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# Posttraumatic Stress Disorder and Work Capacity: A Case Report

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## Abstract

The article reports the case of a patient with posttraumatic stress disorder who underwent forensic psychiatric examination to assess her work capacity. The examiner concluded that based on the severity of the case, the patient was unfit to work. Forensic psychiatric examination is extremely important to guarantee the individual's rights. A detailed study of the case with a complete history and psychopathological examination are essential for a proper assessment.

**Keywords: Assessment; Capacity; Anxiety disorder; Stress**

## Introduction

Posttraumatic Stress Disorder (PTSD) is characterized by increased stress and anxiety following exposure to a traumatic or stressful event. Such events may include witnessing or being involved in an accident or violent crime, assault, kidnapping, natural disaster, or physical or sexual abuse. The person reacts to the experience with fear and powerlessness, persistently reliving the event and attempting to avoid remembering it. The event can be relived both in dreams and in thoughts, when awake (flashbacks) [1].

PTSD is the only psychiatric condition with a defined external event as part of its diagnosis. A situation that risks the person's physical integrity or life triggers a reaction by the body to be able to survive the threat. Most people overcome the threat, but some do not, and the event then becomes a traumatic memory, relived with great suffering [2].

Studies have shown that 40% to 60% of people have been exposed to traumatic events, but that only 8% develop PTSD. Women are twice as likely to have PTSD when compared to men (10% and 5%, respectively), even though men are more prone to being exposed to trauma (60% of men and 51% of women have undergone traumatic events at some time in their lives) [3].

Stressors related to PTSD are sufficiently devastating to affect nearly everyone. Individuals relive the traumatic event in their dreams and daily thoughts. They persistently avoid anything that brings the event to mind and display blunted responsiveness, along with a state of hypervigilance. Other symptoms are depression, anxiety, and cognitive difficulties such as lack of concentration [4].

Situations with the greatest potential for the development of mental disorders are those that lead to breaks in the social fabric, in the form of catastrophes, or those caused intentionally by other individuals, through acts that are inconsistent or alien to culture itself, so-called "barbarian acts" such as robberies, kidnappings, rapes, and murder attempts [5].

Various studies in Brazil and elsewhere in the world have aimed to identify the population's victimization rate [6]. Andreoli et al. [7] reported that more than half of urban Brazilians in Rio de Janeiro and São Paulo reported having experienced a traumatic event some time in their lives. Another study with a Brazilian sample found that 36% of deaths from external causes were the result of homicides [8].

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The current article reports the case of a patient with diagnosis of PTSD who underwent forensic psychiatric examination to assess her work capacity.

## Case Presentation

Mary, 50 years of age, born in Northeast Brazil, has a complete university education, is married, and is a government employee.

The patient reports that she was hit by two gunshots during an attempt on her life, and that injured her face and neck. The attempted homicide occurred near her home when she had stopped to buy bread at a bakery. Mary states she was working at the time as an inspector of a government agency. She underwent various surgical procedures due to the injuries on her face. At the time, she spent one week in a clinical hospital. She believes that the reason she suffered the murder attempt was that she was investigating "shell companies", and that she was the victim of a possible reprisal because of her professional activities. She has not returned to her workplace for three years due to the symptoms of anxiety related to the traumatic event.

Since the attack, the patient states that she has only returned a few times to the city where she used to work, and exclusively for forensic medical assessments, always with a police escort, since she suffers "terror and horrible fear" because of the situation she experienced. She says that after the traumatic event, she went "into hiding" for two months at a relative's home.

Mary has been in psychiatric follow-up since the traumatic event and is medicated with various antidepressive and anxiolytic drugs. Her follow-up has continued to the present, and she shows the examiner various medical reports and psychoactive drug prescriptions during the current forensic examination.

The patient further reports that since the attempted homicide, she has suffered constant nightmares, always related to the attack: "I felt afraid, and I still feel afraid that they'll come back." She says that since the attempt on her life, she has experienced intrusive thoughts and ideas, that "invade my mind", related to scenes from the trauma. She always feels afraid walking on the street, believing that she is being watched by everyone, afraid they will chase her and harm her. She also says that she does not like to talk about the matter, stating that "whenever I've talked about it, I've always started to cry".

