

## <• CASE 34

A 9-year-old girl is brought to her pediatrician by her mother because of frequent complaints of headaches and stomachaches for the past 3 to 4 weeks. The mother tells you that she has also been doing worse in school during this same time period and believes it is a result of the chronic aches. She has already taken her to the optometrist, and her vision is not a problem. On further questioning by the medical student, we find out that the child's father is part of the army reserve and left for a 6-month assignment in Iraq 5 weeks ago. He e-mails her almost daily, but his daughter notes how much she worries about him and whether he is safe or not. When interviewed, the girl also notes that in addition to her worries about her father, she also sometimes cries about it and feels better when she talks to her friends. She occasionally has a bad dream about her father and feels she sleeps more uneasily as a result.

- **What is the most likely diagnosis for this patient?**
- **What is the treatment of choice for this disorder?**

## ANSWERS TO CASE 34: Adjustment Disorder

*Summary:* A 9-year-old girl presents to her pediatrician with a number of short-term (3-4 weeks) somatic complaints. In addition, she also has some mild symptoms related to mood as well as anxiety as a result of her father's army commitment. She is able to maintain general functioning, but there does seem to be some decline. She shows evidence of good strengths in that she can express these feelings to others and feels better as a result.

- + **Most likely diagnosis:** Adjustment disorder with mixed anxiety and depressed mood
- **Treatment of choice:** Psychotherapy (supportive)

### Analysis

#### Objectives

1. Recognize adjustment disorder in a patient.
2. Understand the best treatment recommendation for patients with this disorder.

#### Considerations

A few weeks after her father was sent overseas to fulfill an armed-service obligation, his daughter begins to have some difficulties noted by her mother. These seem to show up first in terms of somatic complaints. This is a common presentation for anxious or depressed feelings in children. These should be worked up to reassure both the parents and the patients that there is nothing physically seriously wrong. When further investigated, we find that she has additional, more classically psychiatric symptoms in the areas of mood and worries. She is functioning adequately, but there does seem to be a mild decline. The symptoms have been short in duration (less than 6 months) and occurred within 4 months of the stressor (father going overseas). Her prognosis is good, given her supportive environment and responsiveness to talking about her feelings. (See the diagnostic criteria in Table 34—1.) Supportive therapy would be indicated in this situation as well as an evaluation of the mother to see how she is managing.

## APPROACH TO ADJUSTMENT DISORDER

### Definitions

**Clinically significant symptoms:** Distress in excess of what might be expected in response to the particular stressor in question. To be considered clinically significant, these symptoms must include a marked impact on functioning in a variety of settings.

**Table 34-1**  
**DIAGNOSTIC CRITERIA FOR ADJUSTMENT DISORDER WITH**  
**MIXED ANXIETY AND DEPRESSED MOOD**

1. Development of an emotional response to a specific stressor within 3 months of the onset of that stressor.
2. Clinically significant symptoms developed as a response to the stressor.
3. The symptoms do not persist longer than 6 months after the stressor is resolved.
4. Five different subtypes of adjustment disorder are recognized, each characterized by a specific set of moods and/or behavior:
  - With depressed mood
  - With anxiety
  - With mixed anxiety and depressed mood
  - With disturbance of conduct
  - With mixed disturbance of emotions and conduct

**Conduct:** When used clinically, this term relates to the psychopathology associated with a conduct disorder. The hallmark of this disorder includes violation of the rights of others.

**Supportive psychotherapy:** A type of therapy in which individuals are taught how to confront issues such as phobias and stressors.

## Clinical Approach

### Differential Diagnosis

The largest concern in the differential diagnosis for patients with adjustment disorder is major depression. The difference between the two is a matter of degree. Patients with major depression can see its onset following the onset of a stressor, although even after the stressor is removed, the major depression continues. Also, in major depression, marked difficulties involving sleep, appetite, concentration, and energy level are noted, and suicidal ideation (not just transient) and psychotic symptoms can occur. In children or adolescents, irritable mood is often seen rather than the classic depressed mood seen in adults. Mood disorders arising secondary to the use of a substance or a general medical condition must always be ruled out. Clinicians should exclude any symptom complexes characteristic of other stress-induced disorders as well (such as in acute stress disorder or posttraumatic stress disorder [PTSD]) before diagnosing adjustment disorder. With PTSD, the stressor is usually actual or threatened death or serious injury. Finally, normal grief reactions or bereavement can be difficult to differentiate from adjustment disorders, but if the stressor is within expected and/or culturally acceptable ranges, adjustment disorder should generally not be diagnosed.

## Treatment

**The treatment of choice for adjustment disorder is psychotherapy.** Group psychotherapy can often be helpful, especially if the group members all have similar stressors, for example, patients with breast cancer or individuals who have experienced a similar trauma. Individual therapy gives patients an opportunity to work through the meaning of the stressor in their lives and the impact it has on their emotional well-being. Medications are not, in general, indicated, although short-term medications to induce sleep can be helpful if sleep disturbance is part of the symptom presentation. Finally, in the case of extremely acute stressors, for example, a specific traumatic event such as a car accident or an incidence of violence, supportive techniques such as relaxation training, reassurance, and environmental modification (e.g., changing the locks on an apartment door, or moving, if a patient has been the victim of an in-home rape) can be helpful.

## Comprehension Questions

- [34.1] Adjustment disorder is diagnosed in a 45-year-old woman who was fired from a job she held for 20 years. She undergoes supportive psychotherapy. Nine months later, she is seen by her physician, but none of her symptoms have resolved. During this time, she found another job that is similar to her first position in duties and salary. Which of the following is the most likely diagnosis?
- A. Adjustment disorder
  - B. Posttraumatic stress disorder
  - C. Major depressive disorder
  - D. Bipolar disorder
  - E. Schizoaffective disorder
- [34.2] Which of the following treatments would likely be most helpful for a patient with adjustment disorder?
- A. Supportive psychotherapy
  - B. Family therapy
  - C. A selective serotonin reuptake inhibitor antidepressant
  - D. Psychoanalysis
  - E. Behavioral modification therapy
- [34.3] In a child who comes in with a diagnosis of major depression, which of the following is the most likely symptom that you might see instead of depressed mood?
- A. Irritability
  - B. Suicidal thoughts
  - C. Delusions
  - D. Mania
  - E. Inattention

## Answers

- [34.1] C. The duration requirement for symptoms occurring *after* the stressor resolved are met.
- [34.2] A. Symptoms accompanying this disorder most likely will be resolved with a decrease in or elimination of the stressor. Brief supportive psychotherapy is indicated to help the patient deal with the response to the stressor.
- [34.3] A. In the clinical presentation of children and adolescents, one will often find evidence of irritability or short temper rather than a feeling of sadness or depression. The ability to understand the concept of depression seems to be developmentally mediated.

## CLINICAL PEARLS

Adjustment disorder has several different subtypes of symptoms: depressed mood, anxiety, or disturbance of conduct.

Children often feel irritable rather than depressed.

The chronology of the symptoms is very important in making the correct diagnosis.

The most important treatment modality for adjustment disorder involves psychotherapy and not a somatic intervention.

## REFERENCES

- Ebert M, Loosen P, Nurcombe B, eds. Current diagnosis and treatment in psychiatry. New York: McGraw-Hill. 2000:460-466.
- Kaplan H, Sadock B. Synopsis of psychiatry, 9th ed. Baltimore: Lippincott Williams & Wilkins, 2003:1111-1112.

