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REVIEW ARTICLE

PSYCHOSOMATIC MANIFESTATIONS IN ADJUSTMENT DISORDER AND ITS MANAGEMENT: A REVIEW

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Abstract

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Background: Adjustment disorder is a combination of psychological and physical symptoms which arises due to different stressors and psychologically present with symptoms like anxiety, depression, mood fluctuations. Most of the times these symptoms are misdiagnosed or ignored which leads to underdiagnosis of adjustment disorder and this can further lead to other corporeal psychosomatic manifestations. This article emphasizes the mind-body relationship while examining the nature of psychosomatic manifestations in adjustment disorder and also understanding the different treatment approaches. **Objective:** To review the psychosomatic aspect of adjustment disorder and its management strategies. **Methods:** Literature for this review was identified through established online search tools such as PubMed, Google Scholar and Scopus. **Results:** This article is trying to understand psychosomatic aspect of adjustment disorder by trying to review various literature which highlights the psychosomatics of AD and also highlights different treatment approaches. **Conclusion:** Key directions for future research include investigating the more precise relationship of adjustment disorder leading to corporeal diseases and trying to understand the pathways between mind and body with respect to adjustment disorder and bringing adjustment disorder from just being a subthreshold disease to an important disease and creating an awareness of adjustment disorder.

INTRODUCTION

An identifiable stressor can cause adjustment disorder, a psychological condition that expresses as emotional or behavioral symptoms out of proportion to the stressor's severity. According to research, behavioral disturbances, depression, and anxiety are just a few of the ways that adjustment disorders can present themselves. These manifestations may complicate the clinical picture and demand for specialized therapeutic approaches. As adjustment disorder is a response to a stressful event, there is no one specific cause that makes it worse; rather, a person's ability to cope with the stressful event, their coping mechanisms, and their past experiences all play a part in the development of adjustment disorder. Adjustment disorder is primarily brought on by various stressors. When someone has adjustment disorder, their response to a stressful incident significantly impairs their ability to go about their everyday lives, including their social, professional, and academic lives. (1) *Diagnostic & Statistical Manual of Mental Disorders DSM-IV-TR American Psychiatric Association, n.d.*s (2) *Stress & Struggles the Comprehensive Book of Stress, Mental Health & Mental Illness by Bettahalasoors Somashekar, Narayana Manjunatha, Santosh k Chaturvedi, n.d.*)

Based on the symptoms exhibited, adjustment disorder can be classified into six categories.

- Adjustment disorder with depressed mood -depressive -tearfulness -feelings of hopelessness
- Adjustment disorder with anxiety-nervousness-worry-jitteriness-fear of separation
- Adjustment disorder with anxiety and depressed mood
- Adjustment disorder with disturbance of conduct-violation of the rights of others -reckless driving or fighting
- Adjustment disorder with mixed disturbance of emotions and conduct (depressed mood, anxiety, conduct)
- Adjustment disorder unspecified reactions to stressful situations -social withdrawal --a feeling of inability to tackle, plan, or continue in the present situation, and some degree of disability in the day-to-day life. The individual may feel responsible for dramatic behavior ^[3]
- Objective symptoms that can be found in adjustment disorder-Fatigue-Loss of appetite-Weight Loss-Disturbed sleep - Having difficulty concentrating. (2) *Stress & Struggles the Comprehensive Book of Stress, Mental Health & Mental Illness by Bettahalasoors Somashekar, Narayana Manjunatha, Santosh k Chaturvedi, n.d.*)

➤ **The Study Of Epidemiology**

There are several sociodemographic risk variables and notable incidence rates of adjustment disorder (AD) according to the epidemiology of the condition. Studies show that AD is a frequently diagnosed condition, especially in professional settings. Prevalence estimates in basic care range from 11% to 18%, whereas in psychiatric consultations they might reach 35% . (Carta et al., 2009)

Prevalence and Demographics: A systematic analysis found that the prevalence of mental health disorders in outpatient psychiatric settings was 11.5%. The highest rates were found in younger people (15–25 years old) and those with less education . (Yaseen, 2017)

- It was discovered that the prevalence of AD in cancer patients ranged from 13% to 15%, and that the length of time since diagnosis and work status were important determinants .(Van Beek et al., 2022)

Risk factors and Predictors

- Female gender, younger age, unemployment, a lack of social support, and a history of mental health issues are important indicators.(Kelber et al., 2022)
- According to (Yaseen, 2017), physical disease, relationship troubles, and

home issues are the most frequent psychosocial stresses that cause AD. Despite being common, adjustment disorder is still poorly understood since it frequently coexists with other mental illnesses and typical stress reactions, making diagnosis and treatment more difficult (Carta et al., 2009)

