Psychological Issues in the Identification and Management of Acute and Chronic Illness.



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What is pain?

Pain is a Mind / body experience

Involving physical pain, attitudes and beliefs, emotions and behaviours.

How we react and manage our pain depends upon how we manage / control it.



The Impact of Pain

Diagnosis of illness

Impact of Pain / illness (emotional / practical losses / physical)

Adjustment to losses

Demands of illness (monitoring, treatment)

Increased dependency upon others

Impact on physical and psychological health (mobility, depression)



The Natural History of Acute and Chronic Pain

- Acute pain (AP) lasts less than 3 months, initially limits activity but progressively improves).
- Recurrent pain (RP) episodes of AP that are not enough to restrict activity or functioning.
- Chronic pain (CP) lasts more than 3 months and may cause severe disability and experience difficulties returning to work.
- CP symptoms usually suggests the influence of unidentified barriers to recovery often termed flags

Flags

Ilness Flags

- Undiagnosed illness
- Severe worsening pain (night or lying down)
- Significant trauma
- History of poor health (e.g. back pain)
- IV drugs, steroids
- More than 50 years old

Psychosocial Flags

- Beliefs that pain and activity are harmful
- Extended rest
- Depression / anxiety
- Compensation seeking
- History of absence
- Heavy work, unsociable hours
- Overprotective family / poor support



Psychosocial issues as flags



Mediating effects of psych flags

- Social environment quality and quantity of personal / work support, environmental demands.
- Illness behaviour exercise levels, GP / health provider attendance, compliance with treatments.
- Psychological distress anxiety, anger, depression (emotional and physiological arousal)
- Attitudes, beliefs and coping attributions, cognitive errors, self-efficacy, control, mastery
- **Pain** intensity, duration, quality.

Pain affects thinking and mood which affects perceptions of pain



Risk and prevention?

Generally - The greater the number and duration of presence of flags the greater the risk!

- Primary prevention (early identification and intervention)
- Secondary prevention (removing / minimising effects of physical symptoms and yellow flags)
- Tertiary prevention rehabilitation (adaptation, accommodation and adjustment)

Treatment of Pain

- Relaxation Training
- Psycho-education
- Cognitive Restructuring
- Active Coping
- Sleep Hygiene
- Goal Setting -Activity Pacing
- Imagery/ Visualization
- Relapse Prevention