

Ministry of Defence

Synopsis of Causation

Adjustment Disorder

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Disclaimer

This synopsis has been completed by medical practitioners. It is based on a literature search at the standard of a textbook of medicine and generalist review articles. It is not intended to be a meta-analysis of the literature on the condition specified.

Every effort has been taken to ensure that the information contained in the synopsis is accurate and consistent with current knowledge and practice and to do this the synopsis has been subject to an external validation process by consultants in a relevant specialty nominated by the Royal Society of Medicine.

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1. Definition

- 1.1 The ICD-10¹ and DSM-IV² define adjustment disorders as transient states of distress and emotional disturbance, which arise in the course of adapting to a significant life change, stressful life event, serious physical illness, or possibility of serious illness.
- 1.2 The stressor may involve only the individual, or may also affect their wider community.
- 1.3 Individual predisposition plays a greater role in the risk of occurrence of adjustment disorders than it does in the other reactions to stressful events, such as post-traumatic stress disorder, but it is assumed that the condition would not have arisen without the stressor. ICD-10 defines the stressor as “not of an unusual or catastrophic type.”
- 1.4 Adjustment disorder is sometimes criticised as “medicalising of problems of living,”³ because there is an indistinct separation between the condition and normal reactions to stress.⁴ However, most studies have shown that adjustment disorder is a distinct psychiatric condition.⁵⁻¹⁰ DSM-IV does not allow a diagnosis of adjustment disorder to be made if the disturbance meets the criteria for a different psychiatric condition, or if the disturbance is an exacerbation of a pre-existing psychiatric condition or personality disorder.
- 1.5 The symptoms can include depressed mood, anxiety, worry, a feeling of inability to cope, plan ahead, or continue in the present situation, and a degree of difficulty in day-to-day living. The individual may feel liable to dramatic behaviour or outbursts of violence.
- 1.6 ICD-10 states the stressor is “not of an unusual or catastrophic type”. DSM-IV states that the symptoms are “clinically significant as evidenced by; marked distress in excess of what would be expected from exposure to the stressor; or, significant impairment in social or occupational functioning.”
- 1.7 ICD-10 and DSM-IV both require that the onset is within three months of the occurrence of the stressful event or life change, but ICD-10 adds that the onset is usually within one month.
- 1.8 ICD-10 states that the duration of symptoms does not usually exceed 6 months (except in the case of “prolonged depressive reaction”, which is a specific type of adjustment disorder). DSM-IV states that the symptoms must resolve within six months of the termination of the stressor, unless the stressor is chronic or has enduring consequences.
- 1.9 By convention, the normal reaction to bereavement is not diagnosed as an adjustment disorder. However, both ICD-10 and DSM-IV allow grief to be diagnosed as an adjustment disorder if it is of an abnormal type, or if it lasts longer than six months.
- 1.10 As described above, the criteria in ICD-10 and DSM-IV are slightly different. The same individual may or may not be diagnosed with adjustment disorder, depending upon which classification system is used.

1.11 Both the ICD-10 and DSM-IV sub-types of adjustment disorder depend on the profile of symptoms which an individual experiences. However, it should be noted that although the overall condition of adjustment disorder is valid, separating the disorder into sub-categories may be of no benefit.³

1.12 The ICD-10 delineates the following sub-types;

- Brief depressive reaction
- Prolonged depressive reaction
- Mixed anxiety and depressive reaction
- Adjustment disorder with predominant disturbance of other emotions
- Adjustment disorder with predominant disturbance of conduct
- Adjustment disorder with mixed disturbance of emotions and conduct
- Adjustment disorder with other specified predominant symptoms

1.13 Subtypes in DSM-IV are given below. The disorders are specified as “acute” if lasting less than 6 months, or “chronic” if the disturbance persists for longer than 6 months in the presence of a long-lasting stressor.

