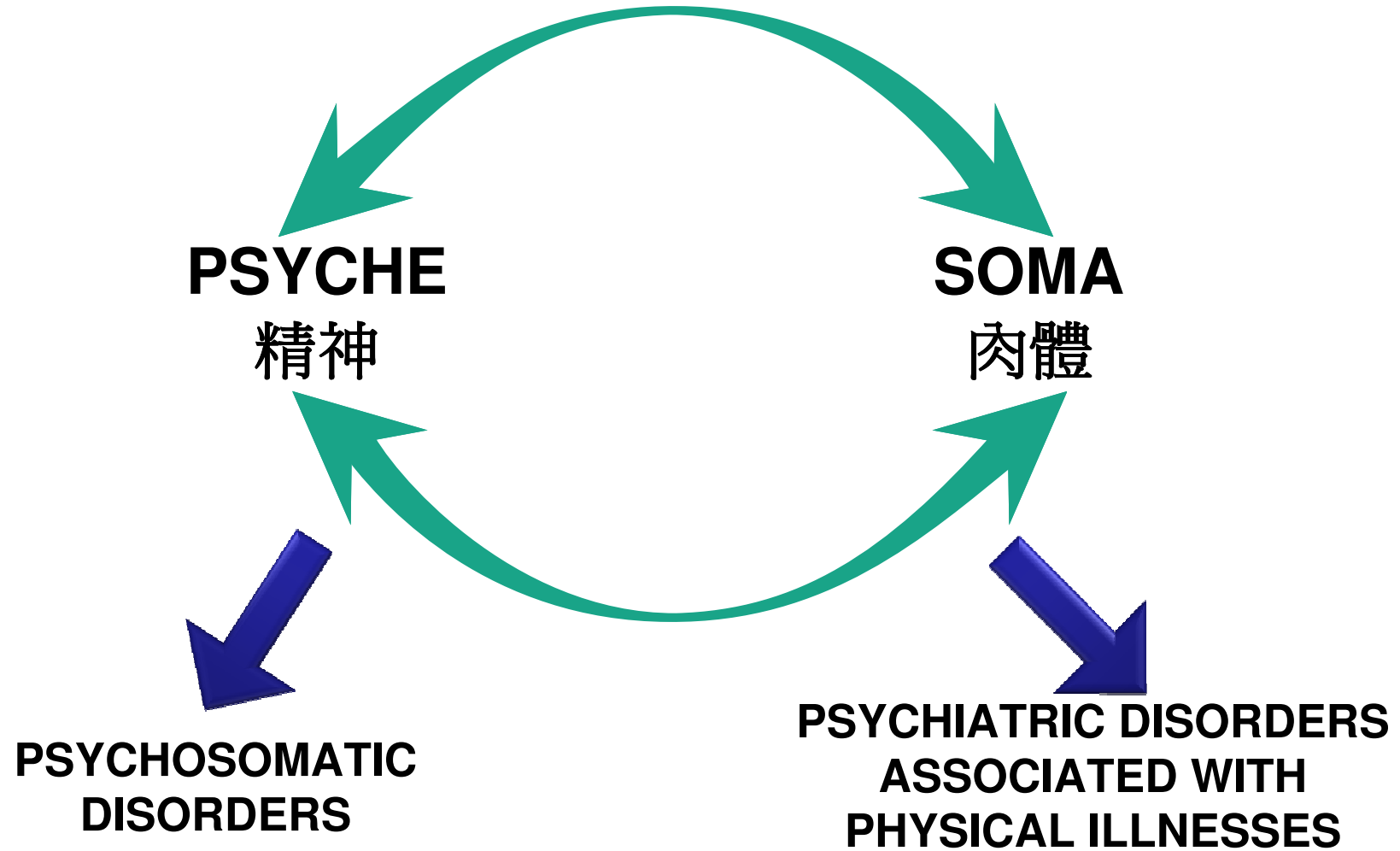


PSYCHOSOCIAL ASSESSMENTS FOR GENERAL MEDICAL & SURGICAL PATIENTS



PSYCHOSOMATIC DISORDERS

DISORDERS IN WHICH THE ONSET AND EXACERBATION OF ORGANIC CHANGE ARE OFTEN SEEN IN ASSOCIATION WITH EMOTIONAL DISTRESS e.g. PSYCHOGENIC PAIN – THE COMPLAINT OF PAIN IN THE ABSENCE OF ADEQUATE PHYSICAL FINDINGS AND IN ASSOCIATION WITH EVIDENCE OF AETIOLOGICAL ROLE OF PSYCHOLOGICAL FACTORS.