Diagnoses and Difficulties

- It is difficult to distinguish this diagnosis from serious depression and typical stress reactions since it depends on the existence of a stressor and the length of the symptoms .
- The unreliability of current diagnostic instruments results in underdiagnosis(Zelviene & Kazlauskas, 2018)

The value of early detection and treatment, since untreated adjustment disorders may worsen existing mental health conditions. The brain, which is the ruler of our body, is affected by a variety of symptoms, including feelings of worry, hopelessness, and suicidal thoughts. If the brain is not stable or healthy, this can result in a variety of problems.

Positive Mental Health's Role

- Studies show that positive mental health (PMH) protects against the onset of AD symptoms, especially in young adults who are dealing with stressful situations in their lives.

- Lower symptoms of adjustment disorder are correlated with higher PMH levels, highlighting the significance of mental health promotion (Truskauskaitė-Kunevičienė et al., 2022)

Research Focus and Diagnostic Clarity

- Despite AD's ubiquity in clinical settings, research on the condition has long been hampered by the lack of definitive diagnostic criteria. Studies conducted today frequently concentrate on risk factors rather than the effectiveness of treatments, and randomized controlled trials are noticeably lacking (Zelviene & Kazlauskas, 2018)
- Population-Related Perspectives
 - There is a dearth of data on AD in particular demographics, such as women in the military on active service. The majority of research is descriptive and does not investigate useful interventions.
 - More thorough research is required to explore the distinct experiences of various demographic groups, particularly variations in the prevalence of AD by gender.
- Research on adjustment disorder (AjD) has recently advanced, revealing important improvements in treatment

modalities, diagnostic precision, and evaluation instruments.

Clarity in Diagnostics: • The DSM-5 and ICD-11 offer more precise diagnostic standards for AjD, setting it apart from typical stress responses and improving its identification in medical contexts. By conforming to ICD-11 standards, the "Adjustment Disorder New Module" (ADNM) makes it easier to measure and implement treatment plans.

Understanding the psychosomatic components of adjustment disorder is necessary to appreciate its significance in the field of psychiatry, since it can further result in several physical illnesses if undetected or untreated. (Jäger et al., 2012)

METHODOLOGY

The literature reviews were obtained by searching various academic databases, including PubMed, Google Scholar and Scopus. The searches were performed using specific keywords such as 'adjustment disorder', 'psychosomatic', 'anxiety', 'depression' and 'pathophysiology'.

RESULTS

A total of 40 articles were assessed for the review. Out of them, 30 were selected for the study's

Pathophysiology of psychosomatic symptoms

The emotional response functions as a bridge between the physical and psychological domains and manifests as persistent uneasiness. Anxiety disorder development and intensity are influenced by an individual's traits and level of stress

tolerance. However, a moderate level of "personal anxiety" as a personality attribute can support successful endeavors by influencing attributes like accountability, performance, timeliness, and pedanticity. (Research Institute of Clinical and Experimental Rheumatology et al., 2017)

Stress on the HPA axis

The body gets ready → for fight or flight through → sympathetic nervous system,



Component of the autonomic nervous system.

