

Is chronic pain an anxiety disorder?

The role of anxiety in the development and persistence of pain

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Aims

- Explore the nature of chronic pain
- Examine the way in which anxiety contributes to the onset and maintenance of chronic pain
- How anxiety is relevant to the management of chronic pain
- Implications for anxiety practitioners

What is chronic pain?

- Pain:
 - Pain is always subjective
 - Pain is multidimensional
 - is MORE than nociception (activity in the nervous system generated by noxious stimulus)
 - is a conscious experience
- Duration of greater than 3 months: persisted beyond normal tissue healing time

Epidemiology of chronic pain

- 17-20% of adults in Australia report chronic pain (Blyth et al, 2001)
- Low back pain (LBP) single leading cause of years lived with disability worldwide (Vos et al, 2012)
- One year remission rates for LBP range from 54-90% (Hoy et al, 2010)
- Most people go on to have recurrent LBP (Hoy et al, 2010)

Risk factors

- Older age
- Lower level of education
- Unhelpful illness behaviours
- Poor social support
- Accumulating 'load' eg numerous sites of pain, other physical symptoms
- Depression
- Anxiety

Economic costs

- Chronic pain is the leading cause of work productivity lost
- Direct costs
 - Medical treatment
 - Transport
 - Household help
 - Re-training

Economic costs

- Chronic pain is the leading cause of work productivity lost
- Direct costs
- Indirect costs
 - Disability benefits or government support
 - Loss of productivity
 - Worker's compensation costs

Economic costs

- Chronic pain is the leading cause of work productivity lost
- Direct costs
- Indirect costs
- In Australia estimated at \$20 billion annually

Why should you care?

- If plan to specialise in relevant areas
- And if not....
 - Prevalence, and changing demographics, suggests you'll see people with chronic pain related issues
 - Comorbidity with mental health problems means likely to be over-represented in our consulting rooms
 - Schemes like [National Disability Insurance Scheme](#) will increase access

Chronic pain and psychological disorders

- Depression
- Anxiety disorders
 - PTSD
 - Panic disorder
 - Social anxiety

(Asmundson & Katz, 2009; Demyttenaere et al, 2007; Gerrits et al , 2012; Gerrits et al, 2014; Pinheiro et al, 2016; Williams & Schäfer, 2016)

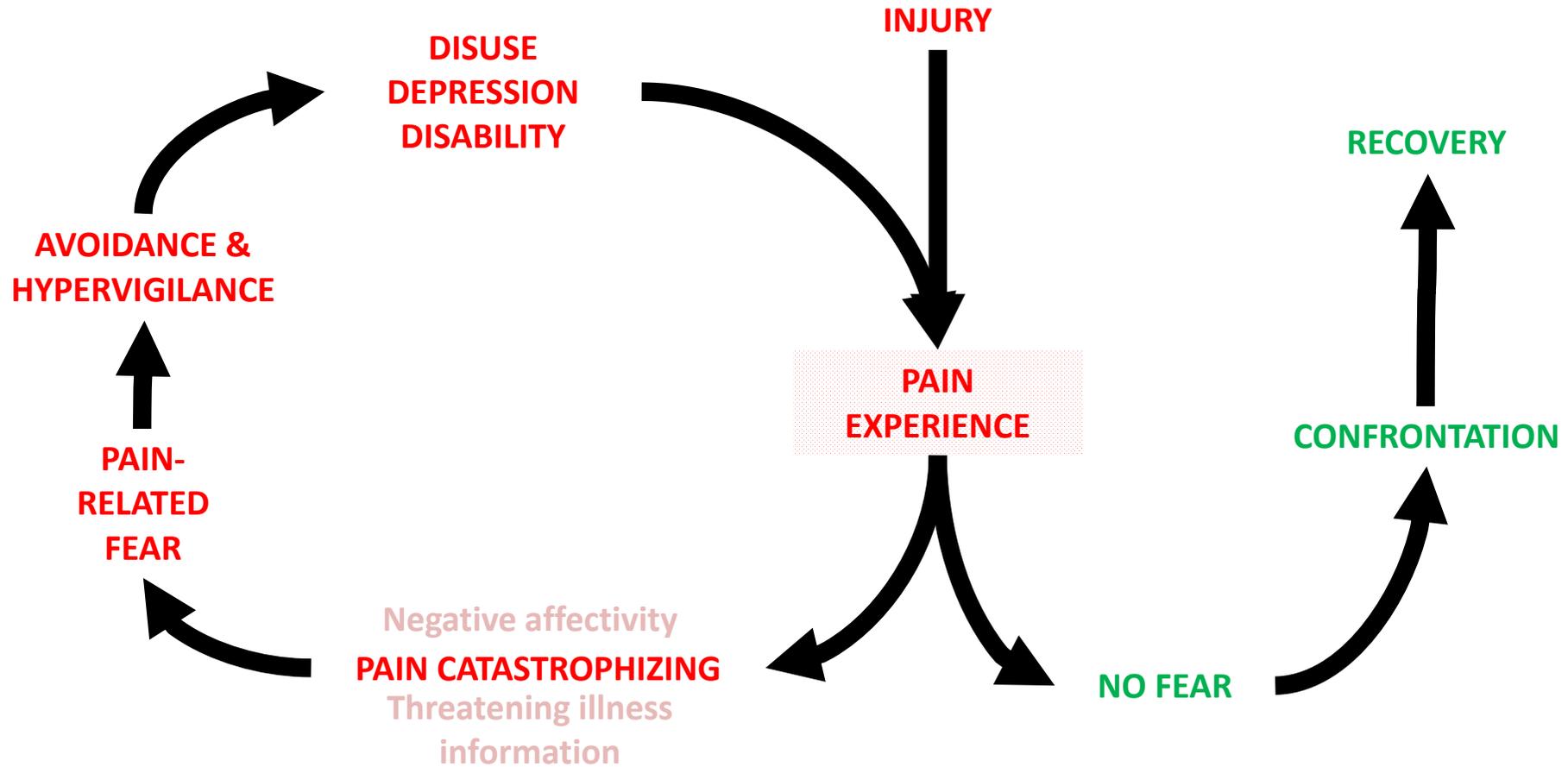
Anxiety-related psychological processes and pain

