

Psychiatric aspect of pain and approach (Lesson learned)

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What is Pain

‘An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage’

(International Association for the Study of Pain)

Common Psychiatric problems associated with pain

- Depressive Disorders are ranked third in terms of disease burden as defined by the World Health Organization (WHO, 2014)
- Depression was the leading cause of disability world wide (WHO, 2012)
- Estimates for rates of depression for people with chronic pain- between 30% and 54% (Banks & Kerns, 1996)
- Estimates for rates of anxiety for people with chronic pain- between 20% and 40%

(Asmundson & Katz, 2009)

Prevalence of chronic pain

- 116 million American adults experience some form of chronic pain (Jensen, et al., 2014)
- A review of the data- chronic pain more prevalent than heart disease, diabetes, and cancer combined (Jensen, et al., 2014)
- Chronic pain in adults over 65- between 47%-63% (Tsuag et al.)

Impact of Depression and pain

Patients with depression and chronic pain:

- Tend to have higher pain scores
- Report feeling less in control of their lives
- Use avoidant coping strategies
- Adhere less to treatment plans

- Have greater interference from pain, including more pain behaviors
- Respond less well to pain treatment unless the depression is addressed

(Substance Abuse and Mental Health Services Administration, 2012)

Jarvik, J. et al. 2005- Greatest predictor of back pain 3 years after initial imaging study- depression at baseline- 2.3 times more likely to have back pain

Suicide

- In patients with chronic pain suicidal risk “appeared to be at least doubled” (Tang & Crane, 2006)
- People with chronic pain more likely to attempt and commit suicide, not explained by co-occurring substance abuse disorders or mental disorders

(Braden & Sullivan, 2008)

Anxiety

- Common with patients experiencing chronic pain.
- Often co-occurs with depression, (2/3 of anxiety disorders also have co-existing mood disorder present), but anxiety can present without depression
- Patients with chronic pain and trauma, have increased rates of both anxiety and anxiety disorders

(Dersh et al., 2002)

- Women with fibromyalgia 4-5x's more likely to have a diagnosis of Obsessive compulsive (OCD), PTSD, or Generalized Anxiety Disorder during their lifetime.
- Anxiety impacts functioning and may make patients less able to participate in pain management treatment

(Substance Abuse and Mental Health Services Administration, 2012)

Post-Traumatic Stress Disorder

- Chronic Pain and PTSD frequently co-occur
- Pain is one of the most commonly reported symptoms of patient's with PTSD
- PTSD symptoms are especially common in patients who have chronic pain and have high pain scores and high pain affect with high pain interference

Asmundson (et al., 2002)

Impact of Abuse (Both Sexual and Physical)

- Abuse history is more prevalent with individuals with chronic pain (Davis et al. 2005)
- Individuals with chronic pain and an abuse history also have poorer;
 - Adjustment to pain
 - Higher health service usage
 - More psychiatric diagnoses

(Bailey et al., 2003; Fergusson, D.M. et al. 2002)

Chronic Pain and Substance Use Disorder

- 32% of patients with chronic pain may have addictive disorders (Chelminski et al., 2005)
- 29-60% of people with opioid addiction report chronic pain

(Substance Abuse and Mental Health Services Administration, 2012)

Treatment

- “The goals of chronic pain treatment most often include, along with reduction of pain relief of associated symptoms such as anxiety, depression, or sleep disturbance and increased function in valued social, vocational, creative and recreational roles.”

(Savage, et al. 2008)

Psychobehavioral Treatment

- Cognitive behavioral therapy indicated in the following conditions ;
 - Fibromyalgia
 - Low back pain
 - Rheumatologic pain
 - Headaches

CBT Techniques for Chronic Pain

- Recognizing cognitive triggers, limiting beliefs, cognitive distortions, learning to reframe and restructure
- Problem solving
- Psychoeducation related to pain, mechanisms of depression and anxiety
- Relaxation techniques (Breathing, Progressive Relaxation, Imaginary etc.)

PHQ-9- A Screener

- Allows providers to quickly identify patients experiencing symptoms of depression.
- Good idea to use a screener for depression
- Depressive disorders are common and often go unrecognized
- Can lead to screening for suicidal ideation
- Primary care physicians missed depression 30-50% of the time (Simon, G.E. et al., 1995),

40% of patients who completed suicide had been seen by their primary care physicians the month before (Luoma J.B., et al., 2002)

Lesson learned

“The good physician treat the diseases while, the greater physician treat the patients who has the diseases”

Osler

THANKS