

The Association Between Burn Location and Psychological Distress Among Outpatients with Prior Burn Injury

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Introduction

Although there has been extensive research conducted on the psychological effects of burn injuries, little attention has been paid to the relationship between the specific location of burn injuries and psychological distress. Given that burn survivors often experience changes in appearance, physical discomfort, and interruption of daily activities, it is probable that injury location would influence the level of distress among burn patients. It is hypothesized that there will be an association between burn location and psychological distress among adult outpatients.

Methods

- ❖ Participants were pre-screened prior to arriving to the burn clinic. Those who met the eligibility criteria were approached.
- ❖ Exclusion criteria: active psychosis, signs of imminent suicidality or homicidality, active substance use disorder, pregnant, incarcerated, LSUHSC employee/student, UMCNO employee
- ❖ Inclusion criteria: English speaking, age 18 or older, and TBSA \leq 5%
- ❖ Surveys were administered electronically using an iPad.
- ❖ Psychological distress was measured using the following scales: BSHS-Brief, Rosenberg Self-Esteem Scale, PHQ-9, PC PTSD-5, and BAI - PC.
- ❖ Participants were compensated with a \$20 gift card.

Results

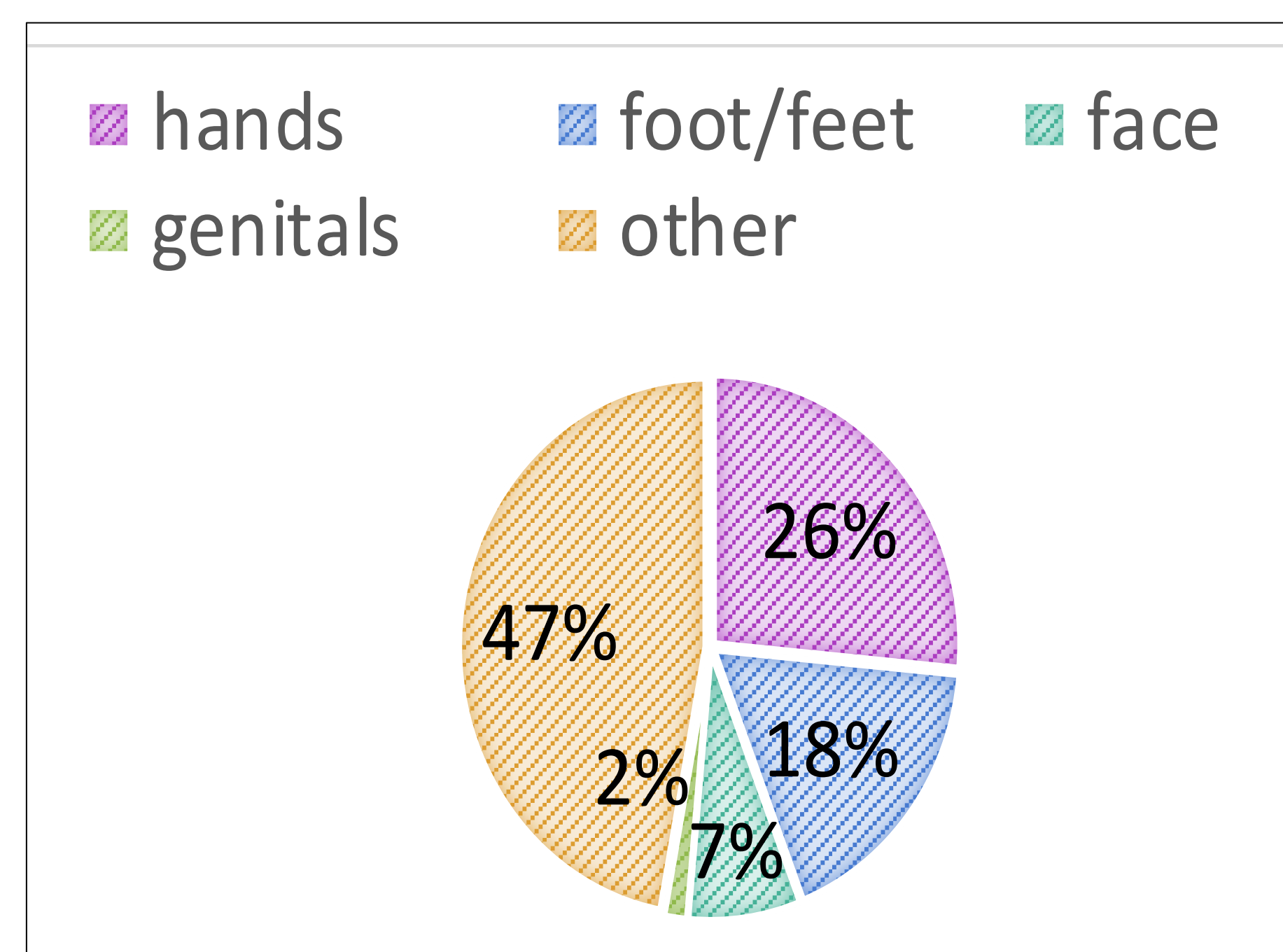


Figure 1 This pie chart illustrates the percentages of burn injury location (hands, foot/feet, face, genitals, and other) amongst the participants.

- ❖ Comparison analysis will include critical areas (hands, feet, face, genitals) versus non-critical areas (all other anatomical locations). Additionally, each critical area will be statistically examined against the entirety of the collected data; for example, data from burns on hands will be compared to burns occurring on all other anatomical locations.
- ❖ At present, 65 participants have been enrolled in the study. There is a projected goal of 75-80 participants, in order to complete the study and obtain sufficient power to detect results. Based on the preliminary results of the study, there appears to be little correlation between the location of burn injury and psychological distress.

