

# Assessing for Anxiety, Depression and Suicidality in our complex chronic pain patients

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# Disclosures

- Nothing

Three cups of pain,  
four cups of anxiety,  
stir well, add a sprinkle  
of depression, and  
there you go - the  
perfect recipe for a  
sleepless night!



  
CHRONICPAINCARDS

[www.survivingchronicpain.com](http://www.survivingchronicpain.com)

# Objectives

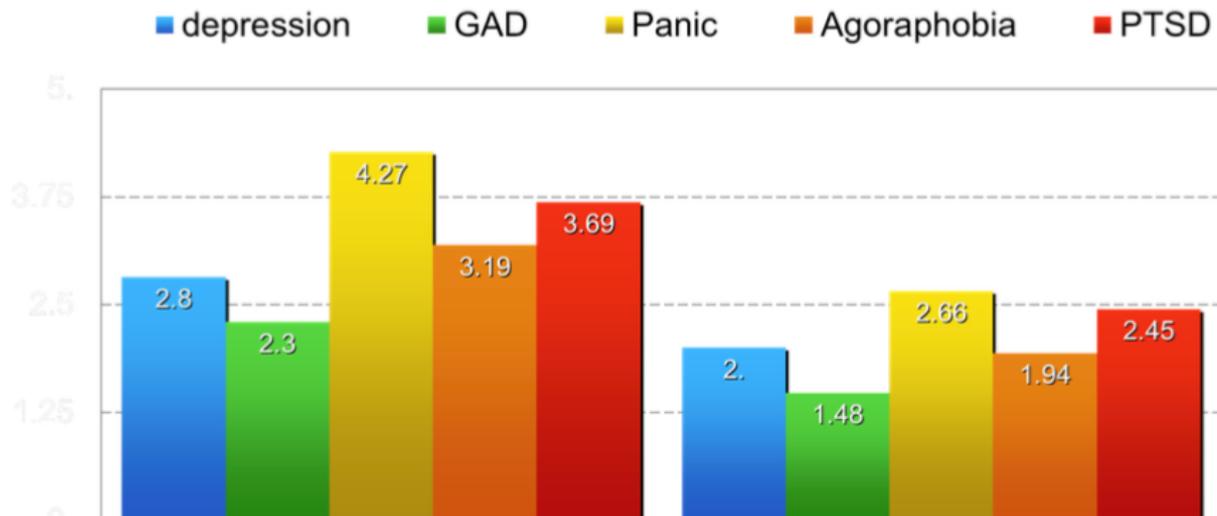
- Identify screening tools that can be used in chronic pain to assesses for
  - Anxiety
  - Depression
  - Suicide Risk
- Identify what is considered the gold standard for identifying depression in patients
- Identify one limitation of the currently available screening tools

# Mood and Anxiety in the setting of chronic pain

McWilliams, et al. Pain, 2003;106:127-133

## Mood/Anxiety in Pain

- N = 5877, US civilian population, survey
- OR of having chronic pain, adjusted for sociodemographics (1) and medical dx (2)



# Background

- American Indians and Alaska Natives have repeatedly been found to have higher prevalence of several pain conditions
  - severe headache or migraine
  - low back pain
  - neck pain
  - joint pain
- A 2013 study began trying to identify specific factors to determine the “why” of specific pain syndromes thru a study of pain processing found
  - “dampened pain and pain signaling”
- Screening tools are used and recommended by IHS but have not been sufficiently studied in our patients.
- Suicide risks are higher among all Native Americans
  - Rates 8.5 to 11.2 per 100,000
  - Males ages 15-24

