in cognitions and mood associated with the traumatic event
  - Inability to remember an important aspect of the traumatic event
  - Persistent and exaggerated negative beliefs about oneself, others are the world
  - Persistent, distorted cognitions about the cause and consequence of the traumatic event that leaves the individual to blame himself/herself
  - Persistent negative emotional states
  - Markedly diminished interest or participation in significant activities feelings of detachment or estrangement from others
  - Persistent inability to experience positive emotions
PTSD: DSM -5 criteria

- E. Marked alterations in arousal and reactivity associated with the traumatic event
  - Irritable behaviour and angry outbursts
  - Reckless or self-destructive behaviour
  - Hypervigilance
  - Exaggerated startle response
  - Problems with concentration
  - Sleep disturbance

- F. Duration more than one month
PTSD: DSM -5 criteria

- G. Clinically significant distress or impairment in social, occupational or other important areas of functioning

- H. Disturbance is not distributable to the physiological effects of a substance or another medical condition
PTSD: ICD-11 criteria

- Exposure to an extremely threatening or horrific event or series of events

- Intrusion symptoms:
  - Re-experiencing the traumatic event or events
    - Vivid intrusive memories
    - Flashbacks, nightmares
  - Re-experiencing accompanied by strong and overwhelming emotions
    - Fear and horror
    - Strong physical sensations
    - Feelings of being overwhelmed or immersed in the same intense emotions that were experienced during the traumatic event
PTSD: ICD-11 criteria

Avoidance:
- avoidance of thoughts and memories of the event or events
- avoidance of activities, situations or people reminiscent of the event or events

Persistent perception of heightened current threat
- hypervigilance, enhanced startle reaction

Symptoms must persist for at least several weeks

Symptoms must cause significant impairment in personal, family, social, educational, occupational or other important areas of functioning
PTSD: early intervention

- Debriefing does not prevent PTSD and may have harmful consequences
- Early cognitive behaviour therapy may be helpful
- No medication prevents progression
- Benzodiazepines do not help
  - may cause worsening of symptoms
PTSD and suicide

- Suicidal thoughts are common in PTSD
- Relative risk of suicide attempt in PTSD 2%
  - GAD 2.3%
  - Alcohol dependence 2.5%
  - Depression 4.8%
- Risk of completed suicide is probably secondary to comorbid depression
PTSD: coexisting disorders

- Mood disorders
- Anxiety
- Substance use disorders

PTSD is associated with serious disability, medical illness and premature death
Adjustment Disorder

DSM-III 1980

a maladaptive response to an everyday stressor
Adjustment Disorder: DSM-V

Symptoms arise in response to a stressful event *within three months of exposure*

Symptoms must be clinically significant in that they are:

- Disproportionately distressing of what would be expected
- There is significant impairment in functioning
Adjustment Disorder: DSM-V

- No other mental disorder
- When the stressor or its consequences are removed the condition resolves within six months
State of **subjective distress and emotional disturbance**, usually interfering with social functioning and performance, arising in the period of adaptation to a **significant life change or a stressful life event**

- Brief depressive reaction
- Prolonged depressive reaction
- Mixed anxiety and depressive reaction

The condition would not have arisen without the stressor

**Adjustment disorder (ICD10: F43.2)**
Adjustment disorders are midway between normal behaviour and major psychiatric morbidity

Difficult to diagnose

- poor definition
- overlap with other diagnostic groupings
- indefinite symptomatology
Bereavement

- Normal
- Appropriate to the culture of the individual
- Not exceeding six months
Prolonged Grief Disorder (PGD) ICD11

- Death of someone close >6 months ago
- Separation distress: longing for the deceased or persistent preoccupation
- Accompanied by intense emotional pain
  - Sadness, guilt, anger, denial, blame
  - Difficulty accepting death
  - Feeling loss of part of one’s self
  - Inability to experience positive mood
  - Emotional numbness
  - Difficulty engaging with social or other activities
Prolonged Grief Disorder (PGD) ICD11

- Substantial impairment in personal, family, social, educational, occupational or other important areas of functioning
- The grief response has persisted for an atypically long period (>6 months) and clearly exceeds norms for the individual’s social, cultural or religious context
Persistent Complex Grief Disorder (PCGD): DSM-V for further study

- Death of someone close >12 months ago
- Separation distress (one of):
  - Persistent yearning or longing
  - Intense sorrow and emotional pain
  - Preoccupation with dead person
  - Preoccupation with circumstances of death
- At least six specified additional symptoms
Persistent Complex Grief Disorder (PCGD): DSM-V for further study

- Substantial impairment in personal, family, social, educational, occupational or other important areas of functioning
- Reactions are out of proportion or inconsistent with cultural or religious norms
- Death in traumatic circumstances: distressing thoughts, images, feelings related to the traumatic features of the death
Analysis of Psychological PI Claim

- Severity
- Duration
- Previous history
- Treatment
- Probing questions
- Follow-up questions
Analysis of Psychological Personal Injury Claim

- Inconsistencies
- Thrusting of symptoms
- Incongruence: reported vs observed
- Overacting
- Instruments
Instruments

- SIMS
- TOMM
- M-FAST
- Cognitive Tests
- Rey Fifteen Item Test
"Normal" versus "unwell" symptoms

Key is impaired function
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