Chronic Pain as a Psychological Variable in DSM-V

FOR BHC LEARNING COLLABORATIVE

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Disclosures

Kim Swanson, Ph.D. is employed full time by St. Charles Health System as an embedded psychologist in both primary care and women's health. She has nothing further to disclose.

Scott Safford, Ph.D. is employed full time by St. Charles Health System as an embedded psychologist in primary care. He has nothing further to disclose.

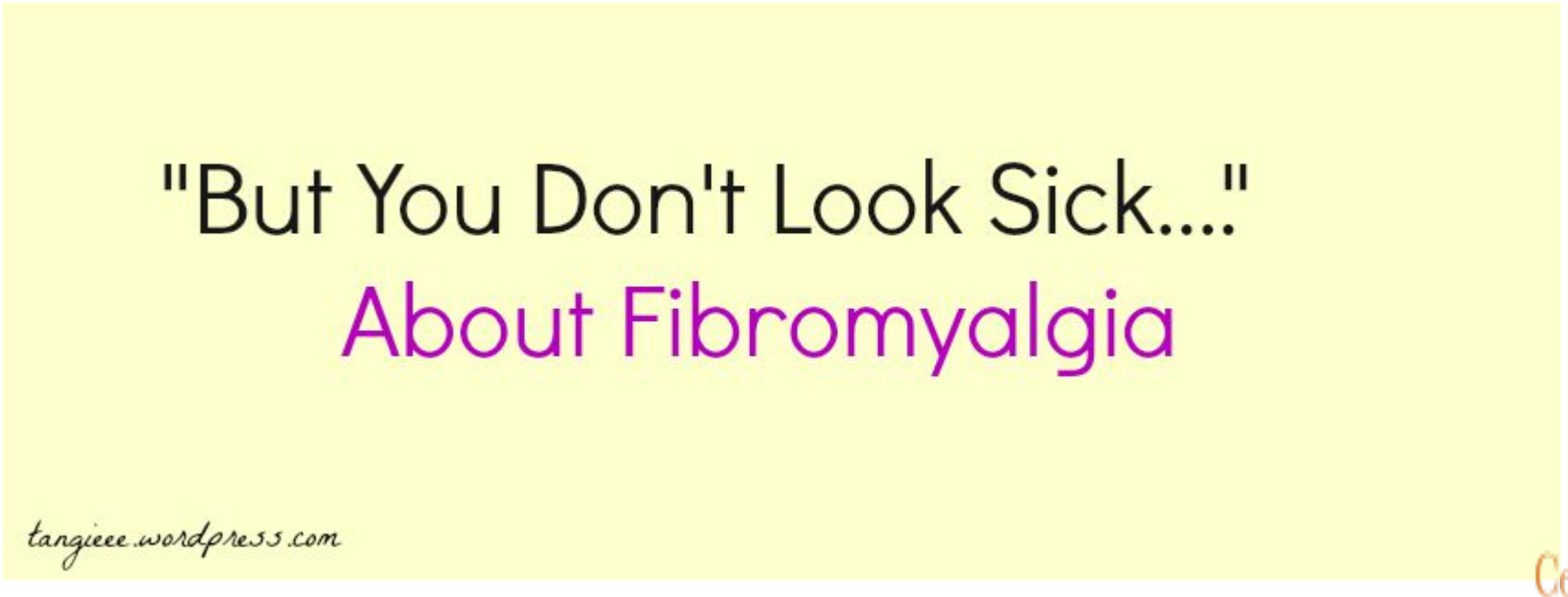
Learning Objectives

1) Discuss the differences between DSM-IV TR & DSM-V criteria for chronic pain disorder(s).

2) Discuss controversies of chronic pain listed as mental health disorder.

3) Discuss & develop strategies as a Behavioral Health Consultant to de-stigmatize chronic pain in medical settings.

