PAIN AND DEPRESSION

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Pain → Depression → Pain
DEPRESSION IS COMMON IN PATIENTS WITH PAIN

US Geriatric Population 5%
Ambulatory Medical Patients 5-9%
Medical Inpatients 15-20%
Pain Clinics 10-100% (~50%)

AND Pain is Common in Patients with Depression

Bair et al, Arch Int Med 2003
Patients with pain have 2-5 times increased depression incidence

Greater risk of depression with:
- Multiple pain complaints
- Multiple episodes
- Severe pain

Patients with pain and depression have greater:
- Pain complaints
- Pain intensity
- Chronicity
PAIN IS STRONGLY ASSOCIATED WITH DEPRESSION

** p < 0.001

Thielke, HRS, 2008
UNRECOGNIZED AND UNTREATED DEPRESSION

- Interferes with treatment and rehab
- May increase pain intensity and disability
- Decrease pain threshold and tolerance
- Magnification of medical symptoms
- Less successful treatment outcomes
DEPRESSION IS ASSOCIATED WITH:

• ↑ pain complaints and intensity
• ↑ disability
• ↑ functional limitations
• ↑ utilization (office visits, hospitalizations)
• ↑ costs
• ↑ risk of nonrecovery

PAIN IS ASSOCIATED WITH:

- depressive symptoms
- functional limitations
- unemployment rate
- frequent use of opioid analgesics
- frequent pain-related doctor visits
- worse self-rated health

66% of older adults report chronic pain [lasting 3 months or more] (Gagliese 1997)

Of older adults with pain, 83% report that pain interferes with daily activities and negatively affects quality of life (Herr 2001)

Most frequent pain types in those 65 or older are osteoarthritis of hip or knee (58%) and low back pain (35%) (CDC)

Mean # of pain sites in older adults: 4.3
Many types of chronic pain disorders occur less commonly with advancing age:

- Headache
- Migraine
- Abdominal pain
- Chest pain
- Low back
50-80% of patients with chronic pain have a significant sleep disturbance.

Sleep disturbance is one of the cardinal symptoms of depression.

Experimental disruption of slow-wave sleep increases pain sensitivity.
TREATMENT RECOMMENDATIONS

• Ask about pain and about depression
• Ask about pain and depression treatments
• Work to understand effects of mental health on use of pain treatments
• Do not assume that one problem is causing the other
• Do not assume that addressing one problem will fix the other
ASSOCIATION BETWEEN CHRONIC PAIN AND INTENTIONAL SELF-HARM.
• fatal poisonings tripled from 4,000 to 13,800 deaths from 1999 through 2006

• approximately 40% of all deaths by poisoning in 2006 involved opioids

• increase in opioid related fatal poisonings mirrors the increase in availability of prescription opioids

• risk factors for suicide - with living in chronic pain
• **Poly Substance use** - alcohol and nicotine

• **Grief and Loss** - These patients experience hopelessness and isolation due to their pain, and they endure many losses, including their work and family roles.

• Vulnerable patients receive **access to potentially lethal medications** (i.e., opioids)

• Risk of successful suicide was **doubled in chronic pain patients** relative to non-pain controls.
• **Risk factors for suicide in chronic pain patients:**
  • family history of suicide
  • previous suicide attempt,
  • gender (female)
  • presence of comorbid depression.

• **Pain-specific risk factors**
  • location (low-back and widespread pain)
  • type of pain (e.g., migraine with aura conferred higher risk than migraine without aura, and chronic abdominal pain conferred higher risk than neuropathic type pain)
  • high pain intensity; long pain duration; and presence of co-occurring insomnia.
ACCESS TO MENTAL HEALTH PROVIDERS

- Psychologist
- Psychiatrist
- Psychoanalyst
- Psychiatric nurse
- Psychotherapist
- Mental health counselor
- Family and marriage counselor
- Addiction counselor
- Religious counselor
- Art/Music therapist
- Social worker
American Chronic Pain Association
http://www.theacpa.org/

Academy of Cognitive Therapy
http://www.academyofct.org

Association for Behavioral and Cognitive Therapies
http://www.abct.org/

Beck Institute for Cognitive Therapy and Research
http://www.beckinstitute.org/