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PSYCHIATRY AND PAIN

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- Common psychiatric comorbidities in chronic pain
- Depression
- Anxiety
- Somatoform disorder
- Substance abuse disorder
- Axis II disorder(paranoid, histrionic, dependent and borderline personality disorders)

- Depression

  Depression is the most commonly described psychological disturbance associated with chronic pain .Depressed patients tend to rate pain intensity higher than patient without current depression or a history of depression.

- Anxiety

  In response to pain, may mobillize self preserving and self protective measures on the other hand, excess higher pain intensity rating.

- Somatoform disorders

pain is a common feature in somatization and is the salient feature of pain disorder.

- Substance abuse

Substance abuse is frequently a concern in treatment of chronic pain patients.

Attention to:

- Defense mechanism and coping style.
- Transference and counter transference.
- Stressors.
- Sleep dysfunction.
- Educate patients about working with physicians in other disciplines to foster compliance, address hopelessness regarding unremitting pain, and address the impact of pain on family rules ,relationships, work capacity and disability.
- Anger

Anger is commonly associated with chronic illness and may have an adverse effect on chronic pain, suppressed anger and inappropriately discharged anger can adversely affect pain level.

Pain patients are referred to psychiatric specialists because:

1)The complaints of pain exceed what is expected by the underlying disease.

2)Treatment failure.

3)Psychiatric comorbidites(anxiety, depression,…)

4)Factitious and malingering disorders.

5)Abuse and addiction

- Common symptoms associated with pain disorder regardless of the site.
  - Negative or distorted cognition, such as feeling helpless or hopeless with respect to pain and its management.
  - Inactivity ,passivity, and disability.
  - Increased pain requiring clinical intervention
  - Insomnia and fatigue
  - disrupted social relationships at home, work, or school.
  - Depressin or anxiety.