

Clinical Pain Management – Part 2 Psychosocial aspects

ECHO

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Pain in cancer

- 66% people with advanced, metastatic or terminal illness
 - Van den Beuken-van Everdingen et al. 2016 JPSM
- Often underdiagnosed and undertreated
 - Complexity of pain experience, subjectivity of this experience, changing nature of pain, increasing chronicity of cancer
- Particular meaning and impacts –function, isolation, exhausting, cognitive impact, decision-making capacity
- Mood and beliefs about pain are better predictors of the intensity of pain than are physical dimensions such as sites of metastases

Pain and psychological dimensions

- Pain is a subjective experience of a person
- All pain involves interpretation and modulation by the person
 - 0-10 NRS is a summary of this interpretation
 - The Edmonton symptom assessment system— what do patients think. Watanabe 2009
- ECS-CP-to identify complex pain
 - Assesses pain mechanism, incident pain, psychological distress, addictive behavior, cognitive function
 - Variability across raters esp. for incident pain, addictive behavior and psychological distress
- What do we mean by person

Typology of person

- Personality and character
- A past with accomplishments, memories, knowledge gained
- Life experiences – previous illness, pleasures, failures
- Family
- Cultural background
- Roles –mother, wife, doctor, teacher, neighbour, aunt, sister, friend, community
- No self without others – we are relational beings
- Sexuality
- Relationship with ourselves –self-esteem, confidence, self-love
- Political beings –rights, obligations, power
- Do things
- Unconscious mind
- Body
- Secret life
- Perceived future
- Transcendent dimension

• Cassell, E.

Suffering

- The state of severe distress associated with events that threaten the intactness of the person
- 'going to pieces' 'shattered'

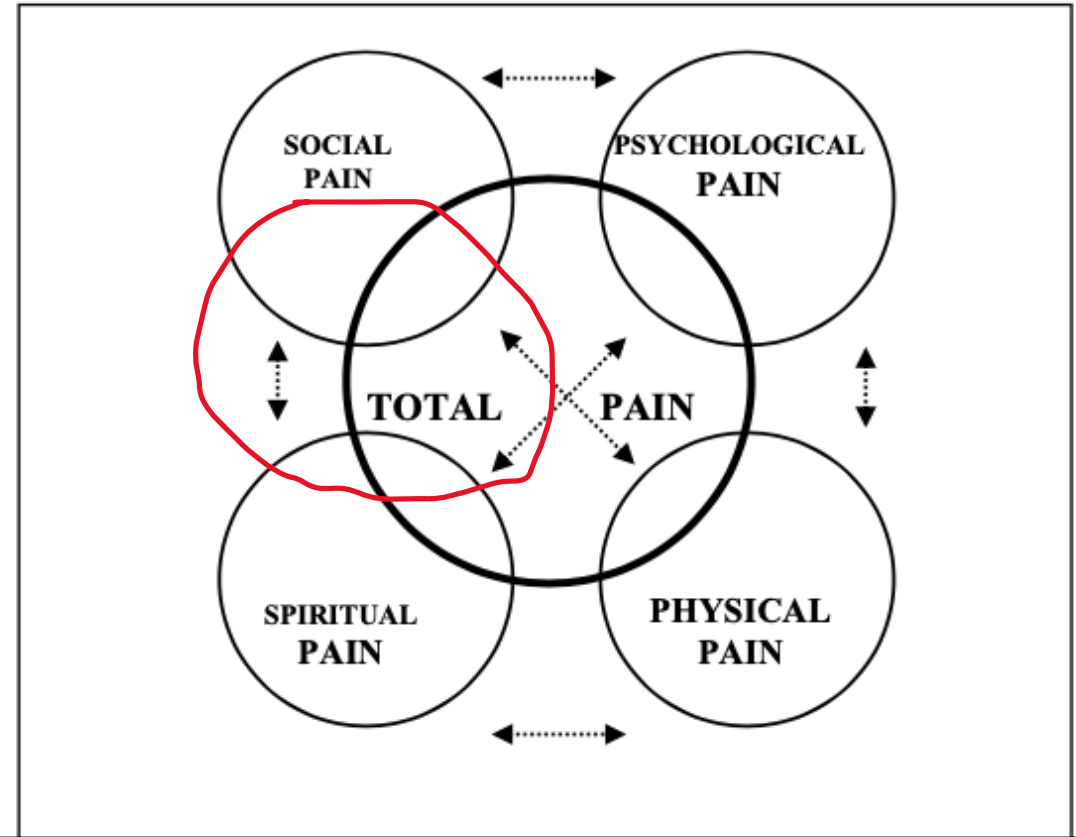
All aspects of personhood – the lived past, the family's lived past, culture, society, roles, associations and relationships, body, secret life, perceived future, transcendent being-dimension – are susceptible to damage and loss.

