
Recent Context

1. A 50-year-old white married man, accompanied by his wife, comes to the psychiatrist's office with the chief complaint of severe depression that has become progressively worse over the past two months. The patient has trouble sleeping, has lost 20 pounds, and has difficulty concentrating. He has not gone to work for the last three days because, he says, "I feel so bad, I can't do anything." He has been constantly thinking about how worthless he is and has been contemplating suicide. On close questioning, the physician finds that three months ago, the patient was passed over for a promotion at work.
2. A 30-year-old single woman reports increasing asthmatic attacks that began about six months ago. History reveals that she had broken up with her fiance about seven months ago, after which her drinking increased. Incidentally, she has a cat in her apartment which was given to her by a friend about six months ago.
3. A 66-year-old widower is brought to the hospital by his neighbors because of his disruptive behavior. Lately, he has been observed walking around outside his apartment only half dressed and urinating in the street in full view of his neighbors. He also dumped his garbage in front of his neighbor's door. When the neighbor tried to speak to him, he was argumentative and assaultive. The neighbors could smell a strong stench coming from his apartment. On admission to the hospital (involuntarily, by commitment), he is found to have a tumor in the frontal lobe of the brain.

Also, reread the vignettes in Chapter 12.

Recent changes and events in the patient's life often provide the physician with clues concerning the disease process and the factors contributing to it. In fact, illness itself is a recent change that causes help-seeking behavior. The changes may be a symptom of the disease process, as in

vignette 3. Frontal-lobe tumors often cause behavioral changes characterized by the loss of customary social behavior. In vignette 1, the loss of hoped-for promotion was responsible for the depressive behavior. Either the acquisition of the cat or the loss of the relationship with the fiancé, or the two together, may have been active in aggravation of the asthmatic syndrome in vignette 2.

RECENT CONTEXT IN THE BIOLOGICAL DIMENSION

Focusing on the events in this dimension in the recent context forms the *present illness* part of medical history. Recent changes and events in the biological dimension determine the present state and functioning of the organism. The precursors of disease and evidence of organ malfunction may be manifest in the recent past. Information concerning this may be obtained by careful history-taking. Such history should include specific questions about medications, including nonprescription and street drugs. Any history of recent visits to a doctor or hospitalization should be inquired into and information obtained from the physician or hospital.

Recent diseases, whatever the outcome, determine the level of resistance of the patient and the vulnerability to new disease processes. For example, the recent administration of a medication may have started an allergic reaction, setting the stage for a severe hypersensitivity reaction to subsequent intake of the same drug.

RECENT CONTEXT IN THE PERSONAL DIMENSION

The psychological and behavioral aspects of the patient in the recent past comprise the recent context in this dimension. This includes changes in mood, interest, habits, and thoughts and other behavioral changes and events, for example, changes in smoking or drinking habits and changes in sleep patterns, appetite, and sexual activity.

Depression is an important recent-context phenomenon that increases the risk of morbidity from any illness (see Chapter 6). For example, individuals who had an elevation of the depression scale on the Minnesota Multiphasic Personality Inventory (MMPI) were more likely to develop myocardial infarction without preexisting angina pectoris

(Bruhn *et al.*, 1969) and also had a poor prognosis once an infarction occurred. Depressed persons, of course, have a tendency to neglect personal hygiene and have poor dietary habits, which may contribute to increased likelihood of becoming ill. Fatigue, anxiety, and depressed mood may be manifestations of illnesses, such as in the case of hepatitis and infectious mononucleosis. Depression also often occurs secondary to cancer of the tail of the pancreas and other occult malignancies. The presence of depression in the recent context should draw the physician's attention to the possibility of an occult carcinoma or other medical disease that might cause depression (see Table 4 [Chapter 6]).

Changes in personal habits such as drinking and smoking can directly contribute to pathogenesis of such diseases as coronary thrombosis, gastritis, pancreatitis, and liver failure. Increased drinking and smoking may be associated with strains in the environmental-interpersonal system, such as problems at work or with family.

Changes in interests may indicate changes in mood. For example, loss of interest in activities that usually provide the patient with gratification, such as hobbies and sex, is often associated with depression. On the other hand, getting involved in numerous activities and hypersexuality may be associated with a manic disorder. Certain drugs, such as amphetamines, and certain medical diseases, such as hyperthyroidism, can also cause hypomanic or manic behavior (see Chapter 6).

Another important area to be considered in the recent context at the personal level is the sleep pattern, which is an excellent example of the interrelationship among the biological, personal, and environmental dimensions (see Chapter 11).

