Recognition and Interpretation of Symptoms: Recognition

• Individual Differences in Personality
  – Some people are consistently more likely to notice symptoms
  – Hypochondriacs are worried that normal bodily symptoms are indicators of illness
    • 4-5% of population are hypochondriacs
    • They make extensive use of medical care services
  – Neurotics recognize and report symptoms more quickly than those who are not neurotic

• Cultural Differences
  – Anglos report infrequent symptoms
  – Mexicans report frequently-occurring symptoms

• Attentional Differences
  – Those who focus on themselves
    • Bodies, emotions, reactions
  – Notice symptoms quicker than those who focus on their environment and activities
Recognition and Interpretation of Symptoms: Recognition

• Situational Factors
  – Boring situations
    • People are more attentive to symptoms than in interesting situations
  – Symptoms are noticed on days at home
    • Rather than days full of activity

• Medical Students’ Disease
  – As students study an illness, many imagine that they have it

Recognition and Interpretation of Symptoms: Recognition

• Stress precipitates or aggravates symptoms
  – Attend more to one’s body when a vulnerability to illness is perceived
  – Stress-related physiological changes may be interpreted as symptoms of illness

Recognition and Interpretation of Symptoms: Recognition

• Mood
  – Those in a positive mood
    • Rate themselves as more healthy
    • Report fewer illness-related memories
    • Report fewer symptoms
  – Those in a negative mood
    • Report more symptoms
    • Are pessimistic about relief from symptoms
    • Perceive themselves as more vulnerable to future illness
Recognition and Interpretation of Symptoms: Interpretation

• Example
  – A man nearing thirty arrives with relatives at the Emergency Room with one symptom: A sore throat

• Cultural interpretation
  – Staff joked about Italian families panicking over illness

• Actual significance of symptom
  – Patient’s brother had died of Hodgkin’s disease
  – First symptom, a sore throat, had not been treated

Recognition and Interpretation of Symptoms: Interpretation

• Prior Experience
  Interpreting a symptom is heavily influenced by prior experiences
  – Expectations
    • Ignore symptoms that aren’t expected
    • Amplify symptoms that are expected
  – Seriousness of symptoms
    • More anxiety about highly valued parts of body
    • More likely to seek treatment if it causes pain

Recognition/Interpretation of Symptoms: Cognitive Representations of Illness

• Illness Schemas - Illness Representations
  – Organized conceptions of illness
  – Acquired through the media, personal experience, family and friends

• Illness Schemas influence
  – Preventive health behaviors
  – Reaction to symptoms
  – Adherence to treatment recommendations
  – Expectations for future health
Recognition/Interpretation of Symptoms: Cognitive Representations of Illness

Most people have three models of illness

- **Acute illness**
  - Short in duration, no long term consequences
  - Example: Flu
- **Chronic illness**
  - Long in duration, consequences can be severe
  - Example: Heart disease
- **Cyclic illness**
  - Alternating periods with no symptoms, then many symptoms
  - Example: Herpes

Recognition and Interpretation of Symptoms: Treatment Begins

- Diagnosis begins before formal medical treatment is sought
- **Lay referral network**
  - an informal network of family and friends who offer an interpretation of symptoms
- Home remedies may be recommended

Recognition and Interpretation of Symptoms: Treatment Begins

- One in three American adults may use unconventional therapy in the course of a year
  - Massage
  - Homeopathy
  - Herbal Medicine
  - Imagery
  - Biofeedback
  - Energy Healing
  - Hypnosis
  - Acupuncture

Home remedies may be recommended.
Recognition and Interpretation of Symptoms: The Internet

• A lay referral network of its own
• On a typical day
  – More than 6 million Americans will look for health care information online
  – More than 50% say the health information improved their self-care
• 96% of physicians
  – Believe the internet affects health care positively

Who uses health services?

Age

• Young children
  – Develop a number of infectious childhood diseases
• Declines in the use of health services in adolescence and early adulthood
• Use of health services increases in later adulthood
  – Chronic conditions
  – Disorders related to the aging process

Who uses health services?