- Adjustment disorder with depressed mood
- Adjustment disorder with anxiety
- Adjustment disorder with mixed anxiety and depressed mood
- Adjustment disorder with disturbance of conduct
- Adjustment disorder with mixed disturbance of emotions and conduct
- Unspecified adjustment disorder

2. Clinical features

- 2.1 Adjustment disorder is diagnosed when an individual develops psychiatric symptoms in the course of adjusting to new circumstances.
- 2.2 There is a mixture of symptoms which can include:
 - **Psychological symptoms.** These include depression, anxiety, worry, poor concentration and irritability
 - **Physical symptoms.** These include palpitations, rapid breathing, diarrhoea and tremor
 - **Behavioural disturbances.** These can consist of aggression, deliberate self-harm, abuse of alcohol, drug misuse, social difficulties, and occupational problems
- 2.3 The symptoms arise gradually after a stressful event, and usually occur within a month of it. The disorder rarely lasts longer than six months.
- 2.4 Individuals suffering from adjustment disorder will have difficulties in social and occupational functioning; work and relationships may suffer due to ongoing distress or poor concentration. However, these difficulties will be limited and may not impair their daily life to a significant degree.
- 2.5 Examples of such stressful events include relationship break-up, unemployment, occupational dispute, bereavement, illness and other major changes.
- 2.6 The stressful event does not have to be of an exceptional severity, unlike in the condition post-traumatic stress disorder (PTSD). Personal vulnerability in response to stress is said to play a greater role in the development of adjustment disorder, than in the development of other stress-related psychiatric conditions (such as PTSD).^{1,2} However, there is limited evidence to confirm or refute this.³

3. Aetiology

- 3.1 A diagnosis of adjustment disorder requires the identification of a stressful event.
- 3.2 **A note on research.** Compared to other psychiatric conditions, there has been little research into adjustment disorder.⁴ All of the studies quoted are from other countries, because there are no studies of adjustment disorder in British populations, either civilian or military. As psychiatric disorders are heavily influenced by social and cultural factors, these studies will not have exact equivalence to UK populations.
- 3.3 **Prevalence.**
 - 3.3.1 There is little information regarding the prevalence of adjustment disorder in the community. In US psychiatric clinics, 2.3% of patients present with adjustment disorder.¹¹ A study of US, Canadian, and Australian general hospitals showed that 12% of patients develop the condition,¹² probably in the context of reaction to a diagnosis of serious physical illness.
 - 3.3.2 The overall prevalence of adjustment disorder in military settings is unknown. However, in a survey of seventy-eight Sri Lankan Air Force personnel referred to psychiatric services, one quarter had a diagnosis of adjustment disorder, one quarter were classified as having other stress-related symptoms, and one half had one of a number of other psychiatric diagnoses.¹³ This study used DSM-IV diagnostic criteria, but because psychiatric conditions are influenced by socio-cultural factors, the results may not be generally applicable to other populations.
- 3.4 **Role of stress.** Individuals must have undergone a stressful event to be considered as having adjustment disorder. However, stress and psychiatric disorder in the military are not always related to combat exposure. The majority of personnel in the above study were not deployed in war zones at the time of the onset of their symptoms,¹³ so their stress was not likely to be related to combat.
- 3.5 **Vulnerability.** Individuals have different vulnerability to adjustment disorder depending on their personal and background characteristics. Not all individuals undergoing similar stress develop the condition. The following factors are associated with adjustment disorder. It should be noted that research quoted in sections 3.5.1-3.5.5 relates to foreign military populations. Numbers of people in the studies are few and the conclusions should be treated with caution.
 - 3.5.1 Childhood factors have been implicated; a controlling mother and an abusive father are associated with an increased risk of adjustment disorder,¹⁴ as is an over-protective mother.¹⁵ Personal factors of high neuroticism and low extraversion may be associated with adjustment disorder.¹⁵ However, in both these studies,^{14,15} the subjects were conscripts and the findings may not be applicable to enlisted men.

