

Exhaustion disorder

- identification, characterisation and course of illness

Kristina Glise

Institute of Stress Medicine and Occupational and Environmental Medicine at the Department of Public Health and Community Medicine, Sahlgrenska Academy at the University of Gothenburg, Gothenburg. Language: Swedish

ABSTRACT

Aim. The overall aim of the thesis was to study exhaustion disorder (ED) with respect to identification, characterisation and course of illness, as well as some properties of an instrument of self-rated ED (s-ED).

Method. The first two studies were based on longitudinal register data of patients referred to a specialist clinic and fulfilling the criteria for ED diagnosis. The burden of mental and somatic symptoms including course of illness were studied, inclusive possible influence of sex and age. The third study was a cross-sectional primary care study of patients seeking for any reason, and completing a stress item and mental health questionnaires including s-ED. Those that indicated mental health problems were invited for clinical examination and assessment for ED. The fourth study was based on data from a longitudinal cohort with the primary aim to investigate how self-rated ED relates to other self-rating scales of mental health and work-ability, and to follow up the predictive validity of s-ED regarding sickness absence.

Results. The main finding of the first study was the long duration of mental illness seen in ED patients. Further important findings were the high burden of co-morbid conditions such as depression and anxiety. There were no sex or age group differences. Self-reported symptom duration before seeking care was the only significant predictor of recovery. In the second study the main finding was multiple somatic symptoms reported by patients with ED, without sex or age group differences. The number of somatic symptoms was significantly related to the severity of mental health problems. Nearly half of both female and male patients reported six symptoms or more during the first visit at the clinic and one-fifth of the total at 18-month follow-up. Pain in arms, legs and joints was the only single symptom that persisted at a constant level. The main finding in the third study was that approximately one-third of those invited for clinical examination fulfilled the diagnostic criteria for ED. This corresponded to

9 % of the total primary care study population. Furthermore, co-morbid depression and anxiety were common in ED patients, and the burden of somatic symptoms was high. Those not fulfilling ED (non-ED) showed a similar burden of somatic symptoms, but less mental health symptoms compared to ED patients. In non-ED patients with pronounced s-ED mental health symptoms were similar to ED, except for anxiety being more prevalent in ED. The main finding from the fourth study of a working population was that s-ED corresponded well to other mental health measurements. With increasing severity of s-ED, symptoms of depression, anxiety and burnout rose, and furthermore the rate of poor work-ability and the risk of future sick leave increased. Further results were that one out of six reported self-reported exhaustion.

Conclusions. Patients with ED presented long-lasting course of mental health problems. There was extensive comorbidity including depression, anxiety and multiple somatic symptoms. Similar pattern with regard to both burden of symptoms and course of symptom are seen for all patients irrespective of sex or age. Among patients seeking primary care and reporting elevated stress and mental health problems, one-third was found to fulfil the diagnostic criteria for ED, which is nearly one out of ten of the total group. Patients that did not completely fulfil the criteria but reported pronounced s-ED showed similar burden of mental and somatic health problems. This implies that self-reporting s-ED irrespective of ED diagnosis should be considered an important health problem. The s-ED instrument was found to correlate well with other mental health measures, and the predictive value with regard to future sick leave indicated that this instrument could be considered as a potential tool for early identification of patients risking high burden of stress-related health problems and long sick-leaves.

Key words: Exhaustion, anxiety, depression, burnout, multiple somatic symptoms, symptom duration, stress related mental health problems, sex, age, early detection.

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Kristina Glise

Fakultetsopponent

Docent Monica Löfvander

Institutionen för folkhälso- och vårdvetenskap, Allmänmedicin och
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