Preventive medicine: DIS*ABILITY*

Prevention, don't aid the process

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Definition of Disability

(AMA guidances to evaluation of permanent partial impairment)

Disability: Alteration of an individual's capacity to meet personal, social, or occupational demands or statutory or regulatory requirements because of an impairment.

Disability is a relational outcome, contingent on the environmental conditions in which activities are performed.

Reaching crisis levels

- The percentage of disabled in the United States has been increasing markedly, not just Worker's Compensation and no-fault but also SSDI
- This has spawned a whole new group of lawyer/advocates to achieve this end for often Abled individuals

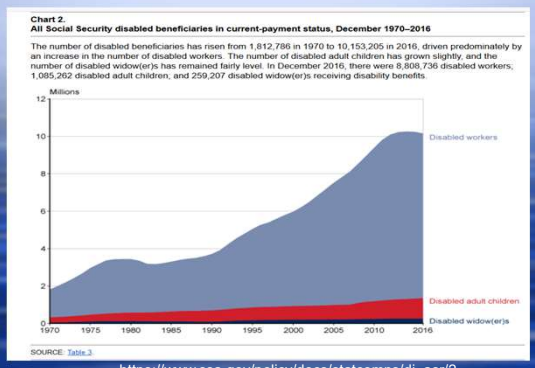
Are you a physician or an advocate In the process?

A physician is a scientist

- using scientific tools and evidence, a physician does what is best for the patient

By contrast:

- A lawyer is an advocate for whatever goal their client contracts them for
- Example: OJ is innocent



https://www.ssa.gov/policy/docs/statcomps/di_asr/2016/sect01.html

National RETAIN project

- Recent national recognition and attention to crisis
- Observe: Disability parking slots
- Observe: TV Interviews of obviously abled homeless population

National RETAIN project

- **$100+ million 5 year Federal demonstration project**
- (expect to see increased attention to this matter in the future)
- Question: Can states increase availability of very early SAW/RTW* services in a way that reduces prolonged work absence, job loss, withdrawal from workforce and entry onto SSDI?
- Target population: Workers with work disability due to new or changed health conditions, especially musculoskeletal conditions (sprains, strains, etc.) Both occ & non-occ.
- State project leadership team and program design must involve participants from government, healthcare, and employment sectors.

*Stay at work/ return to work

Contrast

- Needlessly disabled
  - Individual perceives self as incapacitated despite minimal impairment or disorder

Contrast

Exceptionally *Abled*

Individual is productive and interactive despite significant impairment:

- From European study: abled Eastern European Farmer vs. English factory worker; same injury
- Owners of mom and pop convenience Store
- Christopher Reeve; Stephan Hawking

What would Dr. Still do?

- Logical (and sometimes minimal) approach to sickness, injury and disease (Disability should be included in this definition)
- Avoid that which may worsen disease/disability
- Holistic: All factors considered
- Give the body (and mind) the chance to heal itself; functional recovery promoted by ***continuing to function.***
- Emphasize function and movement
  - Lymphatic and arterial basis for tissue healing
  - Life = Movement
  - Death = Stasis
  - QED: Promoting stasis through enabling *dis*Ability destroys health / *Ability*

Physician contributors to Disability

Failure to promote Return to Function as the **Goal of treatment**

- preventive medicine includes prevention of disability
- applying a disabled status to an otherwise abled individual does them a disservice

Perceived benefits of *dis*Ability (short term)

- Extended compensated time off work
- Passive, feel-good treatments
- Family concern
- A disabled parking sticker
- Lump sum payment

Results of *dis*Ability (in the long run)

- Self-perception of worth
- Relations with family members
  - Divorce
  - Disassociation (family and society)
- Discontinuation of enjoyable activities
- Long-term financial strain
- Worsening medical conditions associated with inactivity
- **Drug abuse, Rx and otherwise**

Time is of the Essence

Immediate physician modified duty release (logically tailored to the injury) has been shown to be major factor in eventful return to work

Some studies suggest chance of ever returning to active employment after 12 weeks completely off of work at 50% and declining precipitously thereafter

The dirty secret: Employers have a greater role in this then physicians:

Refusal to keep worker on the job despite physician release to modified duty (or limited time allowed accommodating modified duty restrictions)

Traditional medical training too often ignores techniques to recognize and deal with illness behavior or to adequately communicate it to patient and colleagues.

