Pain Management: A Psychological Perspective

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"Pain is inevitable. Suffering is optional." Haruki Murakami

Agenda

Disclosures

Objectives

Pain Psychology

Mental Health

Substance Use Disorder

Treatments

Tips/Challenges

Case

References

Disclosures

- *Dr. Buth-Croes indicated no potential conflict of interest to this presentation. She does not intend to discuss any unapproved/investigative use of a commercial product/device.*

Objectives

- Describe the role of pain psychology
- Identify psychological considerations for pain management
- Awareness of psychological treatment options and resources to help chronic pain patients

What is Pain Psychology?

- The pain is **REAL**
- Pain is both a sensory and emotional experience
- Pain Psychology
  - learn techniques to better regulate sensory experience
  - looking at how our thoughts and emotions influence our daily choices and behaviors which in turn also impacts pain.
  - Helpful question: Why do you think this pain is persisting?

What psychological comorbidity is the most common with chronic pain?

- A) Anxiety
- B) Depression
- C) PTSD
- D) Somatic Symptom Disorder

Mental Health and Chronic Pain

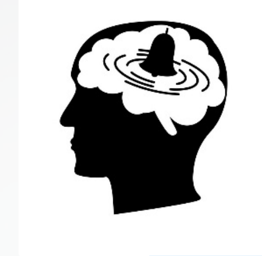
- Physical and psychological symptoms increase together
  - .5 correlation with psychological distress and physical symptom checklists (Watson & Pennebaker, 1989)
- WHO study: 22% of patients with chronic pain, **4x** more likely to have depression or anxiety disorder
- Patients with CP are at an increased risk for depression, suicide, and sleep disorders (Klieber, Jain, & Trivedi, 2005)
  - Patient with CP and depression are **2-3x** more likely to attempt suicide
  - 32% of CP patients report some degree of suicidal ideation (Nekovarova et al, 2014)

What comes first? The chicken or the egg? Choose answer that is the *most* true.

A) Depression tends precede pain
B) Anxiety tends to precede pain
C) Depression and anxiety together precede pain
D) Nothing precedes pain
E) I am not paying attention

Mental Health Disorders and Pain

- **Depressive Disorders**
  - Pain precedes depressive symptoms (Polatin, 1993)
  - Norepinephrine and serotonin
  - Poorer treatment outcomes
  - Greater disability (Gatchel et al,1995)
  - Increased suicide risk



- **Anxiety Disorders**
  - Anxiety (and SUD) precedes pain
    - Generalized Anxiety Disorder
    - Illness Anxiety Disorder
    - Post Traumatic Stress Disorder
      - 20% of CP meet criteria for PTSD (Sigveland et al, 2017)
      - More common with widespread (rather than localized)
      - High prevalence of childhood trauma (Goldberg et al, 2009)

Mental Health and Chronic Pain Continued…

Somatic Symptom Disorder (formerly somatoform disorder)

- Pain subtype

Personality Disorders

- Borderline Personality Disorder – more common in CP (Sansone & Sansone, 2012)

Substance Use Disorders

- SUD (and anxiety) precedes pain

Substance Use and Chronic Pain

- 3-48% CP patients met criteria for SUD (Morasco et al., 2011)
  - SUD had higher doses of opioids and there was no significant difference in treatment effectiveness with CP & SUD and just CP
- Depression may increase risk of opioid misuse (Manchikanti, et al 2007)
- Looking for patterns

Contraindications for Chronic Opioid therapy

- Refusal to allow access to past medical information
- Active Substance Use Disorder
- Early remission of Substance Use Disorder

Cautions for Chronic Opiate Therapy

Major Depression

- 38% of patients on chronic opioids meet criteria for Major Depression- (Sullivan, Von Korff, Banta-Green, Merrill, &Saunders, 2010; Baldini, Von Korff, & Lin, 2012)

Previous suicide attempts

- Especially if the method was prescriptions medications

Substance abuse history

- Only about a third of people who are abstinent less than a year will remain abstinent.
- For those who achieve a year of sobriety, less than half will relapse.
- If you can make it to **5 years** of sobriety, your chance of relapse is **less than 15%.** (Dennis, Foss, & Scott, 2007).

