EWA WARCHOŁ-SŁAWIŃSKA[1], PIOTR KSIĄŻEK[1], MARZENA FURTAK[1], KRZYSZTOF WŁOCH[1], BARTŁOMIEJ DROP[1], KATARZYNA DROP[2]

Niezdolność do pracy w wybranych chorobach psychicznych

Inability to work in chosen mental illnesses

Streszczenie

Aktualna sytuacja diagnostyczno-orzecznicza potwierdza wciąż wzrastającą liczbę osób leczonych z powodu chorób i zaburzeń psychicznych. Nastąpił wzrost liczby osób leczonych z powodu zaburzeń afektywnych, nerwicowych, wywołanych stresem i somatyzacyjnych. Od lat zaburzenia psychiczne znajdują się na trzecim miejscu wśród medycznych przyczyn niezdolności do pracy. Istotną rolę w prawidłowym orzecznictwie lekarskim odgrywa wywiad od badanego i od osób z jego otoczenia, dokumentacja z leczenia szpitalnego i ambulatoryjnego oraz przeprowadzone badanie lekarskie. Przed ubieganiem się o świadczenie rentowe ubezpieczony leczony z powodu schorzeń psychicznych powinien wykorzystać 182 dniowy okres zasiłkowy, w czasie którego leczący lekarz psychiatra powinien dokonać analizy dalszego rokowania, co do aktywności zawodowej, wykorzystując możliwość skierowania chorego na rehabilitację leczniczą w ramach prewencji rentowej. Lekarz orzecznik lub komisja lekarska, a w zależności od upośledzenia sprawności organizmu ubezpieczonego ubiegającego się o świadczenie rentowe może orzec częściową, całkowitą niezdolność do pracy lub niezdolność do samodzielnej egzystencji, a w przypadku, gdy może on rokować w ciągu 12 miesięcy po zakończeniu okresu zasiłkowego powrót do pracy zarobkowej, ustalić uprawnienia do świadczenia rehabilitacyjnego.

Słowa kluczowe: choroby psychiczne, orzeczenie o niezdolności do pracy, lekarz orzecznik, prewencja rentowa.

Abstract

The current diagnostic-decisive situation confirms the growing number of people who are treated because of their mental illnesses and disorders. The number of people who are treated because of their affective disorders, neurosis dysfunctions, dysfunctions caused by stress or somatic disorders has increased. Mental disorders have been placed on the third position amongst medical causes of inability to work for years. An important role in the correct medical diagnosis-making is played by the interview with the examined person and with the people from the person's environment, as well as the documents from the course of hospital and outpatient treatment and the medical examination. Before applying to receive the pension allowance, the insured who is treated because of mental disorders should use the 182-days allowance period during which the treating psychiatrist ought to analyse the future prognosis concerning the further work ability and use the possibility of sending the patient to therapeutic rehabilitation within the framework of pension prevention. A medical expert or a medical commission depending on the level of organism disability of the insured who is applying to receive the pension allowance, can decide about the plain or partial inability to work or inability to exist independently. In the case of a prognosis which presents the possibility of the patient's returning to work within the 12 months following the finished allowance period, they can determine the entitlement to receive the rehabilitation allowance.

Key words: mental illnesses, diagnosis of inability to work, medical expert, pension prevention.

[1] Department of Public Health, II Faculty of Medicine with English Division, Medical University of Lublin
[2] Institute of Psychology at University of Maria Curie-Skłodowska

The act on doctor's profession imposes the duty of help accomplished by the person who possesses the suitable qualifications confirmed by the documents of health benefits. Amongst others, there are:

- Health condition examination
- Diagnosing the illnesses and prevention
- Treatment and rehabilitation of ill people
- Providing advice and promoting health
- Issuing opinions and doctor's diagnosis.

Doctor's diagnosis is an important element of activity of the social security system. The system protects people against the risk of not being able to upkeep in the period of inability to work because of illness, illness consequences or old age. Particular elements of this system are: sickness insurance, retirement-pension insurance, accident insurance, retirement insurance.

Pension allowance is awarded after the decision confirming the loss of work ability caused by the dysfunction of organism functions. The act of 28th June 1996 on retirement provision and social insurance has introduced an important change as regards the insurance risk that is inability to work. According to the act "unable to work is the person who has lost, entirely or partially, the capability to perform paid work because of a damage of organism efficiency and who does not prognosticate the recovery of work ability after vocational retraining." The person entirely unable to work is that who has lost the capability to perform any kind of work. The person partially unable to work is that who has lost the ability to work in a severe degree, consistently with the possessed qualifications.

