Neurotic Disorders

The Medical Disability Advisor: Workplace Guidelines for Disability Duration

Fifth Edition

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Editor-in-Chief

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In contrast to the psychotic disorders, which are characterized by hearing voices or seeing visions (auditory or visual hallucinations), fixed but false beliefs (delusions), or bizarre or unusual behaviors, neuroses are characterized by anxiety and distress over some circumstance. The traditional view is that neurotic symptoms are due to an unconscious psychological conflict that is unacceptable to the individual's self-concept. If the conflict were acknowledged, it would threaten some aspect of the individual's psychological life and, therefore, a defense mechanism keeps the deeper conflict from entering awareness. However, the term “neurosis” or “neurotic disorder” is no longer in common use for psychiatric diagnosis. The DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision) instead identifies specific diagnostic groups, such as the anxiety disorders, dissociative disorders, mood disorders, or somatoform disorders.

The anxiety disorders include disorders with symptoms such as panic attack, a sudden onset of intense apprehension or terror, often associated with symptoms like shortness of breath, racing heart rate (palpitations), chest pain, or smothering sensations; agoraphobia; anxiety in situations from which escape is difficult, such as being in a crowd, traveling in a car or train, or being on a bridge or elevator; unreasonable fears (phobias) of specific types, such as animal, blood, or weather-related phobias; or obsessive-compulsive behavior, in which repetitive thoughts and behaviors become time-intensive and intrusive in one’s life.

Adjustment disorders include anxiety symptoms that occur in response to an identified stressful condition or event (stressor), while dissociative disorders are characterized by distress or impairment associated with the inability to recall important personal information, usually of a traumatic nature. Mood disorders include symptoms of major depression and bipolar disorder, in which an individual may cycle between manic and depressive moods to an extreme that can impair normal functioning. The Somatoform disorders are a diagnostic category including many of what were formerly termed neurotic symptoms. These disorders are characterized by physical symptoms that suggest a general medical condition but which are not explained by a medical condition. They include somatization disorder, formerly known as Briquet’s syndrome, in which the individual has a combination of pain, gastrointestinal, sexual, and pseudoneurological symptoms; conversion disorder, involving unexplained symptoms or deficits affecting voluntary motor or sensory function, such as being temporarily blind or paralyzed; or hypochondriasis, the preoccupation with the fear of having a disease.

As a group, the neurotic disorders are the most common psychiatric diagnoses, accounting for more than half of all psychiatric cases seen in primary care. They may result in significant costs to society from missed work as well as from direct healthcare costs. Generalized anxiety disorder may affect up to 5% of the general population; phobias up to 8%; and somatization disorder up to 18%.
DURATION TRENDS - ICD-9-CM: 300, 300.0, 300.00

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<th>Min</th>
<th>Max</th>
<th>No Lost Time</th>
<th>Over 6 Months</th>
<th>Percentile: 5th</th>
<th>25th</th>
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<th>75th</th>
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Note: Differences may exist between the duration tables and the reference graphs. Duration tables provide expected recovery periods based on the type of work performed by the individual. The reference graphs reflect the actual experience of many individuals across the spectrum of physical conditions, in a variety of industries, and with varying levels of case management. Selected graphs combine multiple codes based on similar means and medians.

Cited References