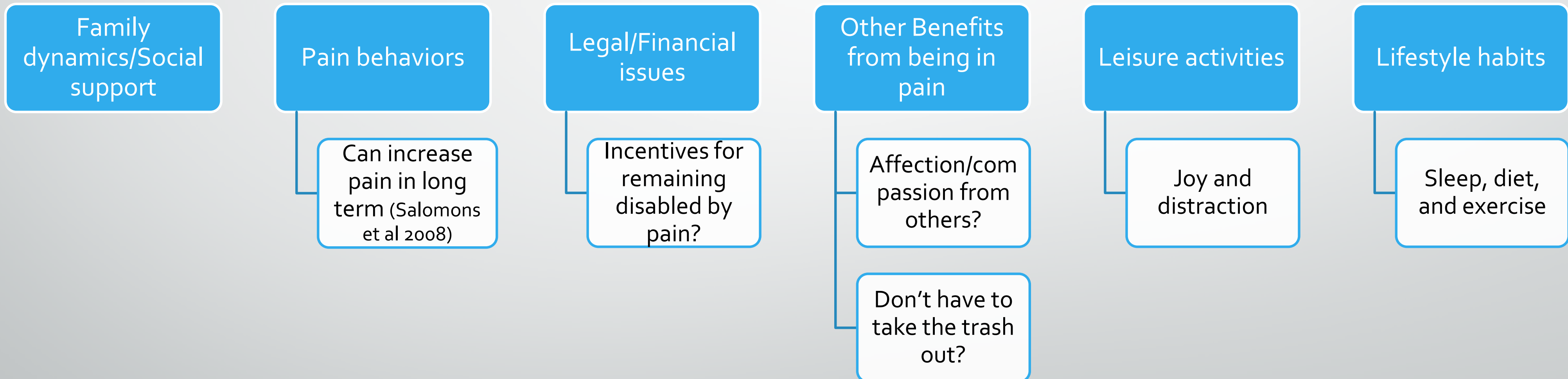
Cautions Continued: Substance Use and Pain

- A strong preference for opioids with higher abuse liability (e.g. hydromorphone)
- Inquire into:
  - Lost or stolen medications.
  - Early refills.
  - Polypharmacy.
  - Use of sedatives and stimulants.
  - Problems controlling use of prescribed medications.
  - Double doctoring

Brief Screeners/ Assessments

- Opioid Risk Tool (Webster, 2005)
- Screener and opioid Assessment for Patients with Pain-Revised (SOAPP-R; Butler, 2007)
- Diagnosis, Intractability, Risk Efficacy (D.I.R.E.)
- Current Opioid Misuse Measure (COMM)

Other psychological considerations:



Psychological Treatment options

- Cognitive- Behavioral therapy for Chronic Pain
- Biofeedback
- Relaxation training
  - Autogenics, diaphragmatic breathing, progressive muscle relaxation (PMR) and guided imagery
- Acceptance and Commitment Therapy
- Trauma Processing- EMDR, CPT, PE
- Motivational Interviewing
- Mindfulness Training

Helpful tips for Difficult conversations

- Normal to fear change
  - Empathize and validate the emotions
- Look for change talk (motivational interviewing technique)
  - **D**esire
  - **A**bility
  - **R**easons
  - **N**eed
  - **C**ommitment
  - **A**ctivation
  - **T**aking Steps
- Power of **AND** (versus but)

Challenges

- Patient doesn't want to change
  - Their life, their decision
  - Never work harder than the patient
- High emotions (sometimes on both sides) – anxiety, anger, irritation, frustration, depression
- Time constraints (and these are complex patients)
- Contextual/Cultural/Social challenges

Tools and resources

Explaining Chronic Pain to Patients

- YouTube Video: Tamethebeast.org
  - https://www.youtube.com/watch?v=ikUzvSph7Z4&vl=en
- Book: *Why do I hurt* by Adriaan Louw
- NAMI.org and SAMSHA - mental health and SUD resources

Relaxation and Mindfulness Applications/Websites

- Breathe2Relax and Tactical Breather- Diaphragmatic Breathing
- CALM – meditations
- CCF Stress Free Now
- Mindfulness Coach
- Headspace
- Stopbreaththink.org
- http://marc.ucla.edu/mindful-meditations - free guided meditations in English and Spanish

Tools and resources continued

Mental Health/SUD brief screeners

- Depression: PHQ-9, BDI-2
- Anxiety: GAD-7, BAI
- PTSD: PC-PTSD
- Substance Use: CAGE, AUDIT (alcohol specific)

Other

- Book: Full Catastrophe Living –Kabat Zinn (MBSR)
- Book: Headache in the Pelvis –Wise and Anderson (Chronic Pelvic Pain)
- Book: You are not your pain –Burch and Penman (Mindfulness)
- Book: Motivational Interviewing in Health Care -Rollnick, Miller, and Butler
- Website: https://oregon.providence.org/our-services/p/providence-persistent-pain/persistent-pain-toolkit/
- Website : http://healthinsight.org/relief-plus

Case:

- Sally is a Caucasian 55 year old chronic pain patient. She has a 20 year history of low back pain from a work related injury. She has a history of childhood physical abuse perpetrated by her father. She has a history of anxiety and depression with suicide attempts. Currently, she is endorsing moderate depressive symptoms that have been exacerbated by her pain experience. She also has a substance abuse history with her primary drug of choice being alcohol. She has been sober for about 6 months. She has been out of work for about 1 year and she has applied for SSDI.

What type of candidate is Sally for Opioid pain medications?

- A) Poor
- B) Fair
- C) Good

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