Background


"But You Don't Look Sick...."
About Fibromyalgia
tangieee.wordpress.com

Background

Chronic pain is a common health problem

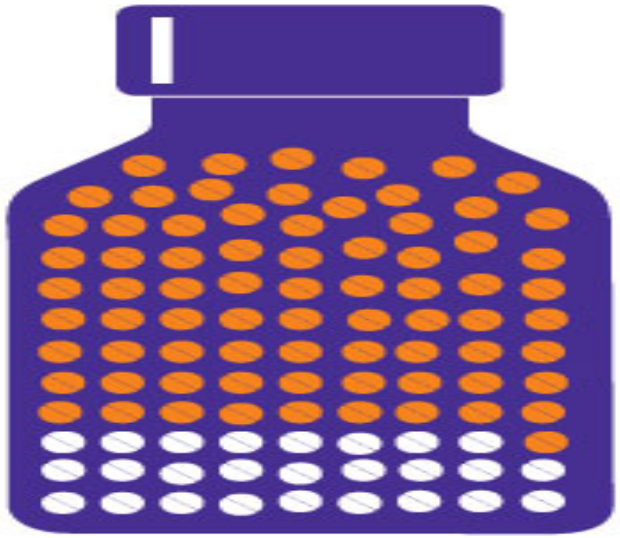
Condition	Number of Sufferers	Source
Chronic Pain	116 million Americans	Institute of Medicine of The National Academies (2)
Diabetes	25.8 million Americans (diagnosed and estimated undiagnosed)	American Diabetes Association (3)
Coronary Heart Disease (heart attack and chest pain) Stroke	16.3 million Americans 7.0 million Americans	American Heart Association (4)
Cancer	11.9 million Americans	American Cancer Society (5)

Low back pain is the leading cause of disability for Americans under the age of 45
Reference: American Academy of Pain Medicine,
http://www.painmed.org/PatientCenter/Facts_on_Pain.aspx

Background

Statewide Information from PDMP 2013

- "760,000 Oregonians live with chronic pain (20%).
- 100,000 are treated within the emergency department annually.



More than

75%

of pain medications are prescribed by primary care and internal medicine providers.

Source: CDC: Policy Impact – Prescription Painkiller Overdoses, November 2011.

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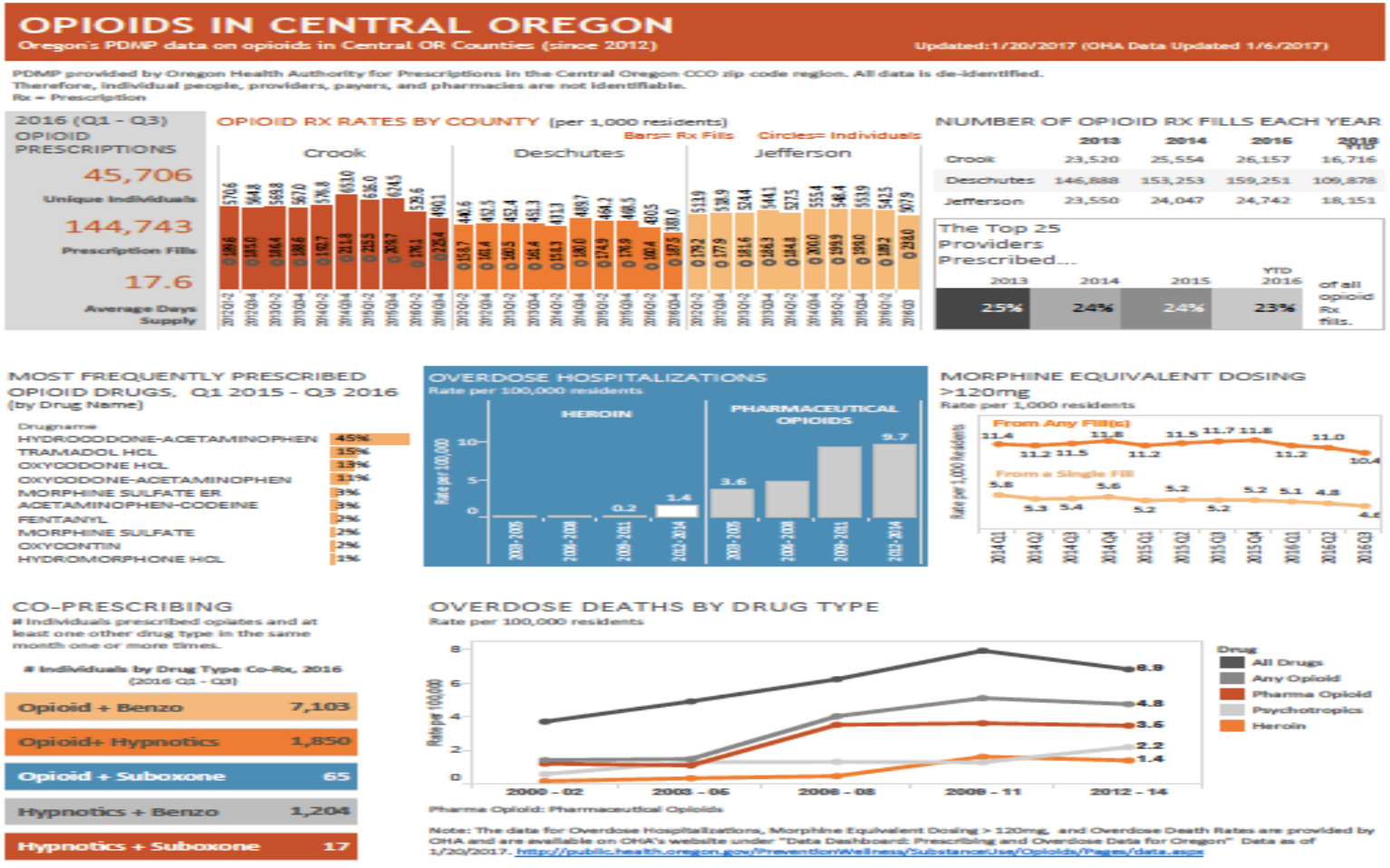
Background