- Healing is a restoration of wellbeing, function and purpose
 - Cassell, E.

Total pain

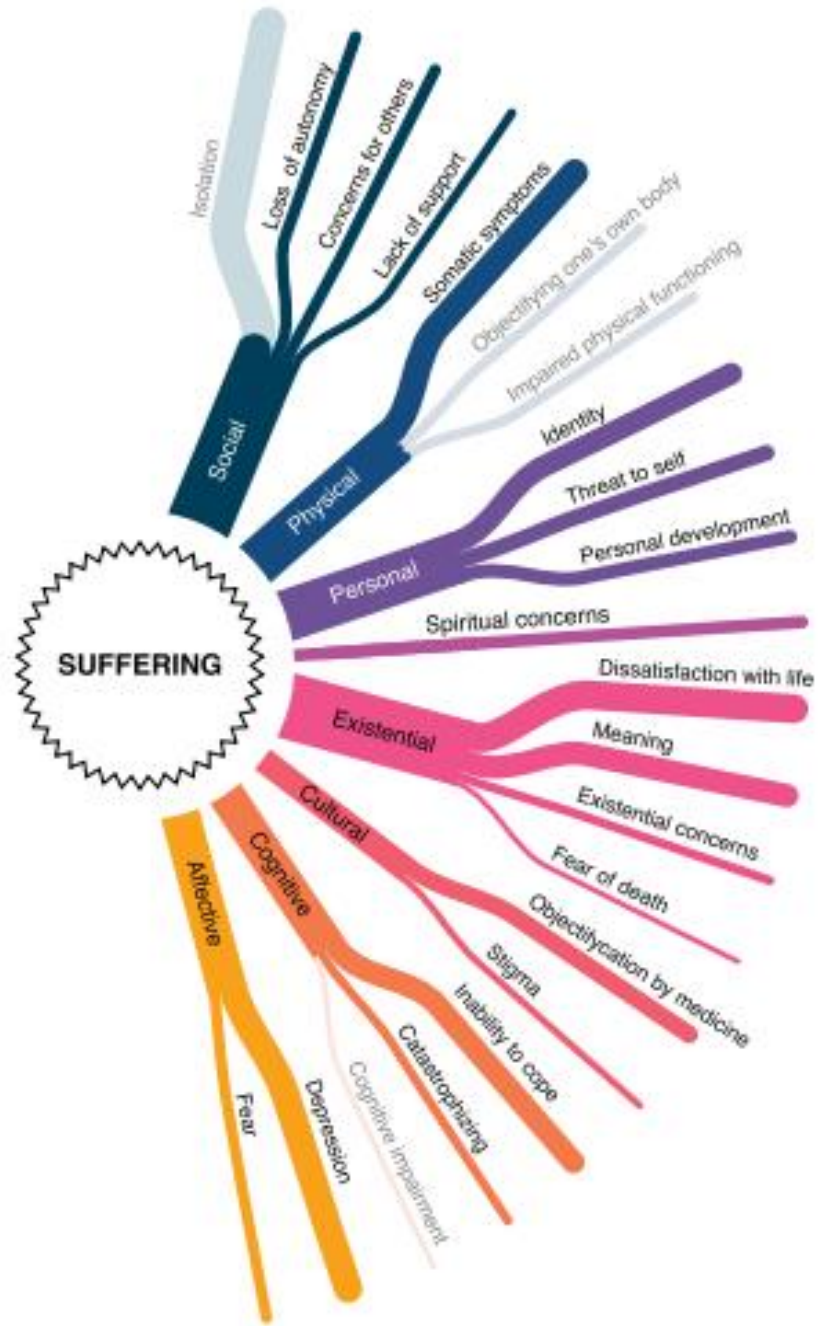
–Cicely Saunders

- Ms TS
- previous malignancies including childhood cancer
- 2020 new lung cancer -VATS procedure- resulted in severe chronic chest wall pain
- previous nerve blocks unsuccessful/CP clinics 12 months
- loss of job, income, social world
- chronic pain impacted on breathing, sleep, mood
- cannot be held by her husband
- hopelessness



Mehta, A. and L. Chan, 2008

We separate out the psychological suffering, the social suffering, the spiritual suffering, also – so all of us kind of try to spend time in breaking up these aspects of suffering, because otherwise we get lost in the physical and we don't go beyond that. IP2



Pain-related Suffering

- is a severely negative, complex, and dynamic experience in response to a perceived threat to an individual's integrity as a self and identity as a person
- Defining suffering in pain: a systematic review on pain-related suffering using natural language processing. PAIN 165 (2024) 1434–1449

Psychiatric disorders and pain management

- Diagnose psychiatric illness –those with diagnosis higher prevalence of pain (39% vs 19%)
 - Depression
 - Anxiety
 - Adjustment disorder
 - Demoralisation
- In cancer patient cohort, 69% adjustment disorders, 15% major depression
 - Derogatis et al 1983
- Suicidal ideation is common in people with severe pain in cancer
 - Explore –'escape valve', despair; ready to die
 - Those with severe, poorly controlled or tolerated pain are more at risk of suicide

Psychiatric and psychological therapies for pain

- Pharmacological
 - antidepressants, anxiolytics, psychostimulants
- Psychological
 - Psychotherapy -support , knowledge, skills
 - Tap into past strengths, successful coping in past, explore courage
 - Mindfulness, relaxation, breathing, cognitive behavioural strategies
 - Enhance control –pain diary, education, challenge negative thoughts, recognise catastrophizing, distraction techniques
 - Family meetings, supportive counselling, link with community resources
 - Therapeutic relationship

