

Chronic Pain

What is Pain?

Definition of Pain by IASP (1973)

“Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.”

Pain can be either acute or chronic:

Sometimes pain can be a useful warning sign to our bodies, that we have gone beyond our bodies limitations. Pain may be a signal that the body has been harmed or damaged. However, the pain signaling system at times can be unreliable. Sometimes, damage is being done to the body, without any feelings of associated pain (e.g., some forms of cancer). Conversely there are common conditions such as back pain, fibromyalgia and migraine headaches, in which little physical pathology can be detected, though an individual reports experiencing high subjective pain. There are also a number of conditions in which the pain system provides misleading signals, wherein a patient may feel pain in one area, but the damage is elsewhere.

Acute vs. Chronic Pain

Acute	Chronic
Time-limited	Persists >6 months
Normal healing process	Persists beyond normal healing process
Associated with physical trauma-break, strain, sprain	Limited in physical pathology
Clear explanation (cause)	No clear explanation of pain; no ongoing injury or damage and pain you feel is not related to amount of damage
Pain nerves send signals to spinal cord and pain is perceived	Pain nerves and pain system are damaged
Pain is described as physical: hurtful, stabbing and is signal that your body is damaged	Changes occur in multiple systems of your body, your nervous system, and your brain that control the pain message, increasing the frequency, intensity and duration of the signal
Gets better with time and medical care. Expected to go away entirely.	Pain is placed in an emotional context, described as wrenching, grueling, frightening→the emotions then intensify the pain
Pain is considered a warning signal for action (pull hand away from stove) or rest (after sprain/strain/break)	pain is a problem that does not respond well to traditional treatments

How do Psychosocial factors play a role in pain?

Studies have shown that between 30 and 50 percent of individuals with chronic pain also suffer from mood disorders such as depression and anxiety. In addition, psychosocial factors, including pain related catastrophizing and pain coping are strongly associated with pain interference and with pain intensity.

How does anxiety influence pain?

Anxiety can also increase pain. Psychologically, an individual's belief about pain or pain treatment contributes to management. As Waddell notes, "Fear of pain and what we do about it is more disabling than pain itself." Individuals who are more fearful are more hypervigilant to symptoms and may misinterpret symptoms. The fear increases physiologic arousal and subsequently increases the pain experience. Many variables go into a person's perception of pain including what the pain means to them and the context in which the injury occurred.

What other psychological conditions are associated with chronic pain?

Chronic pain is multifaceted and affects many areas of one's life. It can cause sleep problems, feelings of helplessness, and worthlessness related to work or financial issues, sexual dysfunction and tension, which can all lead to depression. In addition, individuals may experience relationship problems (i.e. at work, at home, with friends) as well as withdrawal from social and recreational activities.

Should I avoid physical activity if I have chronic pain?

Pain related fear and avoidance are major contributors to the overall suffering, dysfunction, and disability associated with chronic pain. As Vlaeyen describes in the fear-avoidance model of pain, individuals avoid movement and physical activity due to the fear that activity will increase the pain. As pain perception, anxiety, and inactivity increase, so does deconditioning (see Figure 1). Thus contributing to the vicious pain cycle where pain leads to deconditioning, which in turn leads to inactivity, further contributing to deconditioning and hence continued pain (see Figure 1). This fear-avoidance pain cycle strongly correlates with future disability and the extensive use and cost of health care services.

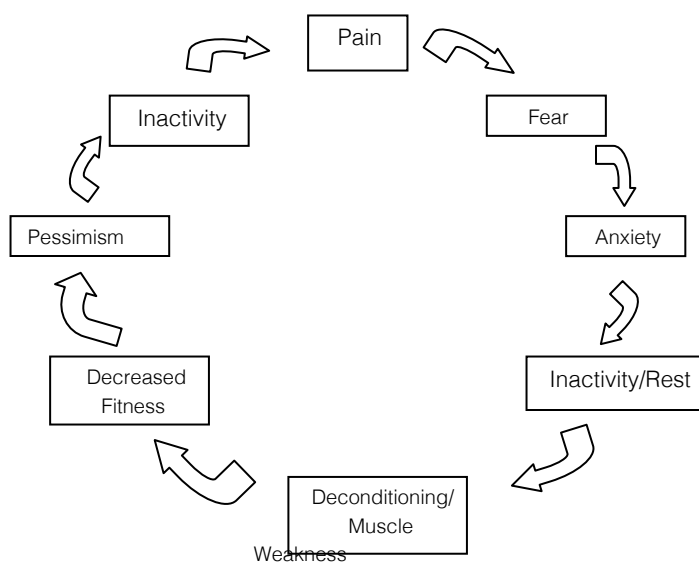


Figure 1: Downward Cycle of Inactivity. Sullivan, 2009

How do we treat the psychological complexities associated with chronic pain?

The treatment of chronic pain is multifaceted. Comprehensive and integrated care by way of a pain management team is often the most effective approach. Treatment may involve medication, physical therapy and psychology to name a few. These approaches can help to add exercise, meditation, deep breathing, and healthy diet, which can lead to improvements in pain coping.

Why would I see a psychologist for pain?

Psychologists who specialize in the treatment of chronic pain are highly specialized and may utilize the following treatment approaches:

- Cognitive behavioral therapy to help patients develop coping skills to better manage pain
- Relaxation training to reduce the stress response that worsens pain and increases the symptoms of depression and anxiety
- Hypnosis to help reach a more relaxed state and allow for positive suggestions
- Exercise and physical activity to boost mood, improve pain and increase functioning
- Psychological self-help and support groups
- Psychoeducation for the patient and family

In Summary:

Pain that persists beyond 3 months and past the normal healing process of the body is referred to as chronic pain. A person with chronic pain will experience symptoms for the rest of his or her life. It is important to learn ways to manage pain effectively and maintain or improve overall functioning. Pain is a multifaceted problem and can infiltrate many areas of life including: mood, health, career, family, relationships, hobbies, sexual functioning and social activities. There are effective ways to better manage chronic pain including efforts to treat depression, anxiety and other psychological difficulties, and patients need to be encouraged to engage in activities rather than withdraw from them.

Reference:

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- Sullivan, 2009, Role of exercise in managing chronic pain, Pain Clinic, 19(6), 263-269
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