Emerging Psychological Perspectives on Disability & Rehabilitation in Chronic Pain

Kevin E. Vowles, Ph.D.
Associate Professor Department of Psychology

June 2014
Radical Idea?

- or many with chronic pain, pain intensity may be viewed as an untreatable symptom.
Consider this:

- **Chronic pain is frequent.**
  
  e.g., Breivik et al., 2005, Eur J Pain

- **For approx 85% of chronic pain sufferers, pain appears permanent.**
  
  e.g., Andersson, 2004, Eur J Pain; Elliott et al., 2002, Pain

- **There are no medical interventions available that reliably reduce the severity of pain (or improve functioning).**
  
  e.g., . . .
Opioids

- No supportive evidence for long-term pain reduction (i.e., > 15 weeks).

- No more effective than placebo or non-opioid alternative.

- Up to 25% of patients engage in behaviours that may “be interpreted as signs of (substance) abuse (p. 123)”*

*Martell et al., 2007 – Ann. of Internal Medicine – Systematic Review
Chou et al., 2007 - Ann. of Internal Medicine – Clinical Guidelines
Surgery

- Even in carefully selected cases, continuing pain and disability are common.
  Hoffman et al., 1993; Turner et al., 1992

- 20% (or less) of all lumbar surgery patients return to work. Fewer than 31% of spinal cord stimulator patients return to work.
  Franklin et al., 1994; Turk, 2002; Turner et al., 1995

- In comparison to physio alone, spinal cord stimulation + physio was not associated with any improvements in functioning or quality of life. Differences in pain levels were absent 3, 4, & 5 years post-SCS placement
Epidural Steroid Injections

**Lumbar Pain**
- *Possibly effective for short-term (2-6 weeks) pain reduction.*
  - Small effects (Mean improvement: 15 mm on a 100 mm VAS)

**Probably not effective for:**
- Long-term pain relief, Functioning, Need for surgery

**Cervical Pain**
- No evidence available upon which to base a conclusion
  
  Armon et al., 2007 – Neurology – Systematic Review & Clinical Guidelines commissioned by the Amer. Acad. of Neurology
Is Pain Relief Necessary?

- *Strongest predictors of satisfaction with treatment through an Anaesthesiology-based service:*
  - Perceiving evaluation as complete.
  - Feeling they received explanation for treatment.
  - Believing that treatment improved daily activity.

*(McCracken et al. 2002)*
Pain and Functioning

- Studies show no evidence for a positive relationship between reported pain intensity and direct measures of:
  
  - daily activity, medication use, health care use or observed behavior.

Fordyce et al., 1981, 1984
A question then . . .

• *What are we treating?*
“My Migraine”
Excerpts from patient letter:
“trying to do more to take load off of husband/daughter”

“If there are no carers and I’m bad, I don’t wash, eat, etc.”

“(Pain is) ok, but neck hurts, tight chest and cough, starts in spine, pins/needles in arms/hands”

“I can cope with the pain . . . but clumsiness and weakness is dangerous!”

“the house is a mess, (husband) is stressed/depressed, (daughter) stays away”

“I’m very positive and cheery (driven) and I think it does me no favours as I think people think I am ok”
“The Nature of Suffering and the Goals of Medicine”

Eric J. Cassell

“...people in pain often report suffering from pain when they feel out of control, when the pain is overwhelming, when the source of the pain is unknown, when the meaning of pain is dire, or when the pain is apparently without end.” (2004, p. 35)
Willingness

**willing (adj.)**
- Disposed or inclined; prepared: I am willing to overlook your mistakes.
- Done, given, accepted, or borne voluntarily or ungrudgingly. See Synonyms at voluntary.
- Of or relating to exercise of the will; volitional.

**Will (noun)**
- The mental faculty by which one deliberately chooses or decides upon a course of action: championed freedom of will against a doctrine of predetermination.

Pain and Suffering

Pain → Suffering
The Natural Response to Pain

- *It's important to keep fighting this pain.*

- *Endorsed as “Always True” or “Almost Always True” by 92% of patients*

*McCracken, Vowles, & Eccleston, 2004, Pain*
The Impact of Frequent Struggling

Single best predictor of:
- Worse Pain
- Poorer Activity
- Greater Disability
- Worse Depression
- Greater Avoidance

This seems to be true cross-sectionally, prospectively, and over the course of treatment.

McCracken, Eccleston & Bell, 2005, Eur J Pain;
McCracken, Vowles, & Gauntlett-Gilbert, 2007, J Behav Med;
Vowles & McCracken, 2010, Beh Res & Ther
Vowles et al., Clinical J Pain, 2014
Pain and Suffering

Pain → Suffering
Pain and Suffering

Pain

Lost Freedom & Opportunity

Failure

Suffering Multiplied

Struggling with Pain
Pain and Suffering

- Pain
- Suffering Multiplied
- Lost Freedom & Opportunity
- Struggling
Pain and Suffering

Pain
Lost Freedom & Opportunity

Failure

Suffering Multiplied

Struggling with Pain
Pain and Suffering

Pain

Lost Freedom & Opportunity

Suffering Multiplied

Maintained Life Direction

Failure

22
Pain and Suffering

Pain

Lost Freedom & Opportunity

Suffering Multiplied

Success

Maintained Life Direction
Pain and Suffering

Pain

Freedom & Opportunity

Success

Suffering Reduced

Maintained Life Direction
Within this,

• there can be an augmentation of *willingness* to have unpleasant and aversive experiences . . .

• in the *service* of what we hold to be important . . . and a behavioral commitment to move towards
  
  • what we *value with* ongoing unwanted experiences.
  
  • This is what is referred to by the name “Acceptance and Commitment Therapy”
Data on the treatment approach
ACT Treatment Outcomes

14 published studies, which show improvements in:
- Pain
- Disability
- Distress (i.e. Depression, Anxiety)
- Healthcare Utilization
- Physical Performance
- Work & School Attendance
- Acceptance (Willingness and Awareness)
- Values-based action

In comparison to “treatment as usual” or waitlists.
- Gains persist (usually 3-9 months; longest f/u is 3 years);
Summary

In at least some patients, at least some of the time, pain no longer appears to be the paramount problem.

In responding normally to pain, behaviour often is directed towards pain control and away from areas that bring meaning and importance to living.

Treatment methods can:
- directly target these losses and restrictions in living.
- work towards willingness to have the thoughts and feelings associated with them in the service of improving living.
- measure outcomes in terms of successful living, not severity of symptoms.
“People who have something better to do don’t suffer as much.”

- Wilbert Fordyce (1988)
General ACT References


ACT & Chronic Pain

References
