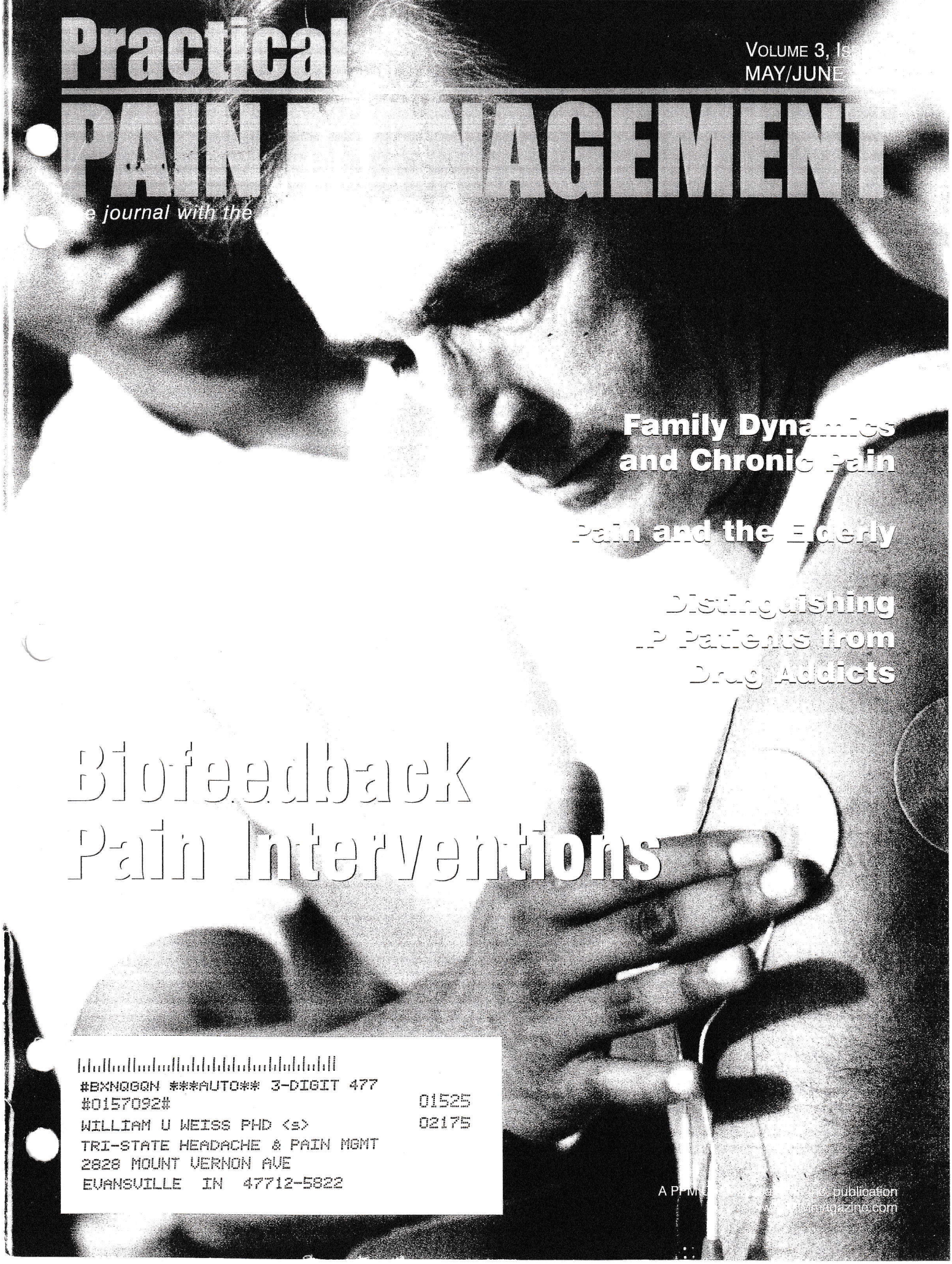
Practical
PAIN MANAGEMENT
The journal with the
VOLUME 3, IS
MAY/JUNE



Family Dynamics and Chronic Pain

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FAMILY DYNAMICS AND CHRONIC PAIN

Accompanying depression and anxiety impacts a chronic pain patient's family dynamics and requires a multidisciplinary, holistic approach to address associated issues.