See www.copainguide.org

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Background

Chronic Pain and Psychopathology

- Pains that do not conform to present –day anatomical and neurological knowledge are often attributed to psychopathology.
- Pain with a non-anatomical distribution, spread of pain to a non-injured territory, pain out of proportion to the degree of inju and pain in the absence of injury have been used as evidence of psychological disturbance.
- Psychological dysfunctional has been proposed to cause the following:
  - Phantom Limb Pain
  - Dyspareunia
  - Orofacial Pain
  - Fibromyalgia
  - Pelvic Pain
  - Abdominal Pain
  - Chest Pain
  - Headache

Reference:

Katz, J., Rosenbloom, B.N., Fashler, S. (2015), Chronic pain, psychopathology, and DSM-5 and Somatic Symptom disorder, *Canadian Journal of Psychiatry, 60* (160-167).

Background

Chronic Pain and Psychopathology

- So what's the problem?
  - The complexity of pain transmission circuitry means:
    - Many pains are poorly understood
    - Many features once thought to be caused by psychopathology can nob be explained by peripheral and central neurophysiological mechanisms that have gone awry.
      - Example
      - Allodynia & Hyperalgesia = central sensitization that develop after an injury to the peripheral or central nervous system.

Reference:

Katz, J., Rosenbloom, B.N., Fashler, S. (2015), Chronic pain, psychopathology, and DSM-5 and Somatic Symptom disorder, *Canadian Journal of Psychiatry, 60* (160-167).

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Background

Chronic Pain and Psychopathology

- So what's the problem?
  - The Golden Rule
    - An underlying medical illness or medication side effect has to be ruled out before every deciding that someone's symptoms are caused by a mental disorder.
  - There are serious risks attached to over-pathologizing somatic symptoms and mislabeling "normal" reactions to being sick.

