PSYCHOLOGICAL FACTORS IN PAIN

YOU ARE NOT GOING MAD!!

Chronic pain should be considered as a disease. It has been defined as pain persisting after usual length of time due to injury or illness (6 months). Chronic back and neck pain are the cases I see most often. Chronic pain may be due to an ongoing process such as injury, arthritis or cancer, due to central processes e.g. after a stroke, or maybe a result of psychological, personality and social processes. Most chronic pain states share key features; the pain is poorly localised, feels dull, may burn or ache and is unbearable.

Almost every person with chronic pain feels miserable, depressed, unhappy, tired, hopeless, not interested in sex and scared – You're not the first person to be feeling like this!

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Drug Dependence

Often exists in people with chronic pain. Opiate medications (Panadeine forte, Oxycontin etc.) are the main problem, however benzodiazepines and over the counter medications are also overused. Chronic pain states may be worsened by drug dependence, and reduction of opiates should be a priority. Opiates are useful if all else fails but their use should be rational and targeted.

Anger - may be expressed outwardly by aggression or violence, but often is seen as resentment, passive aggression, non-compliance or self-harming behaviour. Anger compounds the anxiety and depression associated with chronic pain and has a negative effect on social functioning.

Depression - is strongly associated with chronic pain. Between 50 -70% of patients are depressed. For the vast majority of patients it is intertwined with the pain in a complex relationship. Depression is directly related to pain symptoms, physical function and psychosocial processes.

Anxiety - traits strongly influence both the experience of pain and the behaviour observed in patients with chronic pain. Anxiety may predate chronic pain but often is exacerbated or raised to significant levels by chronic pain.

TREATMENT ...

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Treatment of depression and anxiety associated with chronic pain includes medication, supportive psychotherapy, professionally or other (family, church or community). Education and cognitive therapy enables you and your family to understand, recognise and cope with these symptoms. An exercise programme is often helpful.

Treatment of anger includes general measures aimed at improving overall psychological management and specific programmes with a cognitive behavioural approach combined with relaxation techniques.

1. Medication
2. Psychotherapy
3. Education
4. Cognitive Therapy
5. Exercise

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For bookings phone 0412 234 301 or 07 3393 2001 (Option 4) and ask for the program manager, Emily.

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