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Guide to Pain Management in Low-Resource Settings

Chapter 46
Psychological Principles in Pain Management

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What can we use for acute pain?

Acute pain occurs mainly in connection with an illness or injury or as an effect of a treatment of an illness (e.g., postsurgical pain). In contrast to chronic pain, acute pain is an alarm signal to the body. Normally, the cause is noticeable, and the treatment is mostly rest and management of the cause of pain. The psychological effect is the hope that the treatment will be successful and the pain will be over soon. It is possible that anxiety and apprehension may appear within the period of acute pain, for example, the fear of surgery and anesthesia that could form part of the treatment.

Practical consequences

As part of preparation for surgery, interventions such as relaxation techniques, a good explanation of the procedure and possible outcomes, and an optimistic outlook have been proven to be helpful. It is possible to reduce postoperative pain experience through such knowledge. Knowledge about the treatment can often reduce one's anxiety. Relaxation techniques can minimize psychological agitation patterns such as a high heart rate and inner restlessness.

What can we use for cancer and HIV/AIDS pain?

In the treatment of chronic pain, it is important to differentiate between benign and malignant pain. However, for cancer pain as well as for pain caused by HIV, there is the same relationship, in the framework of the biopsychosocial concept, as with other chronic pain models.

The prevalence of comorbidities such as anxiety and depression is common, as in other pain syndromes, and should be taken into consideration and treated. Often these disorders are ignored. Additionally, patients have to cope with pain due to a tumor, as well as pain that may arise during the course of the treatment. Overcoming the consequences of chronic diseases differs significantly in developed countries in contrast to developing countries. Caring for the ill person is often very difficult for the family because of financial problems. A difficult financial situation and poor access to medical, nursing, or other social services can affect the process of healing negatively. At the time of diagnosis, there is often a loss of control and helplessness in the face of possible physical disfigurement, accompanying pain, and possible financial implications for adequate treatment, not least the fear and uncertainty surrounding the prospect of an untimely death. Additionally, questions of guilt can lead to psychological strain because of trying to own up to one's own responsibility for a disease, for example: "It's my own fault that I have a tumor, because I have been smoking too much," or "Being infected by HIV is because of my irresponsible sex life."

Practical consequences

Adequate counseling and emotional support should be integrated in the provision of health care for these

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patients. Good communication and explanations about the existing possibilities of therapy and about the prognosis can reduce fears and helplessness, and enable patients to cope better with the disease and its accompanying challenges. Particularly in Kenya, religious support has been reported as being helpful.

What are the options in chronic noncancer pain?

In the context of chronic abdominal pain, which is quite often difficult for the patient to locate and come to terms with, often together with the threat of incurability and looming death. Commonly, the physician wonders, "Why is the patient coming now?" Possible reasons for the patient can be a fear of serious diseases after deaths in the family, psychological comorbidities, emotional distress because of sexual abuse, but also trouble within the actual context of life and poor coping strategies, which may lead to an increase in the pain.

Practical consequences

Indicators of stress mentioned above should be looked for, which can affect the development and maintenance of pain. Therapeutic interventions including a good explanation of the disease, continuing psychological support, advice on balanced nutrition, and so on should be added over time.

How can we tackle chronic headache?

Most headaches have no organic cause. Very often we find interactions between headache and dysfunctional patterns of the muscles, such as increased tension, which can then, by itself, become a trigger for headache. Social stress factors such as excessive demands at the workplace or poor coping strategies with stress, can make headaches intense and chronic.

Practical consequences

Important in the treatment of headache is describing to the patient that stress can lead to an increase in the intensity and frequency of the headache. The most important psychological interventions are education in coping skills and in the importance of stress management, and the reduction of hyperactivity with lessons in cognitive behavioral therapy, relaxation techniques, and so on.

What can we use for chronic back pain?

Chronic back pain, in most cases, is musculoskeletal in origin, accompanied by poor coping skills along with other "yellow flags." A special problem in coping with back pain is the fact that sometimes no sufficient explanation can be given to the patient regarding the cause and origin of the pain. For example, a diagnosis of "nonspecific back pain" leads to an extreme uncertainty on the part of the patient, often leading to increased fear of serious pathology and the desire for repeated diagnostic procedures. Often there is an iatrogenic component when repeated investigations are ordered—partly because the patient insists on it, and partly because the physician may be uncertain: "Is there a tumor or a serious disk prolapse causing the pain?" There may be a reluctance "to miss something."

Practical consequences

A comprehensive compilation of all available findings, as well as discussion with colleagues about previous diagnosis and treatment, can be useful to get a complete picture about the patient. The patient should be advised against unnecessary and often very expensive invasive diagnostic procedures.

After considering all possible factors including psychiatric comorbidity or risks of chronification, a treatment plan can be developed. Good models on interactions, for example between depression and chronic pain, can help the patient to cope successfully with pain.

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Websites

www. immpact.org (Initiative on Methods, Measurement, and Pain Assessment in Clinical Trials)