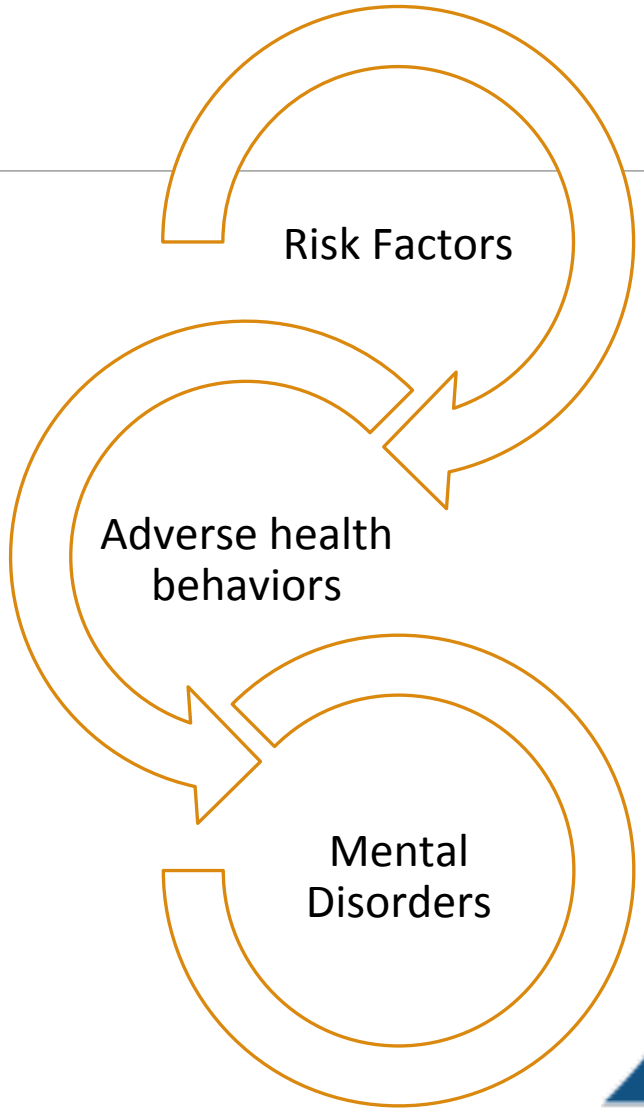
Reference:

Katz, J., Rosenbloom, B.N., Fashler, S. (2015), Chronic pain, psychopathology, and DSM-5 and Somatic Symptom disorder, *Canadian Journal of Psychiatry, 60* (160-167).

Background

Chronic Pain and Psychopathology

- So what's the problem?
- Interaction between chronic pain and psychopathology



Childhood Adversity
- *Loss*
- *Abuse & Neglect*

Heredity
Stress -Adverse life events
SES -Poverty

Sedentary Lifestyle
Smoking/Substance Use
Self care
Symptom Burden
Distress Tolerance

Background

Chronic Pain and Psychopathology

- So what's the problem?
  - Disease & Illness
    - Disease
      - The biological process that is understood at the cellular and organ system level
    - Illness
      - The psychological illness that is understood at the individual and family level

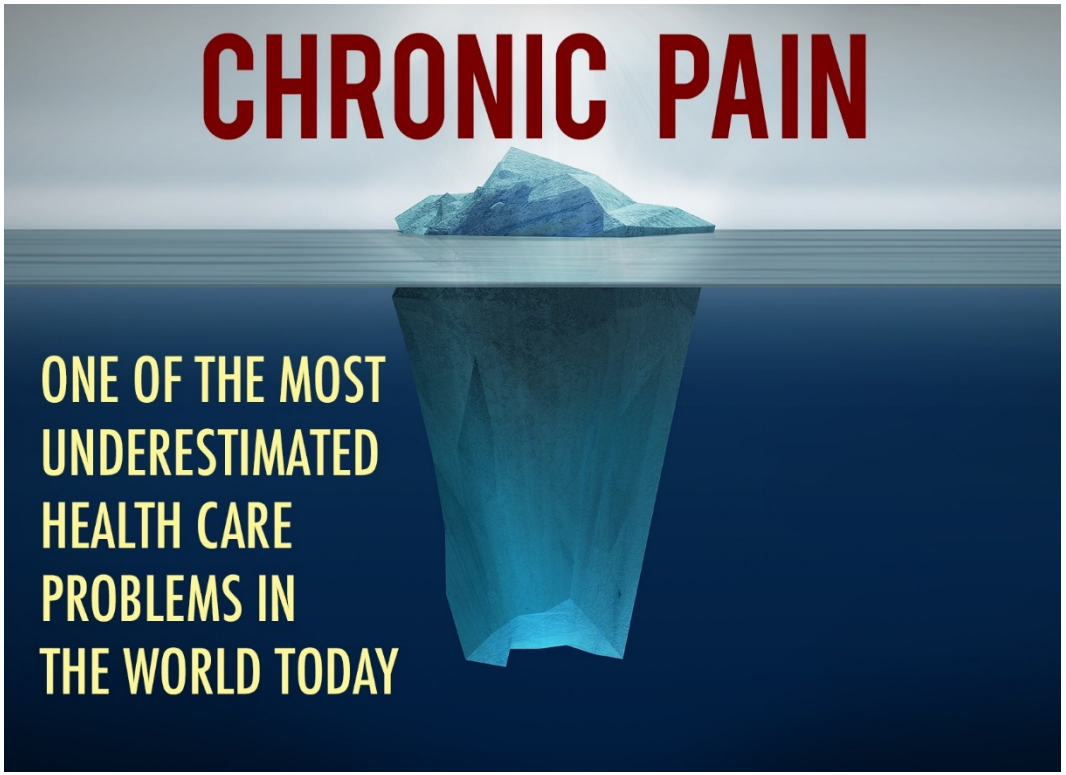
What is Chronic Pain?

