

## 1: Influence of psychosocial factors on illness behaviors – PM&R KnowledgeNow

*The biopsychosocial model is a tool that psychologists use to examine how psychological disorders develop. This lesson will provide a definition of this model and provide specific examples to.*

Influence of psychosocial factors on illness behaviors Author s: Psychosocial factors affect both psychological as well as physical functioning over time<sup>5</sup> which can lead to either adaptive or maladaptive illness behaviors. Classes of adaptive illness behaviors include: The issue is complex, however, because coping behaviors vary among health conditions. Maladaptive coping for some conditions may be adaptive in other diseases. Therefore, one large clinical challenge is to identify the specific coping behaviors that could be productive for any given patient. Understanding that there are psychological associations between certain ailments, such as musculoskeletal disorders and anxiety and depression,<sup>7,8</sup> may help to guide the clinician in their approach. The Coping Patient General coping behaviors, which are typically considered beneficial to many patients, and in various diseases, include: Cognitive-behavioral approaches involve combining: Illness behavior is not abnormal if the patient is not given sufficient chance to understand what is present and absent with regard to pathology and how it could cause their symptoms and functional limitations. This is typically approached by history, interdisciplinary examinations, or structured instruments. This is because examinations rely on behaviors e. Superficial tenderness sensitive to light skin pinch over a wide area or non-anatomical tenderness deep tenderness not localized to musculoskeletal anatomy, Simulation of painful pressure or movement under conditions that should not produce pain e. Comparison of function on examination versus distraction e. Regional disturbances, meaning divergence from accepted neuroanatomy for sensation e. Consistency of effort is also important for establishing validity. An example is performing testing using force gauges, e. The detection of somatic amplification can prompt investigation of psychosocial factors and assistance. Address major situational factors, which are those that seriously affect key relationships e. One study showed that job insecurity made persons more likely to suffer from serious mental illness, pain conditions as well as other various health issues. Although initially time-consuming, time may be saved later by making an early, comprehensive, specification of medical impairment and the relevant adaptive behaviors. This can work by: Even when the practitioner is unable to generate more adaptive behavior, identifying relevant, insufficient, coping behavior has benefits. These include avoiding future unnecessary medical testing prompted by abnormal illness behavior alone, and clarifying insufficient coping for other practitioners who may not be aware of important aspects of the problem e. Failure to identify inappropriate coping may limit the ability of the various practitioners involved in the case to provide reassurance, appreciate the potential benefit of specific behavior changes, minimize future diagnostic testing, and work towards closure. Time-consuming interactions may appear to have no medical purpose. These factors may cause [lead to] the conclusion that further use of medical resources is unnecessary because the problem is not medical and further physician effort could be ineffective, yielding more time commitment, criticism, or reinforcement of illness behavior. There is evidence that exercise may also help to reduce depressive symptoms in adults with neurological disorders. Once abnormal illness behavior is present, it is likely that other stakeholders will be reading the reports. An ideal series of reports convey much of what the system decision-makers require. Reporting statements include discussing reasonable disease or injury determinants, and conveying diagnoses, but can also involve clarifying adaptive and maladaptive illness behavior. Examples of the latter include: Kelly shows a counter-productive movement pattern. She contracts the trapezius, potentially as a reflexive response to pain, apprehension, or habit. This prevents shoulder abduction and progress in restoring range and strength. She should practice range exercises in supine position to remove gravity. A referral has been made to a physiotherapist with experience in this problem. Allan has been advised to try to lose 20 pounds as one of several changes that should help her condition. She wants to try herself first, but is open to a referral to a weight loss program if this is insufficient. This did seem to make some difference in Mr. A referral has been made to physiotherapy to help him work through this. It is important that we not only recognize the impact of these factors on disease, but that we also strive to eliminate its negative effects on rehabilitation and empower

the patient to overcome these barriers by addressing these psychological issues. It may also be evident that the patient has been unable to overcome them, and continues to show the specific abnormality in functioning. Alternatively, if the practitioner cannot find a clear impairment or coping barrier, then they are not in a position to help the patient with a statement about disability. With patient consent, the insurance form could include an appended summary of the analysis, in the form of objective physical findings, and an explanation of more effective coping behaviors. The American Medical Association has a number of publications which describe this process in detail. The concept of illness behavior: Martz E, Livneh H, eds. *Coping with Chronic Illness and Disability: Theoretical, Empirical, and Clinical Aspects*. The role of illness perceptions in patients with medical conditions. Assessment of pain beliefs and pain coping. Turk DC, Melzack R, eds. *Handbook of Pain Assessment*. Adaptive tasks and methods of coping with illness and disability. *Coping with Chronic Illness and Disability*. Feb ; 71 1: Somatization, somatosensory amplification, attribution styles and illness behaviour: Lazarus R, Folkman S. *Stress, Appraisal, and Coping*. McHugh S, Vallis M. McHugh S, Vallis M, eds. Focused review of interdisciplinary pain rehabilitation programs for chronic pain management. *Curr Pain Headache Rep*. Assessing the role of cognitive behavioral therapy in the management of chronic nonspecific back pain. *Br J Med Psychol*. *J Psychiat Ment Health Nurs*. Assessment of the psychosocial context of the experience of chronic pain. Turk DC, Melzack R. *A Basic Science for Clinical Medicine*. Khubchandani J, Price JH. The illness behavior assessment schedule: Wall PD, Melzack R, eds. *Psychological Assessment Resources*; A concept of illness tested as an improved basis for surgical decisions in low back disorders. Objective evaluation of grip strength. The injured upper extremity and the Jamar five-handle position grip test. A Systematic Review and Meta-Analysis. A Thematic Synthesis of Qualitative Studies. Previous Version of the Topic Dinesh A. Influence of psychosocial factors on illness behaviors.