RECENT CONTEXT IN THE ENVIRONMENTAL DIMENSION

Changes in the *physical environment* of the patient can result in diseases associated with noxious agents. Such noxious influences include chemical poisons (e.g., lead and polyvinyls), infectious agents (e.g., Legionnaire's bacillus), and changes in temperature, barometric pressure, noise level, or other factors in the patient's living and working environment. History of foreign travel may explain an unusual infection in some patients.

Contact with street drugs and the drug culture is an important area to be evaluated, especially in relatively young patients. For example, a young man complaining of a peculiar sensation under his skin—that in-

sects are crawling under the skin—may be suffering from the symptoms of cocaine intoxication (“cocaine bug”). In managing a young man admitted with multiple fractures after an automobile accident, it is important to ascertain whether or not he has been habitually using drugs, especially barbiturates, in order to prevent possible serious withdrawal reaction while in traction on the surgical intensive care unit. Barbiturates should never be withdrawn immediately from addicted patients, because convulsions and even death occur frequently during withdrawal. Information concerning drug use or exposure to drugs is often not volunteered. Direct questioning of the patients and friends or relatives is important.

Many heavy-metal poisonings, including lead and mercury poisoning, produce behavioral and neurological manifestations and have to be differentiated from a psychiatric disorder.

The physical environment has effects not only in the biological system of the patient but also in the personal system *through psychological meanings*. A patient who has been accustomed to a large, single private office may become depressed or irritable in a crowded office after a change of job. Thus, environmental changes that may not, of themselves, be sufficient to cause disease directly may nevertheless cause an illness through perception of the change at the personal level.

Changes in the interpersonal-social environment have an important effect on help-seeking behavior in two ways: first, interpersonal strain may increase help-seeking behavior (Mechanic, 1962) (see Chapter 1); second, certain changes in the interpersonal environment may contribute to illness or disease through mechanisms not as yet clearly understood (see Chapters 4 and 6). For example, persons with a past history of residential or job mobility have higher rates of coronary disease than persons who have not had such mobility (Syme *et al.*, 1965; Jenkins, 1976). Significantly increased mortality and morbidity rates were found in bereaved first-degree relatives within the first year of bereavement (Jacobs and Ostfeld, 1977; Kiecolt-Glaser and Glaser, 1991; Parkes, 1972; Rees and Lutkins, 1967). Increased blood pressure was found in persons who were experiencing job loss (Kasl and Cobb, 1970).

Holmes and Rahe (1968) developed the concept of “life change units” (LCUs) and the relative degree of necessary adjustment required to common life changes such as marriage and divorce. The relative weights were determined on the basis of questionnaires given to a large number of subjects. According to this scale, called the Social Readjustment Rating Scale, death of spouse has a value of 100 LCUs; divorce, 73; marriage, 50; all the way down to minor violations of the law, 11 (see Table 22). Rahe and his colleagues found that those who had fewer

Table 22. Life Change Events and Life Change Units^a

Events	LCU values
Family	
Death of spouse	100
Divorce	73
Marital separation	65
Death of close family member	63
Marriage	50
Marital reconciliation	45
Major change in health of family	44
Pregnancy	40
Addition of new family member	39
Major change in arguments with spouse	35
Son or daughter leaving home	29
In-law troubles	29
Spouse starting or ending work	26
Major change in family get-togethers	15
Personal	
Detention in jail	63
Major personal injury or illness	53
Sexual difficulties	39
Death of a close friend	37
Outstanding personal achievement	28
Start or end of formal schooling	26
Major change in living conditions	25
Major revision of personal habits	24
Changing to a new school	20
Change in residence	20
Major change in recreation	19
Major change in church activities	19
Major change in social activities	18
Major change in sleeping habits	16
Major change in eating habits	15
Vacation	13
Christmas	12
Minor violations of the law	11
Work	
Being fired from work	47
Retirement from work	45
Major business adjustment	39
Changing to different line of work	36
Major change in work responsibilities	29
Trouble with boss	23
Major change in working conditions	20
Financial	
Major change in financial state	38
A large mortgage or loan	31
Mortgage foreclosure	30
A moderate mortgage or loan	17

^aFrom Gunderson and Rahe (1974), with minor modification. Reproduced with permission from Charles C Thomas.

than 150 LCUs for a given year reported good health for the following year, and of those who had between 150 and 300 LCUs, about half reported illness in the following year (Rahe, 1972). Seventy percent of those who had more than 300 LCUs during the year had illnesses in the following year. A number of retrospective and prospective studies showed a significant relationship between mounting life changes and the occurrence of sudden cardiac death, myocardial infarction, accidents, athletic injuries, tuberculosis, leukemia, multiple sclerosis, diabetes, and other conditions (Rabkin and Struening, 1976). The presence of social support systems may have a protective effect against the occurrence of illness despite high LCUs (Dean and Lin, 1977; Kamarck *et al.*, 1990; Orth-Gomér and Undén, 1990). Thus, an understanding of the nature of and changes in the interpersonal environment of the patient is an important part of a comprehensive evaluation of the patient.