Acute Pain vs Chronic Pain

Acute Pain

- Begins suddenly
- Usually has a sharp quality
- Has “adaptive value” in that it serves as a warning signal for:
  - Disease
  - Injury
  - Tissue Damage

What is Chronic Pain?



What is Chronic Pain?

Acute Pain

- Causes
  - Surgery
  - Broken Bones
  - Dental Work
  - Burns, cuts, bruises
  - Labor and childbirth

What is Chronic Pain?

Acute Pain

- How long does it last?
  - A few seconds
  - Severe acute pain can last weeks and months
  - Usually does not last beyond 3-6 months
- Prognosis
  - Disappears after the underlying caused is treated

What is Chronic Pain?

Chronic Pain

- The time frame varies as to when clinicians and researchers feel acute pain becomes chronic pain
  - 3 months
  - 6 months
  - 12 months
- Definition
  - Pain that continues beyond the expected healing period

What is Chronic Pain?

Chronic Pain

- The underlying injury or damage has healed
  - Cannot be seen on an x-ray
- The pain itself no longer appears to have “adaptive value”
  - Increased sensation of pain does *not* always mean further injury or damage
- Prognosis
  - There is no known cure for chronic pain

What is Chronic Pain?

Pain Flares

- Definition
  - Short-term increases in one's usual level of pain.
  - This pain suddenly erupts or emerges with or without an aggravating event or activity.
  - Nutrition plays a role in pain flares

Break Through Pain

- Definition
  - Pain that breaks through the medications patient's are taking to relieve your persistent pain

Fear Avoidant Coping

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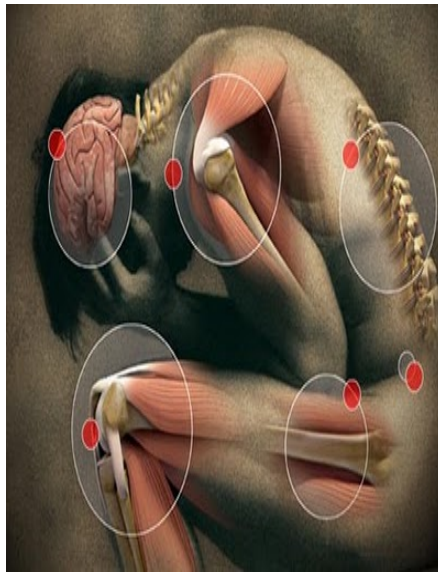
What is Chronic Pain?

Chronic Pain

- Divided into two categories
  - Nociceptive Pain
    - Cause
      - Malfunctioning and/or over activation in the pain receptors
    - Feels like
      - Dull
      - Achy
      - Some feels widespread rather than in a local spot while others feel like in a specific spot
    - Examples: Arthritic pain, fibromyalgia
  - Nociceptive Pain
    - Origins
      - Tendons
      - Muscles
      - Bones
      - Blood vessels
      - Skin
      - Organs of body



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What is Chronic Pain?

Chronic Pain

- Divided into two categories
  - Neuropathic Pain
    - Cause
      - Malfunctioning and/or over activation of the nerves or the nervous system
    - Examples: phantom limb, neuropathy

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What is Chronic Pain?