## 2: Biopsychosocial model - Wikipedia

*One systematic review showed that educating patients about the neurological processes, as well as psychosocial factors, that contribute to a patient's pain experience can help to improve the patient's physical performance as well as reduce pain and perceived disability related to chronic musculoskeletal pathologies 5 and, perhaps, other.*

This article has been cited by other articles in PMC. Cardiovascular diseases CVD are the leading cause of death in the world today. Risk factors are those factors that influence the development of CVD. Risk factors can be divided into materialistic genetic predisposition, smoking, alcohol and non-materialistic psychosocial factors. Our goal is to note the role of the health system, to emphasize the importance of psychosocial factors in the pathogenesis of CVD, explain the relationship between psychosocial factors and other risk factors, stress the importance of prevention through the provision of management of the cardiovascular system CVS diseases. A descriptive analysis was performed on scientific studies in several published articles in journals on CVS: The importance and role of the health system in the early detection, diagnosis, therapy and CVS disease prevention is presented through three thematic areas: Health promotion is the most important aspect of the health system monitoring. Health promotion is adequately implemented if the management of CVD is proper. The main objectives of CVD management are: Individual and family, the health system and the community. Materialistic and non-materialistic risk factors together contribute to the development of CVD. Heart and heart circulation system-coronary ischemic disease, brain and cerebral circulation system-cerebrovascular disease, limbs-peripheral arterial occlusive disease. Plaque is made up of a core made of fat, cholesterol and degraded cells, covered with calcium and a binder, so the wall of the vessel at this point is hard and inelastic. Atherosclerotic cluster narrows the arteries and consequently the tissue, which it supplies, gets less blood and because of reduced elasticity can lead to a disruption of the blood vessel, which is manifested by CVD. CVDs are the leading cause of death, with about 17 million deaths every year worldwide and an important cause of disability, which require a lot of socio-economic resources. It was noted that mortality from CVD is increasing in countries with medium and low income. Exposure to preventable risk factors stress, smoking, alcohol consumption, inadequate nutrition, physical inactivity greatly influences the development of CVD. The West-East difference suggests that coronary heart disease and stroke greatly contribute to mortality in the countries of Central and Eastern Europe. Economic transition, urbanization, industrialization and globalization carry with them a life-style that promotes CVD. CVD and their etiologies are complex socio-medical and clinical problem. They can be divided into variable smoking, alcohol and fixed age, sex, genetic predisposition. In order to better understand the risk factors of this entity they will be divided into materialistic genetic predisposition, smoking, alcohol and non-materialistic psychosocial factors. Stress experienced in adolescence may be an important factor in the development of CVD in older age. Scientists believe that early stress promotes systemic response of the body and the secretion of catecholamines and cortisol sympathomimetic, which results in an increase in blood pressure, which is an additional risk of CVD in old age. Specifically, the study was conducted on young rats. Scientists separated young rats, for a few hours a week, from their mothers. Young rats showed no signs of cardiovascular disorders. However, when they reached an older age, cardiovascular disorders were visible. Scientists point out that we need to learn to deal with the inevitable stress stress management, because in this way we protect our health. Selye believed that the GAS takes place three stages. If the stressor continues, the second stage begins the stage of resistance. Now, the body mobilizes physical and emotional reserves to face the stressor. At this moment the body still resists, but with a lot of effort and energy used. If the stressor is constant, the person enters into the third stage, the stage of exhaustion. At this stage, a person is most susceptible to disease because of physiological reserves of the organism are used. A person becomes upset and this anxiety is manifested in various ways, such as tension headaches, anxiety, depression, abdominal pain and as arterial hypertension. The relationship between CVD and risk factors, such as high blood pressure, cholesterol, smoking, diabetes and physical inactivity are the subject of many studies. Knowing the nature of the disease has been developed and prevention and treatment however, regional differences remained pronounced. With this work we want to emphasize those

