

Psychological Distress after Burn Injury

Burn Injury Model System Consumer Information

For more information,
contact your nearest
Burn Model Systems.
For a list of Burn Model
Systems go to:
<http://msktc.washington.edu/burn/findms.asp>

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Psychological distress occurs in most survivors of severe burn injuries. While each individual experiences psychological distress differently, people with burn injuries often report:

- Feeling sad, anxious or irritable - “I get sad (or anxious or angry) when I think about the way my injury happened and the way it has changed my appearance.”
- Feeling helpless - “There is nothing I can do to stop people from staring at me.”
- Feeling hopeless - “I will never feel comfortable with the way people react when they see my scars for the first time.”
- Feeling upset about depending on other people for assistance.
- Feeling distant from your family, friends or the general public.
- Feeling alone.
- Difficulty falling asleep - For example:
 - “I worry about bad things that might happen.”
 - “I keep thinking about the way I was injured.”
- Difficulty staying asleep (e.g., nightmares wake me up).
- Difficulty relaxing your mind and body.
- Difficulty concentrating.
- Low energy or feeling tired all the time.

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, about one third of people with major burn injuries continue to feel very distressed for up to 2 years. If these problems continue for more than a month or two, you should seek treatment.

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. 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.
- Appearance of the injury – concerns about public reaction to injury (staring, curiosity).
- Remembering the way the wounds looked both at the scene and in the hospital.
- 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 or years afterward.
- Itching as wounds heal and scars form. Some survivors report that itching is the most difficult experience during healing as it feels all-consuming.

Changes in lifestyle and circumstances.

- Limitations in physical abilities.
- Loss of independence.
- Separation from family and friends while in the hospital.
- Difficulty in returning to work or school.
- Loss of property, residence, pets, etc.
- Interruption of daily life activities and roles.
- Stress on intimate relationships.

- Challenges with sexual interests and intimacy.
- Extensive medical needs and new financial burdens.

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). Psychological distress 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.

Treatment options

Healthy behaviors and activities: Treatments that do not involve health care professionals or medications.

- 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.
 - 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 (<https://www.phoenix-society.org/community/resourcelocator/>) to provide peer support. Untrained survivors can also provide invaluable support.
- Participate in regularly scheduled peer support on-line discussions offered through the Phoenix Society (<https://www.phoenix-society.org/community/chat/>).
- 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 takes time, and recovery (psychological and physical) can proceed at a slow pace.
- Get sufficient sleep and eat healthy foods.
- Avoid tobacco, illicit drugs and/or excessive use of alcohol because they can make matters worse.
- 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 (when cleared by your burn care team).
- Keep your mind active with things you enjoy (read, play games, computer, etc.).
- As soon as possible when medically safe, get back to doing the things you did before the injury – like going to work, school, shopping.

Psychotherapy

Mental health professionals are trained in methods for assessing and treating psychological distress. Professional help is particu-

larly 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 or 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.

There are also other effective treatments specifically for **trauma** that you can discuss with a mental health professional. Information about these treatments can be found at:

- National Center for PTSD - <http://www.ptsd.va.gov/public/pages/treatment-ptsd.asp>
- Anxiety Disorders Association of America - <http://www.adaa.org/finding-help/treatment>

Medications

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

- Depression (e.g., low mood, low energy, irritability towards self and others).
- Anxiety (e.g., worry, recurring and disturbing memories).
- Sleep (e.g., nightmares, difficulty relaxing).

For more information

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

Changing Faces
<http://www.changingfaces.org.uk/>

- Download catalog with resources for patients: <http://www.changingfaces.org.uk/Health-Care-Professionals/Publications/For-patients>

Burn Model Systems Data Coordination Center
<http://bms-dcc.ucdenver.edu/>

References

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.

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.

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.

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.

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.

Disclaimer

This information is not meant to replace the advice from a medical professional. You should consult your health care provider regarding specific medical concerns or treatment.

Source

Our health information content is based on research evidence whenever available and represents the consensus of expert opinion of the Burn Injury Model System directors.

Authorship

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