REFERENCES

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In Reply:
Our review article has stimulated a lively and controversial discussion, which underlines the relevance and current importance of the subject.

Breitenbürger correctly points to a series of circumstances and conditions that may increase burnout symptoms, among others, in doctors as a professional group. As far as possible therapeutic approaches are concerned, we mentioned in our article a general approach not limited to any specific school (p 786). The personal experiences with psychoanalytically oriented psychotherapy as described by Wankelmuth could easily be subsumed here.

In response to Wolf, we wish to point out that the primary objective of our article was not to provide a comprehensive explanation of the neurobiological causes of burnout, which at this point in time would be premature owing to a scarcity of data. We wish to point out, however, that the first author of the article, with his working group, conducted studies of the function of the autonomic nervous system in affective disorders on the basis of heart rate variability and a detailed questionnaire test. This approach was independently developed by Hellhammer et al (1) in the form of the “neuropattern” as well as by our own working group in a slightly different form (2). On the basis of the tests, four characteristic subgroups of burnout are found:

- Subjective “exhaustion”, but biological resources are intact
- Exaggerated uptake of noradrenaline
- Lowered concentrations of the “stress brake” serotonin
- Exhaustion of the adrenal production of cortisol

This differentiation opens up targeted individual integrated measures, such as behavioral therapy, stress processing techniques and relaxation techniques, and substitution of deficient biological substrates. Epigenetic, neuroendocrine, immunological variables, which have a sustained effect, should also be included in the reasoning.

Burnout should be considered in a more differentiated manner and, in view of the rapid increase of psychiatric illnesses, should be approached by using modern scientific-holistic methods.

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REFERENCES

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The letter by Wehling et al introduces an additional, interesting perspective—namely, that of medical sociology. The example of burnout serves excellently for studying the medicalization and development of an illness identity. However, this should not be confused with the status of an illness identity in the medical sense.

We welcome the fact that the German Association for Psychiatry and Psychotherapy (Deutsche Gesellschaft für Psychiatrie, Psychotherapie und Nervenheilkunde, DGPPN) has issued an invitation to a capital symposium on burnout and has set up a task force regarding the subject.

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REFERENCES

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Conflict of interest statement
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The other authors declare that no conflicts of interest exist.