The catalogue of pension benefits has been broadened with a training benefit. It is given to the people in case of whom there exists a purposefulness of a vocational retraining because of the entire inability to work in the hitherto profession. The other important change was also the selection of the risk of inability to function independently, because of which a nursing allowance is awarded. The statement about the damage of organism efficiency in a degree which causes the necessity of a permanent or long period care and help of another person in satisfying the basic living needs, gives the basis for diagnosing the incapability of independent functioning.

Since October 2003, in Social Insurance Institutions there have been considered also the requests of the insured, concerning the social pension. Before introducing that change the diagnosis deciding about the degree of disability was considered the basis to pay this allowance. In accordance with the regulations in force, social pension can be awarded to the adult people in the case of whom the entire inability to work, altogether with damage of organism efficiency caused before the 18th year of life or before the 25th, in the case of continuing education at school, university or during the doctorate studies as well as the scientific aspiring period. Medical decisions concerning allowances from the social insurance, so the diagnosis about inability to perform paid work, is a very difficult and important doctor's duty. The doctor should issue a medical decision on the basis of executed medical examination, submitted treatment documentation, respecting patient's dignity and intimacy, keeping secret all the information concerning the patient and his environment. The medical decision should be consistent with the current state of medical knowledge and legal regulations in this domain, as well as ethics and conscience. It constitutes a document which the patient's future lot can depend on, so its evidence value cannot raise concerns.

The basic causes for diagnosis about inability to work in 2008 were circulatory system diseases – 22.6% of the whole number of diagnosis; cancer 20.5%; mental diseases 13.9; bone-joint system and muscular system diseases 12.1% and nervous system diseases 8.2 (Table 1).

Depending on the illness being the cause of inability to work, the degree of the inability was different. The entire inability to work and independent functioning were caused mainly by cancers. The entire inability to work was caused mainly by cancers, circulation system illnesses and mental illnesses. The partial inability to work was caused by circulation system illnesses, bone-joint system or muscular system illnesses and mental diseases. The average age of the examined people in 2008, in the case of whom the inability to work was confirmed in pension cases, was 49.4 (for men

TABLE 1. First time diagnosis for the pension aim */ with decided degree of work inability versus the gender of examined people and chosen illness groups.

Specification	Total		Men		Women	
	number	percentage	number	percentage	number	percentage
IN TOTAL	52 566	100.0	33 376	100.0	19 190	100.0
including:						
cancer	10 760	20.5	5 948	17.8	4 812	25.1
mental disorders	7 289	13.9	3 540	10.6	3 749	19.5
nervous system diseases	4 301	8.2	2 545	7.6	1 756	9.1
circulatory system diseases	11 883	22.6	9 486	28.4	2 397	12.5
respiratory system diseases	1 750	3.3	966	2.9	784	4.1
bone - joint and muscular system diseases	6 341	12.1	3 539	10.6	2 802	14.6
injuries of bones, joints and soft tissues	4 365	8.3	3 548	10.6	817	4.3
internal secretion, nourishing condition and metabolism disorders	1 233	2.3	837	2.5	396	2.1
alimentary system diseases	1 279	2.4	930	2.8	349	1.8

*/ without diagnosis determining entitlement to receive rehabilitation allowance, diagnosis about purposefulness of vocational retraining, diagnosis concerning social pension

50.3 and 47.6 for women) and in comparison with the previous year did not undergo a change. The most often examined group, that is 53.5% of the whole group of examined people, were those of 50-59 years old. The average age of people suffering from mental disorders and bone, joints or soft tissues injuries was 44.8-45 years old and it was the lowest age amongst the people with their inability to work diagnosed.

In the branch of the Social Insurance Institution in Lublin in 2009 mental diseases constituted 11.3% of the general number of diagnosed inability to work, and amongst them 88.7% were people applying for the diagnosis of their inability to work for the following time. In the case of men, their inability to work was caused most often by circulatory system diseases 24.8% and cancers 17.8%, whereas in the case of women, their inability to work was the consequence of cancers 25% and mental disorders 19.5%.