- Pain catastrophising

Anxiety-related psychological processes and pain

- Pain catastrophising: ‘taken together... a set of exaggerated and ruminating negative cognitions and emotions during actual or perceived painful stimulation’ (Leung, 2012 p 204)

FEAR-AVOIDANCE MODEL



Avoidance

Confrontation

(Vlaeyen et al, 1995)

Anxiety-related psychological processes and pain

- Pain catastrophising
- Anxiety sensitivity: ‘a fear of arousal-related sensations arising from the belief that these sensations will have catastrophic physical, psychological and/or social consequences’ (Olthuis et al, 2015 p. 423)

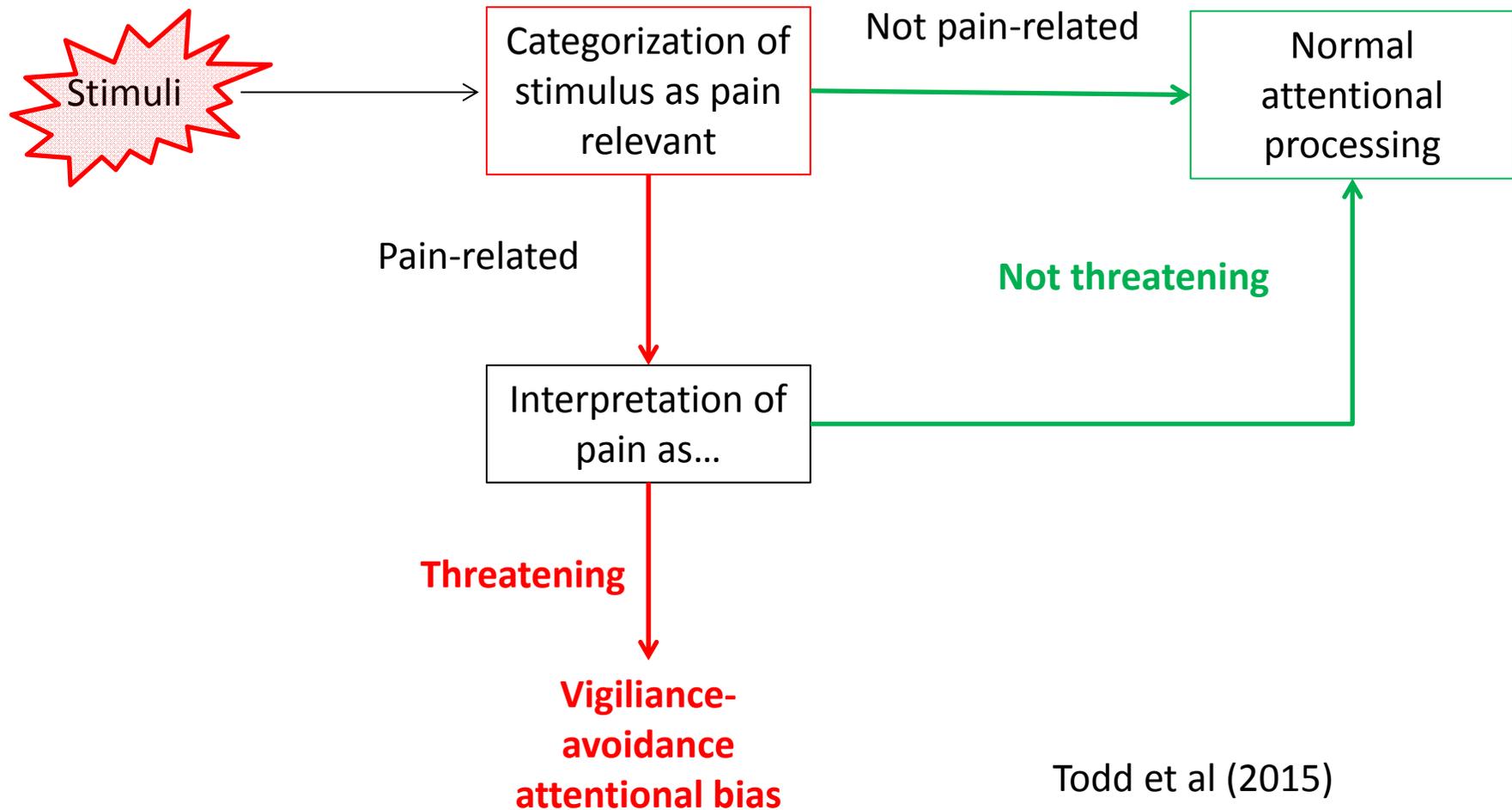
(Leung, 2012; Olthuis et al, 2015; Turk, 2002; Vlaeyen et al, 1995)

Anxiety-related psychological processes and pain

- Pain catastrophising
- Anxiety sensitivity
- Attentional biases: ‘Pain is known to capture attention... broad assumption is that when people are in pain and are highly fearful or threatened by the pain, they overattend to pain-related stimuli’ (Todd et al, 2015)

(Leung, 2012; Olthuis et al, 2015; Todd et al, 2015; Turk, 2002; Vlaeyen et al, 1995)

Threat Interpretation Model



Psychological treatment of chronic pain

- Most common approach is cognitive behavioural therapy

CBT strategies

- Psychoeducation regarding pain
- Goal-setting
- Activity pacing
- Problem-solving
- Thought challenging
- Relaxation & desensitization
- Communication & assertiveness skills
- Graded exposure to feared activities
- Flare up management planning
- Relapse plan

Psychological treatment of chronic pain

- Most common approach is cognitive behavioural therapy
- Compared to other treatments effectiveness demonstrated in terms of quality of life and health care costs, but not established in terms of work participation
- Treatment effectiveness may be affected by presence of anxiety disorders

(Pike et al, 2016; Richmond et al, 2015; Wurm et al, 2016)