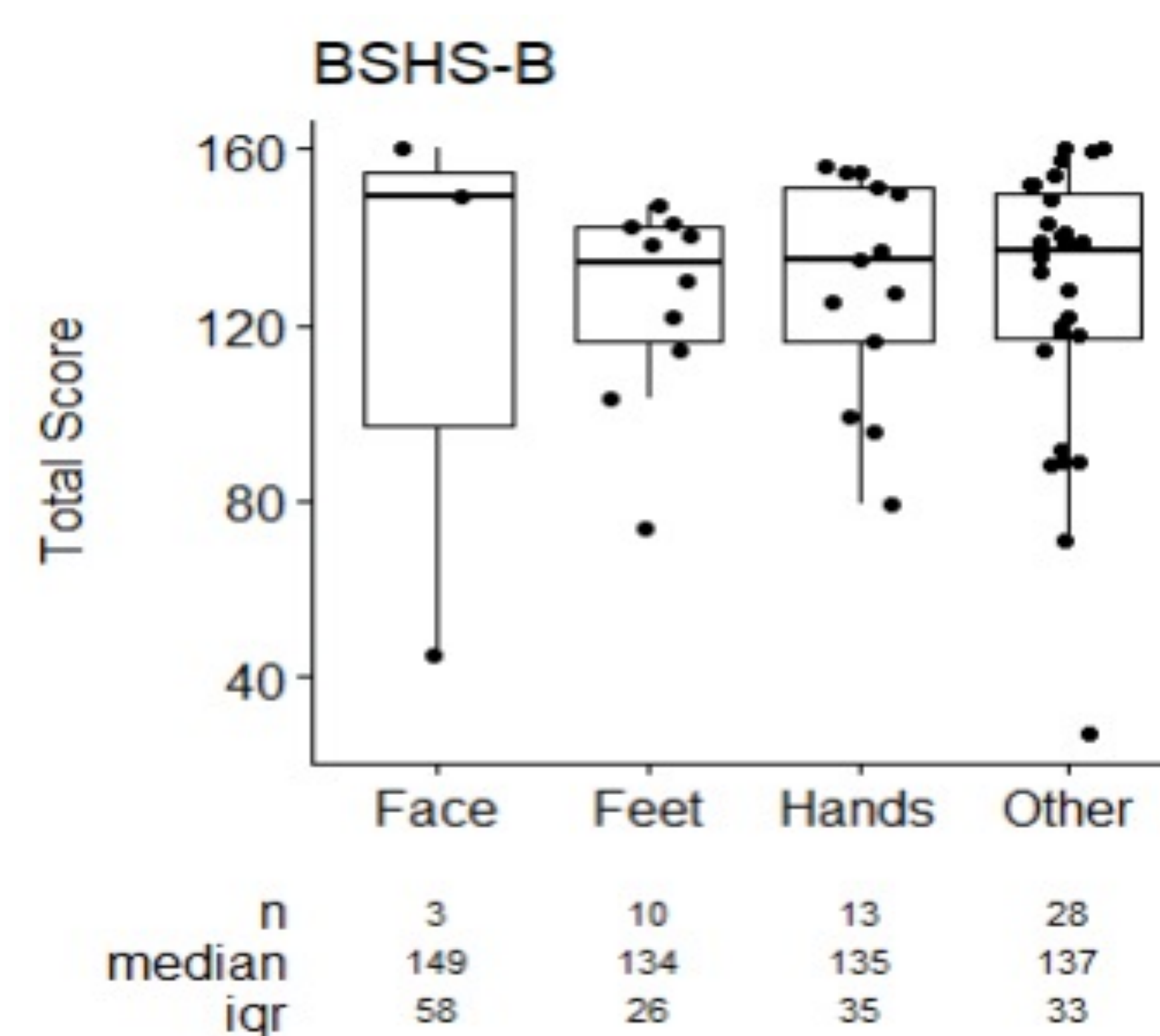


Figure 2 Participants were asked survey questions focusing on the Burn Specific Health Scale-Brief (BSHS-B). Example: "To what extent do you have difficulty bathing independently?"