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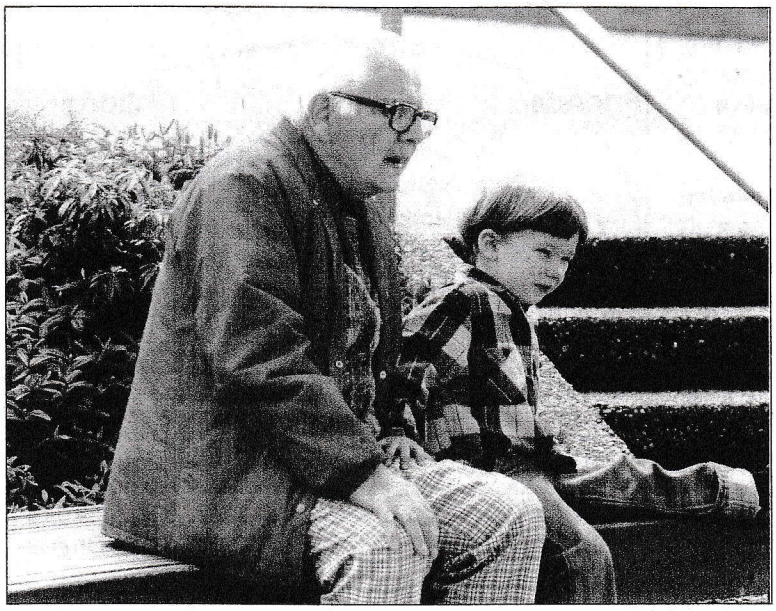

Chronic pain is a condition that occurs jointly with other co-morbidities to form the chronic pain syndrome. Each co-morbidity (pain, insomnia, fatigue, sexual dysfunction, depression and anxiety) works against functioning in the chronic pain patient. In particular, chronic pain leads to depression and, conversely, depression increases the incidence of pain.

The effects of chronic pain syndrome are not independent to the pain patient, but also outreaches to the family of the sufferer. Pain, depression and anxiety alter the daily functioning of the patient. Prior to the onset of chronic pain, the patient lived, interacted, and contributed to his or her social environment. The active participation may have been in a breadwinner role, spousal role, parent/child relationship or other significant relationship (i.e. friend or coworker). In each role/relationship, the pain sufferer made contributions to the relationship and fulfilled certain expectations. The impact of chronic pain changes the pain patient's ability to contribute in the same way to each role and, in the process, strains each relationship and changes the way the patient and family perceive themselves. The effects of pain, depression and anxiety vary depending on sex and age.

Treatment of depression and anxiety for the patient experiencing chronic pain syndrome must involve a multidisciplinary approach. Referrals to psychotherapy (both family and individual), occupational therapy, and physical therapy are desirable and necessary. In situations where a pain specialist is referred, it is important that the pain specialist remains in communication with the family physician and ensures that all of the co-morbidities of pain are addressed.

The Chronic Pain Wheel

The "Chronic Pain Wheel" (see Figure 1) depicts the interaction between each co-morbidity of the chronic pain syndrome. Depression, anxiety, insomnia, fatigue, sexual dysfunction and pain are all present when pain has become chronic. Each co-morbidity affects the others causing an overall decrease in functioning and reduced quality of life. The key to improvement in the chronic pain syndrome is to treat each and every co-morbidity. Improved functioning is the goal, not just relief of pain.[1] Most patients report that the more they function, the less focused they are on their daily pain and, conversely, the less they function, the more they dwell on their pain.

