

EDITORIAL VIEW

PAIN MEDICINE

Why we need pain psychologists / pain psychiatrists as integral part of every pain clinic?

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The term 'chronic pain' itself is often multifaceted, and for many patients with this condition it exacts a toll on physical and psychological well-being. Yet most conventional pain management methods do not take into account the massive role mental health plays in pain sensation and healing. The current paper promotes for a specially trained pain psychologist and psychiatrist role in the pain clinic, concentrating mainly on emotional, cognitive and behavioral part of the composite psychological-biological-environmental model controlling chronic pain. Treatment with pharmaceuticals has a high cost to both the patient and the healthcare system. While psychological interventions (cognitive behavioral therapy [CBT], mindfulness) have shown better outcomes in coping skills, stress reduction and in improving the quality of life. Pain psychiatrists overall are responsible for treating the mental health comorbidities, such as depression and anxiety which tend to worsen with chronic pain. In addition, they address the common problems of opioid dependence and substance abuse in chronic pain patients. Although such integration has numerous advantages, there are several hurdles that must be overcome, including the compartmentalization of healthcare, stigma and lack of access to mental health experts. Parity in participation was seen as key to the future of pain management, which will continue to evolve and be delivered by multidisciplinary teams using novel digital health tools that support holistic patient-centered care.

Keywords: Chronic pain; pain psychiatrists; pain psychologists; mindfulness; opioid dependency; mental health; cognitive behavioral therapy; multidisciplinary teams; interdisciplinary pain management.

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INTRODUCTION

Pain is one of the most widely discussed areas in the field of healing and its management is important because pain has an enormous effect on a patient's health status. Much like any other issue, pain, more specifically chronic pain, can interfere with the physical, emotional and social aspects of an individual's life which makes it important to manage it as best as possible. ¹

Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage. ² It works as a trigger of sorts sent out by the body regarding any sort of injury

or threat. While protection is the function of pain, the metric differs in the magnitude and perception of each individual. Pain or discomfort can appear as acute pain, which consists of sharp pain, and then the duration is short and superseded as healing proceeds or it can be chronic pain or a stage of the recovery process which persists for many months or years even after injury repair. So another mechanism used to group pain is its affectivity for example, Nociceptive pain which occurs after inflammation and damage to the body or neuropathic pain which follows damage of the nervous system. ³

The Biopsychosocial Model of Pain Management:

Pain is a multidimensional experience and many factors affect the pain experience such as biological, psychological and social.⁴ Pain is a multifaceted phenomenon, with origins in stimuli (tissue injury directing Nociceptive pain), networks (nerve damage leading to neuropathic pain), and personal dynamics (psychogenic pain). Nociceptive pain is a result of physical injuries, whereas neuropathic pain results from nerve damage due to diseases such as diabetes or multiple sclerosis. Psychogenic pain: Psychogenic pain is triggered by psychological or mental stress. Chronic pain, as well as fibromyalgia (which is one the chronic pain conditions of them all) could have many or indistinct areas. Opioids are unlikely to be effective in managing patients without such approach, the correct framework for understanding pain and its origin being a biopsychosocial model. By understanding these varied beginnings of excessive skin, treatment may be focused to better outcomes.

A pain center adopting multiple specialties for the treatment of chronic pain. Most of them have what they call multidisciplinary pain clinics where, in addition to devising treatment plans including medicines for the problem of pain, there is also psychological counseling and physical rehabilitation encouragement and even lifestyle adjustments. Patients are more likely to ameliorate the pain and discomfort in activities as well as improve their quality of life. This interdisciplinary approach, dictated by a complex biopsychosocial model, is regarded as the standard of care for secondary pain centers treatment and for non-responders of multimodal therapy.⁵

Pain management encompasses various strategies and techniques such as psychological approaches because