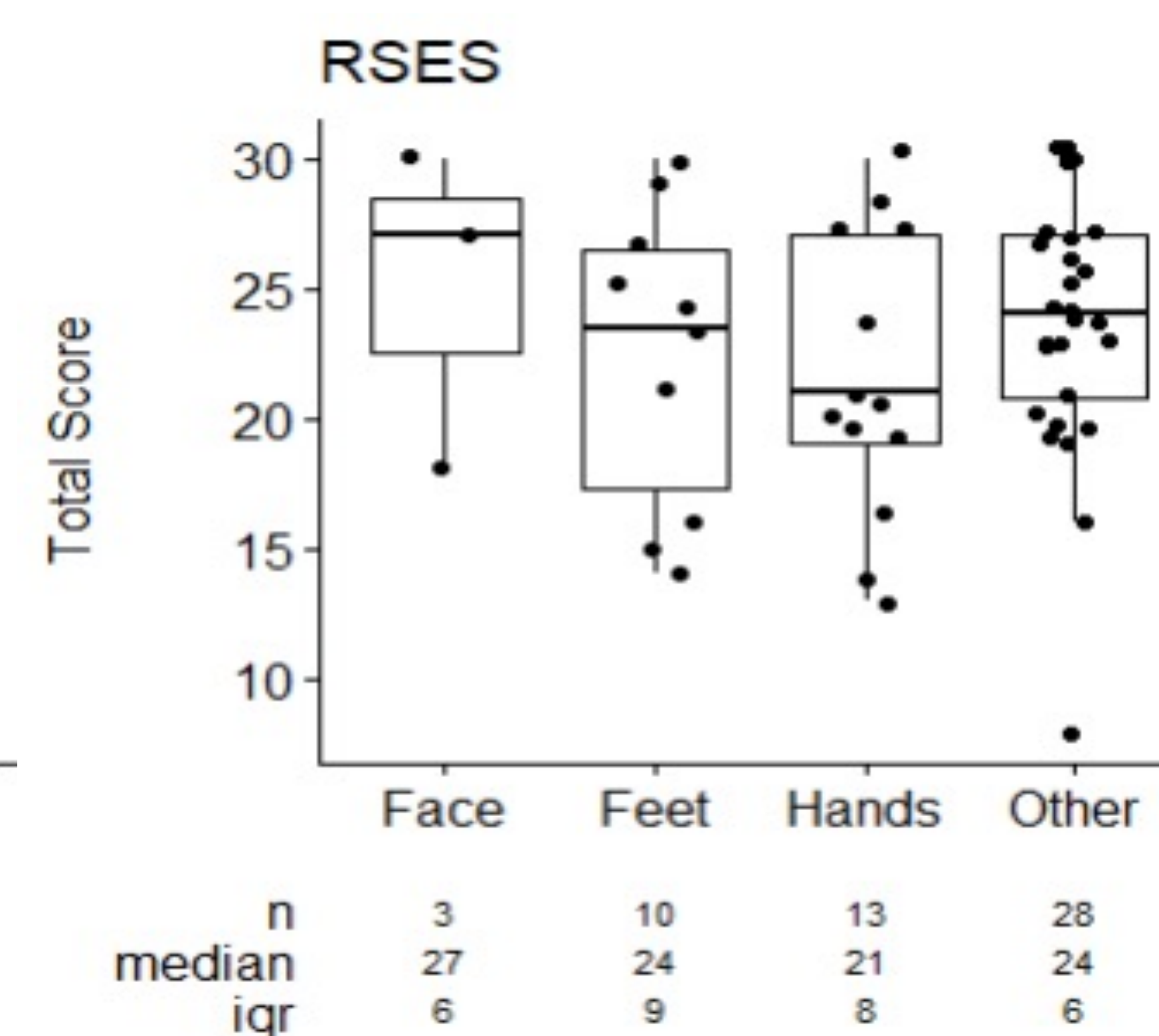


Figure 3 The Rosenberg Self-Esteem Scale was used as an instrument on the study. This was used to measure the self-esteem of the participants.