Central Sensitization Syndrome(s)

- Central Sensitization is a neurological condition caused by damage or malfunction in the Central Nervous System (CNS) which causes sensitization in the pain system.

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DSM-5 Criteria

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DSM-5 Criteria

History of Chronic Pain in DSM

- DSM-II (American Psychiatric Association 1968) had no specific diagnosis pertaining to pain. Painful conditions caused by emotional factors were considered part of the "psychophysiological disorders."

- DSM-III (American Psychiatric Association 1980) introduced a new diagnostic category for pain problems, "psychogenic pain disorder."
  - To qualify for this diagnosis, a patient needed severe and prolonged pain inconsistent with neuroantomical distribution of pain receptors or without detectable organic etiology or pathophysiological mechanism.
  - Related organic pathology was allowed, but the pain had to be "grossly in excess" of what was expected on the basis of physical examination.

Reference

Pain Disorder in DSM-IV http://www.health.am/psy/more/pain_disorder_in_dsm_iv/#ixzz4dKMarK2W

DSM-5 Criteria

History of Chronic Pain in DSM

- DSM-III-R (American Psychiatric Association 1987; Stoudemire and Sandhu 1987). In DSM-III-R, the diagnosis was renamed “somatoform pain disorder,” and three major changes were made in the diagnostic criteria.
  - Requirements for etiological psychological factors and lack of other contributing mental disorders were eliminated.
  - “Preoccupation with pain for at least 6 months” was added.
  - The diagnosis was made when medical disorders were excluded in a patient “preoccupied” with pain.

References
Pain Disorder in DSM-IV http://www.health.am/psy/more/pain_disorder_in_dsm_iv/#ixzz4dKMydFfR

DSM-5 Criteria

The diagnostic criteria for pain disorder that was included in the DSM-IV-TR has been eliminated in the DSM-5.

Reference

https://www.lexisnexis.com/legalnewsroom/workers-compensation/b/recent-cases-news-trends-developments/archive/2013/08/01/pain-disorders-and-the-new-dsm-5.aspx?Redirected=true#sthash.GSGk36Id.dpuf