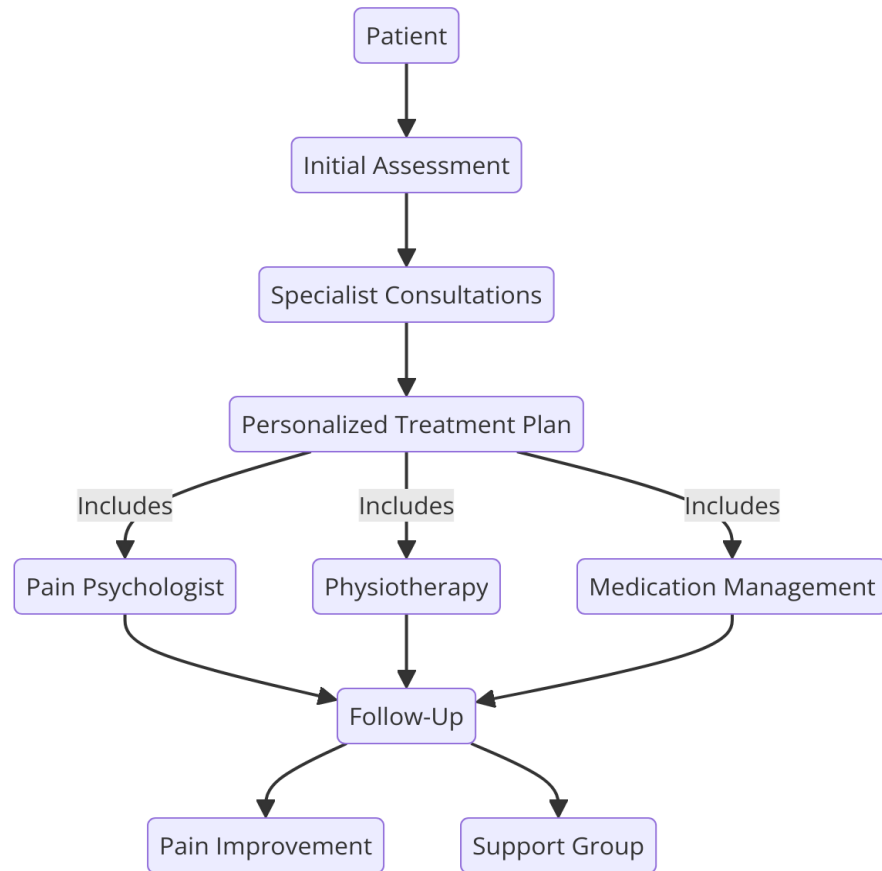


Figure 1: Flowchart outline of a multidisciplinary approach to the pain management

pain experience also involves emotional, cognitive and behavioral components. Pain management integrates also psychological techniques owing to the fact that emotions and thoughts affect the perception of pain.⁶ Interventions such as cognitive behavioral therapy (CBT) and mindfulness are useful in pain management because they deal with the psychological and emotional aspects of pain. These strategies help enhance coping mechanisms, lessen stress and lead to better results in the management of pain.

The Psychological Impact of Chronic Pain:

The psychological effects caused by chronic pain are said to be at the very least severe. They do not only affect physical aspects but even mental and emotional well-being. Above the physical effect, chronic pain patients may face more pain. Emotional pain that may evolve into anxiety, depression, frustration, and other conditions seeking a source.⁷ This pain can reinforce the pain

perceived because emotional pain always makes the body feel worse than physical pain, and vice-versa, and makes this vicious circle hard to change. Mental health of chronic pain patients gets even more impaired by hopelessness and low quality of life which may render standard therapies less effective. It is still very important to consider the way chronic pain affects emotional state while treating such patients. For ordinary pain relief, the therapeutic aspects of painful chronic disease should be sought as well. Chronic pain patients frequently experience emotional pain that—on top of the physical pain they experience on a daily basis—is disturbing and depressing.⁸

There is an interrelationship fully developed between pain, anxiety, and depression such that each perception reinforces the others. Chronically painful conditions cause depressive symptoms and anxiety, essentially creating a cycle in which pain perception is worsened to a level and destructiveness.⁹ This interaction makes it clear that how the members of a family feel about an injury and the manner in which they behave, played on the severity of the injury and their therapy. Thinking pessimistically (catastrophizing, terrible plans, etc.) often leads to an increase in pain intensity. Behavior that is not appropriate, for instance, every time people avoid everything that is strenuous, avoids activities, such, diminishes functionality and augments emotional distress. Devising strategies that aim at affecting these factors—cognitive and behavioral ones such as cognitive behavioral therapy—has become the standard method of breaking the existing cycle and improving the management of pain.

Pain specialists integrate psychological interventions into a program for chronic pain management by recognizing its psychological aspects which may worsen the chronic pain syndrome.¹⁰ They also perform psychometric evaluations in interventional pain management programs that allow understanding to what extent emotional, cognitive and behaviors are involved in the perception of pain. Such evaluation can help to reveal anxiety, depression or post-trauma disorders that enhance the sensation of pain and are important for constructing pain management strategies. Pain psychologists collaborate with medical doctors in order to provide optimal management of patients with pain that includes not only the body but psyche as well.⁶

Role of Pain Psychologists in Treatment:

Pain psychologists provide critical components to guided interventions, such as Cognitive Behavioral Therapy (CBT) and mindfulness-based techniques. It can be taught through CBT for patients to unlearn patterns of thought and behavior that make pain worse, and mindfulness and relaxation techniques involving

deep breathing and meditation are helpful in promoting emotional regulation and reducing stress – both critical components of pain relief.¹¹ Pain psychologists also work with patients to educate them on what they need to know about the pain, run through coping strategies and help people develop their ability to self-manage as well as support general quality-of-life wellbeing. In addition to traditional medical treatments, these psychological interventions are sufficient for the majority of patients with long-term pain and can work in concert with western medicine to gain a “whole-person” perspective on effective pain-management.