Thalamus collects information from → the cranial nerves



Transmits impulses to the cortex,

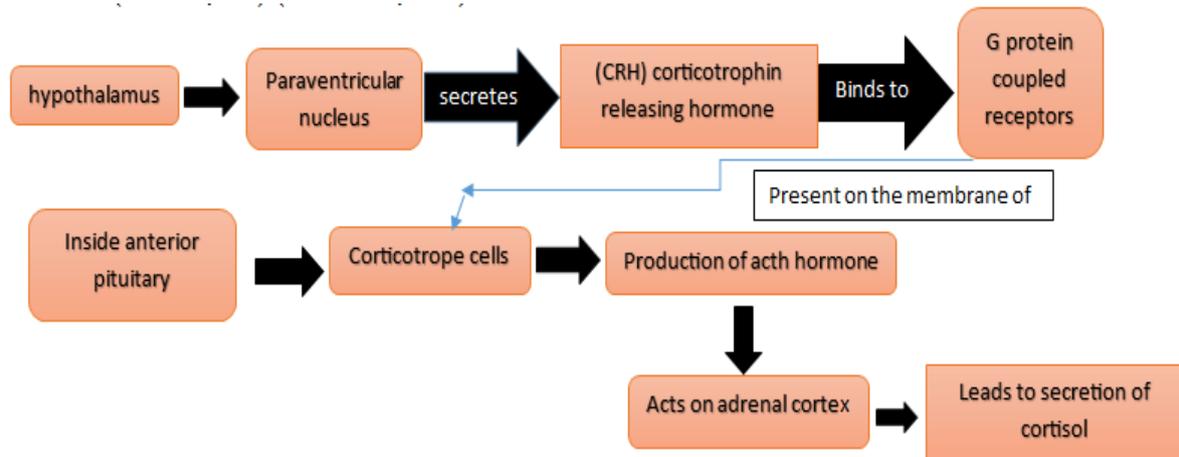


Results in the creation of a conscious feeling,

when it perceives danger or a stressor.(Loscalzo, n.d.)

Breathing and heart rate are increased	by adrenal medulla's secretion
The bloodstream is released	with glucose, which boosts energy
Long-term stress can	worsen immune function and health
High cortisol levels	suppress immune and inflammatory responses
The immune system	sensitive to stress and has been linked to the activation of the HPA axis Pro-inflammatory cytokines and glucocorticoids can both alter glucocorticoid production and stimulate the HPA axis
Stress influences	prolactin secretion and plasma glucose levels

(Loscalzo, n.d.) (Keller et al., 2017)



(Keller et al., 2017) (Loscalzo, n.d.)

Area of the adrenal cortex → zona fasciculata → responsible for producing corticosteroids. Acth → peptide hormone → binds to the g protein couple receptor on zona fasciculata cells.

↓
This causes the GTP to be exchanged for GDP,

↓
Activating the G protein.

↓
Triggering the adenylate cycle

↓
Which generates cyclic amp

↓
Activates protein kinase A(PKA).

↓
PKA can have both immediate and long-term impacts.

↓
PKA has the ability to enter the nucleus and produce genes that control how cortisol or corticosteroids are metabolized.

↓
When cholesterol enters the cell → the PKA causes short-term or intermediate modifications that take seconds to minutes.

↓
Once cholesterol is within the cell, steroid hormone can be created. (Loscalzo, n.d.)

Adipose tissue is affected by cortisol	adipose tissue stores fat that eventually gets converted to free fatty acids, which can be broken down to produce energy
Muscle affected by cortisol	there are catabolic reactions that are favored
Liver affected by cortisol	it breaks down glycogen, leading to glycogenolysis and preventing the process of glycogenesis. This ensures that enough glucose is present in the blood stream during stress because the body responds to that stress and our brains must function.
Immune system affected by cortisol	Cortisol has an immunosuppressive biological effect because it specifically suppresses inflammatory cytokines and increases the production of anti-inflammatory cytokines like il-10.

(Loscalzo, n.d.)

Neurotransmitter effects on emotions

Block in norepinephrine and serotonin	sadness, despair, grief, reduced sleep and psychomotor agitation
Increased dopamine	sense of persecution from outside sources, dislocation of ideas, abnormal sequences of thoughts
Increased endorphin and enkephalin	suppression of pain, indifference, no complaints
6-7 fragment amino acid of acth	intense fear

(DR. PRAFULL VIJAYAKAR, n.d.)

Psychosomatics of adjustment disorder

Symptoms, which highlight the close relationship between the mind and body, are commonly seen in people with adjustment disorder. The knowledge of the psychosomatic aspect of adjustment disorder, the way psychological stress turn itself into physical symptoms, and the

clinical effects of this phenomena are the main goals of this review. Gaining knowledge into the psychobiology of adjustment disorder could help move the diagnosis away from sub-threshold and provide biological importance for a more meaningful diagnosis. Since stress is a major

contributing factor to the diagnosis of adjustment disorder, so understanding the impacts of stress would be important first step in learning about the psychobiology of adjustment disorder.