The diagnosis of inability to work in the case of mental disorders is based on a one-off outpatient examination and on the analysis of the medical documentation. The basis of a psychiatric examination is a correctly made medical interview with a patient. During the interview it is important to create the conditions in which it is possible to gain the greatest possible number of proper information. A medical expert should let the insured patient describe his basic disorders by himself, avoid introducing haste and discontent into the conversation, be a "good listener" – give the insured patient his whole attention to make him feel in the centre of attention, be a "good observer" – pay a special attention to the general appearance, motor functions, symptoms of fear, disorders of behavior. It is also important to arrange interviews with the people from the patient's environment, especially in the situation when the verbal contact with the patient is hampered. It allows to make the information collected from the patient more objective. During an interview with a patient it is necessary to collect information concerning his education, professional qualifications, specificity of the performed work, type of problems at work, relationship with the environment, reasons of changing or leaving the job. In the general interview, a medical expert can put his attention on, for example, a considerable deficiency of body mass, which, apart from the presence of somatic illnesses, can entail anorexia, depression or delusion symptoms. The negligence in appearance can be an expression of the addiction, including alcohol, drugs, depression, psychosis. In the case of delusional patients the weirdness of their outfits and behavior can be connected with the content of their delusions or hallucinations. Other important information is that concerning the patient's affliction, the beginning and the course of his disease, genetic load, life before illness, influence of the disease on social functioning including professional and familial aspects, addictions, present life situation, everyday routine, hobbies, present treatment and its side effects caused by the medication.

In the psychiatric research, apart from the evaluation of the patient's behavior and his speech, the following aspects are also taken into consideration: mood, memory, focusing, possibility to concentrate, intellectual level, thinking and perception disorders and criticism of the patient towards the existing symptoms.

In the case of medical expertise concerning inability to work caused by psychiatric diseases, apart from the diagnosis of the psychic condition, it is also important to do more than one examination of a patient, diagnostic-outpatient tests, computer tomography, electromagnetic resonance, electroencephalograph, psychological test. Deviations discovered in those examinations, for example the atrophy of cerebral cortex, found thanks to computer tomography or electromagnetic resonance, or pathological changes in the electroencephalograph's record – must be evaluated altogether with the clinical condition by the medical expert. Alone, they cannot determine the final diagnosis. What is more, clinical symptoms must be evaluated in the context of the profession in which the patient was educated and the present profession. For example, minor memory disorders can affect work ability in the case of people performing simple physical work, but in the case of a job demanding intellectual efficiency, for example an accountant, they can greatly limit or render impossible the ability to work. Medical documentation of hospital and outpatient treatment is of a great importance. The treating doctors should keep the medical documentation which can present a possibly wide spectrum of the course of disease, applied treatment, medical and rehabilitation effects, familial and social conditions. Such a documentation should be made available to medical experts. It allows to take into consideration all the necessary aspects of the case in the issued diagnosis, including the facilitation of determination of the date when the inability to work arose, on demand of the pension body. It is necessary to become acquainted with the original documentation of the treatment issued from the outpatient's Clinic of the Mental Health or from a private physician's consulting room, because only the analysis of the course of the disease and of the applied medical treatment allows to issue a correct diagnosis.

Before applying for a pension allowance, the insured who is treated due to his mental diseases should use the six-months period of a sickness benefit, during which the treating psychiatrist should analyze in detail the future prognosis of the professional activity. If, after this period, the patient is still unable to work and cannot, because of the illness, return to work, but the prognosis states that the patient's health condition may improve in the coming twelve months, the treating doctor can issue a doctor's leave for his patient. The leave is at that time the basis for stating the entitlements to rehabilitation benefits by the medical expert.

After cessation of working, the case of luck of motivation to returning to work often takes place. This phenomenon concerns mostly those people who suffer from mental disorders because the disease itself and also the treatment often last for a long time. The patients, whose lifestyle has completely changed, get used to their new situation. Difficulties connected with returning to work and the luck of acceptation take place. That is the reason why the periods of partial inability to work must be diligently considered by the treating doctor and filled with intense treatment and rehabilitation.

Medical experts and doctors members of medical commission found on the diagnosis issued earlier in the course of hospital or outpatient treatment. Their role is mainly to assess the level of the social and work disadaptation of the examined patients, as well as the maintenance of the possible

future ability to work as it is assumed that the basic determinant of inability to work in the case of schizophrenia is the level of social adaptation, including professional activity, but it is not the fact of existence or non-existence of psychotic syndromes.

Regardless of unquestionable progress of therapy and rehabilitation, one of the main reasons of inability to work in case of psychotic disorders are schizophrenic psychoses. They concern mainly the young people, in their potentially most intense period of professional activity. The prognosis in a high percentage is serious, it is connected with a chronic course of the disease and the fact of diminishing or losing of the professional activity.

