

Book review

They cannot find anything wrong! Seven keys to understanding, treating, and healing stress illness

Edited by David D. Clarke, MD,

Boulder (CO): First Sentient Publications, 2007, pp. 200

ISBN 978-1-59181-064-3

New health policy in the United States is finally demanding integrated medicine along with the development and utilization of outcomes measures for cost containment and to increase quality of care. For many places, especially rural health clinics, this is a new concept. The traditional family practice setting is one that promotes seeing as many patients as possible in a day, spending an average of 7–15 minutes with each patient. If a patient has something more complex, they are often sent to one or more specialists to diagnose what are eventually determined to be ‘medically unexplained symptoms.’ Thousands of dollars, and years of frustration are spent on expensive testing and hospitalizations to treat symptoms of mystery ailments. Most of these are not somatic. In fact, the symptoms and consequences are very real, but primary care providers have rarely taken the time to determine if a patient has ‘stress illness.’ Evaluating patients for psychiatric issues that can physically cause major illness is the theme of this book. Stress illness is an important factor to consider when integrating behavioral and physical care into primary care on a daily basis. The recognition of stress illness can heal patients, and can prevent costly unfruitful trips to specialists.

Dr. Clarke gives very clear guidelines for evaluation of stress illness, both at home, and in virtually any type of medical setting. He gives examples of several insightful case studies of patients in every age group who have been sick for years with stress illness. He lists the key points to understand symptoms, evaluate the patient, and treat the illness, while helping the patient to comprehend the importance of how the mind can affect the physical body. The book is outlined with chapters that are divided into types of stress illness, including childhood stress, current stress, traumatic stress, depression, anxiety, and multi-factorial stress. Patient barriers and resistance to treatment are also addressed.

Chapter 11 discusses stress illness and the health care system, suggesting that patients be educated about stress illness by medical providers, nurses, and even through lobby brochures. The general conclusion of Dr. Clarke is that by educating patients with regards to stress illness, this may not only decrease frequent clinic visits, but also empowers patients to help themselves.

The book is comprised of 11 chapters, divided into 3 Parts; Part 1: ‘A new look at an invisible illness,’ Part 2: ‘Causes, consequences, and treatment of stress illness,’ and Part 3: ‘Connections,’ which outlines family involvement. The book has 192 pages plus index, content page, author information, and references. The strengths of this book are the multiple interesting case studies, the guidelines to educate patients, and the overall discussion about diagnosing stress illness. The book, however, is written for patients to read, so does not always elaborate on medical findings or research for the medical professional.

Overall, this book, although it is written for the public, is a ‘must-read’ for primary care providers, patients with on-going undiagnosed ailments, and even medical specialists. It provides great insight into an illness that is underdiagnosed and rarely addressed. Medically unexplained symptoms are associated with high medical-utilizing patients seen frequently in clinics that can exhaust resources and staff. This book is easy to read, and provides a possible solution to help heal those who have been difficult to treat for years. The integration of behavioral with physical health will be mandated in the near future, therefore, learning about stress illness and treating it appropriately is equally as important as treating all other chronic illnesses.

Integrated care typically utilizes disease management systems that encompass not only cost savings, but also improvement of services, while also providing better case management for patients. Part of improving disease management protocols is to include behavioral care, for both preventative and empirical care. For instance, statistics show that a significant

percentage of the diabetic population has co-morbid depression. The goal of including behavioral care into the diabetic management protocol addresses mental health, medication compliance, diet plan, treatment, and outcomes before they become an issue. Patients, however, have difficulty participating in a treatment plan when they have chronic abdominal pain, chronic headaches, chronic back pain, or other medically unexplained symptoms that must be addressed first.

This book provides a good starting point to understand connection of mind and body and should be in every clinic with respect to integration of behavioral care. It explains how stress illness can literally dictate the

patient's overall health for years, and if the problem is not addressed, no disease management process can be effective. The book explains the scientific physiological process of how stress can make us physically ill. Stress illness prevents patient compliance and participation in patients' treatment plans. The guidance of this book is essential to the healing of medically unexplained symptoms so that patients can fully participate in their overall care for better outcomes.

Ashlea McLeod, PA-C, DBH Student,
*Arizona State University, PO Box 37100, Phoenix,
AZ 85069-7100, USA*
E-mail: Ashlea.McLeod@asu.edu