Gender

• Women more frequently than men
  – Pregnancy/childbirth account for much of the difference but not all
• Women compared to men may
  – Be more sensitive to bodily disruptions
  – Not be subject to social norms to ignore pain
  – Be part-time workers and not need to take time off work as often
• Women’s health care is fragmented
Who uses health services?  
Social Class and Culture

• Lower social classes
  – Use medical services less than the affluent
  – Services are often inadequate or understaffed
• Biggest gap between rich and poor:
  Preventive health services
  – Inoculations against disease
  – Screening for treatable disorders

Who uses health services?  
Social Psychological Factors

• These factors involve an individual’s attitudes and beliefs
  – About symptoms
  – About health services
• Health Belief Model
  – Explains people’s use of health services
  – Especially, treatment-seeking of those who have money and access to health care
• Socialization
  – Parental use of health care services

Misusing Health Services:  
Emotional Disturbances

• About 2/3 of physicians’ time is spent with psychological complaints
• Why do people seek physicians’ time when the complaints are not medical?
  – Stress/emotions create physical symptoms
  – Anxiety can produce diarrhea, upset stomach, shortness of breath, sleep problems
  – Depression can produce fatigue, loss of appetite, listlessness
Misusing Health Services:
Emotional Disturbances

• The Worried Well
  – Concerned about physical and mental health
  – Perceive minor symptoms as serious
  – Believe in taking care of their own health
  – **BUT**: Use health services more than other individuals

Misusing Health Services:
Emotional Disturbances

• Somaticizers
  – Experience distress and conflict through bodily symptoms
  – When self-esteem is threatened, they “somaticize”
  – convince themselves that they are physically ill
  – Medical disorders are perceived as more legitimate than psychological ones

  **Annals of Internal Medicine Suggestion:**
  Physicians should begin interviews by asking directly:
  “Are you currently sad or depressed?”

Misusing Health Services:
Emotional Disturbances

• Polysymptomatic Somaticizers
  – Multiple physical symptoms
  – Chronic
  – Unresponsive to treatment
  – Unexplained by any medical diagnosis
  – Interventions do not have lasting impacts
Misusing Health Services: Emotional Disturbances

• Secondary gains:
  Benefits that an illness brings
  – Ability to rest
  – Freedom from unpleasant tasks
  – Care of one’s needs by others
  – Time off from work
• Secondary gains can
  – Be reinforcing
  – Interfere with return to good health

Misusing Health Services: Delay Behavior

• Delay: The time between recognition of a symptom and obtaining treatment
  – An individual is aware of the need to seek treatment but puts off doing so
• Example: Monica finds a small lump in her breast when taking a shower
  – Recognition: I should get this checked
  – Decision: This month is just too busy

Misusing Health Services: Time Periods of Delay Behavior

• Appraisal Delay: The time it takes a person to decide that a symptom is serious
• Illness Delay: The time between recognizing that a symptom implies an illness and the decision to seek treatment
• Behavioral Delay: The time between deciding to seek treatment and actually doing so
• Medical Delay: The time between making an appointment and receiving appropriate care
Misusing Health Services:
Delay Behavior

Who delays?
• Major factor: Perceived expense of treatment
• Delay is more common
  – In people with no regular contact with a physician
  – When symptoms resemble past symptoms that have proven to be minor
  – If the primary symptom is atypical
• Treatment delay occurs when, after a consultation, patients delay further action

Misusing Health Services:
Delay Behavior

• Provider delay (also called Medical delay)
  – 15% of all delay behavior
• Medical delay
  – Usually an honest mistake: providers rule out common causes of symptoms rather than ordering invasive tests
  – Can be caused by malpractice
  – More likely when patient deviates from average profile of person with a given disease

Patients in the Hospital Setting:
Overview

• Sixty to 70 years ago
  – Hospitals were a place to go die
• Today
  – 33 million people admitted yearly
  – Average length of hospital stay decreased
  – Number of outpatient visits climbed