psychosocial factors should not be subordinated to the materialistic risk factors, but with regard that man except a body also has a soul, give attention to interaction of psychosocial factors and material factors in a better understanding of CVD. Furthermore, this work should not be an exhaustive analysis of psychosocial factors, but an attempt to emphasize their differences, interactions and mechanisms of action on human health in the light of recent and prominent works. Then we performed a comparison of the indicators mentioned in these articles, with the indices of these diseases in Bosnia and Herzegovina, officially published in the databases of the entity and cantonal public health institutes in B and H. Incidence and prevalence It was shown that in Western Europe there are fewer registered CVD patients compared to central Europe, particularly in relation to Eastern Europe and parts of Asia. We assume that a better understanding of risk factors and paying more attention to preventive measures yielded positive impact on reduced rates of morbidity and mortality from CVD. Despite increasing knowledge about the determinants of CVD there are large differences in the health status of the population in the countries of Europe. Furthermore, there is a big difference in CVD mortality between the countries of the European Union before the and those who later joined the European Union. However, sexual differences in mortality within each country do not give a satisfactory explanation for the large differences in mortality due to CVD between the east and west. For example, Romania, countries with high mortality from CVD, has one of the lowest sex differences in mortality. Furthermore, Ukraine, the country with the highest rate of mortality due to CVD, has almost an equal ratio of mortality between men and women. In contrast, Finland, where the mortality from CVD is much lower than in Ukraine and Romania, the difference in mortality, between men and women is very high. Much like in Western Europe, the countries of Central and Eastern Europe differences between sexes in mortality are associated with secular changes. Shortly after this period, mortality from CVD began to decline in Western Europe and this trend has continued until today, while the situation in the countries of Eastern Europe remained the same or even began to have increase mortality. In early, in CVD mortality in some countries of Eastern Europe Poland, Hungary, Czech Republic began to decrease, but without the precedent, while in the countries of the former Soviet Union it began to increase. Such mortality rate is maintained for several years and has begun to decrease. After , the mortality rate due to CVD again began to increase in some countries of the former Soviet Union Russia and Ukraine and in some mortality continued to decrease Baltics. In Russia and Ukraine, the trend turned in and the death rate began to decrease. Understanding the determinants of these trends in CVD mortality could greatly contribute to the prevention strategies of CVD in Europe. On atherosclerosis occurrence have influence the improper diet, smoking, alcohol use and these mentioned risky behaviors may be driven by psychosocial determinants. Research of CVD presence in Bosnia and Herzegovina in relation to other diseases in shows a high number of patients with CVD, particularly at active age group from 19 to 64 years of age. Diagnosis and therapy To diagnose any disease we need to pay attention to detail approach to the patient. In the case of CVD history is of great importance for the diagnosis. The main symptom is pain, so pain characteristics should be clarified in detail. Location, quality, intensity, duration, provocation, propagation and mitigating factors are the main characteristics of the pain, by which we try to discern which pathology is in question. Pain is a subjective feeling that cannot be measured by instruments. However, in order to facilitate the use of data for the quantification of pain we use the visual analog scale. To estimate the risk of developing CVD various scores are used. One of the most famous is Framingham score, which is made in order to assess the years cardiovascular risk. In consideration are taken the age, sex, cholesterol concentration, systolic blood pressure, use of medications and smoking. We can note that this score takes into account only the materialistic risk factors and psychosocial are ignored, so this score is in some cases imprecise and can give a false assessment. Since human being is not a piece of weathered material with animal looks, but a being with a soul, it is necessary to take into account the materialistic and non-materialistic factors. Only in this way we have a chance to build a complete picture of the person. It is important to emphasize that there are scores that take into account, apart from materialistic also non-materialistic risk factors psychosocial. However, the two scores are only applicable in the United Kingdom UK , because they take into account the psychosocial conditions of that space and time. We in Bosnia and Herzegovina use Hearth Score that is applicable to countries with a high risk of cardiovascular incidents. The result ranges from average risk to high risk. As Framingham score

even this one does not take into account the psychosocial factors and the result of the average risk of cardiovascular incidents should be taken with care. Health promotion Health promotion is the most important segment of the health system interest. Health promotion is achieved by the proper management of diseases, in our case CVD. The main objectives of CVD management: Such goals should be directed to: The individual and family, the community and the health system. However, there are bright points of the story and small groups who care about the spiritual and material values of man and to such profit are association and not a disease. To be more successful in prevention it is necessary to know the reality of interactions between materialistic and non-materialistic factors on person. Social determinants of health can be understood as an environment in which the individual lives and works and the psychological determinants of health can be understood as the experience of the changes that occur in the environment, but also in the individual. Description of the psychosocial determinants in this article does not aim to present only their impact on health, but also the mechanism through which they affect health. A good way to understand the psychosocial determinants of health is through a dynamic concept of interaction with the material factors. Psychosocial factors influencing exposure to CVD risk through smoking, alcohol use, unhealthy diet, but also a high body mass, physical inactivity, smoking, alcohol consumption affects individual behavior and its impact in the community. Many people at work spend part of the day. During the work they are exposed to various stresses and react in different ways. In is conducted a large international case-control study in 52 countries, including about 25, persons. It is estimated that constant stress doubled the risk of myocardial infarction. Person under constant stress secreted hormone cortisol, but also adrenaline which results in increased blood pressure, heart rate, hearth output, speed of impulse conduction through the heart and the sensitivity of the heart to the incoming pulses. Prolonged exposure to these conditions leads to a gradual decrease of cardiovascular function and a greater risk of developing CVD. In such a spiritual imbalance a person has a feeling that the whole world is dumped upon its shoulders, running around the world as the animals in the wild, but again does not make anything more compared with what it has, which has resulted in more and among other also CVD. Those who have the capacity to penetrate into the essence of the problem know how to deal with the problem. They know that the ultimate goal in life is the realization of material goods; they know that the supply is determined so they get tired. They do not bother their mind and caring thoughts about supply, but still struggling. They are satisfied with what they have and their mind and body are rested. These persons regardless of exposure to risk factors have a lower incidence of CVD.