# Clinical interview

George L Engel

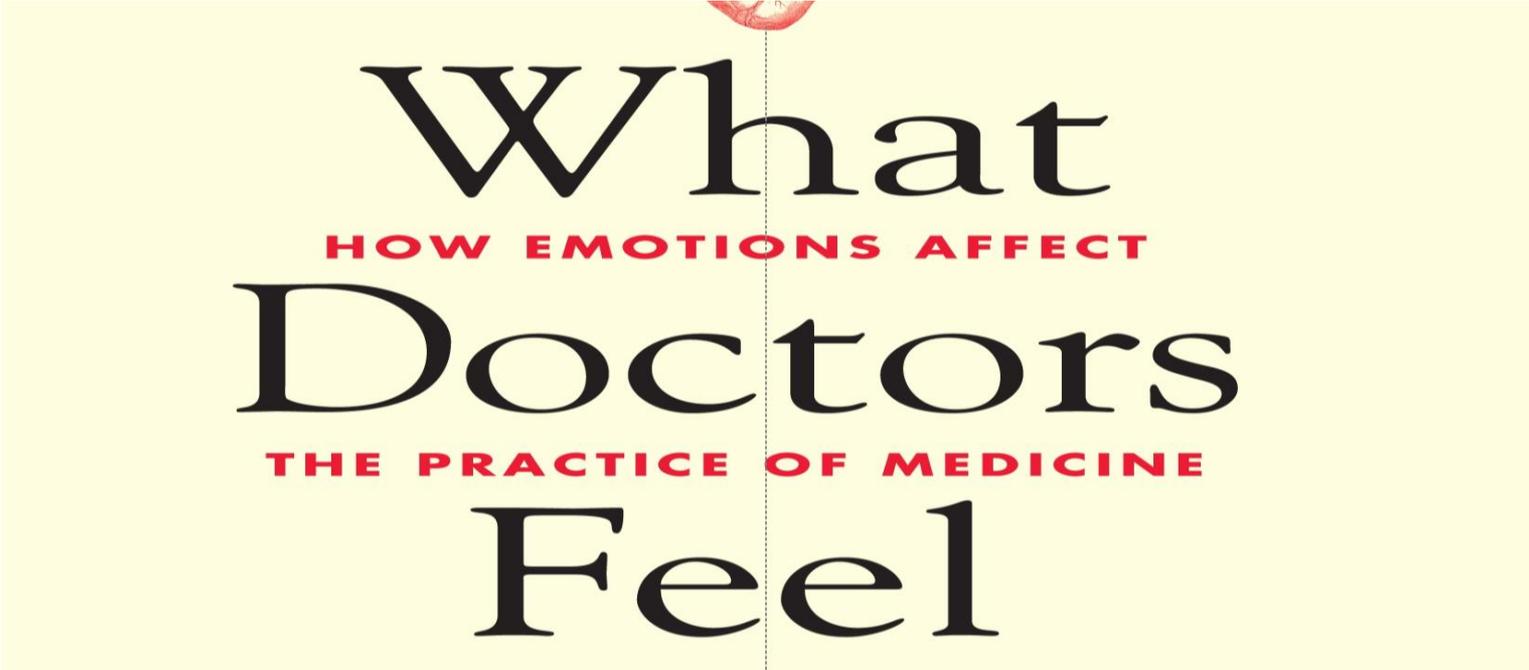
- “The interview is the most powerful, encompassing and versatile instrument available to the physician”

Joanne Katzman

- “Personal and Emotional Story”

# As providers

- Sigmund Freud
  - Transference and countertransference
- **Danielle Ofri**



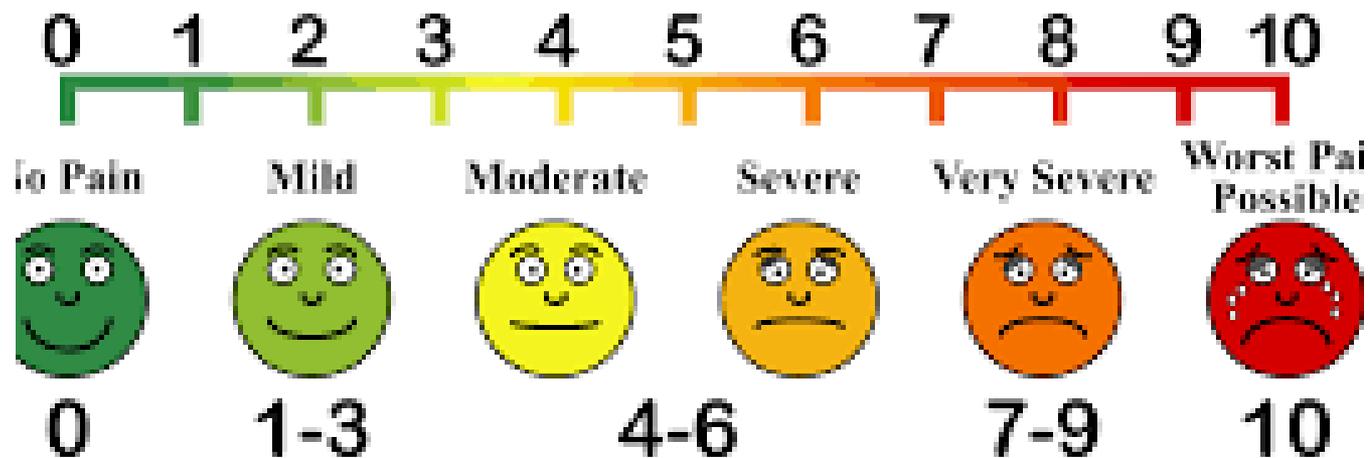
The image shows the front cover of the book 'What Doctors Feel: How Emotions Affect the Practice of Medicine' by Danielle Ofri. The cover has a light yellow background. At the top center, there is a small, circular red stamp that looks like a blood smudge. The title 'What Doctors Feel' is written in a large, black, serif font, with 'What' on the top line, 'Doctors' on the middle line, and 'Feel' on the bottom line. Between 'What' and 'Doctors', and between 'Doctors' and 'Feel', there are two lines of smaller, red, all-caps text: 'HOW EMOTIONS AFFECT' and 'THE PRACTICE OF MEDICINE'. A vertical dashed line runs down the center of the cover, passing through the middle of the words 'What', 'Doctors', and 'Feel'.

