

## Review Article

# Adjustment Disorder and Its Homoeopathic Management

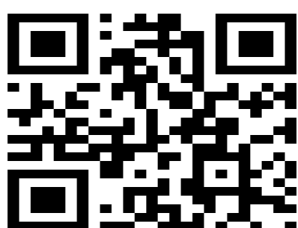
Shweta Pawar\* and Yusuf Khan

Guru Mishri Homoeopathic Medical College & PG Institute, Shelgaon, Jalna

### ABSTRACT

Adjustment disorders are characterized by an emotional response to a stressful event. It is one of the few diagnostic entities in which an external stressful event is linked to the development of symptoms. Typically, the stressor involves financial issues, medical illness or relationship problems.

**Keywords:** Adjustment disorder. Homoeopathy, Remedies Psychotherapy



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### Address for Correspondence:

**Dr. Shweta Pawar**

Guru Mishri Homoeopathic Medical College & PG Institute, Shelgaon, Jalna

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## INTRODUCTION

Adjustment disorder is a very common disorder in the present time. An average of 12% of the total population suffers from adjustment disorder. In a worldwide survey of 4887 psychiatrists, conducted by the WHO WPA, it was found that it was found that adjustment disorder is among the most often diagnosed mental disorders. It also ranked the 7th most frequently diagnosed category (where 44 categories were provided) in a global sample of 5000 psychiatrists adjustment disorders (F43.2) are the states of subjective distress and emotional disturbance, usually interfering with social functioning and performance, and arising in the period of adaptation to a significant life change or to the consequences of stressful life events

The onset is usually within one month of occurrence of the stressful event or the life change, and the duration of symptoms usually does not exceed 6 months, except in the case of prolonged depressive reaction. The manifestations vary, and include depressed mood, anxiety, worry (or a mixture of these), a feeling of inability to cope, plan ahead or continue in the present situation and some degree of disability in the

performance of daily routine

### Epidemiology

The prevalence of this disorder is estimated to be from 2 to 8 % of the general population. Women are diagnosed with the disorder twice as often as men and single women are generally overly represented as most at risk. The disorders can occur at any age but the most frequently diagnosed in adolescents. Among adolescents of either sex common precipitating stressors are school problems, parental rejection and divorce and substance abuse. Among adults, common stressors and marital problems, divorce, moving to a new environment and financial problems adjustment disorder is one of the most common psychiatric diagnoses for disorders of patients hospitalized for medical and surgical problems

### Etiology

By definition, an adjustment disorder is precipitated by one or more stressors The Variety of stressors does not always predict the severity of the disorder The stressor severity is a complex function of degree, quantity, duration, reversibility, environment and personal contact

### Modifiers of stress

Diverse variables and modifiers are involved regarding who will experience adjustment disorder following stress

a) Acute stresses are different from chronic stresses in both psychological and physiological terms.

b) The meaning of stress is affected by modifiers (eg ego strength, support systems, prior mastery)

c) Manifest as latent meanings of the stress may be associated with differential impact

A reason minus stress superimposed on a previous underlying (major) stress that has no observable effect of its own may have a significant additive impact.

Psychodynamic factors Pivotal to understanding adjustment disorder is an understanding of three factors - the nature of the stressors, the conscious and unconscious meaning of the stressors, and the patient's preexisting vulnerability. A concurrent personality disorder or organic impairment may make a person vulnerable to adjustment disorder.

Several psychoanalytic researches have been pointed out that the same stress can produce a range of responses in venous persons. They also have emphasized the role of the mother and the surrounding environment in a person's later capacity to respond to stress. Throughout early development, each child develops a unique set of defense mechanisms to deal with stressful events. Because of greater amount of trauma or greater constitutional vulnerability some children have less mature defensive constellations than other children. This disadvantage may cause them as adults to react with substantially impaired functioning when they are faced with a loss, a divorce or a financial setback. Those who have developed a mature defense mechanism are less vulnerable and bounce back more quickly from the stressor

Family and genetic factors

Some studies suggest that certain persons appear to be at increased risk both for the occurrence of these adverse like events and for the development of pathology once they occur. Findings from a study of more than 2000 twin pairs indicate that life events and stressors are modestly correlated in twin

pairs with monozygotic twin showing greater concordance than dizygotic twins.

### Clinical features

The symptoms do not necessarily begin immediately after the stressor Up to 3 months may elapse between a stressor and the development of symptoms. Symptoms do not always subside as soon as the stressor ceases If the stressor continuous the disorder may become chronic. The disorder can occur at any age, and its symptoms very considerably with depressive, anidious and mixed features DSM 5 list 6 adjustment disorder:

1. adjustment disorder with depressed mood Depressed mood fearfulness hopelessness adolescence with this type of adjustment disorder are at increased risk of major depressive disorder in young adulthood.