## 3: Adult Meducation

*1 Psychosocial Factors Affecting Behavior Modification in Diabetic Patients A qualitative and quantitative analysis of patients with Type II Diabetes Mellitus in a.*

In this next section of this document, we will be surveying factors that can contribute to the development of depression. There are many factors that have been identified, and the relationship between one factor and another is often complex. To help explain this complexity, the mental health professions have adopted several models or theories that describe the way that various factors, which contribute to health and illness interrelate. Biopsychosocial Model The biopsychosocial model, first developed by cardiologist Dr. George Engel, is today widely accepted by the mental health professions. This model suggests that biological, psychological and social factors are all interlinked and important with regard to promoting health or causing disease. In other words, the mind and the body are not independent and separate things as was previously thought, but rather are connected and interdependent things if they are indeed separate things at all. What affects the body will often affect the mind; and vice versa, what affects the mind will also often end up affecting the body. The biopsychosocial model encourages clinicians to explain phenomena such as depression by examining all relevant biological, psychological, and social factors that might be contributing to the development or maintenance of the disorder. With regard to biological factors, it is known that depressed individuals are often significantly disturbed with regard to endocrine hormone, immune, and neurotransmitter system functioning. In addition, depression can make a person more vulnerable to developing a range of physical disorders. Similarly, a person who has a physical disorder is often more likely to develop depression. Research also suggest that genes can influence transmission of depression from generation to generation. Psychological factors influencing depression include characteristic negative patterns of thinking, deficits in coping skills, judgment problems, and impaired emotional intelligence the ability to perceive, understand, and express emotions that depressed people tend to exhibit. To some degree, these psychological factors can be influenced by biology e. People can also become depressed as a result of social factors such as: Research has shown that stressful social events are capable of serving as triggers for turning genes on and off, causing changes in brain functioning. Via this path, a social stressor can trigger a physical cause of depression. Environmental and social causes of depression can also be far more subtle than actual trauma. It is not necessary for people to have been abused as children to grow up feeling negatively about themselves or their prospects because of how they have learned to think about their self-worth or their ability to successfully respond to the tasks and stressors present in daily living. The biopsychosocial model suggests, and the scientific evidence has tended to confirm, that the interdependent factors we have discussed above biological, psychological and social factors all end up influencing each other and feeding into each other in an interdependent way. Depression can be caused by any number of factors that would on their surface appear to be independent from one another. Also, as one factor tends to influence the other factors, it is possible to have a physical reaction to a social or psychological stressor, and vice versa. This interdependent nature; the way that the various causes of depression affect one another; make it urgent that all factors be taken into account when attempting to form a complete explanation of depression. In a later section, we will explain in more detail the biological, psychological and social factors that are known to contribute to depression.

**4: Impact of Psychological Factors in the Experience of Pain | Physical Therapy | Oxford Academic**

*Psychosocial factors include personality and presence of psychiatric disorder, as well as family, peer, and other environmental factors that either increase the risk of an individual developing an addictive disorder (risk factors) or decrease such risks (protective factors).*

