

Psychological Distress after Burn Injury

November 2016

www.msktc.org/burn/factsheets

BURN Factsheet

This factsheet explains some emotional recovery challenges that burn survivors may face after a major burn injury and treatment options.

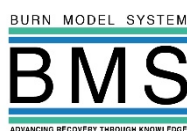
Introduction

The purpose of this factsheet is to describe some of the emotional recovery challenges that patients may face after sustaining a major burn injury. It is important to point out that most burn survivors do very well psychologically after surviving a burn injury. However, even though we are optimistic about long term recovery, burn survivors may face several challenges in the aftermath of their injury. Whereas each individual experiences psychological distress differently, people with burn injuries often report:

- Feeling...
 - Sad, anxious or irritable
 - Helpless
 - Hopeless
 - Upset about depending on other people for assistance
 - Distant from family, friends or the general public
 - Alone
 - As if the injury was happening again or reliving it
 - A physical reaction (e.g. heart pounding, trouble breathing, or sweating) when something reminds you of the injury
 - Jumpy or easily startled
 - “Super alert” or watchful and on guard
- Difficulty falling asleep due to thoughts like:
 - “I worry about bad things that might happen”
 - “I keep thinking about the way I was injured”
- Difficulty finding enjoyment in things that used to give pleasure
- Difficulty staying asleep
- Avoiding situations that remind you of the accident
- Avoiding thinking or talking about the injury and how it occurred

While in the hospital, survivors may find they have a lot of time to focus on their burn injury. Many people report having psychological distress several days or a few weeks after they were injured. For most, periods of distress become less frequent and less upsetting after a couple of weeks to a couple of months. However, problems that continue for more than a month or two, or thoughts about wanting to die or hurt oneself, indicates a need to seek treatment.

The Burn Model System is sponsored by the National Institute of Disability, Independent Living, and Rehabilitation Research, U.S. Department of Health and Human Services' Administration for Community Living. (See <http://www.msktc.org/burn/model-system-centers> for more information).



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Causes of psychological distress after burn injuries

Major burn injuries can be extremely upsetting and distressing for the survivor, as well as for family members, and friends. Depression or anxiety before the burn injury increases the chances of those symptoms after the injury. Common causes of distress include:

- Thinking about the event itself – both in sustaining the injury and/or witnessing others who were also seriously injured or died
- Worries about the future
- Concerns about finances and the impact the injury has had on family members
- Changes in appearance because of scars and contractures
- Physical discomfort
- Pain while the wound is still healing (especially during the repeated dressing changes) and pain that continues for months afterward as nerves are healing
- Itching
- Difficulty adhering to range of motion and Physical Therapy exercises
- Limitations in physical abilities
- Loss of independence
- Difficulty in returning to work or school
- Loss of property, residence, pets, etc.
- Interruption of daily life activities and roles
- Challenges with sexual interests and intimacy

Effects of psychological distress on health and recovery

Psychological distress has been shown to affect the way the mind works (e.g., poor memory, short attention span) and the ways the body functions (e.g., immune system, digestion). Distress can also worsen other medical conditions (e.g., blood pressure, glucose control) and can interfere with recovery from the burn in many ways, such as:

- Making pain and itching feel even worse
- Reducing your effort and persistence in participating in rehabilitation therapies and wound care
- Making communication with burn team members difficult
- Reducing your interest and pleasure in daily activities
- Disrupting sleep
- Causing tension in interpersonal relationships

Treatment options

It is critical to seek emotional support from professionals and other survivors to help with your psychological distress. There is a caring community that understands your experience. Always let your burn team know about challenges in your emotional recovery.

- Keep connected with friends and family and ask for support
- Take one step at a time during the recovery process. Acceptance of your injury and the changes in your life take time, and recovery (psychological and physical) can proceed at a slow pace
- Get sufficient sleep and eat healthy foods
- Try to avoid napping during the day so that you will sleep better at night
- Avoid tobacco, illicit drugs and/or excessive use of alcohol because they can lead to low mood and increase anxiety
- Stay focused on tasks that you can do rather than those things that are no longer possible because of your injury
- Stay active and exercise regularly
- Return to a normal routine as soon as possible. Get up, get dressed, groom yourself and get out of the house every day to avoid feeling more depressed
- Engage in one positive, pleasant activity every day
- As soon as you are medically cleared, get back to doing the things you did before the injury like going to work or school and doing chores around the house

Peer Support

- Seek support from professionally led support groups. Ask your health care provider how to locate the right group for you
- Seek support from other survivors. You can find survivors who have been trained by the Phoenix Society's SOAR program to provide peer support (www.phoenix-society.org/resources)
- Participate in regularly scheduled peer support on-line discussions offered through the Phoenix Society (www.phoenix-society.org/chat)

Psychotherapy

Mental health professionals are trained in methods for assessing and treating psychological distress. Professional help is particularly important if the distress is severe and interferes with things that are important to you.

