Chapter-7

Section-E: Psychosocial Aspects of Health and Disease

Q1. An Entrepreneur has a very tough routine with long hours and excessive workload. Currently he is further stressed out due to the death of his business partner who was also his very close friend. (Annual 2014)

(a) What kind of emotional manifestations of stress are expected in this case?

Emotional Manifestations:

- People who respond with sympathetic reactions tend to show anxiety fear, anger and irritability.
- They would try an avoid the stressor by showing the fright and flight response
- Hypervigilance (alertwatchfulness, close and continuous attention), hyperarousal (A physiological and psychological state of being awake or reactive to stilmuli including elevated heart rate and blood pressure and a condition of sensory alertness, mobility and readiness to respond) and increased startle (to move suddenly, or be exited on feeling alarm) response are some other emotional aspects of these individuals.
- Parasympathetic system responders tend to show guilt, grief, sadness, depression, feelings of being abandoned and isolated and tend to avoid seeking support from others.

(b) What psychological interventions would you suggest for him?

The goal of managing stress is to achieve a state of Eustress, a state where a person is managing stress effectively, has good health, is relaxed and improving his capacity and capabilities. Problem solving, seeking help, utilizing social support and remaining optimistic are positive copying styles for handling stress.

Managing the stressor:

- There is always some aspect of the stressor which you can control.
- Focus on that aspect and take one thing at a time
- Make efforts to minimize the stressors

• This may require imaginative problem solving and help from your support group but gives you a sense of control over your environment.

Manage your behavior:

- Focus on what you can do NOW and in future. Adopt the "can do" attitude.
- Practice anger management and remember you are the person in charge of your behavior and unless you allow yourself to fall down, nothing can make you surrender.

• Manage your time:

- Make a list of things to do each morning and prioritize your work.
- Try making interruptions in your work schedule.
- Take out time to sit back and evaluate your work and afforts.
- Learn to say "No" to unreasonable demands on your time.
- Give yourself permission to engage in and enjoy leisure time.
- Schedule periods of quiet time for yourself and learn to delegate responsibilities to your colleagues and partners in your profession.

Manage your stress:

- Accept the things you cant change: sometimes this simple acceptance can relieve the stress.
- Learn to deal with your stress responses and adopt effective copying methods

Exercise and nutrition:

- Exercising 3-5 times a week conditions you to deal with stress by using up the body's physical stress response.
- Keep caffine intake to minimum
- Eat less fat and sugar food and more of fiber, vitamin b complex and vitamin C

· Relaxation:

 Practice progressive muscle relaxation, meditation, deep breathing exercises and engage in hobbies which provide energy and fuel for the body to combat stresses of all kinds.

. Social support:

- Develop a circle of friends and family where you talk your heart out and utilize resources that can help such as doctors or a senior colleague.
- Q2. A 40 year old executive comes to you with the problem of difficulty in falling sleep. He gives history of tossing and turning in bed for an hour or two before he can finally go to sleep. He says that he wakes up repeated during night and does not feel fresh in the morning. On examination, there is no evidence of any psychiatric or medical illness.

How would you manage him in terms of general principles of sleep Hygiene? (Annual 2014)
Principles of sleep Hygiene:

We will ask him to follow these principles.

- Sleep and rise at about the same time daily.
- Discontinue CNS acting drugs and beverages at night which contain nicotine, caffeine and stimulants.
- Avoid day time naps
- Establish physical fitness by means of regular exercise daily.
- Avoid evening stimulation by substituting relaxed reading for television.
- Eat at regular times daily and avoid large meals near bedtime.
- Practice evening relaxation routines such as progressive muscular relaxation or evening prayers.
- Maintain comfortable sleeping conditions.
- Q3. One of your patient took appointment from you for his dental treatment on several occasions. But he never turned up. You suspect that he is suffering from dental phobia. (BDS Annual 2014)

What questions will you ask him to illicit

- U will feel tense or have trouble sleeping the night before a dental exam?
- Increasingly nervous while you are in the waiting room?

- Feel like cry when you think of going to the dentist?
- The sight of dental instruments-or of white coated personnel in the dentist's officeincreases anxiety?
- The thought of a dental visit will giving the feeling of physically ill?
- Panic or have trouble breathing when objects are placed in mouth during a dental appointment?

Q4. Mr. sohail has been doing relief work with the health care team in a camp for internally displaced persons. He worked hard for last 3 months but for couple of weeks now he has lost interest in work, looks apathic and fatigued. (BDS Annual 2014)

(a) Identify the condition he is facing.