What  
HOW EMOTIONS AFFECT  
Doctors  
THE PRACTICE OF MEDICINE  
Feel

# A twist on the pain scale

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## PAIN ASSESSMENT TOOL



# Screening Tools Ideally

- Are evidenced based ....
  - Native Americans
  - Chronic pain
  - Anxiety
  - Depression
  - Outpatient
  - Primary care
- Fit well with your clinical interview style.
- Improve the quality of patient care.

# What Screening tools are available for

- Depression
  - Clinical Interview is the “gold standard”.
- Anxiety
  - Panic Disorder
  - Generalized Anxiety Disorder
  - Social Anxiety Disorder
  - PTSD
- Suicide Risk

# Anxiety Screening

A simple interview that helps you identify panic attacks, general anxiety, social phobia, and post traumatic stress disorder

- Have you:
  - Had a spell or attack where all of a sudden you felt frightened, anxious or uneasy (Panic)
  - Been bothered by nerves or feeling anxious or on edge for 6 months? (GAD)
  - Had a problem being anxious or uncomfortable around people? (SAD)
  - Had recurrent dreams or nightmares of trauma or avoidance of trauma reminders? (PTSD)

# GAD-7

- Designed for use in primary care
- Designed to detect generalized anxiety disorder
- Only one half of patients with a positive screen actually have generalized anxiety disorder
- Use when clinical evidence of anxiety
- Treat if score > 10

# PTSD

- Chronic pain patients with PTSD report:
  - More intense pain
  - Higher levels of life interference by pain
  - Greater disability by pain
  - Lower pain threshold and pain tolerance, leading to higher perceived disability
  - PTSD related re-experiencing associated with pain severity, self- reported physical symptoms, and limitations in functional ability

# PTSD Screening

- Gold Standard is again the structured clinical interview
- Primary Care PTSD Screen (PC-PTSD)
- PTSD Checklist – Civilian Version
  - PCL-CL (PCL-5)

# Primary Care PTSD Screen (PC-PTSD)

- The PC-PTSD is a 4-item screen
- In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you: (yes or no)
  - Have had nightmares about it or thought about it when you did not want to?
  - Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?
  - Were constantly on guard, watchful, or easily startled?
  - Felt numb or detached from others, activities, or your surroundings?
- Current research suggests that the results of the PC-PTSD should be considered "positive" if a patient answers "yes" to any three items.

# PCL-CL

## Developed for primary care

- Answer 17 Questions
- Two briefer version are available by asking specific questions
  - Number One Repeated, disturbing *memories, thoughts, or images* of a stressful experience from the past?
  - Number Four Feeling *very upset* when *something reminded* you of a stressful experience from the past?
- A total severity score of 17 to 85
- No absolute cut-point for treatment ranges in our population 30 to 50  
Higher scores indicate greater symptoms severity

# Screening for Depression

- “SIG E CAPS”
- HAM-D
- CES-D (Center for Epidemiological Studies Depression Scale)
- Beck Depression Inventory: 21 questions; self administered
- Zung Self Rated Depression Scale
- PHQ-9
- PHQ 2

# “SIGE CAPS”

Sleep

Interest

Guilt, hopelessness, worthlessness

Energy

Concentration

Appetite

Psychomotor agitation

Suicidal thoughts

# PHQ-9

- Patient self-administered
- Quick
- Useful for monitoring change over time
- Scores 5, 10, 15, 20 [mild, moderate, moderately severe, and severe]
  - 5 point decrease is improvement
  - Response:
    - 50% decrease
  - Remission
    - A score under 5

# PHQ 2 Question Screener with “help”

- During the past month, have you often been bothered by:
  - Feeling down, depressed, or hopeless?
  - Little interest or pleasure in doing things?
- If yes to either or both of these 2 questions, do you want help with this?
  - No
  - Yes but not today
  - Yes
- Mental Health Screening in the IHS population. David Price, MD. May 2011