The body and mind are inextricably interwoven. For every thought and feeling that we have, there is a biological response. It has been shown that depression and anxiety are linked to the decreased functioning that occurs with chronic pain.[2] An inability to engage in activities and perform daily tasks that brought satisfaction and enjoyment, limitations to social interaction, and the inability to be engaged in the work place often leads to depression and anxiety and may increase pain.[3] In many cases, it is difficult to distinguish if the pain leads to depression or the depression leads to a decreased pain threshold. Irregardless, it may be necessary to treat both, once they have occurred.

Family Dynamics

The family dynamics in a household with a chronic pain sufferer faces many challenges. Depending on the age of the pain sufferer, the roles he or she plays in the social environment will change. For a young or middle-aged adult, job duties may suffer or he or she may be forced to stop work.[4] This places a great strain on financial responsibilities and greatly changes the interaction between the patient and a significant other and/or dependent children. The pain sufferer has transitioned from a provider role to a dependent role with accompanying loss of independence. Feelings of frustration, hopelessness, being a burden, resentment, or uselessness occur.[4] There is a fear of being a poor parent, spouse, friend, coworker or lover[5] (see Figure 2). The spouse may be forced to begin work or increase working hours. The children may be forced to change their lifestyles and social activities with their friends. The patient's spouse may experience the loss of emotional support and has been found to experience more illnesses. Children may exhibit more behavior problems and, if they do not understand what is occurring, may also feel responsible. These changes not only affect the perception and satisfaction of the pain sufferer, but also affect all involved and the patient must be made aware of the impact on the whole family.[6]