Stress

- (b) Enlist four ways in which this condition can be prevented.
 - Managing the stressor:
 - There is always some aspect of the stressor which you can control.
 - Focus on that aspect and take one thing at a time
 - Make efforts to minimize the stressors
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Q5. While taking history of your patient, which factors you will consider are protective in suicidal risk assessment. (BDS Annual 2012)

- · Having a supported family
- Having strong religious and spiritual beliefs
- Early detection and treatment of underlying mental illness
- Having a partner, children and good health
- Economic stability
- Restricted access to firearms or other methods
- Personal resilience
- Sense of connectedness and satisfaction

Q6. Mr. Asif 44 years old presents to your clinic for psychiatric evaluation. He wants to know the risks of developing psychiatric illness as one of his triend recently developed severe psychiatric

illness. Identify the risk factor for psychiatric diseases in this patient. (BDS Annual 2012) Individual factors

- · sadness or depression
- grief
- loneliness and isolation
- anxiety
- stress
- lack of satisfaction with life
- · negative style of talking
- · difficulty communicating
- trouble handling disagreements
- · low self-esteem
- making negative social comparisons to others
- negative attitudes about aging and mortality
- inappropriate self-expectations
- chronic or severe mental illness
- problematić use of substances, including medications
- heavy alcohol consumption
- · smoking
- physical illness or impairment
- · chronic illness
- poor nutrition
- physical inactivity

Family and social factors

- isolation
- lack of family support
- limited social network

Life events and situations

- caring for someone with an illness or disability
- death of family member, especially spouse
- divorce or family breakup
- unemployment
- other adverse or stressful life events
- retirement
- unsatisfactory workplace relationships
- workplace-related injury
- · living in a nursing home
- economic deprivation
- recent immigration or resettlement

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- elder abuse
- violence

Community and cultural factors

- low socio-economic status
- lack of support services, including transport,
- shopping and recreational facilities
- limited mental health service
- social and environmental barriers
- stigma and discrimination
- inadequate housing
- language barriers

Q7. Briefly describe the psychological stages of Grief reaction highlighting various defence mechanisms.

- Shock and numbness
- Denial
- Projection and blaming
- Bargaining
- Introjections and depression
- Acceptance
- Resolution

08.A young educated unemployed person came to you with self inflicted wounds on both arms he has also history of suicide in family. His family members are worried about him, as he is the only son: (Annual 2015)

(a) What are the risk factors of suicide in this person.

Individual factors

- sadness or depression
- grief
- loneliness and isolation
- anxiety
- stress
- lack of satisfaction with life
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- living in a nursing home
- economic deprivation
- recent immigration or resettlement
- homesickness or culture shock
- elder abuse
- violence

Community and cultural factors

- low socio-economic status
- lack of support services, including transport, shopping and recreational facilities
- limited mental health service
- social and environmental barriers
- stigma and discrimination
- inadequate housing
- language barriers

(b) What are the protective factors that play against suicide?

- Having a supported family
 - Having strong religious and spiritual beliefs

- Early detection and treatment of underlying
- mental illness Having a partner, children and good health
- Economic stability
- Restricted access to firearms or other methods
- Personal resilience
- Sense of connectedness and satisfaction

Q9. A 33 years old banker comes to you with complaints of irritability, lack of concentration and disturbed sleep for last few days. He is not willing to take medication for sleep disturbance. What suggestions you would like to give to the patient. Elaborate. (Annual 2015)

We will ask him to follow these principles.

- Sleep and rise at about the same time daily.
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- Avoid day time naps
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- Maintain comfortable sleeping conditions.

Q10. A 28 years old banker comes with the complaints of muscle pain, fatigue and irritability for last few days. He informs that his job is too stressful for him and does not want medications. (Annual 2016)

What Stress management tips will you give to him?

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- Social support:
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- points of Progressive Aluscle Write down Relaxation.

Progressive Muscie Relaxation

1) Get comfortable- lie down, loosen any tight clothing, put a pillow under your head or knees if you'd like.

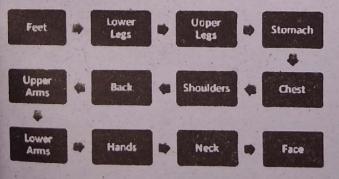
2) Quiet your mind and focus on your body.

3) Tense for 5 seconds and then relax each muscle group as

follows:

- Raise your eyebrows as high as you can
- Squeeze your eyes tightly shut
- Purse your lips together tightly
- Extend your arms alongside your body and clench your hands
- Extend your arms towards the ceiling and push as if there was an imaginary wall there
- Bend your elbows and tense your biceps
- Shrug your shoulders up towards your ears
- Arch your lower back up off of the floor
- Tighten your abdominal muscles
- Tighten the muscles of your butt and hips.
- Press your thighs together as hard as you can
- Flex your feet towards your body
- Curl your toes tightly
- 4) Focus on any muscles that may still be tense and repeat the tensing and relaxation a few times for them
- 5) Be aware of how your body feels. Try to fix the feeling of relaxation in your mind so you can return to it when you need in the future.

Progressive Muscle Relaxation



Q11. (Supple 2016)

(a) A young female presented to you with sleep disturbance. What will you communicate her about sleep hygiene?