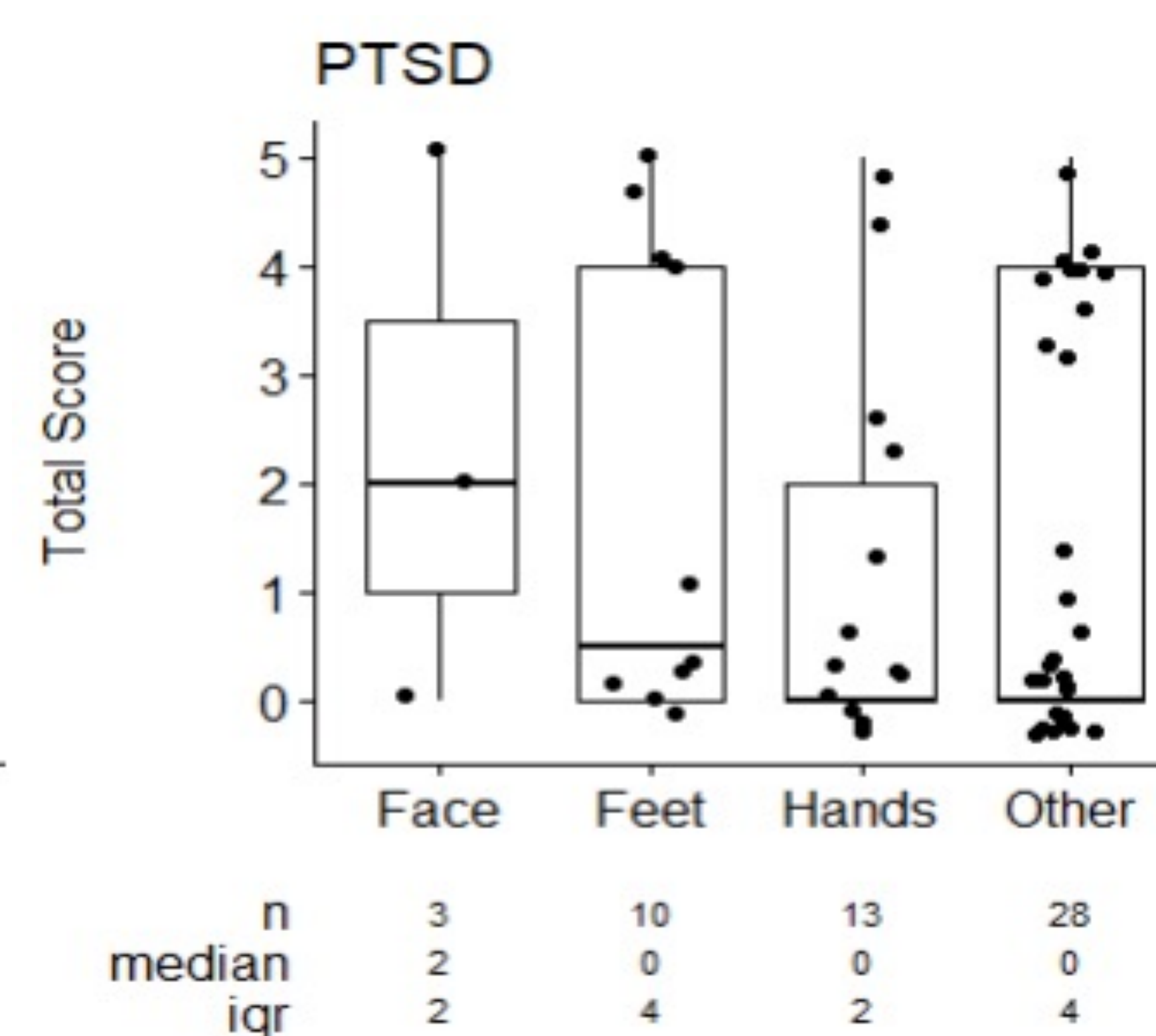


Figure 4 Participants were screened for Post Traumatic Stress Disorder.

Conclusion

Early intervention has been established as a key element for reducing psychological distress. The results of our study thus far seem to indicate that the level of distress, as measured by several assessment tools, is similar regardless of location of burn injury. Although preliminary, these results are contradictory to previous results indicating higher levels of distress for visible injuries, which may suggest the need for further exploration of the association between specific injury location and level of distress.