Often unintentionally, iatrogenic disAbility can result:

Primary treating physician contributes to rather than prevents

ILLNESS BEHAVIOR

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

The concept of illness behavior. J Chronic Disability 15a, 189-94, 1961

Doc , I get these spasms of pain that are so intense! They just bring me to my knees!

Disabled?

My pain is

- 8
- 9
- 10
- 11, 12 + !!!
- On a scale of 10

ILLNESS BEHAVIOR

Spectrum from:

- Unconscious symptom exaggeration
- Psychiatric disorders/
- Malingering

Symptom magnification

- Increased expression of symptoms in excess of that expected (sometimes a 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
  - Professional patient

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

Iatrogenic contribution

- Cooperative manipulation of private or public disability system. (Not always intentional)
- Physician maintains total disabled status:; For many reasons:
- patient insistence
  - Despite all efforts, self-reported pain levels remain 1 or 2 on a scale of 10. Unrealistic expectation is for 0
  - Range of motion assessments a few degrees off of accepted "normal". (Often used by chiropractors or other practitioners to justify continued passive modalities)

Ensalada, LH: The importance of illness behavior in disability management; Occ Med STAR 15(4);739-54

Comparison of Features	Expectations of Secondary Gain	Deceptive State of Mind	Mental Disorder
Somatoform Disorder	Yes	No	Yes
Factitious Disorder	No	Yes	Yes
Symptom Magnification "Refugee"	Yes	No	No
Symptom Magnification "Game player"	Yes	Yes	No
Symptom Magnification "Professional patient"	No	Yes	No
Malingering	Yes	Yes	NO

Illness behavior vs Faking

Usually not malingering, but simply:

- Exaggeration of symptoms
- Deny or minimize positive traits/abilities (carrying a 10 pound backpack, but claims they cannot lift even 5 pounds)

Illness behavior

- Patient presents as:
  - Worse (in spite of care and/or rest)
  - Sickly
  - Negative

Secondary gain

Contributors to illness behavior:

- Financial gain:
  - Paid time off work (particularly prevalent in Hawaii; particularly with lower paid workers)
  - Expectation of Final award
- Relief from responsibilities (home, work, army)
- Manipulation of relationships
- Sick role (sanctioned dependency)
- Intra-psychic defense mechanisms

Healthcare contributors to illness behavior

Refusal to provide logical tailored modified duty alternatives

- Attention of health care providers
  - Access to "feel good" modalities (massage, passive PT, OMT)
  - Patient bases their Life around a variety of the treatment appointments
  - Narcotics; particularly recurrence of the prescriptions beyond first few days after an injury

Mental Disorders

- Paranoid
  - Suspects without basis that others are exploitive, harmful, deceitful. Common in legal arena
- Schizoid
- Schizotypal

Adverse Childhood Experiences

- The ACE score is and often hidden but the strongest known predictor of adult health status (per CDC)
- Roughly 8-10% of US population has a high ACE score (per CDC)
- People with high ACE scores have (a) had their nervous & immune systems permanently altered; (b) may not have been taught how to cope well with adversity.

ACE Score10 point

1 Raised by single parent
2 Witnessed physical abuse of mother
Someone in household
3 In jail
4 Drug addict / alcoholic
5 Mentally ill / suicide
Neglect, whether 6 emotional or 7 physical
Repeated abuse, whether 8 emotional, 9 physical, or 10 sexual.