MCEWEN has done great researches on effects of stress hormones on brain and neurons and has provided a thorough description of the biochemical alterations and effects of stress. Known for his studies on the biphasic impacts of stress, especially in connection to the immune system, (Strain, 2019)

The idea behind allostatic load

Allostatic load is the term used to describe the "wear and tear" that external stresses and various life events effects on body. Allostatic overload may occur when an individual experiences situations beyond their ability to cope. The body reacts to stress in a number of ways to deal with the danger. The term "allostasis" describes how the physiological systems of the body adapt to the demands of their surroundings. The capacity for adaptation is necessary for survival. (Strain, 2019). Allostatic load is defined by researchers as "the long-term result of failed adaptation or allostasis, resulting in chronic illness." McEwen has also demonstrated that both acute and chronic stress can cause adaptive changes in the hippocampal regions through cellular and molecular pathways. Chronic stress, major depressive disorder,

type 2 diabetes, PTSD, chronic inflammation, and inactivity all cause the hippocampal atrophies. And hippocampal grows larger while taking antidepressants, exercising frequently, and learning a lot. According to McEwen, peptide/protein hormones, such as leptin, insulin, and insulin-like growth factor 1 (GF-1), may have an impact on the hippocampal formation and, as a result, play an important role in indicating the response of body to stress. Given that adjustment disorder is brought on by a variety of stressors, stress has significant effects on the central nervous system (CNS). (Strain, 2019).

Theres this study done on adjustment disorder and risk of Parkinson's disease the study aims to explore how chronic stress arising due to major life events, may contribute to the etiology of Parkinson's disease PD. It points out that it is not merely the occurrence of stressful life events that matters, but rather the severity of the stress response that could affect the risk of developing Parkinson's disease PD The research specifically examines patients diagnosed with adjustment disorders, which are characterized by severe responses to stressful life events. This focus allows for a deeper understanding of how these psychological conditions may correlate with the onset of Parkinson's

disease PDs. The study suggests that more research is needed to understand the mechanisms linking chronic stress and adjustment disorders to the development of Parkinson's disease PD. This includes examining how stress may influence immune system responses and potentially contribute to the pathogenesis of Parkinson's disease PD (Svensson et al., 2016).

A study done on identifying adjustment disorder as the underlying cause, emphasizing the relationship between psychological stress, immune system changes, and oral mucous tissue health. Adjustment disorder can lead to recurrent aphthous stomatitis (RAS) due to psychological stress. The objective of the study was to diagnose and manage a case of recurrent aphthous stomatitis (RAS) in a 21-year-old student with large painful ulcers this shows that role of stress in altering a function of immune system (Yuliana et al., 2019)

Adjustment Disorder Symptoms That Are Psychosomatic

1. Frequency and Symptom Types

Individuals diagnosed with adjustment disorder always experience some or the other psychosomatic symptoms

Gastrointestinal Symptoms: Due to stress changes in gut motility and sensitivity increases and are associated with symptoms such as nausea,

diarrhea, and abdominal pain. (Spencer, 2016)

Heart-related symptoms include palpitations, chest pain, and dyspnea, which can seem like heart problems but are usually not heart-related these changes are caused due to stress

Neurological Symptoms: Common complaints include headaches, vertigo, and tense muscles.

Musculoskeletal Symptoms: People with adjustment disorder most of the times experience chronic pain, in the back and neck,

Diagnosis is difficult because these symptoms are frequently non-specific and might coexist with other medical or mental health issues. (Wolman, 1988)

2. Methodological Foundations of Psychosomatic Symptoms

There are pathways which account for the development of psychosomatic symptoms in adjustment disorder:

Stress reaction: long-term activation of hypothalamic-pituitary-adrenal (HPA) axis due to stress can lead to various kind of physical symptoms. Stress hormones called cortisol have the great effect to impact various organ systems, including the cardiovascular, musculoskeletal, and gastrointestinal systems. (Keller et al., 2017)

Dysfunction of the Autonomic

Nervous System (ANS): Stress can lead to an imbalance in the autonomic nervous system, which can lead to symptoms like palpitations, hyperventilation, and upset stomach. (Callard & Papoulias, 2019)

Somatization: as mental illness is ignored most of the times and because of lack of communication due to cultural or personal circumstances, so individual show off their psychological distress through physical symptoms. Somatization is a process that is especially important in adjustment disorder. (Grassi et al., 2007)

Inflammatory Pathways: Low-grade inflammation is linked to psychological stress and may have a role in the occurrence of somatic symptoms. Pro-inflammatory cytokines have been found to be elevated in people who experience ongoing stress. (Kissane et al., 2022) (Segerstrom & Miller, 2004)

3. Adjustment Disorder Diagnosis with Psychosomatic Symptoms

To rule out other medical disorders before making the diagnosis of adjustment disorder with prominent psychosomatic symptoms, a thorough assessment is necessary. To determine the stressor, comprehend the temporal relationship between the stressor and

symptoms, and evaluate the impact on the patient's functioning, a thorough history and examination are necessary.