Her fear of leaving home persists to this day, and she reports that she only leaves the house in the company of family members: "I'm afraid the attackers will come back." She never leaves the house at night. She also states that she has recurrent nightmares, several times a week, related to the traumatic event, which she describes as "getting shot again".

During her psychiatric examination, the patient is collaborative, promptly answering the questions addressed to her. She is dressed adequately for the occasion, with proper personal hygiene. Awake, alert, well-oriented in time and space. She remains alert during the interview, speaking and articulating her thoughts clearly. When asked to talk about herself, she says, "I'm still very afraid of leaving the house. What if they come back for me, like they've already done once? Whenever I go out on the street, I suspect someone might be following me." The patient expresses some recurrent ideas and nightmares involving the traumatic event. She reports suffering a "nervous breakdown" whenever she thinks of the possibility of resuming her job activities in the city where she used to work. Her memories of recent and distant facts are preserved. Her intelligence is within the normal range. Her thinking displays constancy, organization, and continuity. She has prevalent ideas with persecutory and self-referred content. No delusions or hallucinations are present. Her mood is highly anxious. Her volition and pragmatism are jeopardized by her chronic state of anxiety. She is aware of her condition.

## Discussion

Based on the history of a traumatic event and the symptoms and their evolution, the patient presents a mental condition in the form of posttraumatic stress disorder (F43.1-CID-10) [9].

Various studies in the literature have emphasized the importance of the triggering stressor and the physical and psychological consequences and functional, work, and social disability associated with posttraumatic stress disorder. An epidemiological study in the United States by Pietrzak et al. [10], with a sample of 34,653 individuals, found that stressors related to threats on one's life were the most frequent stressors in individuals that developed Posttraumatic Stress Disorder (PTSD).

Other studies [11] have found that interpersonal trauma like the case in question is associated with more symptoms in PTSD, and longer duration of symptoms, when compared to non-interpersonal events (motor vehicle accidents for example). This type of study [12] has pointed not only to greater intensity of PTSD after intentional traumatic events but also greater severity of the disease course (chronicity) and prognosis, as in the current case.

There is ample evidence that victims of serious [13] and intentional crimes [12], as in the current case, present more emotional and physical consequences, which can lead to feelings of depression, anxiety, and fear of falling victim to crimes again, as with this patient. The stressor in this case was extremely serious, nearly fatal. The patient was attacked by individuals who shot her in the face, and she was hospitalized for a week. Studies [14] have shown that even an "indirect trauma" (e.g., witnessing or knowing that someone was attacked) can trigger PTSD. It is not difficult to imagine that a severe trauma like the one suffered by this patient is a much more intense trigger for the development of this mental disorder.

An important current research topic involves the impact of traumatic events on the quality of life of individuals that have experienced such events. A European study [15] found that two years after the traumatic event, individuals continue to present poor emotional functioning, functional impairment, socioeconomic deficits, and seriously jeopardized quality of life. All these characteristics are present in the current case. The patient, formerly healthy and productive, and having held several important positions in her professional career, now rarely leaves home since the traumatic event, due to fear of a repeat attack. She has avoided her friends (social withdrawal), feels anxious most of the time, has great difficulty concentrating, and suffers cognitive impairment, in addition to all the psychological suffering after the traumatic event. All these aspects have resulted in evident major harm to her quality of life.

Although malingering is a differential diagnosis in PTSD [16], there is no possibility of this behavior happening in the current case. The patient brought extensive medical and psychiatric documentation on the day of her forensic examination. The reported and measured symptoms were assessed in detail. The patient's mental disorder (PTSD) shows a linear and coherent evolution that reflects her true clinical state.

We conclude that the symptoms of the mental disorder presented by the patient (PTSD) are intense and permanent, leading to major subjective suffering and impairment to her quality of life in various domains (physical and emotional health, feeling of wellbeing, autonomy, psychological functioning, social role) and major psychological suffering. The prognosis in this case is extremely unfavorable, and her mental disorder displays a chronic course. The patient meets all the criteria for the forensic medical definition of work incapacity [17]: "the impossibility of performing work activities as a consequence of morphological and psychophysiological alterations caused by a disease or accident". The mental disorder in this case (PTSD) has left the patient unfit to perform her work activities.

## Conclusion

The forensic psychiatric examination is extremely important for guaranteeing the individual's rights. A detailed case study, a thorough history, and psychopathological examination are essential for an adequate case assessment.

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