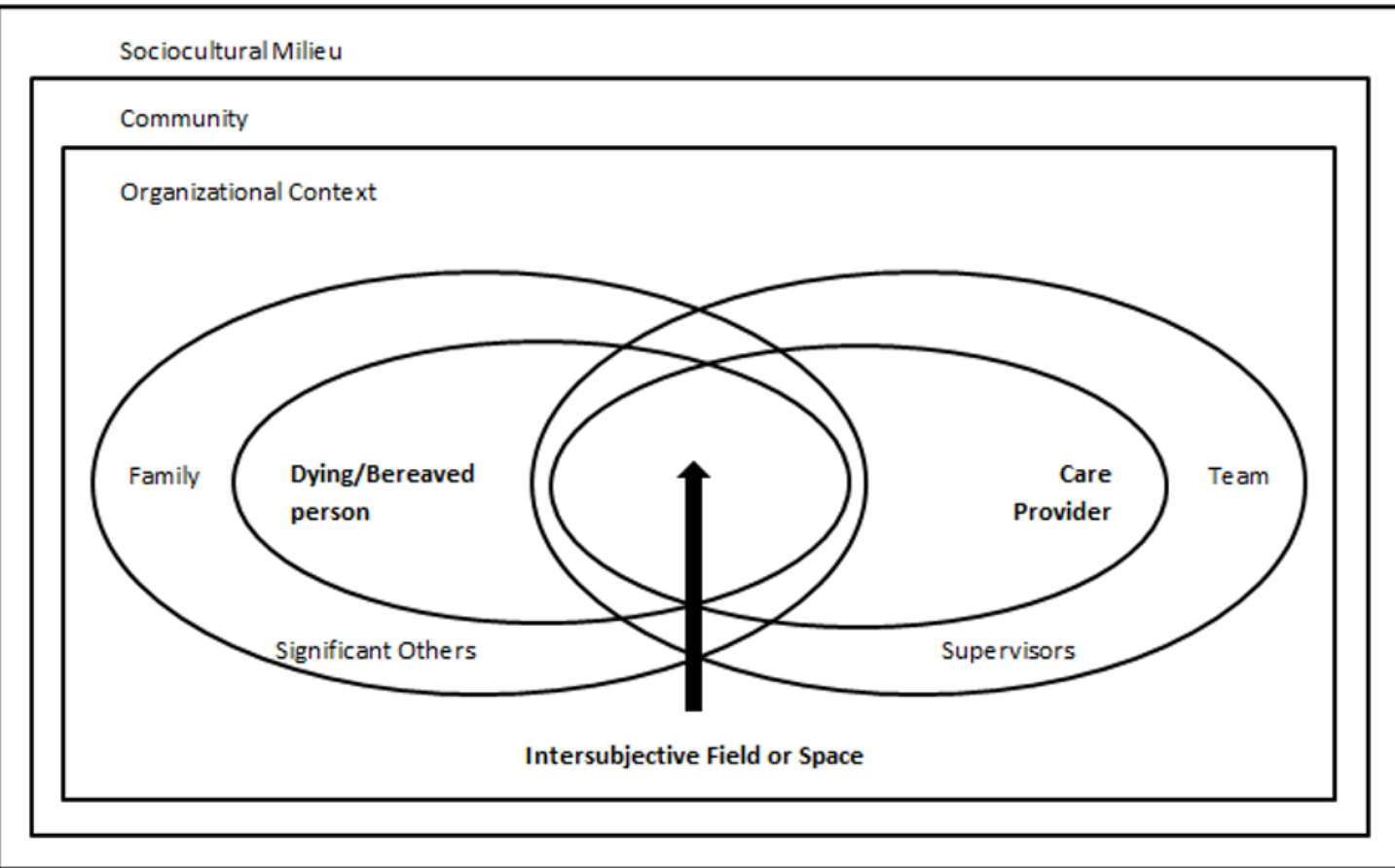


THERAPEUTIC RELATIONSHIP

"but one patient who really changed suddenly that, was after I started treating pain, not before, that was **giving pain relief for a man with ca tongue, giving a mandibular nerve neurolysis relieving his pain, and he committing suicide the day after the next.** I certainly think that was one thing that stripped me from the pain clinician more from the interventional person more to palliative care more