# Brief Psychosocial Screening:

## ACT-UP

- **Activities:** How is your pain affecting your life (ie, sleep, appetite, physical activities, relationships)?
- **Coping:** How do you deal/cope with your pain (what makes it better/worse)?
- **Thinking:** Do you think your pain will ever get better.
- **Upset:** Have you been feeling worried (anxious)/depressed (down or blue)?
- **People:** How do people respond when you have pain
- Turk DC, Robinson JP. Multidisciplinary assessment of patients with Chronic pain. *Bonica's Management of Pain*. 4<sup>th</sup> ed. Philadelphia, PA: Lippincott Williams and Wilkins; 2010:294

# PROPOSED SCREENING QUESTIONS FOR PATIENTS WITH LONG-TERM HEALTH PROBLEMS

Progress in Neurology and Psychiatry January/February 2016

- DURING THE Last MONTH, HAVE YOU OFTEN BEEN BOTHERED BY:
  - FEELINGS DOWN, DEPRESSED OR HOPELESS
  - HAVING LITTLE INTEREST OR PLEASURE IN DOING THINGS?
- IF YES
  - DURING THE LAST MONTH HAVE HAVE YOU OFTEN BEEN BOTHERED BY
    - FEELINGS OF WORTHLESSNESS
    - POOR CONCENTRATION
    - THOUGHTS OF DEATH
  - HOW LONG HAVE YOU FELT THIS WAY?
  - HOW DOES IF AFFECT YOUR DAY-TO-DAY FUNCTIONING AND RELATIONSHIPS?
  - DO YOU FEEL ISOLATED?
  - IS THERE ANY HISTORY OF PSYCHIATRIC PROBLEMS?

# PROPOSED SCREENING QUESTIONS FOR PATIENTS WITH LONG-TERM HEALTH PROBLEMS

- DURING THE LAST MONTH, HAVE YOU OFTEN BEEN BOTHERED BY:
  - FEELING DOWN, DEPRESSED OR HOPELESS?
  - HAVING LITTLE INTEREST OR PLEASURE IN DOING THINGS?
- IF NO?
  - DURING THE LAST MONTH, HAVE YOU BEEN BOTHERED BY PAIN?
  - YES
    - WHERE IS THE PAIN?
    - HOW SEVERE IS YOUR PAIN ON A SCALE OF 0-10 WITH 0 BEING “NO PAIN” AND 10 BEING “THE WORST POSSIBLE PAIN”

# Suicide Facts

- 64% of people who attempt suicide visit a doctor in the month before their attempt, and 38% in the week before
- The trend will now be a limitation of opioids in non cancer chronic pain
- Three risk factors associated with chronic pain referred to a pain clinic
  - Hx of sexual/physical abuse
  - Family hx of depression
  - Being social withdrawn
- There is no way of truly knowing if an overdose is accidental or intentional suicides in the majority of cases

# Suicide Risk

## In the last 12 months in US

Ilgen, et al. General Hospital Psychiatry, 2008;30(6): 521-527

N=5692	Chronic Headache	Chronic Body Pain	Co-morbid Anxiety	Co-morbid depression
Suicidality	4.3 X	2.1X	OR 4.1	OR 6.9
Plan	4.6 X	2,6 X	7.1	OR 12.2
Attempt	6.5 X	4.4x	OR 5.3	OR 7.3

# Suicide Assessment

- Assess for depression
- Thomas Stern's
  - The little voice
- Columbia Suicide-Severity Rating Scale
- Safe-T (Suicide Assessment Five-Step Evaluation and Triage)
- SBQR-R (Suicide Behaviors Questionnaire-Revised)

# Suicide Risk Assessment

- According to Peter Stuart MD
  - Psychiatrist in Chinle, Az
  - With at least 15 years of experience at IHS
- Use a gradual sensitive approach
  - How does the future look for you?
  - Living with (pain/anxiety/patients symptoms) can be very difficult. Do you sometimes wish your life was over?
  - Have you had thoughts of hurting yourself?
  - Have you had thoughts that you would be better off dead?
  - Have you had thoughts you might hurt yourself?

# Resources

- SAMSHA Specific Screening Tools
  - <http://www.integration.samhsa.gov/clinical-practice/screening-tools>
- Assessment and Management of Chronic Pain. Updated November 2013. National Institute of Mental Health Depression and Chronic Pain Hooten WM, Timming R, Belgrade M, Gaul J, Goertz M, Haake B, Myers C, Noonan MP, Owens J, Saeger L, Schweim K, Shteyman G, Walker N. Institute for Clinical Systems Improvement.
- Guideline concordant detection and management of depression among Alaska Native and American Indian people in primary care

- Hiratsuka, V, Smith, J et al. The majority of AN/AI adults who screen positive received guideline concordant International Journal of Circumpolar Health. Management in the 12 weeks after positive screening 29 October 2015

- Urban Indian Health Institute, Seattle Indian Health Board  
Addressing Depression Among American Indians and Alaska Natives:  
A Literature Review *August 2012*. (2012).