The following slide illustrates this point
Patients in the Hospital Setting: Hospital Admissions and Length of Stay – Figure 8.2

Patients in the Hospital Setting: Structure of the Hospital

- Structure depends on the health program under which care is delivered
- Some Health Maintenance Organizations (HMOs) have their own hospitals with a hierarchical organized structure
- Private Hospitals have two lines of authority: medical line, administrative line
  - Nurses are part of both lines of authority and conflicting requirements sometimes occur

Patients in the Hospital Setting: Structure of the Hospital

Implicit Conflict of Different Groups Relates to Different Goals

Cure: Physicians
Care: Nurses
Core: Administration
Patients in the Hospital Setting: Functioning of the Hospital

- Conditions change rapidly in a hospital
- Fluctuating demands require flexibility in responding to particular situations
- Lack of communication across professional boundaries can create problems
- Example – hand washing
  - Nurses feel free to correct other nurses
  - Nurses do not feel free to correct physicians
  - Yet, physicians are more likely to break this rule

Patients in the Hospital Setting: Recent Changes in Hospitalization

- Walk-in Clinics
  - Handle small emergencies
  - Address less serious complaints
- Home-help services or hospice
  - Care for chronically ill
  - Provides palliative care for terminally ill
- Hospitals
  - Labor-intensive care for severely ill
  - Expenses make it difficult for hospitals

Patients in the Hospital Setting: Recent Changes in Hospitalization

- Role of Psychologists
  - Number has more than doubled in 10 years
  - Roles have expanded
- Psychologists
  - Participate in diagnosis through testing
  - Help in therapeutic interventions
  - Are involved in pre- and post-surgery prep
  - Help with pain control and compliance issues
  - Diagnose and treat psychological problems complicating patient care
Patients in the Hospital Setting: Impact of Hospitalization

• Patients enter a large organization
  – Adjusting to a time schedule and pattern of activity beyond the patient’s control
  – Giving up customary identity, and even clothing, for a new role as patient

• Complaints about fragmented care and lack of communication about treatments have led hospitals to try to reduce these concerns

Interventions to Increase Control: Coping with Surgery

• Irving Janis’s Study: “Work of Worrying”
  – Patients must work through fears about surgery before adjusting to it

• Contemporary View
  – Patients who are carefully prepared for surgery and its aftermaths will show good postoperative adjustment

• Control-enhancing interventions with patients awaiting surgery has a marked effect on postoperative adjustment

Interventions to Increase Control: Coping with Procedures

• Anticipating an invasive procedure is often a crisis situation for anxious patients

• Successful interventions to help people cope with these procedures include:
  – Providing information
  – Relaxation techniques
  – Cognitive-behavioral interventions
The Hospitalized Child: Anxiety

- Anxiety is the most common adverse reaction to hospitalization
  - Young children (under age 6 years)
    • May be anxious because they want to be with their family or they feel rejected by their family
    • May develop new fears (of the dark, of staff)
    • May convert anxiety into bodily symptoms

The Hospitalized Child: Anxiety

- Anxiety is the most common adverse reaction to hospitalization
  - Older children (ages 6 to 10 years)
    • May have more free floating anxiety that is not tied to any particular issue
    • May become irritable and distractible

The Hospitalized Child: Anxiety

- Children just entering puberty
  - May be embarrassed
  - May be ashamed about exposing themselves to strangers
The Hospitalized Child: Preparing Children for Interventions

- Conscious sedation is useful in distress management
- Children about to undergo surgery benefit from films portraying children hospitalized for surgery
  - Older children benefit when the film is viewed several days in advance
  - Younger children need exposure immediately before the relevant event
- Even very young children should be told something about their treatment and be given a chance to express emotions

The Hospitalized Child: Preparing Children for Interventions

- Parental support is important
  - Most hospitals now provide 24 hour parental visitation rights
  - Parents may or may not be a benefit during stressful medical procedures
    - Some parents become distressed which increases the child’s anxiety