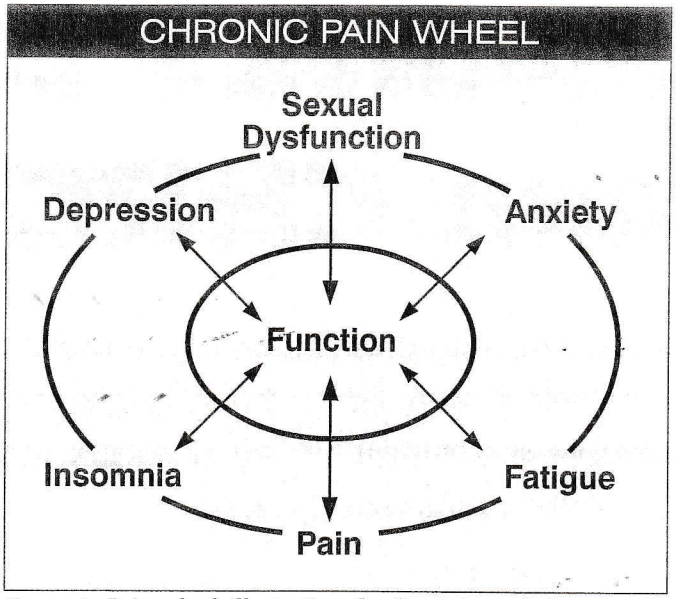

FIGURE 1. *Pain wheel illustrating the dimensions of chronic pain syndrome.*

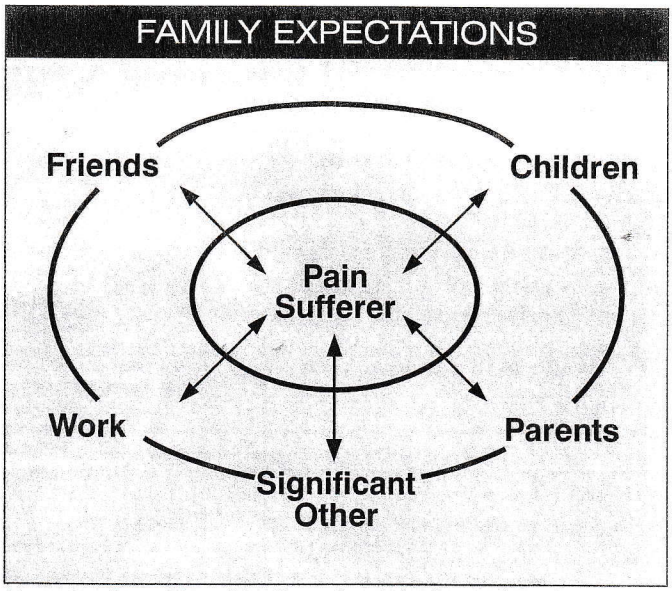

FIGURE 2. *Dynamics of family and social relationships for the pain sufferer.*

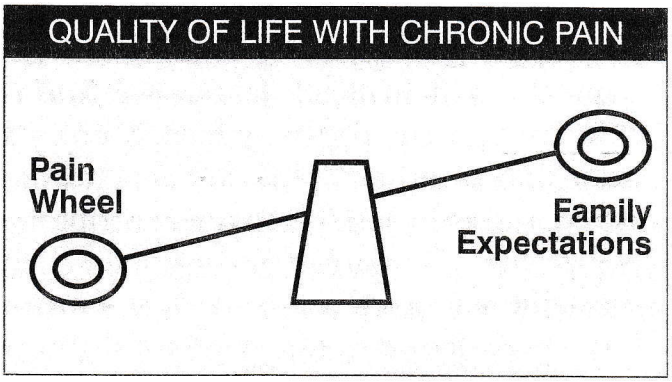

FIGURE 3. *Balancing the quality of life while managing chronic pain.*

Young and middle-aged adults have the greatest perceived effects of chronic pain compared to any other age. The elderly were found to under-report pain and to assume that pain is a normal response to aging.[7] However, the elderly also experience an increased incidence of depression. This makes it even more important to assess the elderly for pain and depression even though they are least likely to report symptoms of either.

In two studies, female chronic pain patients were more likely to report depression and anxiety, perceptions that their health was poor, increasing pain or a greater amount of disability (number of days in bed). This result was independent of type of illness.[2,8] However it is important to note that suffering males tend to report feelings of depression and anxiety much less often than do females.

A chronic pain patient's outlook is drastically changed. For the pain sufferer, especially when depression and anxiety are present, the future can look bleak. Career goals, future education plans, marriage, social interactions, and care giving for children or an elderly parent are examples of decisions that can be affected by continued chronic pain.

It is common for a chronic pain sufferer to resist the depression diagnosis. The patient is not knowledgeable of the chronic pain syndrome and the associated comorbidities. Therefore, when the patient is told that an antidepressant is being prescribed and a referral to a counselor is being arranged, the patient incorrectly interprets the physician as saying the "pain is all in the head." It may be necessary to address the anxiety/depression problem at a second or third visit to limit inevitable misunderstandings. It is necessary for the physician to educate the patient about the chronic pain syndrome and that depression is a normal consequence of pain (i.e. "I understand how hard it must be not being the breadwinner anymore.")

Treatment Approaches

Treatment of depression and anxiety in the chronic pain patient may best be treated with a multidisciplinary approach. The keys to treatment are to reduce the comorbidities of the chronic pain syndrome, re-establish as much independence as possible and to determine a level of function the patient and family can accept (see Figure 3). Medications, including antidepressants and anxiolytics should be maintained for six months after acute symptoms are resolved, but in the chronic pain sufferer, lifelong use may be necessary. When prescribing medications, ensure that the other co-morbidities of the chronic pain syndrome are not worsened. For example, many SSRI's can cause insomnia or sexual dysfunction. An opioid or SSRI increases daily functioning but the side effect of erectile dysfunction worsens the depression and feeling of uselessness.

Chronic pain patients need to be able to find joy in their lives,[9] to adapt to their surroundings and to adjust to loss.[10] Moderation is the focus — not submission to the pain.