無名痛症 情緒病先兆

統計顯示，每五個香港人中，便有一個患上不同程度的情緒病，換言之有大概 140 萬香港人受影響。

情緒病初期病徵，可能極平常，致大部分患者都忽略，原來身體出現慣性而無病因的疼痛，已是情緒病的初期病徵。



身體經常出現無病因的疼痛，可能是初期情緒病徵兆。

阿Ming，27歲，會計文員，兩年前開始經常出現肚痛，有時一日三次甚至以上，每次都同時產生便意，需要上廁所。

她不止一次看醫生，甚至做過各類檢查，但找不出真正病因，醫生只說可能是腸胃敏感，但情況持續未有改善，令她情緒受到極大困擾。

Johnny，中年男士，任職大機構管理層，幾年前突然出現嚴重胃痛抽筋，即時入院檢驗，但報告指一切正常，之後這情形每年都發生一次。

Johnny對自己健康情況十分著緊，為了找出抽筋原因，他看過不同的專科醫生，最後精神科醫生給了他較切合實際的解釋——壓力過大引發的情緒病。



▲阿Ming經常肚痛致上廁所，但檢驗後卻指一切正常。

精神科專科醫生陳仲謀解釋，當情緒受困擾或長期受壓，又得不到適當的紓解，身體就會出現不同的反應，最常見受影響部位有頭、頸、胃、肚，「出現這些症狀的人，很多時都會在這四個部位發生無病理因素的異常現象，例如頭痛、心口刺痛或腸胃不適。這情形又稱『身心症』，屬情緒病或神經衰弱的一種。」



▲陳仲謀醫生：「情緒病不難醫，最重要是完成整個療程。」

身心症的病狀是身體不同部位出現「無病因」的功能失調，部分情況極端的病例，患者甚至因而喪失工作能力，而阿Ming及Johnny的情況，比較輕微，只需服用藥物和適當處理生活壓力就可痊癒。

如果對自己的精神狀態有懷疑，並希望得到進一步的專業協助，可聯絡以下機構：

陳仲謀醫生
DR. CHAN CHUNG MAU
M.B., B.S. (H.K.), M.R.C. PSYCH. (UK),
F.H.K.A.M. (PSYCHIATRY),
F.H.K.C. PSYCH.
九龍彌敦道570號嘉利大廈701室
701, Kally Commercial Building, 570, Nathan Rd., Kln.
Tel.: 27108193 27107993

另類身體語言

美國科羅拉多大學健康科學中心醫學博士 Dr. Keeley 不久前在《Journal of General Internal Medicine》發表文章指出，不少抑鬱症患者在初期會出現無病因的身體疼痛，部分更因得不到正確治療，令病情惡化。

情緒病自我測量問卷

1. 過去四星期，你是否大部分... 下列的徵狀？

身體方面	是/否
頭痛	是/否
失眠	是/否
身體虛弱	是/否
胸口緊悶/不適	是/否
腸胃不適	是/否
疲倦	是/否
多夢，醒後覺得像沒睡過一樣	是/否
周身骨痛	是/否
情緒方面	是/否
心情煩躁，易發脾氣	是/否

精神緊張，難以鬆弛	是/否
情緒低落，提不起勁	是/否
腦海裏不停想著許多不愉快的事情	是/否
覺得自己冇用	是/否
精神難以集中	是/否
覺得將來冇希望	是/否
覺得唔想做人	是/否
2. 過去四星期，你是否覺上述徵狀困擾？	是/否
3. 過去四星期，你的社會功能(例如：工作/社交/家庭關係等)是否覺上述徵狀困擾？	是/否

如果你在問題1有1項或以上徵狀，而在問題2或3的答案都屬「是」的話，你可能有情緒病初期病徵，最好尋求專業協助。

(資料來源：香港健康資訊中心)

健康新知

撰文：胡淑華
攝影：梁錦輝
AmiCheng@outlook.com

設計：鄧瑋明

PSYCHOLOGICAL REACTIONS TO PHYSICAL ILLNESS

PHYSICAL AND PSYCHIATRIC DISORDERS MAY COEXIST BECAUSE:

1. BOTH MAY HAVE INCREASED INCIDENCE IN 'VULNERABLE' PEOPLE.
2. PSYCHIATRIC DISORDER MAY LEAD TO PHYSICAL DISORDER (E.G. ALCOHOLISM).
3. PHYSICAL DISORDER MAY LEAD TO PSYCHIATRIC DISORDER (E.G. ALTERED CEREBRAL METABOLISM).
4. PSYCHIATRIC DRUGS MAY LEAD TO PHYSICAL COMPLICATIONS.
5. MEDICAL DRUGS MAY LEAD TO PSYCHIATRIC COMPLICATIONS.
6. PHYSICAL ILLNESS MAY UNCOVER A LATENT PREDISPOSITION TO PSYCHIATRIC DISORDER.

