



## PSYCHOLOGY IN CHRONIC PAIN

Chronic pain is defined as pain that persists beyond the time you would expect an injury to heal (around 3-6 months). The word 'chronic' simply means that it is ongoing. It doesn't indicate how bad the pain is. Chronic pain relates more to what's happening in our nervous system, than to any injury. Over time, our nerves can become sensitised and overactive, which means we continue to feel pain, even if there is no physical evidence of tissue damage. Studies suggest that chronic pain can impact on an individual's quality of life, limiting their ability to perform daily tasks, and sometimes leading to emotional distress. The experience of pain, including chronic pain, is complex. It involves our minds as well as our body, and is often influenced by genetics, culture, our thoughts, previous pain experiences, and stress.

## WHAT CAN YOU DO ABOUT IT?

Due to its complexity, best practice in treating chronic pain often involves a multidisciplinary approach. This typically includes multimodal treatments such as combinations of analgesics, physical therapy, behavioural therapy, and psychological therapy.

These approaches have been shown to lead to superior and long-lasting outcomes including improved pain reports, mood, restoration of daily functioning, work status, and medication or health care use. Using a number of different therapies has also been show to be more cost-effective than unimodal approaches.

## PSYCHOLOGICALLY-BASED TREATMENT

Psychologically-based interventions for chronic pain are recognised as valid adjunct treatments. They can result in self-management of pain, improved pain-coping resources, reduced pain-related disability, and reduced emotional distress.

#### **Relaxation training**

It is generally accepted that stress is a key factor involved in the exacerbation and maintenance of chronic pain. Learning relaxation techniques will enable you to reduce tension levels (physical and mental), thereby achieving reductions in pain and an ability to increase control over pain.

# Cognitive-behavioural approaches

Cognitive-behavioural therapy (CBT) treatment for chronic pain focuses on psychological principles to help manage pain. The goal is to increase your understanding of your pain and help you manage it by changing your behaviours, thoughts, and emotions surrounding pain. This kind of treatment will help you feel more in control in managing your pain. Research has found CBT to be an effective treatment for chronic pain.



#### **Acceptance-based approaches**

Acceptance and commitment therapy (ACT) is the most common of the acceptance-based psychotherapies. Acceptance encourages you to actively embrace pain and its effects, rather than attempt to change it. By doing so, you can still derive meaning from life, despite the presence of pain. **Mindfulness** 

Many patients with chronic pain experience stress, fear and depression, which along with their associated behaviours, increase the perception of pain. Research with chronic pain sufferers has found increased brain activity causes the person to become very emotionally reactive and preoccupied with the pain. Over time this results in more suffering. Mindfulness based approaches can be very helpful in managing chronic pain, enabling you to shift your attention to stimuli other than the pain. They also help patients develop acceptance towards their chronic pain symptoms. When you are less focused on your pain, you're able to focus on other, more satisfying and valued activities.

# How can we help?

Our clinical psychologists have extensive experience in the area of chronic pain. We understand your pain is real and has a potential to negatively impact your life. We are committed to helping you get back to what you love with a multimodal approach to pain treatment. Through the above treatments, we can help you feel in charge of your pain control, enable a normal life and empower you to become active in managing your condition.

## MORE ON THE PAIN CHART

You should rate your pain between 0 and 10 before your injection, and after for 6 hours, firstly in 30 minute intervals and then hourly intervals. Ratings should be conducted in terms of movements and how you feel doing the things that most aggravate the pain.

## FOR MORE INFORMATION





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#### DISCLAIMER

Please note the contents contained in this Patient Fact Sheet are not intended as a substitute for your own independent health professional's advice, diagnosis or treatment. At Metro Pain Group, we assess every patient's condition individually. As leaders in pain intervention, we aim to provide advanced, innovative, and evidence-based treatments tailored to suit each patient. As such, recommended treatments and their outcomes will vary from patient to patient. If you would like to find out whether our treatments are suitable for your condition, pleases speak to one of our doctors at the time of your consultation.