- 3.5.2 Higher educational level appears to protect against psychological distress.¹⁶
- 3.5.3 The evidence for marriage being a protective factor is conflicting.¹⁶
- 3.5.4 **Association of factors.** It should be remembered that just because there is an association between a factor and adjustment disorder, there may not be a causal link, or the link may be reversed. For instance, people with a tendency toward adjustment disorder might be less likely to be married or achieve high education because their adjustment disorder interferes with their ability in relationships or at school, rather than because single status or low education confers vulnerability to adjustment disorder.
- 3.5.5 In a naval population, being conscripted as opposed to enlisted increased the risk of psychological problems related to stress and adjustment.¹⁶
- 3.5.6 The link between personality disorder and adjustment disorder is unclear. Although personality disorder may increase the risk of development of adjustment disorder, patients with adjustment disorder are less likely to have a co-existing personality disorder than patients with depression.¹⁷⁻¹⁹ These three studies involve civilian populations in Ireland, Italy, and Norway.

4. Prognosis

- 4.1 Adjustment disorders usually resolve after several months;¹⁰ only rarely do they become long-term. There are no studies investigating the effectiveness of treatment.
- 4.2 In a study of over two thousand US naval personnel,⁵ adjustment disorder was found to be less severe and less disabling than other psychiatric conditions in terms of shorter illnesses, better subsequent return to effective work and fewer and shorter hospital admissions. A study of children in the US with adjustment disorder²⁰ showed an average duration of the condition of 7 months and a recovery rate of 97%. In a study of Sri Lankan Air Force personnel,¹³ four-fifths of patients with adjustment disorder returned to work within six months. These studies are likely to be of some relevance to this discussion, although once again it should be stressed the data are unlikely to have exact equivalence to UK populations.
- 4.3 In one US study,⁷ five years after diagnosis 79% of adult patients were well, although 8% of them had experienced a relapse of symptoms. Of the remaining 21% who were unwell, most had gone on to develop depression or alcohol problems. Other studies of civilian populations have found less than 18% of individuals develop long-term adjustment disorder.^{8,21}
- 4.4 Regarding the risk of suicide, some work has shown that two per cent of patients with adjustment disorder commit suicide during the following five years.²² Although this is higher than the suicide risk in the general population, it is substantially lower than for other forms of psychiatric disorder.
- 4.5 Some research suggests that if the stressor continues (for example, continued ill-health or financial stress), the adjustment disorder can become long-term.⁷
- 4.6 Adjustment disorders can resolve without medical intervention. Treatment is usually supportive, involving helping the patient to express their feelings and resolve their problems. Occasionally, antidepressant or anti-anxiety medication may be used.

5. Summary

- 5.1 Adjustment disorder is a condition comprising a mixture of psychological symptoms, physical symptoms, and behavioural disturbances. It arises in response to adjusting to new circumstances.
- 5.2 Some individuals are more likely to develop adjustment disorder than others.
- 5.3 The condition usually arises within a month of a stressful event, and resolves within six months. It is rare for adjustment disorder to become long-term. There is a high rate of return to work by 6 months.

6. Related Synopses

Post Traumatic Stress Disorder
Generalised Anxiety Disorder

7. Glossary

DSM-IV	The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. The North American guide for diagnosis of mental disorders.
extraversion	A state in which attention and energies are largely directed outward from the self as opposed to inward toward the self, as in introversion.
ICD-10	International Statistical Classification of Diseases and Related Health Problems: 10 th revision. The European guide for diagnosis of mental disorders.
neuroticism	Tendency towards anxiety, worry, and guilt.
prevalence	The number of cases of a disorder in a population at any one time.
PTSD	Post-traumatic stress disorder/syndrome. A reaction to severely stressful events involving danger, characterised by re-experiencing aspects of the event, avoidance of reminders of the event, and heightened emotion and increased activity.
stress	An ill-defined term, relating to responses to events which are perceived as endangering an individual's well-being.
stressor	An event which is perceived as endangering an individual's well-being, hence causing stress.
trauma	In the psychological context, an exceptionally stressful event which involves danger.

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