

# Psychosocial Impact of Common Parasitic Diseases

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Psychosocial dimensions have been recognized as important factors in health and illness behavior.<sup>1</sup> An individual's reactions to an illness will often reflect the attitudes prevalent within the immediate social and cultural environment of that individual. These factors may generate attitudes and actions that communicate acceptance or rejection depending upon the type of illness and its acceptability by the general community. The diagnostic label given to an individual may influence the ability of that individual to function normally within his or her family and social context.

The diagnosis of certain parasitic diseases will often produce a strong negative reaction within a patient, among the patient's family, and in the patient's immediate social environment.<sup>2</sup> Likewise, there may be negative reactions among the medical personnel involved in the care of that patient.

The purpose of this communication is to present three case summaries demonstrating a variety of psychosocial stresses generated by the presence of certain common parasitic diseases.

## Case Illustrations

### Case 1

A 65-year-old woman was seen in the office requesting examination for worms. She reported that she passed a large worm approximately seven years earlier. This had been associated with epigastric distress and vague abdominal discomfort. She reported being evaluated by her family physician and had been treated yearly since passing the worm. She reported, however, that her usual physician, whom she had seen each year, had recently died. She had been seeing another physician the past year because of recurrent complaints of epigastric discomfort. She reported that her new physician refused to treat her for worms. On further questioning, the patient began to cry and stated that she did not want to give worms to her grandchildren. She expressed a deep fear that the infection that she had seven years ago had returned, and she had not wanted to even see her grandchildren because of this fear. She reported that this had caused a great deal of emotional upset for her daughter, who needed her help in taking care of the children so that her daughter could work.

### Case 2

An 11-year-old boy presented to the office with the complaint of head lice. He was brought to the

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office by his mother who worked as a medical technician. The mother's first words were, "I can't believe this is happening, not to my child." There was a general expression of anger and being ashamed. The patient's mother reported that other cases of lice had been reported in the school he attended. She stated that the school officials were to be notified if indeed the patient had head lice. On examination nits were identified. The school nurse was called. The nurse reported that she had no idea of how to look for head lice. She asked what she should do.

### Case 3

Approximately 11 o'clock one evening, a 67-year-old hospitalized man vomited a 22-cm roundworm. The patient had been admitted for evaluation of abdominal pain. The patient notified the nursing personnel immediately. They called a resident physician and placed the patient in strict isolation with gown, glove, and mask precautions. A diagnosis of partial mechanical small bowel obstruction was entertained, and the patient was treated for possible partial small bowel obstruction secondary to a worm bolus.

By morning rounds the word of this occurrence had spread throughout the hospital personnel. Expressed reactions of the nursing personnel were of horror and disgust. Several nurses expressed fear of going into the room with the patient. The hallway outside the patient's room contained several carts for isolation equipment. Warning signs on the patient's closed door were posted for respiratory isolation, fecal, and secretion precautions, and for the need to wear mask and gown.

### Comment

These cases illustrate a series of psychological and social reactions related to the diagnosis of a common parasitic disease. These reactions pro-

duced added problems to the health care obtained by the individual patients and their families. Physical, emotional, and economic considerations point to the need to recognize these often accompanying reactions to parasitic diseases.

First, the emotional impact that "passing a worm" can have on the family may range from complete avoidance to complete repulsion, anger, and guilt. When children are involved, the parents may be the "real patients" and require help to express and deal with these reactions. More distressing for the patient may be the negative reaction of the physician or health care provider when a parasite is discovered, a problem which may lead to added frustration for both the patient and physician. Often, the most devastating feeling is that the patient is dirty, lives in poverty, or is somehow substandard.

Beyond this, the social environment may add condemnation and avoidance. Immediate family members or neighbors may suggest a variety of reasons for how and why a person becomes infected with parasites. Reactions of friends and social contacts may lead to rejection.

Physician and health care provider reactions may add to the problems associated with the diagnosis of parasitic diseases. In case 3, for example, the inappropriate isolation and precautions not only added cost to the patient but also communicated that he had something that needed to be strictly and completely isolated from other humans.

These cases are described in order to help the primary care physician recognize the impact that simple, common parasitic diseases can have on the patient, the patient's family, the physician, and potentially the social community surrounding the patient. It is important that the primary care physician recognize and deal with the emotional and social reactions to the diagnosis of parasitic diseases.

### References

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