

EDUCATION

Psychosocial aspects of chronic pain

Management of chronic pain is a well-known multifactorial problem and its psychological and social dimensions also require consideration, explains **Dr Patrick Hill**

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Chronic or long-term pain is recognised as a complex multifactorial phenomenon. The most prevalent pain condition after limb pain, according to the 2011 Health Survey for England, is back pain, which was responsible for 37% of all chronic pain cases in men and 44% in women.¹ In addition to impacting on people's abil-

ity to undertake normal activities of daily living and affecting their mood and confidence, chronic back pain is psychologically distressing for a number of other important reasons. As a condition, it is difficult to define accurately and people often acquire one or more broad descriptions for their symptoms in the manner of a syndrome, rather than a definitive diagnosis. Naturally, this can make it difficult to define a clear treatment plan. This lack of clear definition can understandably result in confusion, distress, and for many patients, a paralysing inability to take action. Further distress results from conflicting multiple suggested aetiologies, an indefinable timeline and unpredictable and seemingly increasingly negative consequences.

It is these factors that place the management of chronic pain largely outside the scope of a biomedical approach. For people who live with chronic pain and the health and social care professionals who work with them, there is often a difficult transition from the familiar principles of curative medicine, into the unknown territory of self-management and alien concepts such as 'living well' with a long-term health condition.

The need to consider a different approach is also indicated by the fact that people with long-term health conditions have relatively little contact with healthcare professionals.^{2,3} The quality of life of people with long-term or chronic health conditions therefore depends less on interventions from healthcare professionals and more on the ability of the person to undertake self-management and make a choice to try to achieve 'normal health'.^{4,5}

Sadly, in 2014, despite this problem having been recognised for years, little has changed. Estimates vary, but enabling approximately 15 million people in the UK with long-term conditions to take more control over their lives and become active in self-management continues to present as much of a challenge as it ever did, perhaps evidenced by the steady increase in the use of UK local hospital emergency departments.⁶

Provision of pain services

Pain services have attempted to address the problem of chronic back pain, most commonly in the form of providing residential, outpatient and community-based Pain Management Programmes. The approach

Key learning points

- Chronic pain is a complex phenomenon that does not fit well within the normal conceptions of health and illness.
- Pain Management Programmes are commonly used to train and support people to self-manage, however the long-term impact of this biopsychosocial approach remains poorly understood.
- The social domain can impact on patients' quality of life more than any other aspect of chronic pain; however, it is rarely addressed by health services.

uses an essentially cognitive-behavioural approach to address erroneous, unhelpful beliefs in relation to pain, to reduce 'fear-avoidance' and catastrophic thinking and coach participants in practical self-management techniques. The programmes are effectively a training in the skills of self-management, undertaken over a number of weeks, normally run according to guidelines such as those issued by The British Pain Society.⁷ Although these psychological programmes can be transformational in quality-of-life terms for many individuals, measuring the effect is challenging. Outcome measures taken across the different domains (physical, psychological and social) can provide some evidence for the impact of such services, although it can be difficult to demonstrate that the outcomes result directly from these interventions, due to experimental factors⁸ and external variables.⁹ It has been suggested¹⁰ that qualitative investigation could be used alongside quantitative measures in order to understand the process that people go through when learning to effectively self-manage their conditions, but this approach has yet to be undertaken on a scale large enough to identify any consistent themes.

Two recent systematic reviews both reached similar conclusions when reviewing published controlled trials of psychological interventions for the management of chronic pain.^{11,12} They suggest that cognitive behavioural therapy for chronic pain can have positive effects on factors such as disability, negative mood and pain self-efficacy when compared with treatment as usual/waiting list, with some evidence that it is maintained at six months post intervention. What remains unknown is:

- Specific components of the approach that are effective for specific problems or combination of problems.
- Outcomes for individuals in the period following six months post-programme, where treatment gains appear to return to or even possibly fall below baseline.

Consideration of the wider literature on the psychosocial aspects of chronic pain soon reveals not just the significance of individual psychological issues such as mood, confidence and health beliefs, but also the importance of social roles. The traditional roles within healthcare settings such as the 'active' expert clinician and the demanding but essentially 'passive' patient have become increasingly recognised as unhelpful in this context.¹³ The roles of people with long-term conditions and healthcare professionals have been



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Professional interventions may assume that if individuals are provided with information they will self-manage illness

discussed at length¹⁴ as part of a growing interest in the self-management of long-term conditions and the systems and processes which facilitate or inhibit this.

Drawbacks of the biopsychosocial approach

Many pain services across the world advocate the use of the biopsychosocial approach as an alternative to the biomedical model.¹⁵ However, as time has passed, it has been argued that this approach has been nothing more than a variation on the biomedical model.¹⁶ In practice, the application of the biopsychosocial model rarely addresses power issues explicitly, and the power balance between people with long-term conditions and healthcare professionals remains largely unchanged, with 'professionals' and 'patients' playing traditional roles. If this is the case, a biopsychosocial approach is fundamentally not an empowering process. Furthermore, programmes delivered by healthcare professionals, who have often been trained within a medical model, can be said to 'teach' people with long-term conditions the skills to 'fix' the dysfunctional disability or to be compliant with ideas promoted within the medical model, such as ideal bodyweight, and in so doing do not address the empowerment issue.¹⁷ Kralik et al. also emphasise this educationalist point, that professional interventions often assume that if individuals are simply provided with the necessary information they will automatically self-manage illness.¹⁴

In addition to the drawback of not adequately addressing the key issue of empowerment, the biopsychosocial approach is also limited in its scope, because it under-emphasises the importance of the social context. Healthcare professionals have a limited scope of influence and their perspective tends to be restricted by their own place in society, as usually employed, middle-class professionals. Thus, important social issues linked to the quality of life of people with long-term conditions, particularly those patients with chronic pain, such as unemployment, the removal of disability welfare benefits, difficulties in re-establishing a valid social role and obtaining effective social support, are often overlooked.¹⁸

Conclusion

In summary, chronic pain is a complex phenomenon comprising physiological, psychological, emotional and social components.

Psychologically it is difficult for healthcare professionals and lay-people to define or diagnose, and therefore is often difficult to address through mainstream medical services, as it does not fit well within our normal conceptions of health and illness.

Pain Management Programmes are commonly used interventions in health and social care to engage, train and support people to self-manage chronic pain, however the efficacy of this biopsychosocial approach remains poorly understood in the long term. Better qualitative data would help us understand the process people go through in learning to successfully live well with chronic pain in the long term.

Some missing pieces of the puzzle can be found in the social domain, which for many people has a more significant impact on their quality of life than any other aspect of chronic pain, and is rarely addressed by health services.

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