In the process of medical diagnosing it can be essential to determine every beginning of a psychosis, not only the schizophrenic one. It is often conventionally accepted that the date of arising of the inability to work is also the date of the first psychiatric hospitalization whereas the fact of obtaining a detailed medical interview allows to determine a date which is a lot earlier. It is especially important in the cases where the insured ceased working as a result of the disease, but the person filed an application for a pension many years later. A similar situation takes place in the case of requests for determining the fact if the inability to work arose in the period of attendance to school. It is often that only after gathering detailed information from pedagogues and school psychologies allows to accept (with a high probability) that the disease symptoms and an important disadaptation took place in that period.

The course of schizophrenic psychosis is important for the medical diagnosing process. It can be varied and it determines the ability to work in many different ways. In the case of medical prognosis which is important in the medical diagnosing process concerning work, the course of psychosis should be taken into consideration. The patients with a diagnosed schizophrenia should be given a possibility to be employed in normal conditions, for example with time limits or with a reservation of the other type work (exclusion of the shift system, highly physically demanding job, especially responsible intellectual work).

The medical decision about the inaptitude to independent existence can be justified with the psychic state, for example a chronic excitement, aggression or auto-aggression, deep isolation from the environment, neglected daily routine or somatic condition of the examined patient.

The medical diagnosis concerning the affective psychoses, because of the variety of their course, can also be the source of problems. The term – affective diseases – applies to affective disorders of the endogenous aetiology. Two types of affective disorders are separated – bipolar disorder (formerly called manic depressive syndrome) and unipolar (called periodic or phase depression).

Bipolar disorder is diagnosed when in the disease's course at least one depressive syndrome and one manic syndrome together with a separating period of remission. Unipolar disorder is diagnosed when there are at least three depressive phases. Both the unipolar and bipolar disease have tendency to return, however it is more common in case of bipolar disease. In both cases in the course of diseases the period of remission shortens, and the period of recurrence lengthens. The reactive psychoses are a pathological reaction for a psychic trauma or a number of traumatic situations. Every psychic trauma is, for a given person, an emotionally difficult situation, however only some of them cause psychopathological consequences.

In daementia syndrome the symptoms which take place have a chronic character. Independently from their aetiology, the cognitive functions are handicapped, however they can also coexist with emotional disorders. The basic symptoms which arise in the psychic condition are memory disorders (usually, in the early period it concerns the short memory connected with the current events), language disorders, spatial orientation disorders, instincts, mental propulsion. They can be accompanied by neurological symptoms. In case of those people who perform uncomplicated physical work, the memory disorders which are not very intensified will not become an obstacle to continue the work. The situation is different when the symptoms of daementia syndrome, even if they are not intense, arise in case of a highly qualified intellectual worker – they can limit his ability to work in a severe degree.

Depression in psychiatry concerns a special type of mood and emotions disorders which constitute a sickness and they require medical help. Depression is a frequently occurring disease, it causes an important psychic stress, increases mortality (suicides, accidents, diseases especially of the heart-vascular system), it disturbs the family, professional and social functioning, it constitutes an important economical burden for the society).

In the research conducted in Poland which concerned the dissemination of depressive disorders it is said that more than 1/5 of the patients form the basic health care are the people suffering from depression. The following conditions have influence on the observed phenomenon of the increased incidence caused by depressive disorders: longer life period, dissemination of pathogenic environmental factors (migration, isolation, disturbed sense of security of numerous social groups), increase of chemical substances which provoke depression in the environment. In the practical medical diagnosing process the fact of losing a job is often a cause of depression, especially if there are any objective reasons which hinder the fact of being employed, and subjective belief in a weak possibility or luck of a possibility to be employed for the next time (the so-called learnt helplessness).

Depressive disorders can cause severe social and economic damage. The patients who undergo the treatment because of their depressive disorders have great difficulties to adapt to their environment. Depression as a psychopathological syndrome is not only a psychic disorder. It is a disease of the whole organism and it can be called psychosomatic.