Cigarette advertising uses images to portray smokers as independent, healthy, adventure-seeking, and attractive IOM, b. However, the vast majority of marketing dollars are spent on promotional activities, such as sponsoring sports events and public entertainment and distributing T-shirts, hats, and other items that provide free advertising by prominently displaying the companies' logos. A study of televised sports events indicates that the TV audience is exposed to tobacco advertising through stadium sings and brief verbal or visual product sponsorships Madden and Grube, There is increasing concern that advertisements and promotional activities are aimed at encouraging children to smoke, and there is research evidence to support that perception. Research on the effects of legal restrictions on promotional activities has been conducted in many countries. A study of 33 countries concluded that total advertising bans resulted in decreases in consumption that occurred four times faster than decreases following partial bans, whereas consumption increased in countries with no advertising restrictions IOM, b. In August , the FDA issued final regulations aimed at decreasing advertising to young people. The new rule will ban brand-name sponsorship of sporting or other events, cars, or teams, and ban brand names on hats, T-shirts, gym bags, and other products. The rule also limits advertising in publications with at least 2 million youthful readers or where at least 15 percent of the readership is youths, permits black-and-white text only, bans billboards within 1, feet of schools and playgrounds, and restricts most other outdoor advertising to black-and-white text only. Dispelling the Myths About Addiction: Strategies to Increase Understanding and Strengthen Research. The National Academies Press. A study of televised sports events indicated that commercials advertising alcoholic beverages were aired more than any other product Madden and Grube, An August marketing survey indicated that most children between 6 and 11 years of age recognized the bullfrogs. The impact of these and other advertisements on consumption is not clear, but there is evidence that advertisements tend to stimulate consumption of the products in general, not just the specific product advertised IOM, Advertisements and commercials are not the only way that the media influence drug use. Recent analyses of prime-time television programs found that two-thirds of the programs made references to alcohol and half portrayed consumption of alcohol, averaging more than eight drinking acts per hour Wallach et al. In that study, alcohol was consumed by affluent professionals and portrayed in a positive way; alcohol problems were clearly depicted in only 10 percent of the episodes. Television programs could therefore encourage drinking among viewers; this seems especially likely among adolescents, because they watch a lot of television and movies and tend to imitate the clothes, expressions, and behaviors they see in the media. The portrayal of smoking on TV, and in music videos and films could have a similar effect. Although there is no conclusive research in this area, social scientists presume that the consumption behaviors portrayed in such media programming have an impact similar to advertising, which has been extensively studied. This was later extended to flights of six hours or less in , and in a treaty between Canada, the United States, and Australia banned smoking on all nonstop flights between the countries Public Laws and and ICAO, Many international airlines also voluntarily ban smoking on some or all flights. Smoking was first banned from clinic areas that administered some federal programs in Public Law ; this was extended to schools, day care centers, and libraries receiving federal funds in Public Law , and many federal agencies now ban smoking in their buildings. The private sector also restricts or bans smoking in many other buildings, including hospitals, office buildings, and restaurants. Smoking bans in the workplace have been associated with significant decreases in smoking during work hours Stave and Jackson, Page 61 Share Cite Suggested Citation: There is mixed evidence as to whether bans result in higher quit rates; two studies have found positive effects of such bans Longo et al. Raising the costs of legal drugs such as alcohol and cigarettes has been shown to decrease use. For example, the consumption of alcoholic beverages is reduced when prices are increased IOM, This is especially likely for youth one study found that a cent

increase in the price of beer resulted in a 15 percent decrease in the numbers of youths who drink 3 to 5 beers each day, while a cent increase in the price of distilled spirits resulted in a 27 percent decline in the numbers of youths who were heavy drinkers of liquor [Grossman et al. As a result, taxes have the potential for decreasing consumption. Although taxes have tended to increase over the years, they have not risen nearly as much as other increases in cost; for example, in federal taxes accounted for 11 percent of the cost of cigarettes to consumers, compared to 37 percent in In contrast to efforts to decrease consumption, "happy hour" promotions at bars and restaurants, which offer discounts on drinks or free food with drinks, resulted in increased consumption in barroom and restaurant settings Babor et al. In , California voters passed Proposition 99, which increased the tax on a package of cigarettes from 10 cents to 35 cents Tobacco Education Oversight Committee, Twenty percent of the funds from the tax were allocated to anti-tobacco education in schools and communities. Studies have shown a clear effect on consumption of the resulting increased per pack price of cigarettes. For example, the month the increase went into effect, there was a 25 percent decline in cigarette consumption Hu et al. Between and , the proportion of Californians ages 20 and older who smoked dropped from 27 percent to 20 percent and cigarette consumption defined as the number of packs sold per civilian adult decreased by 14 percent Tobacco Education Oversight Committee, Unfortunately, there were no differences in smoking behavior for adolescents ages 12 to In contrast, prior to nationwide smoking during those years increased followed by smaller decreases from to for adults, and statistically significant decreases for adolescents. Page 62 Share Cite Suggested Citation: The prevalence of smoking among adults dropped from 36 percent to 26 percent between and when the taxes were significantly raised, and the proportion of adolescents ages 15 to 19 who smoked daily plummeted from 40 percent to 16 percent Sweanor et al. Although there is no way to determine the extent to which decreases in adult smoking in California or Canada can be attributed to the higher costs of cigarettes or the public education program, the results suggest that when taxes are raised, and the resulting revenues used for public education campaigns, there can be considerable benefit to public health Sweanor et al. A study in Great Britain showed that both women and men in lower socioeconomic groups were more sensitive to the price of cigarettes than to health publicity campaigns, and that women were more sensitive to price in general than were men Townsend et al. Decisions about the locations of liquor stores, the granting of liquor licenses to restaurants, the training of bartenders and waiters to limit alcohol consumption, and the locations of cigarette vending machines and cigarettes in stores can all serve to limit access. There is statistical evidence of an association between the number of outlets that sell alcoholic beverages and the levels of alcohol consumption and alcohol-related deaths DHHS, However, more research is needed to determine if the increased availability of alcohol is responsible. For example, servers can be trained to promote nonalcoholic beverages and food or to delay serving an alcoholic beverage if it would be likely to intoxicate the patron. There is some research evidence that these interventions are effective IOM, In addition, a bar or restaurant can charge more for alcoholic drinks than soft drinks, serve smaller drinks, and stop selling pitchers of beer. The newly completed FDA regulations will, among other measures, ban cigarette vending machines and self-service displays except in nightclubs and other facilities that are totally inaccessible to persons under Such a ban has been characterized as a law enforcement approach to reduce access to tobacco by children and youth and studies suggest that a law enforcement approach by itself may not be effective DiFranza et al. In addition, some have argued that the focus on youth access and law enforcement may have unintended consequences in part by emphasizing that smoking is for adultsâ€”therefore, something for adolescents to aspire to Glantz, Thus, the impact of these new regulations will be a fruitful area of future research to determine which of their components are the most effective. The Role of Primary Care Physicians Primary care physicians represent another set of actors in the strategy for nearly universal prevention efforts. It is known that brief interventions by physicians can be quite effective in stimulating people to quit smoking or reduce their alcohol consumption Ockene et al. Most children and adults are seen by a primary care physician at least occasionally, and physicians have been encouraged by the federal government to ask patients about their smoking, drinking, and use of illicit drugs. These questions give physicians the opportunity to share information about the health risks of these behaviors. Integrating diagnosis, treatment, and prevention of addictive disorders into primary care settings is challenging, however,