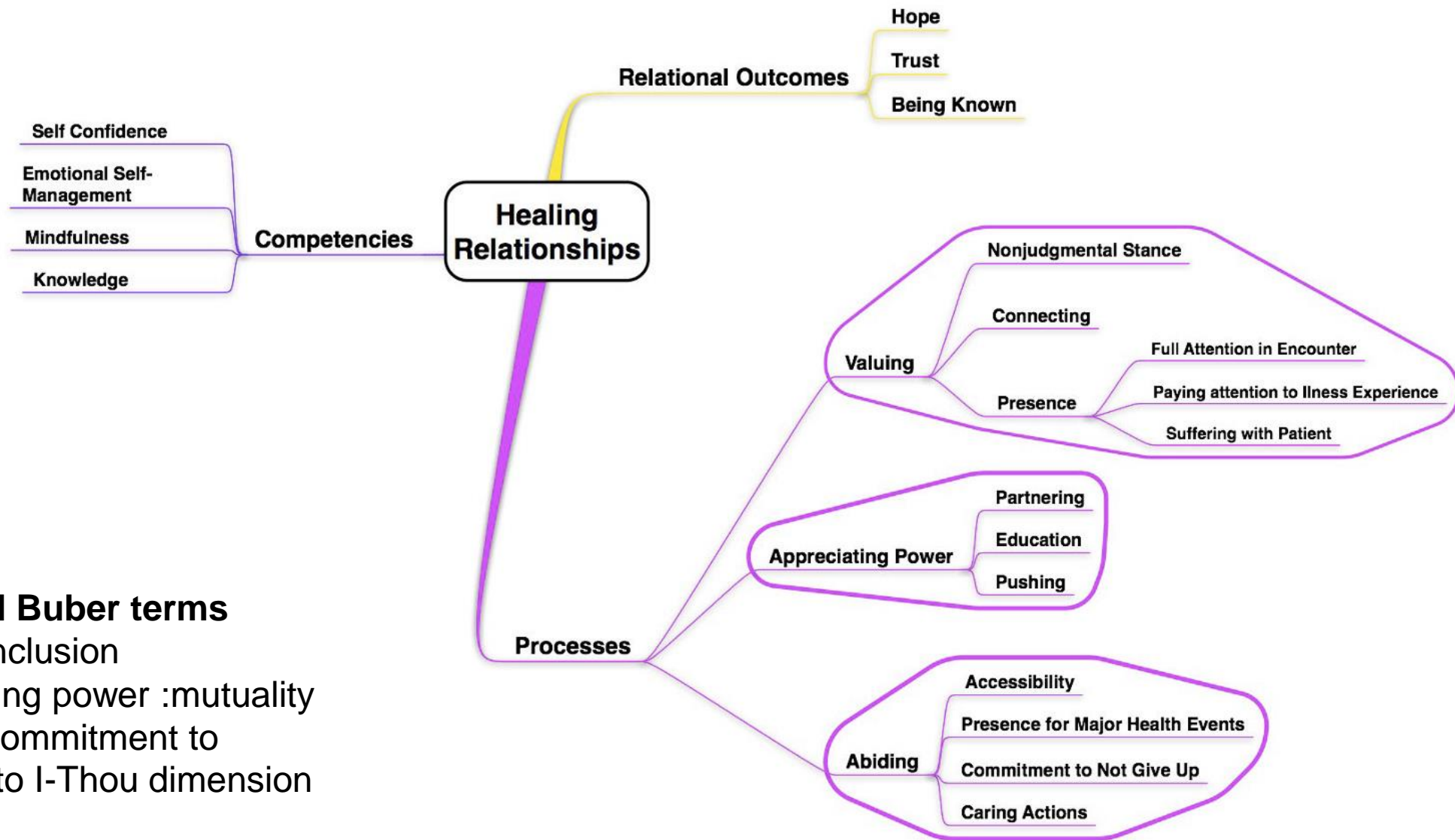
Because I mean he, **I had no idea what he felt, had no idea what his feelings were or how, what his role in the family was,** but my doing the intervention was what conveyed to him that his disease was incurable, and when he recognised that it was incurable, although he was now free of pain, he had a deliberate choice, **and if I had talked to him or found out something about the human being, and assured him of continued support rather than saying you don't have to come back unless you have pain, which was rejection.** " DR R.

Meeting in the Intersubjective space



Constitutive dimension of the therapeutic relationship

- Relationship-centred care –identify connectional dimension of doctor-patient bond to facilitate healing and relieve suffering
 - Suchman & Matthews, 1988; Tresolini & Pew-Fetzer Task Force, 1994
- Ameliorate the definable cause of suffering which is precipitating the sense of being ‘about to go to pieces’
- Enhance individual’s coherence, reconnect them to sense of self
 - Lickiss 2012
- Foster healing connections and meaning
 - Mount, Boston, & Cohen, 2007
- Dialogical encounter -realises the moment-to-moment, relational knowing between two persons
 - Brown, 2015, Spruijt 2020



Scott and Buber terms

Valuing :inclusion

Appreciating power :mutuality

Abiding: commitment to returning to I-Thou dimension

Ms TS

- OPD consultation with her husband present
- Spoke about her pain – told me the story
- Active listening and exploration of the meaning and impact as well as previous treatments. Meeting in the IS space
- Validation of accomplishments and courage
- Recognition of efforts to actively participate in pain therapies and avoidance of opioids
- Offer of a trial n of 1 of ketamine csci –information and education, clarification of goals –reduction of intensity, more active and social
- Engagement of HITH and ‘intensive care’
- Phone call followup and OPD followup

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