In numerous cases the fact of arising of the first symptoms of depression is preceded with an important event of a negative nature (for example death of a close person, loss of a job). In the process of medical diagnosing the common cause of depression is the loss of a job, especially if there exist difficulties, or a belief in luck of a possibility to be employed for the following time. An important factor in a medical expert's work is the differentiation between an endogenous episode and depressive reaction. In fact, it influ-

ences the fact of awarding an allowance that is a result of a short or long period of inability to work. An often symptom is a chronically remaining fear level, the so-called "slowly running" fear. A separate, but very important group of depression symptoms are the so-called vegetative symptoms. They are the following: loss of hunger, weight loss (less common is an increase in weight caused by an excessive hunger), menstruation disorders, fall or loss of libido, constipation, headaches, dry mouth etc.). Symptomatic are sleep disorders: the characteristic symptom is waking up early, light or interrupted sleep and strengthening of depression symptoms during the day. The most often emerging cognitive functions disorders are problems with concentration and a handicapped durability of concentration. The patients complain about memory deterioration.

A special case of reactive depression is the mourning. A common phenomenon is the deterioration of somatic condition of the people who suffer because of mourning, and the occurrence of psychosomatic disorders.

The disorders called in the past "neurosis depression" have been nowadays defined as dysthymnia. Dysthymia is a chronic mood disorder that lasts at least a few years which are not difficult enough to be seen as depressive disorders of a important, moderate or gentle degree. Dysthymia is more common among women, single people with a low living standard in the young age. Chronic dysthymia disorders, when not treated, can prolong for the entire life. The influence on the social functioning is important and concerns mainly the paid work. A correctly prepared medical documentation can be an important help in the correct medical diagnosing process concerning inability to work. It helps to diagnose properly, to assess the course of the disease, the degree of intensification of disorders and the chosen way of treatment. A long-period inability to work is generally decided in cases of a long-term endogenous depression, when the period of remission is shorter and the intellectual handicap is greater, the last being caused by the age and a long-term pharmacological treatment. In the cases of other types, it is reasonable to use the short-term allowances: sickness benefits or rehabilitation benefit and the possibility of directing for a psychosomatic rehabilitation.

Addiction is, according to the WHO definition, a psychic condition and sometimes a physical reaction which occurs between the organism and a psychoactive substance. The characteristic changes in behavior always entail the compulsion of taking the substance, currently or periodically, in order to experience the psychic results of its effectiveness or avoid the symptoms resulting from its luck. Addiction can concern one or more substances. A continuous use of the greater part of addictive substances leads to tolerance, and also to the necessity of increasing the dose in order to reach the desired effect. The first contact with the substance usually takes place between the age of fourteen and eighteen years old and concerns mostly men from the urban environment. The addiction from alcohol is dominant, then from opiates, often produced by the people who take them of poppy-heads and poppy straw. In an important number of cases the fact of becoming addicted takes place during the school period, before the work period. The ethical values disappear, the family life is broken. Medical complications occur – local infections, infectious diseases (among others: viral hepatitis, HIV infection, emaciation). The decision of medical experts concerning inability to work depends on the time when the symptoms occurred and their advancement. Sometimes their intensification, for example in the amnesia Korsakoff syndrome or dementia, can cause inability to exist independently. The coexistence of neurosis syndromes altogether with affective syndromes can also influence the medical decision.

REFERENCES:

1. Balwid D, Hirschfeld R. Depression. Gdańsk: Via Medica; 2001.
2. Frindt-Zajączkowska. Problems in medical diagnosing process concerning the psychiatric disorders (part 1 and 2). Warszawa: The Vademecum of medical expert; 2001.
3. Henderson C, Phelan M. Social and sociological psychiatry. Wrocław: Psychiatry, Urban&Partner; 2008.
4. Pabocha J. Mistakes and difficulties in psychiatric diagnosing and issuing opinions – Training Books of medical diagnosing process 14; 2009.
5. Pużyński S. Wrocław: Psychiatry, Urban&Partner; 2002.
6. Pużyński S. Phisiological sadness and depression as a disease phenomenon. Warszawa: PZWL; 1996.

Informacje o Autorach

dr n. med. Ewa Warchoł-Sławińska – adiunkt; prof. dr hab. n. med. Piotr Książek – kierownik; dr n. med.Marzena Furtak – asystent; dr n. med. Krzysztof Włoch – adiunkt; mgr Bartłomiej Drop – asystent, Katedra i Zakład Zdrowia Publicznego, II Wydział Lekarski z Oddziałem Anglojęzycznym, Uniwersytet Medyczny w Lublinie; mgr Katarzyna Drop – doktorantka, Instytut Psychologii, Uniwersytet Marii Curie-Skłodowskiej w Lublinie.

Adres do korespondencji

Marzena Furtak
Katedra i Zakład Zdrowia Publicznego
Uniwersytetu Medycznego w Lublinie
20-093 Lublin, ul. Chodźki 1
e-mail: marzena.furtak@umlub.pl