and often this integrative strategy is not provided by increasingly overburdened primary care physicians. In , a major conference was held to explore this issue and participants found that this resistance was a result of a lack of appropriate training, negative attitudes of physicians about addictive disorders, and lack of time Josiah Macy, Jr. Achieving such a change in practice patterns will require not only training, but also further demonstrations of the effectiveness of these approaches. Although evidence exists that physician intervention increases the chances of abstinence from alcohol or tobacco, more research is needed on the ways in which physician interventions can be an effective prevention strategy. School-Based Prevention Programs Schools are the site of most programs designed to prevent drug abuse and addiction, and these programs have been systematically evaluated for almost two decades IOM, a. In recent years, large numbers of these studies have been evaluated together in meta-analyses aimed at determining patterns of effectiveness of various types of programs. For example, Tobler conducted a meta-analysis of school-based drug programs including nicotine for students in grades 6 through 12, which he categorized into five types: The meta-analysis indicated that peer programs were the most likely to decrease later drug use, and that knowledge plus self-esteem programs and the programs outside the school also had some impact Tobler, , Tobler later re-analyzed the data, eliminating the weakest programs, and found that neither knowledge-only, self-esteem-only, nor knowledge plus self-esteem programs prevented drug use, whereas peer programs still were most effective and programs outside the school were moderately effective. Bangert-Drowns conducted a meta-analysis on 33 programs, limiting his analysis to programs in schools with "traditional students," and eliminating any tobacco-only programs NRC, Most of the programs were knowledge-only or knowledge plus self-esteem programs, usually led by teachers. The programs significantly increased knowledge and changed attitudes, but they did not affect behavior. He also found that the lecture format was the weakest and peer leaders were more effective than adults. The most widely disseminated school-based drug abuse prevention program in the nation is D. Drug Abuse Resistance Education , but evaluations of these programs consistently show they have no long-term effects Ennett et al. Effective Programs Two school-based prevention programs have demonstrated long-term success: Life Skills Training is designed for seventh graders, with "booster sessions" in eighth and ninth grades. The program has been rigorously evaluated in junior high schools in New York and New Jersey that serve primarily white middle-class students. Four-year follow-up results show that rates of smoking and marijuana use were one-half to three-quarters lower among students who participated, with more modest decreases in use of alcohol Falco, Six-year follow-up showed significant decreases in use and heavy use of cigarettes and alcohol, but not in use of illegal drugs IOM, a. The Midwestern Project is a session, school-based social skills and peer-resistance skills curriculum, supplemented by parental involvement, media campaigns, and training of community leaders IOM, a. An evaluation after six years found that the program significantly decreased the use of cigarettes, alcohol, marijuana, and cocaine for high-risk and low-risk students Pentz et al. Page 65 Share Cite Suggested Citation: However, one study found lower rates of alcohol initiation when parent training was used in conjunction with modified teaching practices IOM, a. Media-Based Prevention Interventions The positive portrayal of smoking and alcohol use on TV programs and in movies has been seen as a major influence on attitudes toward the use of these drugs. Efforts to use television overtly to counteract those messages have been made repeatedly over the years. Public service announcements and other media-based interventions are relatively inexpensive efforts to attempt to influence the knowledge and attitudes of a large number of children and youth. Media interventions aimed at preventing adolescent smoking have been found to affect knowledge and, in some cases, attitudes, but have not shown a sustained impact on behavior IOM, a; Murray et al. However, TV anti-smoking messages have been found to be effective in combination with school-based programs at preventing or limiting adolescent smoking behavior Flynn et al. Laws to Prevent Teen Alcohol Use and Smoking Epidemiological and public health research has been conducted in states and communities that have enacted new laws or policies to prevent or limit adolescent drinking and smoking by raising the age at which an individual can buy alcohol and tobacco products. The research examines how the environment, including the cost and availability of drugs, influences the likelihood of addiction and related problems. In , Hingson et al. They compared drinking, drinking and driving, and nonfatal accidents in Massachusetts and New York, which kept its drinking age at Results

indicated that the law was unevenly enforced, but that nighttime single-vehicle fatal car crashes declined more for and year-olds in Massachusetts than they did in New York Waller, Other studies in different states clearly indicated that raising the legal drinking age decreased teenage drinking and driving and involvement in Page 66 Share Cite Suggested Citation: Despite these positive effects, it is not clear that laws restricting sales of alcohol to minors have actually reduced access. One large survey study, for example, has shown that, in , 75 percent of eighth graders and 90 percent of tenth graders reported that it was easy to obtain alcohol Johnston et al. Research on the effect of laws restricting tobacco sales to minors has been reviewed by another IOM committee IOM, a. For example, in one Massachusetts community, an year-old girl purchased cigarettes in 75 of her attempts to do so DiFranza et al. Several studies of young teenagers had similar results DHHS, As discussed above, the new FDA regulations include legal sanctions for sale of tobacco to minors, along with other mechanisms to reduce youth access to tobacco, such as banning vending machine sales under certain circumstances Kessler et al.