FACTORS INFLUENCING RESPONSE TO PHYSICAL ILLNESS.

1. PATIENT FACTORS :

e.g. OBSESSIVE PATIENTS REACT TO ANY DOUBT IN DIAGNOSIS.

NARCISSISTIC PATIENTS REACT TO DISFIGUREMENT.

2. THE ILLNESS:

e.g. THE SIGNIFICANCE AND MEANING OF THE PARTICULAR ILLNESS.

ACUTE OR CHRONIC COURSE.

3. SOCIAL ENVIRONMENT :

e.g. FINANCIAL OR PROMOTIONAL THREAT.
ILLNESS MAY BE WELCOMED IF IT RESOLVES
CONFLICT

(e.g. MARITAL).

PATTERNS OF RESPONSE

1. THERAPEUTIC ADAPTATION — TO THE SYMPTOMS.
2. ANXIETY — USUALLY THE FIRST RESPONSE.
3. DEPRESSION — COMMONEST PSYCHIATRIC DISORDER IN MEDICAL IN-PATIENTS (UP TO 25%).
4. PARANOID REACTION — ESPECIALLY IF DEAFNESS OR BLINDNESS. MAY BLAME RELATIVES OF DOCTORS.
5. DENIAL OF ILLNESS — MAY BE A HELPFUL DEFENCE BUT MAY DELAY SEEKING HELP.
6. PREOCCUPATION WITH ILLNESS — ‘VIGILANT FOCUSING’ ON THE SYMPTOMS.
7. PROLONGATION OF THE SICK ROLE — FOR SECONDARY GAIN.

COMMON CLINICAL PRESENTATIONS:

(1) ANXIETY PRECEDING IMPORTANT INVESTIGATIONS OR MAJOR SURGERY

e.g. INVESTIGATIONS FOR POTENTIALLY LETHAL DISEASES – CANCER, AIDS, etc.

MAJOR SURGERY: – BRAIN SURGERY
OPEN HEART SURGERY

SYMPTOMS: ANXIETY, INSOMNIA, REPEATED ASKING ABOUT OUTCOME

(2) DEPRESSION ASSOCIATED WITH PHYSICAL ILLNESS

(i) RELATED TO THE PHYSICAL ILLNESS

e.g. DISABLING ILLNESS - STROKE

- CHRONIC RENAL FAILURE

DISFIGUREMENT - MASTECTOMY

- BURNS (ESPECIALLY INVOLVING FACE)

- LIMBS REMOVAL

(ii) RELATED TO TREATMENT OF THE PHYSICAL ILLNESS

IATROGENIC: e.g. DEPRESSION ASSOCIATED WITH CERTAIN

DRUGS: STEROIDS, HORMONES,

ANTIHYPERTENSIVES

**SYMPTOMS: DEPRESSION, INSOMNIA, IRRITABILITY,
SUICIDAL IDEATIONS**

(3) PSYCHOTIC REACTION ASSOCIATED WITH PHYSICAL ILLNESSES OR THEIR TREATMENT

- (i) STEROID INDUCED PSYCHOSIS
- (ii) POST-OPERATIVE PSYCHOSIS

SYMPTOMS: CONFUSION, DISORIENTATION, PARANOID DELUSIONS, HALLUCINATION (ESPECIALLY VISUAL)

SPECIAL SITUATION:

MENTAL CAPACITY TO GIVE CONSENT TO TREATMENT
ESPECIALLY IN OPERATIONS – USUALLY REQUIRES THE
OPINION OF A PSYCHIATRIST AND SOMETIMES A SECOND
OPINION FROM ANOTHER INDEPENDENT DOCTOR

CERTAIN EMERGENCY CONDITIONS, TREATMENT CAN BE
GIVEN WITHOUT CONSENT: - e.g. TREATMENT IS IMMEDIATELY
NECESSARY TO SAVE PATIENT'S LIFE;

- TO PREVENT A SERIOUS DETERIORATION IN HIS CONDITION;
- TO PREVENT SERIOUS SUFFERING OR
- TO PREVENT VIOLENCE OR DANGER TO THE PATIENT
HIMSELF OR TO OTHERS