Chronic pain, for many, is a problem that eludes an easy fix. The challenge of finding an adequate treatment, even for common types of pain, underscores the role that psychosocial variables play in causing, maintaining, exacerbating, and mitigating pain symptoms, pain severity, and physical function. These factors, more than the pain source or type, affect coping and adaptation, resilience, and emotional responses. Psychosocial factors also play a role in a patient’s openness to treatments and compliance with treatment plans.

- Bob was injured in an industrial explosion and suffered numerous injuries resulting in the amputation of both legs just above the knee.
- Lori’s parachute malfunctioned, and she fell 10,000 feet with minimal chute support, landing in a deeply plowed soybean field. She broke her back at L1-L2.
- Kelly has migraines of increasing frequency and intensity such that she misses 5-10 days of work per month.
- Jim is 70 and reports severe knee and ankle pain.

All of these patients have debilitating pain. Those in a clinical role will understand immediately that the pain management plans for each of these patients will be different, dictated by not only their pain complaints but by the psychosocial context of their pain. Consider the difference it makes in the conceptualization of a pain plan to know that Bob was newly married when his accident occurred at age 48, that he suffers from serious PTSD and anxiety. Lori was 16 when she suffered her injuries, later traveled widely in Europe, married, has a child but is now debilitated by episodes of paroxysmal pain. Kelly is the single mother of two children under the age of 10, the first of her siblings to graduate from college. She is proud, independent, and prefers natural therapies. Jim is a POW Viet Nam veteran who has been disabled with depression. He currently abuses alcohol. The clinician’s assessment of pain will be influenced further by knowing each patient’s history of trauma, examples of resilience or self-discipline in their past, personal loss histories, future goals, and family coping patterns.

Louis Gifford, an internationally renowned expert in pain treatment and management, succinctly described the importance of acknowledging and assessing the psychosocial complexities of pain:

“A clinician unacquainted with the complexity of the pain experience will regard painful conditions as either psychological or pathological; a more informed clinician will unconsciously ascribe a percentage to each area; but an enlightened clinician will see pain as a dynamic interaction between a multitude of influences and manage it accordingly and appropriately.”

A few thoughts in summary:

- Pain is a complex, multidimensional sensory experience that varies in quality, strength, duration, location, and unpleasantness.
- The severity or unpleasantness of pain is not directly related to the nature and extent of tissue damage. It’s not that simple.
- Psychological factors, such as the situational and emotional factors that exist when we experience pain, can profoundly alter pain perceptions.
• Health care clinicians’ beliefs about pain bias their assessments of pain patients and their selection of treatment methods.

• If you need assistance in assessing a patient with complex psychosocial contributors, consider referring your patient for a psychological assessment. Psychological evaluations focus on the emotional distress and maladaptive behaviors that accompany chronic pain; they also provide the clinician and the patient with individualized cognitive and behavioral self-management strategies that may reduce their perceptions of pain and related disability and enhance their self-efficacy. As a result, psychological assessments have become standard in chronic pain treatment.

• Consider referring your patients for behavioral health interventions. Two strategies have demonstrated efficacy in pain patients, especially in tandem with other wellness strategies – diet and appropriate medication. These two strategies are 1) cognitive behavioral therapy and 2) mindfulness. Mindfulness for pain patients is appropriate as a recommendation for most patients. This compassionate programming teaches patients how to manage the suffering, fear, and despair associated with pain, and how to reclaim a full, rich life.

For additional information, contact your local behavioral health/behavioral medicine services.

Submitted by: Gina Koeppl, PhD, Director, Behavioral Health – North Region

For questions, contact Peggy Lutz, Service Line Director, Pain Management Peggy.Lutz@ascension.org or Robert Sedlacek, MD, Family Medicine, Merrill Robert.Sedlacek@ascension.org