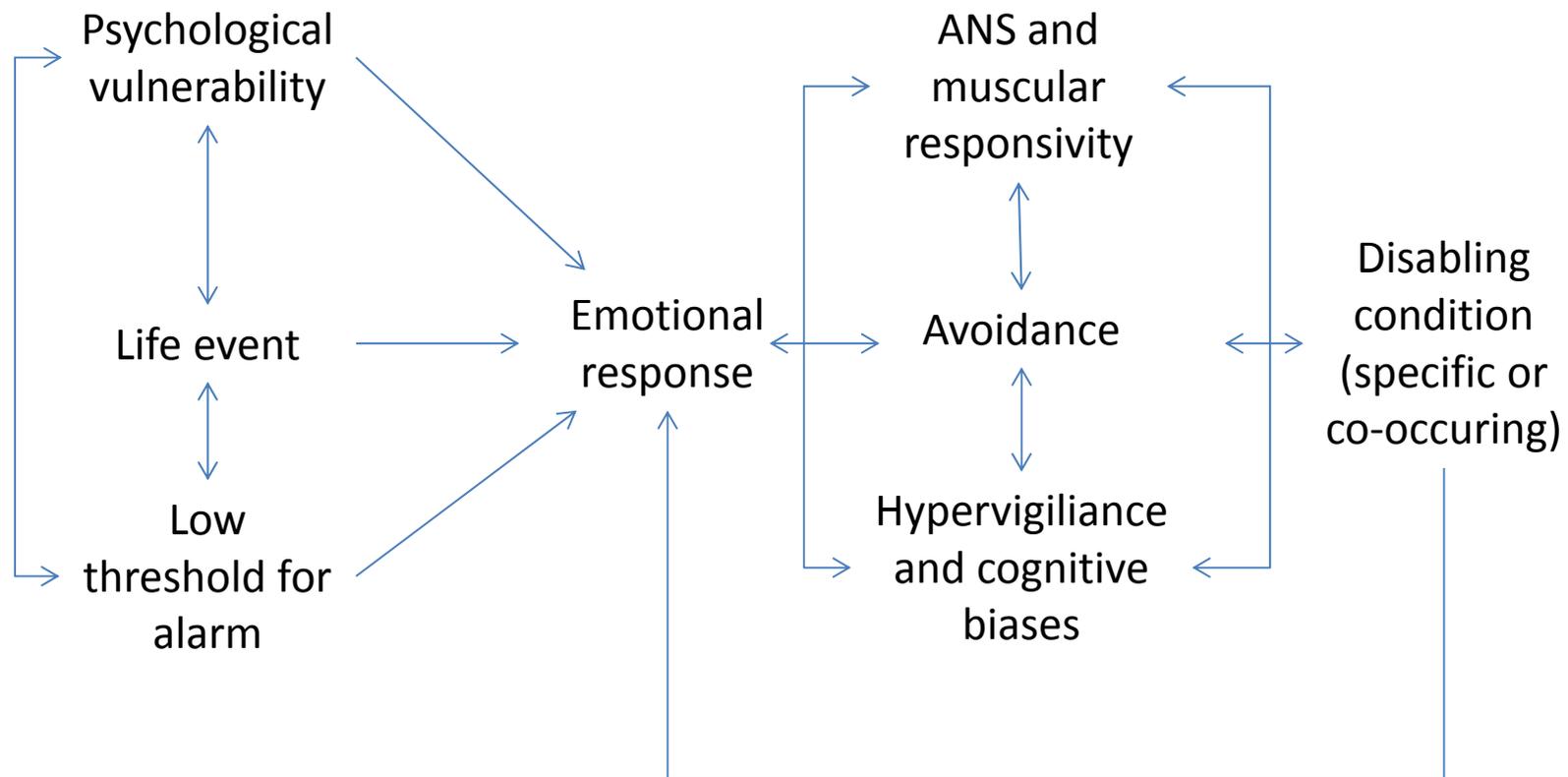
Transdiagnostic approaches

Great deal of attention currently given to transdiagnostic approaches:

- Cognitive-behavioural, interpersonal and biological processes
- Shared across multiple disorders
- Causally contribute to onset, maintenance, recurrence and recovery

(Watkins, 2015)

Shared vulnerability model



After Asmundson and Katz, 2009 p. 893

Applying transdiagnostic approaches to chronic pain

- Potential impact on pain-related fear of targeting anxiety-sensitivity
- Transdiagnostic approaches have been evaluated:
 - Online
 - With adolescents with chronic pain

(Allen et al, 2012; Buhrman et al, 2015; Dear et al, 2013; Olthuis et al, 2015)

Unified Protocol for the Treatment of Emotional Disorders in Youth with Pain (UP-YP)

- Flexible, modular-based individual treatment protocol
- 8 – 21 50-minute sessions over 6 months
- Core content covers:
 - Psychoeducation and emotional and pain
 - Awareness of emotions and pain
 - Flexibility in thinking
 - Modifying emotion-driven behaviours through exposures
 - Treatment review and relapse prevention

(Allen et al, 2012)

Where to from here....?

- What does this mean for your:
 - Assessment?
 - Conceptualisation?
 - Treatment?

Assessment measures

Number of standardised measures:

- Brief Pain Inventory (BPI)
- Pain Catastrophising Scale (PCS)
- Pain Self-Efficacy Questionnaire (PSEQ)

Resources

NSW Health Pain Management Network
resources:

- [General resources](#)
- [Paediatric pain resources](#)
- Specialist resources for [Spinal Cord Injury Pain](#)

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