Importance of Pain Psychiatrists in Pain Management:

In a hospital context, pain psychiatrists provide all-encompassing care for patients with chronic pain and focus on treating related mental health conditions. Clearly, they specialize in aspects of pain that are purely pain related and that are not somatic in nature.¹² Pain psychiatrists devise and tailor pharmacological treatments including antidepressants, anxiolytics and more to address major depressive disorder, PTSD and other conditions associated with chronic pain syndrome. In treating these conditions they enhance the mental state of the patients and at the same time their pain coping ability which is a better way of managing pain.¹³

Pain psychiatrists become important in the management of addiction and opioid dependency in addition to perform pharmacological interventions. Chronic pain patients present with a high possibility of substance abuse, more so with the presence of opioid medications. Pain psychiatrists try to protect against such potential abuse by coming up with treatment strategies that relieve pain and avoid dependency on addiction. This requires an active engagement of others in the health care system such as pain management doctors, physiotherapist, and general practitioners in a team of patient management. It is through such interdependence that pain psychiatrists help formulate extensive care plans for patients that coalesce their physical, mentally and social aspects that help minimize the burden of pain.¹⁴

An increasing body of evidence justifies the need for the inclusion of mental health professionals into pain management teams. The relationship between chronic pain and psychological states, including depressive disorders, stress, and anxiety has been proven in research studies most convincingly. Such psychosocial considerations can aggravate or diminish the experience of pain, response to pain and other coping strategies, and, consequently, treatment efficacy. Since such treatment fails to target the psychological aspects of pain, mental health specialists are essential for the relief of pain and

leading to improved pain management and overall quality of life.¹⁵

In addition, case studies in the context of so-called multi-disciplinary pain clinics are compelling advocates for a co-location of mental health services. Specifically, individuals with significant improvements in pain and function following an interdisciplinary multi-modal treatment approach frequently appear in these case reports. By working in collaboration with pain specialists, psychotherapists can assist patients to develop effective coping skills, stress management techniques and treatment addressing underlying psychological factors which may be contributing to their pain.

Barriers to Integrating Psychological Care:

Many structural, cultural and financial barriers exist to the integration of psychological and psychiatric care in pain clinics (Bair et al. A huge problem is the fragmentation of health care, which means that medical and psychological professionals work together infrequently. The absence of integrated care can delay or completely prevent patients from achieving the intensive care necessary for managing chronic pain as a physical and psychological phenomenon. Long wait times, lack of specialists and insurance coverage, are additional examples of barriers that can deepen the divide when it comes to accessing mental health care.¹⁶ This is in spite of great need: a commonly cited barrier to the provision of psychological intervention is that most pain clinics primarily offer physical treatment, with relatively less emphasis on psycho-social care; this may be leaving patients without the potential benefits rubbing from good mental health and contributing even further to patient frustration about their response to coping with chronic pain.

This is especially unfortunate given the still existing stigma around mental health and pain, keeping patients from seeking psychological care when we do offer it. Studies suggest that even when asked about specific symptoms, such as being bothered by your usual aches and pains or feeling sad, hopeless or worthless in the past 2 weeks with varying frequency (e.g., a little of the time to all of the time), many patients consider depressive symptom endorsement as compromising the credibility and validity of their physical complaints -- resulting in under treatment and therefore undiagnosed mental health condition. Similarly, pain clinics face resource constraints when it comes to hiring licensed psychological and psychiatric professionals, which in turn restricts access to integrated care. Such constraints, in combination with the existing stigma surrounding psychosocial factors that are associated with pain, can foster an environment where psychological contributors

to pain are not prioritized; even though they may play a vital role in patient disability and recovery. Confronting these obstacles will necessitate systemic improvements in the organization of hospital care, additional funding, and a change of approach to understand the integration of psychological health with inflammatory pain reliability.

Future of Pain Management: Multidisciplinary Teams and Innovations

Future trends in pain management are toward the growth of traditional medicine teams to understand and treat chronic pain, which is a complex disease with many factors involved. With increasing awareness of pain as a complex phenomenon, successful management involves the integration of contributions from various healthcare disciplines such as physicians, physical therapists, psychologists, pharmacists and social workers.¹⁷ This comprehensive approach not only allows customization and has an overall view of patient care but it also helps with producing more precise diagnoses and developing personalized treatment plans. The increasing presence of neurology, psychiatry and alternative therapies in these teams means a more holistic approach to management seems possible - one that addresses the physical, psychological and social mediators of pain.¹⁸

Even as teams grow, psychosocial interventions undergo innovation in the realm of pain management. Methods such as cognitive behavioral therapy (CBT), mindfulness and acceptance-based treatments remain effective interventions to aid patients in handling the affective and thought-oriented aspect of pain. Digital health tools, including telemedicine and mobile health apps also continue to extend access to these therapies for patients—particularly those in underserved areas. Combined with these clinical advances is an emerging realization that policy and health care system infrastructure are required if we are to deliver comprehensive pain care.¹⁹ One must strengthen support for multidisciplinary approaches in our health care system, raise funding levels for research on non-pharmacological interventions, and expand the availability of such evidence-based interventions so they are available equitably to all patients. Central to the future of pain will be a systemic change in how integrative pain care is valued.²⁰

Authors contribution

MAZ: Concept,

HN: Conduction of the literature Review

SA: Manuscript editing

MS: Proof Reading

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