



Title	Differential Diagnostics of the Burn-Out Syndrome
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Aim

To answer the following questions: How is burnout diagnosed? Which criteria are relevant? How valid and reliable are the tools used? What kinds of disorders are relevant for a differential diagnosis of burnout? What is the economic effect of a differential diagnosis of burnout? Are there any negative effects of persons with burnout on patients or clients? Can stigmatization of burnout patients or clients be observed?

Conclusions and results

We identified 852 studies. After considering the inclusion and exclusion criteria, and after reviewing the full texts, 25 medical and 1 ethical study were included. No economic study met the criteria.

The key result of this report is that no standardized, general, and internationally valid procedure exists to obtain a burnout diagnosis. At present, it is up to the physician's discretion to diagnose burnout. The basic problem involves measuring a phenomenon that is not exactly defined. The current burnout measurements capture a 3-dimensional burnout construct. But the cutoff points do not conform to the standards of scientifically valid test construction. It is important to differentiate burnout from depression, alexithymia, feeling unwell, and the concept of prolonged exhaustion. An intermittent relation of the constructs is possible. Furthermore, burnout goes along with various ailments like sleeping disorders. Through a derogation of work performance it can have negative effects on significant others (eg, patients). No evidence shows stigmatization of persons with burnout. In most studies, the evidence is predominantly low (most studies are descriptive and explorative). Self-assessment tools are mainly used, primarily the Maslach Burnout Inventory (MBI). The studies seldom include objective data, eg, medical parameters, health status, sickness notes, or judgments by third persons. The sample construction is coincidental in the majority of cases, and response rates are often low. Almost no longitudinal studies are available. Results are insuff-

icient regarding the stability and duration of related symptoms. Studies regularly neglect the ambiguity of the burnout diagnosis.

Methods

Health technology assessment, systematic review, social/ethical implications consideration, search of 36 data bases were the methods used.

Further research/reviews required

The authors conclude that: 1) further research (particularly high-quality studies) is needed to broaden the understanding of burnout syndrome; 2) a definition of burnout syndrome has to be found that goes beyond the published understanding of burnout and is based on common scientific consent; 3) a standardized, internationally accepted, and valid procedure for the differentiated diagnostic of burnout need to be found; 4) a third party assessment tool for diagnosing burnout needs to be developed; and 5) the economic effects and implications that burnout diagnostics have for the economy, health insurances, and patients need to be analyzed.