

Stressful Cardiomyopathy (Postmortem Case Study Supervision)

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Received: February 10, 2021; **Published:** March 31, 2022

Abstract

In the article psychosomatic diseases are viewed as a bio-psycho-socio-spiritual disorders. It was pointed out that both DSM-V and ICD-10 haven't an integrated section of psychosomatic diseases. There are particularized external triggers of psychosomatic diseases.

Supervisory postmortem clinical and psychological investigation of broken heart syndrome was performed at the example of a patient who hadn't sought psychotherapy at the right time. In the history of patient several factors were revealed which had led to fatal outcome. These factors are the deformation of value and conceptual system, as well as the double exceedance of "Holmes stress scale". The administration of psychotherapy in the complex treatment of such disorders lowers the risk of the death.

Keywords: *Psychosomatics; Supervision; Social-Stressing Disorder; Cardiomyopathy; Broken Heart Syndrome; Postmortem Psychological Case Study; Psychotherapy*

Currently, psychosomatics is an interdisciplinary scientific direction: it serves the treatment of diseases and, therefore, is within the framework of medicine. Investigating the influence of emotions on physiological processes, it is the subject of physiological research. As a branch of psychology, it studies behavioral responses associated with diseases, psychological mechanisms that affect physiological functions. As a branch of psychotherapy, she looks for ways to change ways of emotional response and behavior that are destructive for the personality. As a social science, it investigates the prevalence of psychosomatic disorders, their relationship to cultural traditions and living conditions.

Working with patients with "archaic diseases of the self" (G. Ammon): psychosomatic disorders, chemical and non-chemical addictions - and the study of their roots convinces that they are based on problems of a bio-psycho-socio-spiritual nature (Table 1).

Spiritual	Honesty, responsibility, duty, self-devotion, matter of care, patience, love, freedom, loneliness, isolation, gloom, guilt and punishment, desperation, death, development, self-realization, service, aims, faith, humility, reasons, choice.
Psychological	Strength/weakness, thoughts, memories, deception/self-deception, disappointment, dilemmas, crisis, personality traits, success, idealization, negation, alienation, self-agreement, self-respect.
Social "Life"	Love/hate, feelings, fear/courage, differences, dispute, dominating/submission, aggression, physical and emotional violence, identification, depreciation, disappointment, illusion crush, conflicts, emotions, zest for life, break-off.
Biological (physical) "World"	Life/death, sensations, inclinations, addictions, actions, environment, diseases, health limitations, property, opening/closing to the world, day regimen, sleeping.

Table 1: Bio-psycho-socio-spiritual disorder.

An external starting factor (“trigger”) may be the following reasons:

- Stress, conflict, loss of loved ones, job loss, sudden change in life circumstances, uncertainty of the future;
- Frustration (inadequate experience of failure or discrepancy between the desired and the actual, including the real and ideal self-image);
- Low self-esteem and increased self-criticism, an inferiority complex, a sense of helplessness;
- Self-doubt, manifested at the cognitive (decreased productivity of thinking, difficulty in making decisions, obsessive thoughts), emotional (affects of revenge), motivational-volitional (weakness of the ego or obsessive drives) and behavioral (violation of search and adaptive activity) levels;
- Socio-psychological maladjustment (post-traumatic stress disorder, neurotic development, personality disorder).

In DSM-V, ICD-10 there is no single heading of psychosomatic disorders.

This is primarily due to the fact that the clinical manifestations defined by the concept of “psychosomatic disorders” are distinguished by significant polymorphism: psychosomatic disorders; psychosomatic reactions; functional neurotic disorders of organs; somatoform disorders; conversion disorders; psychosomatic diseases. Some syndromes appear that do not belong to psychosomatic disorders, however, when analyzing them, one can see violations at the bio-psycho-socio-spiritual level. One of these syndromes is “broken heart syndrome” or “takotsubo cardiomyopathy”. Consider a specific case from supervisory practice (a short postmortem clinical and psychological study).

Case Study

Bronislav, 39 years old was born prematurely. For 2.5 months, being in the department for premature babies, he received mother’s milk, which the parents brought to the hospital. The mother was not admitted to the hospital for the care of her premature son. He grew up an easygoing and sociable child, he always had many friends. In the family, he gravitated more towards his father. From childhood he made plans for his future life, later he made most of them. Responsible for his studies, graduated from the Faculty of Chemistry and Pharmacy. He was very fond of his specialty, participated in the promotion of the necessary medicines for cancer patients.

Married at 24 for love. The priority values of the parental family were in the spiritual sphere: development, sincerity in relationships, mutual assistance, professionalism, while the values of the wife’s family were present in the material sphere: earnings, beautiful things, travel. In order to save money, they lived in their father-in-law’s apartment, which allowed them to travel and not feel constrained in funds. However, three years ago, the father-in-law, who disliked his son-in-law, provoked a conflict and wrote a statement against him to the police that the son-in-law had attempted on his life. Prior to that, Bronislav took care of him when he was in the hospital with a heart attack, took him to his dacha, paid the entire amount for the apartment. The conflict was settled by the reconciliation of the parties. For a period they lived with the patient’s parents, then he and his wife decided to take an expensive mortgage, despite the recommendations of all friends and acquaintances not to take this rash step. The first year they were happy about the new apartment and freedom, but a year later the company where Bronislav worked was closed. Over the next two years, he changed 5 jobs, and for the last six months he was unemployed. He had health problems: he felt severe weakness, dizziness. I turned to cardiologists, neurologists, endocrinologists: instrumental examinations were prescribed, which did not find visible symptoms of the disease.