**5: The Significance of the Psychosocial Factors Influence in Pathogenesis of Cardiovascular Disease**

*Psychosocial factors affecting the patient, such as anxiety, stress, lack of social support, low level of education, and emotional personality type have all been correlated with poor.*

**Advanced Search** This article reviews the role of psychological factors in the development of persistent pain and disability, with a focus on how basic psychological processes have been incorporated into theoretical models that have implications for physical therapy. To this end, the key psychological factors associated with the experience of pain are summarized, and an overview of how they have been integrated into the major models of pain and disability in the scientific literature is presented. Pain has clear emotional and behavioral consequences that influence the development of persistent problems and the outcome of treatment. Yet, these psychological factors are not routinely assessed in physical therapy clinics, nor are they sufficiently utilized to enhance treatment. Based on a review of the scientific evidence, a set of 10 principles that have likely implications for clinical practice is offered. Because psychological processes have an influence on both the experience of pain and the treatment outcome, the integration of psychological principles into physical therapy treatment would seem to have potential to enhance outcomes. The experience of pain is shaped by a host of psychological factors. Choosing to attend to a noxious stimulus and interpreting it as painful are examples of 2 factors involving normal psychological processes. To be sure, pain is a subjective experience, and although it is certainly related to physiological processes, how individuals react to a new episode of pain is shaped and influenced by previous experience. Indeed, without learning from experience, it would be difficult to cope with pain and maintain good health. Thus, these psychological processes have tremendous value for survival. Therefore, in this article, we focus on the most important psychological factors that have been incorporated into theoretical models of pain that may explain pain perception and treatment benefits. In our view, awareness of these factors is crucial for understanding patients in pain and is a prerequisite for integrating them into clinical practice. Applying psychological knowledge in the clinical practice of physical therapy, however, has been quite a challenge. A majority of physical therapists are aware of the importance of psychological factors and attempt to utilize this awareness in their practice. However, there is an apparent lack of knowledge and tools to adequately apply this knowledge. We acknowledge that there is currently a lack of clear information as to how psychological factors should be utilized by physical therapists and other clinicians. One area that is particularly relevant is how early physical therapy treatments might prevent the development of chronic musculoskeletal pain. As a review of psychological interventions designed to prevent chronicity has shown positive effects when the psychological techniques are appropriately administered, 6 competent application appears to be vital. In our view, an understanding of the basic psychological processes is, therefore, an essential base for competent application of psychological principles in the clinic. To date, there has been broad recognition of the importance of a biopsychosocial view of pain, but a lack of clarity in how the psychological factors actually fit in, not least in clinical situations. How might psychology be utilized to improve care? To this end, we will focus on the central psychological factors and highlight the psychological processes that affect the pain experience over time. Indeed, we emphasize how psychological factors may contribute not only to the experience of acute pain but also to the development of chronic pain and disability over time. What might be quite a normal and appropriate response in the acute phase paradoxically may be a poor method of coping with persistent pain. Accordingly, we will highlight how psychological factors affect the development of persistent disability and illustrate the processes by describing pertinent theoretical models.

**Psychological Processes** In this section, we provide an overview of fundamental psychological processes that are involved in most types of pain problems and highlight how these processes may contribute to the development of a persistent pain problem. A basic theme is that the psychological processes are highly intertwined and function together as a system. We consider them individually as a means of presentation. Note that these processes also form the basis of the models presented in the next section. There are different ways in which we might group psychological factors. In our presentation, we attempt to portray the influence of psychological factors, as illustrated in Figure 1, as a sequence of processes, starting with initial awareness of

the noxious stimulus, then cognitive processing, appraisal, and interpretation that leads people to act on their pain ie, their pain behavior. Although we present this as a sequence for understanding, we are aware that this is a model, and much more work is needed to fully describe these processes. In addition to the model, Table 1 provides an overview of the main factors and their possible consequences for the experience of pain. Figure 1 A modern view of pain perception from a psychological view according to Linton.