To elicit the data related to the recent context in the environmental dimension, the physician should ask *specific questions* in addition to obtaining a chronological history of the present illness. The specific questions include the following: Has there been any change in residence in the past five years or so? Any changes in your job? Any changes in your family such as divorce, separation, remarriage, death of a family member? Did you go on a vacation, and, if so, where? Do you have any difficulties at work? Have you had any trouble with the law? Have you known anyone who became ill recently or who had an operation or an accident?

SUMMARY

The recent context of help-seeking behavior consists of recent events and changes in the environmental, personal, and biological dimensions. In the environmental dimension, exposure to physical toxins and changes in interpersonal systems (such as bereavement and job changes) should be considered. At the personal level, changes in personal habits, attitudes, and mood are important factors. Depression has been shown to be associated with increased morbidity. The recent context in the biological dimension includes recent diseases, surgical procedures, and medications. It also includes biological rhythms, which are influenced by factors in the environmental and personal dimensions and which in turn have far-reaching effects in all dimensions.

IMPLICATIONS

For the Patient

The recent-context events and changes are frequently the sources of current concerns, joys, and sorrows of the patient. Examples include recent diagnosis of a disease, marriage, or bereavement. Many events and plans that occur in contact with the health-care system will be interpreted by the patient in relation to the recent-context variables. For example, a patient whose friend recently obtained good relief from back pain by surgical procedures would expect surgical procedures if he develops back pain himself. A patient who is newly married may be more concerned about long-term health and more inclined to engage in help-seeking. On the other hand, a patient who has been depressed recently is likely to neglect personal hygiene and not seek medical help despite obvious symptoms and signs. Certain life changes and recent changes may increase the likelihood of the patient's becoming ill.

For the Physician

Understanding the recent events and changes in the patient's bodily functions, behavior and mood, and environment often provides the physician with clues concerning the contributing and precipitating factors of current illness and possible associated conditions that must be considered in managing the patient. They include changes in habits, such as increased drinking or smoking that may contribute to liver and respiratory disease. Environmental changes such as trips or changes in working conditions may be responsible for a rare infection or poisoning. Mood changes such as depression may need to be treated in addition to the disease at hand. Changes in sleep patterns and other biological rhythms often provide the physician with important information.

For the Community and the Health-Care System

In developing a health-care system centered around the patient rather than merely the disease, medical education should emphasize the recent events in the patient's life and environment that have an important impact on the patient's current feelings and attitudes. Understanding of the recent-context information should lead to preventive measures and improvement of the overall quality of the patient's life

by managing aspects of the patient's recent experiences that are amenable to intervention. This includes teaching better coping skills.

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RECOMMENDED READING

- Gunderson EKE, Rahe RH (eds): *Life Stress and Illness*. Springfield, Illinois, Charles C Thomas, 1974. A symposium on the topic of life stress and illness. Multiauthor, multifaceted discussion on the role of life changes, especially in heart disease and depression.
- Jacobs S, Ostfeld A: An epidemiological review of the mortality of bereavement. *Psychosom Med* 39:344-357, 1977. This is a succinct and comprehensive review of literature concerning the increased risk of morbidity and mortality following bereavement. A critique of the methodologies used in the studies as well as a discussion of possible mediating factors in the increased morbidity can be found in this article.

- Jenkins CD: Recent evidence supporting psychologic and social risk factors for coronary disease, Parts 1 and 2. *N Engl J Med* 294:987-993, 1033-1038, 1976. This is a comprehensive review of the psychosocial risk factors in coronary disease, the most common cause of death in the United States. Many recent-context factors, such as anxiety, depression, and interpersonal problems, seem to be precursors of angina pectoris. Sleep disturbance is shown to herald all presentations of coronary disease. Jenkins also discusses the association between coronary disease and certain background-context risk factors, such as status incongruity, dietary habits, and the type A personality pattern. Highly recommended.
- Kiecolt-Glaser JK, Glaser R: Stress and immune function in humans, in Ader R, Felten DL, Cohen N (eds): *Psychoneuroimmunology*, ed 2. San Diego, Academic Press, 1991, pp 849-867. An excellent review concerning the changes in immune system associated with major life changes, such as bereavement and divorce, with depression and chronic stressors, academic stress, etc. Highly recommended.