There are many health care practitioners such as psychiatrists, psychologists, social workers, and pastoral counselors that can help. It is best to work with a mental health professional who has experience in treating people with severe injuries and expertise in treating the problems you may be experiencing (e.g., body image, social discomfort, post-traumatic stress disorder (PTSD)).

Here are a couple of the effective methods that health care providers may use to help reduce your distress:

- Cognitive Behavioral Therapy (CBT). Ask your health care provider for more information
- Stress Management: Learning practices like deep breathing, meditation, or staying “present in the moment”
- Coping strategies such as active problem solving
- Communication and social skills: For example, changes in appearance may require that you learn new skills for managing distress that may arise when other people ask about your accident or when they react to changes in your appearance due to your injury

Medications

Consult your primary care doctor or the burn care team to determine if medications may best address your symptoms. Certain medications have been shown to help psychological distress for disorders such as:

- Depression (e.g. low mood, low energy, suicidal ideation, isolation, guilt, irritability towards self and others, loss of interest in things you used to enjoy)
- Anxiety (e.g., worry, recurring and disturbing memories)
- Sleep (e.g., nightmares, difficulty relaxing)

For more information and resources

The Phoenix Society for Burn Survivors: www.phoenix-society.org/

Changing Faces: www.changingfaces.org.uk/

American Burn Association: http://www.ameriburn.org/resources_links.php

Face IT Online: www.faceitonline.org.uk

MSKTC NIDILRR Factsheets: www.msktc.org/burn/factsheets

National Center for PTSD: www.ptsd.va.gov/PTSD/public/treatment/therapy-med/index.asp

Anxiety and Depression Association of America: www.adaa.org/

References

Edwards RR, Smith MT, Klick B, Magyar-Russell G, Haythornthwaite JA, Holavanahalli R, Patterson DR, Blakeney P, Lezotte D, McKibben J, Fauerbach JA. Symptoms of depression and anxiety as unique predictors of pain-related outcomes following burn injury. *Annals of Behavioral Medicine* 2007; 34(3): 312-322.



Fauerbach JA, McKibben J, Bienvenu OJ, Magyar-Russell G, Smith MT, Holavanahalli R, Patterson DR, Wiechman SA, Blakeney P, Lezotte D. Psychological Distress Following Major Burn Injury. *Psychosomatic Medicine* 2007; 69: 473-482.

Logsetty, S., et al. (2016) Mental health outcomes of burn: A longitudinal population-based study of adults hospitalized for burns. *Burns* 42(4): 738-744.

Mason, S.T., Corry, N., Gould, N., Amoyal, N., Gabriel, V., Wiechman Askay, S., Holavanahalli, R., Banks, S., Arceneaux, L. L., Fauerbach, J.A. (2010) Growth Trajectories of Distress in Burn Patients. *Journal of Burn Care Research* 31(1): 64-72.

Mason, S.T., Fauerbach JA, Haythornthwaite, J. Assessment of Acute Pain, Pain Relief and Pain Satisfaction. Chapter 41. in D.C.Turk and R. Melzack (Eds). *Handbook of Pain Assessment: Third Edition 2010*, Guilford Press: New York, NY.

Reeve J, James F, McNeill R. Providing psychosocial and physical rehabilitation advice for patients with burns. *J Adv Nurs*. 2009 May;65(5): 1039-43.

Smith MT, Klick B, Kozachik S, Edwards RR, Holavanahalli R, Wiechman S, Blakeney P, Lezotte D, Fauerbach JA. Sleep onset insomnia symptoms during hospitalization for major burn injury predict chronic pain. *Pain*. 2008 Sep 15; 138(3): 497-506.

Authorship

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Factsheet Update

This factsheet was reviewed and updated by Shelley Wiechman, PhD, Simrun Kalra, MD, Kimberly Roaten, PhD, Atilla Ceranoglu, MD, and Donna Digioia, MD. The review and update is supported by the American Institutes for Research Model Systems Knowledge Translation Center.

Source: Our health information content is based on research evidence and/or professional consensus and has been reviewed and approved by an editorial team of experts from the Burn Injury Model Systems.

Disclaimer: This information is not meant to replace the advice of a medical professional. You should consult your health care provider regarding specific medical concerns or treatment. This publication was produced by the Burn Model Systems in collaboration with the University of Washington Model Systems Knowledge Translation Center with funding from the National Institute on Disability and Rehabilitation Research in the U.S. Department of Education, grant no. H133A060070. It was updated under the American Institutes for Research Model Systems Knowledge Translation Center, with funding from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR grant number 90DP0082). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents of this fact sheet do not necessarily represent the policy of the U.S. Department of Education or the U.S. Department of Health and Human Services, and you should not assume endorsement by the federal government.

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