## 6: Clinical Applications of the Biopsychosocial Model

*Psychosocial factors are critical parameters in considering which treatment is best for an individual patient. The development of a treatment plan should include information about all aspects of medical/surgical treatments as well as what is known about the psychosocial sequelae.*

An addiction to alcohol, addiction to cigarettes, addiction to intravenous drugs, gambling, or anything else. Today, most adults tend to indulge in social drinking every now and then, or like cracking open a bottle of beer after a tough day at work. Does that mean all of them are addicted? This fact is enough for us to assume that not everyone who indulges in these activities for pleasure or recreation gets addicted. What is it that affects only a few people, and not others? What causes an addiction? The biopsychosocial model tries to explain the causes of addiction. The reasons for an addiction are quite complex, and the three factors mentioned in the biopsychosocial model play an equally significant part in inducing addictive behavior in a person. Research actually suggests that individuals with a family history of addictions are more prone to develop them as compared to those who have no such family history. Similarly, hormones can also be believed to play a part. Hence, it is possible that the biological factors of a person could play a role in developing addictive behavior. The concept of rewarding behavior is actually psychological, the person only feels rewarded. However, the temptation of the good feelings that are generated for the person after indulging in something might lead towards an addiction for the same. His relationships with the people around him, and his peer group play a huge role in developing addictions. Secondly, the availability of an addictive substance, or the general mindset about it also affects the possibility of addiction. Similarly, gambling is a common and popular activity all over the world. This may lead to an individual at risk to indulge endlessly in gambling and ultimately, get addicted to it. Social workers and psychiatrists take all three factors of the biopsychosocial model into consideration when analyzing addiction problems and addictive behavior. These factors help them understand the problem at hand from every point of view, and help in deciding what kind of treatment should be administered.

**Healthcare** The biopsychosocial model, as we know, helps in determining the best kind of treatment to be administered to a patient according to his or her health issues. Biological needs can be taken care of by providing the necessary medicines, any sedatives if required, the correct nutrition, appropriate safety facilities, as well as antidepressants, if applicable. The social needs of a patient are fulfilled through support from family members, friends, peers, etc. Biological needs can be taken care of through antidepressants, the appropriate medicines, correct diet, etc. Psychological needs are taken care of through counseling, information about the problem and information about recovery. Social needs are taken care of through enhanced primary and secondary relationships, as well as being engaged in some or the other kind of activity so as to avoid frustration or depression.

**Pain Management** Pain of some sort of the other, especially chronic pain, is largely prevalent in society today. The cost of this pain, however, is extravagant and financially, hits most people hard. To minimize these costs of pain, and to effectively treat patients suffering from pain at the same time, medical experts have begun using the biopsychosocial model to provide the appropriate treatment by studying the interaction between the biological, psychological, and social factors of that patient. Hence, psychological factors need to be taken into consideration in pain management. These factors also play a strong role in inducing or stalling recovery.

**Mental Illness** Mental illness of any kind cannot be attributed to just any biological, psychological, or social reason alone. In fact, it is the interaction between the three factors that causes any disorder, be it physiological or mental. The interaction between the above three factors broadly comes together to manifest mental illness such as personality disorders or anxiety problems, or something on similar lines. No single factor is sufficient to give birth to these psychological problems, but all three are.

**Depression** The BPS model states that depression as a mental condition cannot be attributed to psychological reasons alone. In fact, the model states, that depression is attributed to the interaction between all three factors: A person suffering from one or all these issues is more likely to get depressed than someone who is not. Self-confidence, pattern of thinking, negativity in the mind, emotional intelligence, and the ability to cope, influence depression. Social reasons generally affect the other two factors

in an indirect manner, thus leading to depression as a full-fledged psychological condition. The three factors are interdependent when inducing and influencing depression in humans. This interdependent nature makes it very necessary for medical experts to take all three factors into detailed account for analyzing the causes and effects of depression on a person. Stress Management Stress is a phenomenon that affects most individuals all over the world today. Stress is induced, affected, and influenced by biological, psychological as well as social factors, even though it may not be very apparent. All these factors can be a result of excessive stress, or can even cause stress. Cognition plays a significant role in inducing or causing stress to an individual. The biopsychosocial model helps in understanding the different causes and effects of stress on an individual. As all these factors are interdependent, it can be assumed that all of them affect one another directly or indirectly. Hence, analyzing all three categories of factors is important for effective stress management. If stress is not managed properly, it can lead to severe psychological and physiological problems that may have very serious consequences. Though it has had its share of criticism, this model has gained a stronghold in the medical world. This article is for informative purposes only. The author does not promote or criticize this approach to healthcare. Please do not use anything mentioned in this article as a substitute for medical advice.

## 7: Psychosocial Influences on Health | Musculoskeletal Key

*The biopsychosocial model further accounts for the bidirectional influences of the biological, psychological, and social aspects of pain with, for example, psychological factors influencing biology by changing the production of hormones (e.g., cortisol), and brain structures and processes (Turk & Monarch, ).*

## 8: Biological, Behavioral, and Social Factors Affecting Health - Health and Behavior - NCBI Bookshelf

*- Biopsychosocial model avoids negative aspects of mind body dualism a. avoids the prejudices previously associated with Psychiatric illnesses b. recognizes the interdependence of emotional, behavioral and physical factors in the etiology, maintenance, exacerbation & treatment of disease.*

## 9: Current Understandings of Major Depression – Biopsychosocial Model

*In the early years of scientific medicine, most clinicians and researchers thought only in terms of single causes: specific agents that cause specific disease. For example, an infection was considered to result only from the proliferation of bacteria, while other kinds of ill health might result from viruses, toxins, accidents, or flaws in a person's genetic makeup.*

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