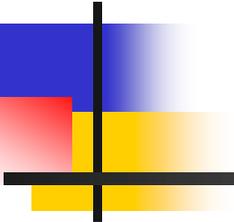


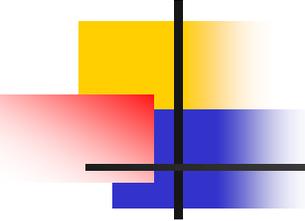
Functional Assessment of Depression and Anxiety Disorders Relevant to Work Requirements



Paul S. Appelbaum, MD

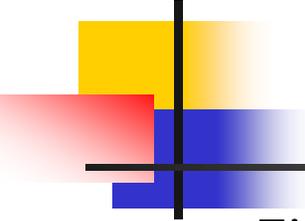
Dollard Professor of Psychiatry, Medicine & Law

Columbia University



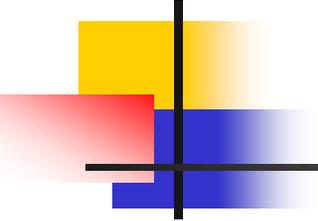
Overview

- Depression and anxiety
 - Symptomatology
 - Potential impact on work-related functions
- Conducting an assessment of functional impairment associated with depression and anxiety disorders
- Obstacles to adequate assessment



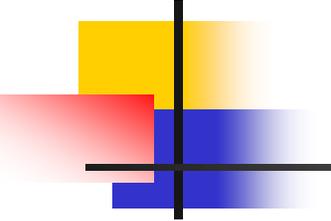
Depression

- Five (or more) of the following symptoms during the same 2-week period:
 - Depressed mood most of the day, nearly every day
 - Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day
 - Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day
 - Insomnia or hypersomnia nearly every day
 - Psychomotor agitation or retardation nearly every day
 - Fatigue or loss of energy nearly every day
 - Feelings of worthlessness or excessive or inappropriate guilt nearly every day
 - Diminished ability to think or concentrate, or indecisiveness, nearly every day
 - Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.



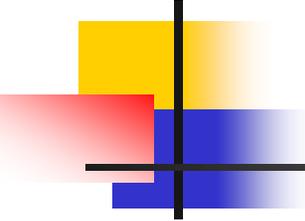
Potential Impact on Work-Related Functions

- Extreme fatigue
- Lack of motivation
- Agitation
- Difficulties with concentration
- Distraction by internal thoughts
- Indecisiveness due to fear of making errors
- Withdrawal from social interaction



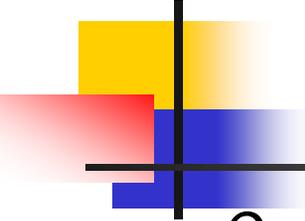
Generalized Anxiety Disorder

- Excessive anxiety and worry, occurring more days than not for at least 6 months, about a number of events or activities
- The individual finds it difficult to control the worry
- The anxiety and worry are associated with 3 or more of the following 6 symptoms (more days than not for the past 6 months):
 - Restlessness, feeling keyed up or on edge
 - Being easily fatigued
 - Difficulty concentrating or mind going blank
 - Irritability
 - Muscle tension
 - Sleep disturbance (difficulty falling or staying asleep, or restless sleep)



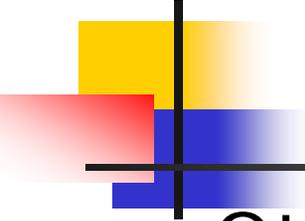
Potential Impact on Work-Related Functions

- Distraction due to anxious preoccupation
- Difficulties with concentration
- Irritability
- Fatigue
- Panic attacks
 - Secondary fear of leaving safe area (e.g., house, car)



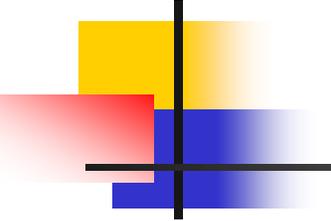
Psychiatric Assessment of Functional Impairment - 1

- Complete psychiatric history
 - Onset and course of illness; treatment history
 - Personal history
 - Social history, including educational and work history
 - Family history
 - Educational history
 - Work history, including reasons for leaving jobs, disciplinary actions, grievances, previous public or private disability claims
 - Medical history, including substance use and current medications
 - Current daily activities
- Mental status examination



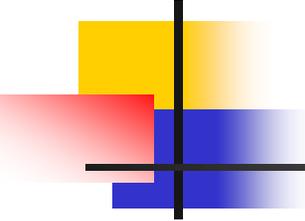
Psychiatric Assessment of Functional Impairment - 2

- Other sources of information
 - Past medical records
 - Work records
 - Collateral informants
 - Family members or friends
 - Co-workers
 - Supervisors
 - Psychological testing
 - Cognitive impairment
 - Malingering



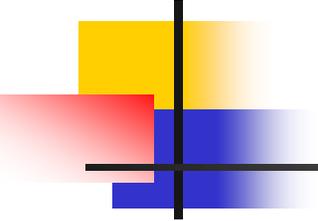
Use of Structured Assessment Tools

- Not used routinely, but can be helpful in confirming diagnosis and structuring functional assessment
 - Depression, e.g., Hamilton Depression Rating Scale, Beck Depression Inventory, SCID, MINI
 - Anxiety, e.g., Hamilton Anxiety Rating Scale, Beck Anxiety Inventory, State-Trait Anxiety Inventory
 - Functional ability – e.g., WHODAS 2.0 (36 item)



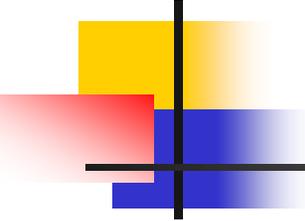
Reaching a Judgment on Functional Impairment

- Correlate symptoms (including magnitude) with claimed disabilities
- Consider possibility of malingering
 - Assess consistency of work-related and non-work-related functioning
 - Compare evaluatee's reports and collateral information
- Address SSA's Part B criteria
 - Understand, remember, or apply information
 - Interact with others
 - Concentrate, persist, or maintain pace
 - Adapt or manage oneself



Obstacles to Adequate Assessment

- Absence of collateral information
 - Reports from workplace
 - Family/friends
- Lack of time to conduct adequate evaluation
- Inadequate compensation for completion of report
- Lack of education about functional assessment



Resources

- Gold L, et al. AAPL Practice Guideline for the Forensic Evaluation of Psychiatric Disability. *J Am Acad Psychiatry Law* 2008;36:S3-50.
- Anfang S, Wall B. Psychiatric fitness-for-duty evaluations. *Psychiatr Clin N Am* 2006;29:675–93.
- Folsom J, et al. APA Guidelines for Psychiatric Evaluation of Social Security Disability Claimants. *Hosp Community Psychiatry* 1983;34:1044-51.
- Sanderson K, Andrews G. Prevalence and severity of mental health–related disability and relationship to diagnosis. *Psychiatr Serv* 2002;53:80–6.