During 24-hour monitoring, bradycardia, pulse 52 was found. Symptomatic treatment was prescribed. I began to sleep badly, there were short-term, for a few seconds, blackouts, which I did not report to the doctor, my wife (syncope?). He borrowed money from friends, parents, intending to return it soon. He was very worried about the unstable financial situation of the family, for the occurrence of which he blamed himself. He told his friend that he was insanely ashamed of his unexpected financial insolvency. Once I dropped the phrase to a friend: Maybe you shouldn't have gotten married. He began to communicate with his parents less and less, citing the need to earn money for a mortgage. The wife took additional work, tried to organize part-time jobs for the family, which were associated with Bronislav's long trips by car, often at night. The patient tried not to contradict her, justified her irritability by fatigue, went first to reconciliation after quarrels. Night trips contributed to lack of sleep, weight loss, fatigue and weakness increased. The endocrinologist who observed him about the initial manifestations of hypothyroidism (thyroid hormone indicators were at the lower limit norms), prescribed a new regimen and assured that in two weeks he would feel better. After 2 weeks the patient died.

Unfortunately, internists rarely take a psychosocial history. If we analyze the stressful events that happened in 2 years at Bronislav, they look like this.

Life events and scores (Holmes stress scale)

Quarrel with father-in-law, threat of imprisonment - 50. Injury or illness - 63.

Dismissal from work - 50 (4 times in 2 years). Change in the health status of family members - 45. Decreased libido - 40.

Job loss - 47.

Change in financial situation - 39. Death of a close friend - 38.

Change of occupation - 37.

Increased conflict in relationships - 36.

A loan or loan for a large purchase (for example, a house) - 35. Delay in repayment of the loan, growing debts - 31.

Increasing official responsibility - 30. Problems with relatives of the husband (wife) - 29. Changing living conditions - 26.

Changing personal habits, stereotypes of behavior - 25. Problems with superiors - 24.

Change of working conditions or hours - 23. Change of residence - 20.

Leisure or vacation - 20. Change in social activity - 19.

Loan or loan of medium and small size - 18.

Change in individual sleep-related habits, sleep disturbance - 17.

Change in the number of family members living together, change in the nature and frequency of meetings with other family members - 16.

Changing eating habits - 15. Car theft - 30.

Minor violation of law and order (fine for violation of traffic rules) - 12.

The total also determines the degree of resistance to stress. A large number of points (more than 300) is an alarm signaling danger. Therefore, something urgently needs to be done to eliminate stress.

Even a preliminary calculation of the amount indicates that the “dangerous threshold” has been exceeded by more than 2 times.

The patient died of acute heart failure. Cause of death: other cardiomyopathies.

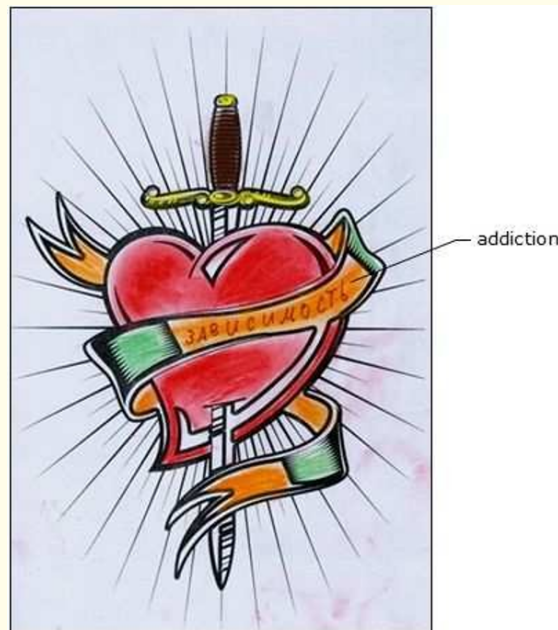


Figure 1: Broken heart syndrome.

About six months before his death, Bronislav accidentally chose this drawing from an album for coloring and designed by his son, who is studying at an art school. He asked, “Is this love?” I replied, “Rather, it is a ‘wounded heart.’” This drawing symbolically reflected the frustration of his father: there is love, and stress and dependence: the heart could not stand it... («dependence» was written by my hand - S. A.).

Takotsubo cardiomyopathy (from Japanese takotsubo - trap for an octopus), transistor spherical new expanded not top to left ventricle, stress owl cardiomyopathy is - a type of non-ischemic cardiomyopathy, in which a sudden transient decrease in the contractility of the heart muscle develops. Due to the fact that myocardial weakness can be caused by emotional stress, for example, the death of a loved one, unemployment, long-term family conflict, the condition is also called “broken heart syndrome”.

The exact reasons for the development of “takotsubo cardiomyopathy” are unknown. Doctors-internists usually prescribe a course of therapy similar in its principles to the treatment of hypertension. It can help prevent complications such as heart attack or stroke. Drug treatment includes antihypertensive drugs: ACE inhibitors, beta-blockers, calcium channel blockers. To stop the symptoms of broken heart syndrome, antidepressants, tranquilizers, vegetative stabilizers are used. Psychotherapeutic treatment is rarely recommended. Often, psychosomatic patients themselves ignore psychotherapeutic treatment, hoping for miraculous pills, in this case the vector of “resistance force” is greater than the “vector of changes”: as a result, time is wasted for adequate help [1-17].

Conclusion

With stressful cardiomyopathy, which is primarily a socially stressful disorder, there is a risk of death, therefore, timely prescription of psychotherapy is very important, as, indeed, in the complex treatment of any psychosomatic disease. Supervision and Balint groups for internists are the important elements of prevention of such mistakes.

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Volume 10 Issue 4 April 2021

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