Erectile dysfunction caused by either a side effect of medication or the depression itself can be improved with Viagra. Good sexual relations improve the male-female relationship and reduce the feeling of inadequacy.

It is useful for a medical practitioner to establish a relationship with a counselor or group of counselors that understands the pain process and the multiple effects of the chronic pain syndrome. Having a counselor employed in the same pain practice is helpful since it denotes to the patient that the counselor is knowledgeable of chronic pain and also that treatment of depression and anxiety are of importance to the physician. The physician also benefits in having a counselor nearby. When the physician sees a patient obviously in need of psychotherapy, the counselor can, if not available for immediate therapy, be introduced to the patient and discuss the particulars with the physician in real time.

Chronic pain sufferers may benefit from an initial evaluation with a counselor. The counselor can then determine if continued visits are necessary. The counseling should focus on problem solving and adaptation. Pain suffers have been found to limit the activities that gave them pleasure and satisfaction and to only focus their energy on chores. Instead, "Energy should not be focused on stress and pain management. It should be focused on life."[3] Chronic pain patients need to be able to find joy in their lives,[9] to adapt to their surroundings and to adjust to loss.[10] Moderation is the focus — not submission to the pain. An individual's energy is finite; chronic pain and extended stress and depression act as a drain. If all of one's energy is used up for the pain, depression and anxiety, there is nothing left to give no matter what demands present. The pain patient needs to ration the energy available to experience a least a part of normal activities. A parent or grandparent may not be able to sit through his or her child's whole baseball game. However, he or she might be able to transport the child, be a fan for a few innings, discuss the highlights of the game and be an encourager. As one patient once said, "I refuse to allow my condition to win by always making me be on the sidelines of life."

The higher the functioning that a person had preceding the onset of chronic pain, the more difficult it is to accept such limitations. Such persons generally feel more guilty and embarrassed for not performing the many tasks for which they once took responsibility. Guilt feelings that are not addressed tend to lead to more anxiety and agitation along with anger toward unsuspecting family members. Some patients are aware of how these negative emotions are manifested. However, unless these insights are discussed among family members these feelings are not resolved.

Family and friends need to understand the difference between caring and caregiving. They should ensure that they are not helping so much that the pain patient becomes unnecessarily dependent.[9] The family can not "fix" the pain — they only can empathize and be supportive. Communication is the key between family members.[10] Learning to accept one's limitations caused by pain is of utmost importance in dealing with frustrations and self-criticisms. The more this acceptance of loss can be discussed openly, the easier family members can know when and how to adjust roles in the family in order to reduce stress. This is one reason that family therapy is preferred as all family members are affected.

Therapy, understanding, and support of the spouse are crucial in improving the outlook and functioning of the chronic pain patient. Research has shown that an unmarried pain patient is less able to cope than one with a spouse.[4] Physical and occupational therapy are necessary to restore function to its highest possible level with the understanding that chronic pain is not usually curable and a pain-free state is not the goal. Other possible referrals are to chiropractic care or psychiatry.

Conclusion

Depression and anxiety, due to multiple biologic, physical, psychologic, and social factors, is a common side-effect of chronic pain. The resulting dysfunction affects family dynamics due to changes in roles, relationships and the decreased ability to fulfill expectations of daily functioning. Involving the family in counseling helps the pain patient cope and adapt more readily to the challenges presented. The family physician plays a key role in coordinating the various elements of treatment: medications, counseling, and appropriate referrals in order to address the whole syndrome of chronic pain and greatly improve outcomes.

It is optimal to restore functioning to the highest possible level to allow the pain patient to experience as much independence as possible. Increased functioning leads to increased feelings of usefulness in the family unit along with decreased levels of perceived pain, depression, and anxiety. The patient should always be involved in the planning process and understand that a pain-free state is not the goal, but rather the goal is increased functioning and improved family dynamics for as much normalcy as can be practically achieved. ■

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