2. adjustment disorder with anxiety. Symptoms of anxiety suggest palpitation and vegetation are present in adjustment disorder with anxiety.

3. adjustment disorder with mixed anxiety and depressed mood Patient exhibit features of both anxiety and depression that do not meet the criteria for an already established anxiety disorder or depressive disorder.

4 adjustment disorder with disturbance of conduct

In this predominant manifestation involves conduct in which the rights of others are violated or age-appropriate social norms and rules are disregarded Examples of behaviour in this category are abstinence, vandalism reckless driving and fighting

5. adjustment disorder with mixed disturbance of emotion and conduct

6 adjustment disorder unspecified

It is a residual category for a typical maladaptive response to stress, examples include inappropriate responses to the diagnosis of physical illness such as massive denial, severe noncompliance with treatment and social withdrawal without significant depressed or anxious mode.

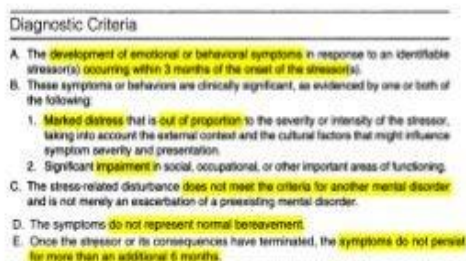
### Differential diagnosis

Other disorders from which adjustment disorder must be differentiated include major depressive disorder, brief psychotic disorders, GAD, somatic symptom disorder substance related disorders and PTSD. This

diagnosis should be given precedence in all cases that make their criteria, even in the presence of a stressor or group of stressors that served as a precipitant.

Acute and post-traumatic stress disorders the presence of a stressor is a requirement in the diagnosis of AD, PTSD and acute stress disorder PTSD and acute stress disorder have the nature of the stressor better characterized and are accompanied by a detailed consultation of affective and autonomic symptoms. In contrast the stressor in AD can be of any severity with a wide range of possible symptoms When the response to an extreme stressor does not meet then acute stress or PTSD threshold the AD diagnosis would be appropriate.

DSM 5



**Course and prognosis**

With appropriate treatment the overall prognosis of an adjustment disorder is generally favorable. Most patients return to their previous level of functioning within 3 months. Adolescence usually requires a longer time to recover than adults Research over the past five years has disclosed a rise for suicide especially in adolescence patient Common diagnosis of substance abuse and personality disorder contributed to the suicide risk profile.

**Treatment**

1. Psychotherapy and counselling

Though brief intervention is usually all that are needed Ongoing stressors or enduring pathology may make stress intolerance that may signal need for treatments. Treatment adjustment disorder focuses on psychotherapy and counselling interventions to reduce stress and has capacity cope with stressor that cannot be reduced removed and establish a system maximize adaptation The patient needs aware of significant dysfunction that the stressor has caused

considered strategies to the disability. The therapist would assist the patient verbalize disappointed feelings and rage rather than destructively.

2. Crisis intervention and management are short treatment aimed helping persons adjustment disorder resolve situations quickly by supportive techniques, suggestion, reassurance, environmental even hospitalization necessary frequency and length of visit for support according patients Flexibility essential in this approach.

**Homoeopathic therapeutics**

**Gelsemium sempervirens**

Emotional excitement, fear leading physical ailments. -Delirious falling  
Bad effects from fright, fear, exciting  
Sleepless from irritation

**Ignatia**

Changeable introspective, silently brooding,  
Fearful  
Not communicative  
Sighing and –sobbing  
After shock, disappointment  
Dreams continuing a long trouble him/her.

**Staphysagria**

Peevish, sad, sensitive, Hypochondriacal  
Impatient, violent outbursts passion.  
Prefers solitude, dwells on matters.  
Abdominal colic after Anger.

**Aurum metallicum**

Emotional sphere intellectual sphere  
Feeling self-contemplation and  
worthlessness  
Profound despondency  
A thorough disgust for life.  
Suicidal thoughts.

Great fear death, confusion

**Silicea**

Anxious, hearted, yielding  
Nervous excitable.  
Sensitive to all impressions  
Abstracted, fixed ideas.

**CONCLUSION**

Many questions prevail with regard to the concept of adjustment disorder diagnosis Even though is a very common disorder, is very much under-researched and only little attention is given to this disorder One of the reasons for the very less attention given to adjustment disorder is that is often not recognized and may also be mistaken for

other disorders and treated accordingly. It's one of the most common diagnoses in both adults and adolescents dying by suicide. is also a disorder that has received very little academic attention and the studies for assessing the effectiveness of medical intervention have only recently begun Re conceptualization of Adjustment Disorder in recent times, especially the formation of new definition the ICD 11, takes the disorder from residual category a full syndromal category It's stimulus for further advances and further studies in this area? So is important the present scenario to understand, diagnose and treat this condition and help the patients for better living.

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