Personality Disorders

- Antisocial
- Borderline
- Histrionic
- Narcissistic
- Avoidant
- Dependent
- Obsessive-Compulsive
  - Low self-esteem, guilt, anger, self-consciousness, anxiety, hostility
- Negative appraisal of one's health

Hysterical workplace epidemics

- Unhappy, vulnerable patients
- Supportive cultural environments
- Interactive and evolving process
- Can occur with the interaction of the physician, employer, and/or *scientific* enthusiast (on the part of the patient or the physician)

Somatization disorder

- Conscious or unconscious use of symptoms for psychological gain
- Experience and report somatic symptoms that have no pathophysiologic explanation
- Misattribute symptoms to disease
- 5 to 40% of ALL patient visits
  - Ford CV,The Somaticizing Disorders: Illness
  - As a way of life; New York, Elsevier; 1983

Disorders prone to somatization

Complaints

- Low back/ neck
- Shoulder
- Hand/wrist (CTS)
- Invoke a diagnosis to explain discomfort not actually caused by disease

Syndromes

- Labeling of discomforts:
  - Fibromyalgia
  - Chronic fatigue syndrome
  - Multiple chemical sensitivity
  - Toxic mold (otherwise known as mildew)
  - Sick building

Barsky AJ, Boris JF: Somatization and Medicalization in the era of managed care; JAMA 274(24), 193-4, 1995

- Add Favorite comic here

The trap: Medicalization of Complaints and/or syndromes

- Amplifies distress and concern
- Feedback encourages more symptoms and complaints
- Declining tolerance
- Declining threshold for self-limiting symptoms
- Media supports of "syndromes" and exposures

ILLNESS BEHAVIOR

- Mistaken beliefs
- Misattribution and/or refusal to consider alternative explanation of symptoms
- Carpal tunnel syndrome
- Acute Gout attack
- "I never had it before"

Physician contribution to Disability

- Caused or exacerbated by the treating physician or the health care system in general
- Don't be an iatrogenic disabler

Iatrogenic Disability

- Fail to recognize or reinforcement of Dysfunctional behavior
  - False attribution of etiology of the problem:

CTS: "Patient uses hands at work"

Pes planus/ heel spurs: Patient uses x-body part at work and they never had this before,

Therefore……

"I never had this before."

- Well, you got it now.

Chronic Neck/Back Ache:

"I've been doing this for 20 years and it's never bothered me before."

- Well, you weren't 45 years old 20 years ago, but you are now. (i.e. some degree of degenerative aches and pains are to be expected with age)

Physician contributors to Disability can include:

- Inappropriate or extended treatment and diagnostic interventions
  - Refuse return to work on graded basis (off- work note vs modified duty; employer interaction contributes)
  - Return to ADLs

Delayed recovery; psychosocial factors

- Attitude: Challenge, catastrophe vs. negativity
- Beliefs, expectations, demands (real or perceived)
- Loss of control
- Mood
- Coping style, capacity, and skills
- Sum of stressors

Predictors of total Disability in Injured Workers

- Age
- Greater reported baseline pain and/or functional disability
- Perception of inability to return to work
- With back pain, a specific diagnosis (e.g., disc disease) vs. "non-specific back pain"
- Dysfunctional personality traits
  - Turner JA,Franklin G,Turk D; Am J Ind Med,38;707-22,2000
- Early and/or extended use of narcotics

Occupational and Psychological Profiles of People Disabled by Soft Tissue Injury - Low Back Pain

- Job dissatisfaction, monotony, 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

Our Duty as Physicians

Primum

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Nocere

Hippocrates, 350BC

Physicians often ignore psychosocial influences

- Specialists
  - Often zero in only on their pathology of expertise
- Providers that benefit from providing palliative, non-curative services
  - Passive physical therapies for extended periods
    - Massage
    - Acupuncture
    - Chiropractic
    - OMT
  - Surgeries and other procedures


Thank you for listening
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