Principles of sleep Hygiene:

We will ask her to follow these principles.

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- Avoid day time naps
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- Maintain comfortable sleeping conditions

(b) What are the stages of sleep.

Stage 1:

Lightest stage of sleep with theta wave on EEG and is characterized by a sense of calmness, slow pulse, respiration and a decrease in blood pressure.5% of sleep cycle.

Stage 2:

Shows sleep spindles and k complex on EEG 45% of sleep.

Stage 3 and 4:

Are characterized by the delta waves or slow wave sleep and is the deepest and most relaxed stage of sleep. Many sleep disorders such as night terrors, sleep walking and bed wetting occurs during this stage

REM:

Characterised by a saw tooth EEG showing beta. alpha and theta wave patterns. dreaming occurs during this part of sleep along with an increase in pulse, respiration and blood pressure. REM periods of 10-40 minutes each, occur about every 90 minutes throughout the night.

Q12. (Annual 2017)

A young girl admitted in ward in a severe depressed state with suicidal ideas. Ward staff complained that patient's mother is not ready to patient alone inspite of counseling. The lady is very uncooperative and aggressive.

How will you handle the situation?

Negative reinforcement is a term described by B. F. Skinner in his theory of operant conditioning. In negative reinforcement, a response or behavior is

strengthened by stopping, removing, or avoiding a negative outcome or aversive stimulus.

b) What are patient's responsibilities in a hospital setting?

The patient shall be informed of the hospital rules and regulations applicable to his/her conduct as a patient. ... Patients have the responsibility for: Providing accurate and complete information about medical complaints, past illnesses, hospitalizations, medications, pain, and other matters relating to their health.

MCQ POINTS:

- Defence mechanisms have following characteristics.
 - They emerge in a developmental sequence from less mature to more mature
 - They operate to maintain a sense of well being and safety
 - They may be episodic or become more habitual and pervasive
 - They may contribute towards formation of personality traits.
- Parameters which describe the state of psycosocial health and normalcy:dynamism, optimization, personal contentment, socially responsible, occupationally effective, economically emancipated, devoid of distress, pain and discomfort, homeostasis, defence mechanisms, psychosocial reactions of dying.
- Defence mechanism: are unconscious psychological strategies brought into play by various entities to cope with realty and to maintain self image.
- Rationalization: "creating false but plausible excuses to justify unacceptable behavior"
- Identification: identifying oneself with a prestigious individual or institution to build's one's sense of self-worth.
- Displacement: Channeling thoughts or feelings to a neutral or weaker person or object.
- Projection: Attributing one's own thoughts, feelings, or motives to another
- Regression: A reversion to immature patterns of behavior and slipping back into old often immature, ways of behaving to release the feelings

- Denial: blocking out painful or anxiety inducing events or feelings by refusing to acknowledge the thought or feeling
- Denial is probably one of the best known defence mechanisms, used often to describe situations in which people seem unable to face realty or admit an obvious truth.
- Sublimation: Allows us to act out unacceptable impulses by converting these behaviours into a more acceptable form.
- Reaction formation: behaving in a way that is exactly the opposite of one's true feelings
- Intellectualization works to reduce anxiety by thinking about events in a cold, clinical way. This defence mechanism allows us to avoid thinking about the stressful, emotional aspect of the situation and instead focus only on the intellectual component.
- Suppression:consciously unacceptable and feelings and thoughts out of awareness although there is some awareness of a thought or feeling, but we try to hide it.
- Aim inhibition:lowering rsights to what seems more achievable. The individual accepts a modified form of their original goal.
- Maria has an argument with her boss, but remains calm while atwork when she gets home that evening, she yells at her spouse and children=displacement
- Aslam learns that he has cancer. he begins to read everything he can about the illness, reading books, journal articles and the latest experimental research. Aslam's response to his diagnosis is what type of defence mechanism=intellectualization
- A skydiver masters his fear while diving from height. What defence mechanism should be used in doing so= reaction formation
- A student who harbours hostile feelings towards his teacher, thinks that the teacher is against him, which defence mechanism he is using=projection
- ICU syndrome and ICU psychosis: have been used interchangeably to describe a

- cluster of psychiatric symptoms that are unique to the ICU environment.
- Five stages of dying process: denial, anger, bargaining, depression, acceptance
- Stress:stress is a feeling of emotional or physical tension and it is a normal part of life.
- Holmes-Rahe scale: is a helpful to'ol that enables us to see the various life events that produces stress:death of a spouse, divorce, marital separation, jail term, death of close

- family member, serious personal injury. marriage, dismissal from work, marital reconciliation, retirement, illness of a family
- Most adults need 7-8 hours of sleep; newborns sleep between 16-18 hours/day, children preschool 10-12 hrs/day, school aged children and teens need at least 9 hours of sleep at night.