Diagnosis with distinction

It's critical to distinguish adjustment disorder from other illnesses such somatoform disorders, anxiety disorders, and depression. The primary characteristics that set them apart are the existence of a recognizable stressor and the episodic character of the symptoms.

Treatment Approaches

The lack of pharmacotherapy studies is concerning because, in spite of advice that psychological therapies be given priority and a lack of proof of the health benefits of antidepressants, these drugs are currently the most often prescribed in the US, with the percentage of the general population taking them nearly doubling from 5.84% in 1996 to 10.12% in 2005. In terms of numbers, this indicates a rise in the number of people using antidepressants from 13 to 27 million. Among those with prevalent mental diseases, their usage in Adjustment disorders AD has increased the most, from 22.26% in 1996 to 39.37% in 2005. Adjustment disorders (ADs) are common mental health issues that require effective treatment choices. (Constantin et al., 2020)

• **Cognitive behavioral therapy (CBT):** CBT aims to improve functioning and reduce symptoms by changing dysfunctional thoughts and behaviors. A variety of behavioral, emotional, and cognitive techniques are employed. Among the several populations to which tailored cognitive behavioral therapy (CBT) therapies have been successfully applied are AD patients and military recruits. These seminars concentrate on issues including burglaries and cancer . The time it took for people with ADs to return to the workforce was not significantly shortened by a systematic investigation, but CBT is often more effective when combined with problem-solving treatment .(Fernández-Buendía et al., 2024)

Psychodynamic psychotherapies aim is to get better understanding of their emotional experiences and improving there coping mechanisms Brief dynamic psychotherapy (BDT) and short-term dynamic psychotherapy (STDP) are two of these .

- Research shows that brief dynamic psychotherapy is better at reducing symptoms of mild depressive disorders and Adjustment disorder
- Short-term dynamic psychotherapy (STDP) has also useful in reducing symptoms associated with adjustment disorder by improving individual tackling

and defensive performance and promoting emotional processing. (Ben-Itzhak et al., 2012) (Kramer et al., 2010)

Common Pharmaceutical Interventions:

- **Antidepressants:** Generally, 59.8% of psychiatric inpatients with adjustment disorder are prescribed antidepressants, mostly for the management of depressive symptoms. (Greiner et al., 2020)
- **Antipsychotics:** Currently, antipsychotics, are prescribed to 35.5% of patients and are commonly used to treat anxiety and agitation . (Constantin et al., 2020)
- **Benzodiazepines and Other Agents:** Etifoxine and lorazepam are medications that are also used, particularly in cases of severe anxiety or insomnia. (Constantin et al., 2020)

Alternative treatment

Herbal therapies have been employed in the majority of double blind RTCs in adjustment disorder (AD). These have mostly concentrated on the subtype of adjustment disorder (AD)with anxiety (ADWA). A 25-week, multicenter, double-blind randomized controlled trial (RCT) comprised 101 outpatients with various anxiety disorders, including adjustment disorder (AD) with anxiety (ADWA) . It contrasted kava-kava with a placebo. When compared to a placebo, the latter was found to be more successful in

adjustment disorder (AD)with anxiety (ADWA) and to have no negative side effects . For a period of 28 days, 91 patients with adjustment disorder (AD)with anxiety (ADWA) were assigned by another RTC to receive either Euphytose, a product consisting of a combination of plant extracts (primarily mild stimulants such as Cola and Paullinia, and mild sedatives such Crataegus, Ballota, Passiflora, and Valeriana), or a placebo. Compared to those receiving a placebo, patients on the experimental medications showed noticeably better improvement. in a further trial, 107 patients with adjustment disorder (AD)with anxiety (ADWA) (n = 25) or generalized anxiety disorder (n = 82) were compared to Ginkgo biloba with placebo (n = 29). Four weeks passed during the experiment, and intention-to-treat analysis was applied. In the adjustment disorder (AD)with anxiety (ADWA)group as well as the overall sample, both high- and low-dose ginkgo biloba was linked to a substantial reduction in anxiety as well as in a number of secondary variables; however, the latter group's small number precluded statistical analysis.(Bourin et al., 1997) (Lakshmi, 2017)

DISCUSSION

The most important component of adjustment disorder clinical picture is its psychosomatic symptoms. Understanding

the relationship between psychological symptoms and physical symptoms is important for exact and clear diagnosis and in management of adjustment disorder there is need to take both mind and body into consideration to improve understanding of the underlying mechanisms and create focused therapies for psychosomatic symptoms in AD, more study is required.

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