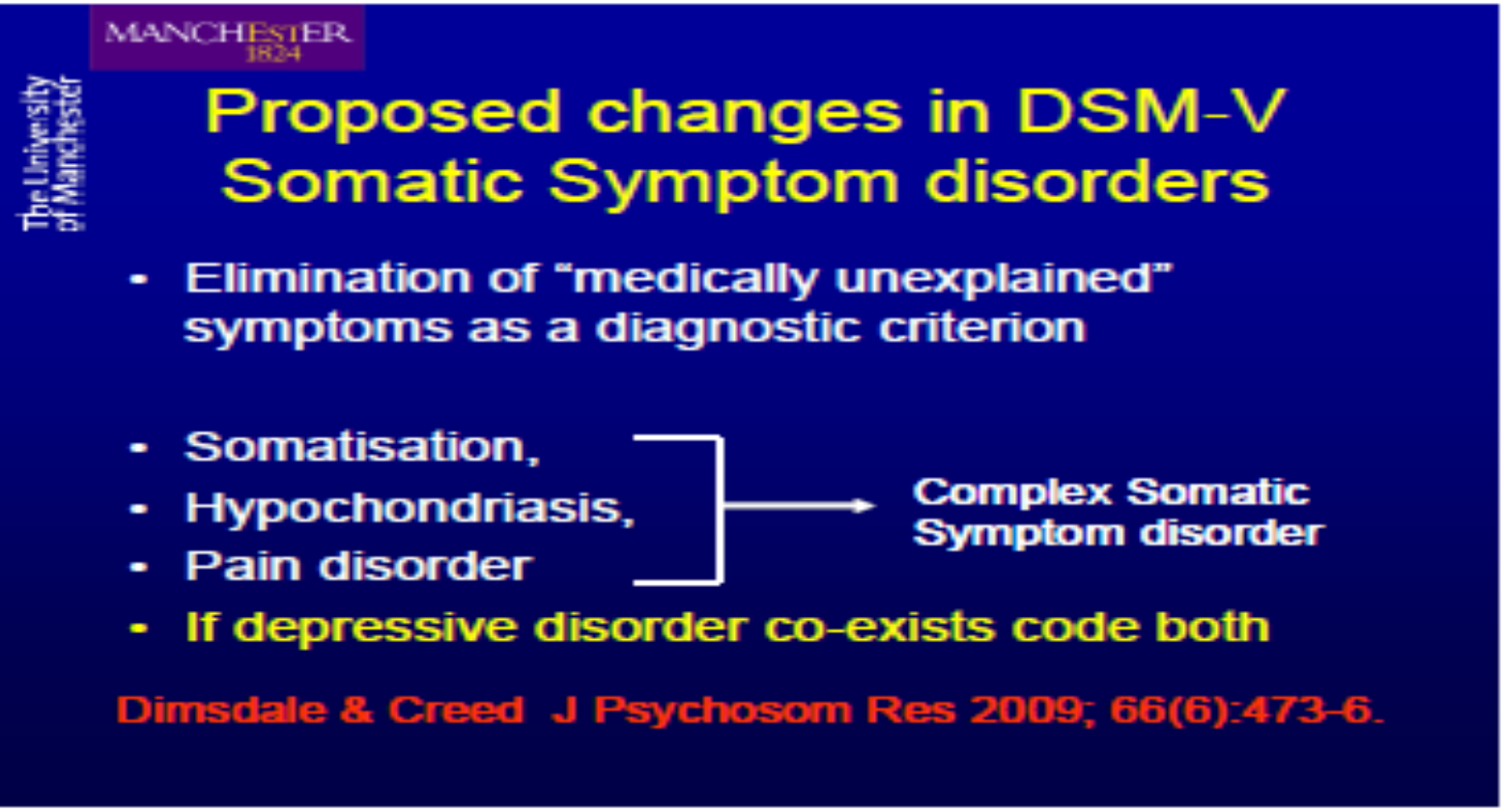
DSM-5 Criteria

Table 1 – Diagnostic categories regarding somatoform disorders in DSM-5 and DSM-IV

DSM-5	DSM-IV
Somatic symptom disorder	Somatization disorder Undifferentiated somatoform disorder Pain disorder Hypochondriasis
Illness anxiety disorder	Hypochondriasis
Conversion disorder (functional neurological symptom disorder[a])	Conversion disorder
Psychological factors affecting other medical conditions	Psychological factors affecting other medical conditions
Body dysmorphic disorder[b]	Body dysmorphic disorder
Factitious disorder[c]	Factitious disorder
Other specified/unspecified somatic symptom and related disorder	Somatoform disorder not otherwise specified

[a] Not part of the somatoform disorders in DSM-IV.
[b] Moved to obsessive-compulsive and related disorders in DSM-5.
[c] Moved from factitious disorder in DSM-IV.

DSM-5 Criteria



DSM-5 Criteria

- Pain disorders are now included within a new diagnostic criteria called Somatic Symptom and Related Disorders.
- The common feature of this disorder category is that individuals have “somatic symptoms associated with significant distress and impairment.”
- The introduction to this new disorder includes the description of the diagnosis is to be made “on the basis of positive symptoms and signs (distressing somatic symptoms plus abnormal thoughts, feelings, and behaviors in response to these symptoms) rather than the absence of a medical explanation for somatic complaints.” (See DSM-5, p. 309.)

Reference

https://www.lexisnexis.com/legalnewsroom/workers-compensation/b/recent-cases-news-trends-developments/arc[illegible]/08/01/pain-disorders-and-the-new-dsm-5.aspx?Redirected=true#sthash.GSGk36Id.dpuf

DSM-5 Criteria

DSM-5 Criteria for Somatic Symptom Disorder

A. One or more somatic symptoms are distressing or result in disruption daily life.

B. Excessive thoughts, feelings, or behaviors related to somatic symptoms or associated health concerns as manifested by at least one of the following:
   A. Disproportionate and persistent thoughts about the seriousness of one's symptoms.
   B. Persistently high level of anxiety about health or symptoms.
   C. Excessive time and energy devoted to these symptoms or health concerns.

C. Although any one somatic symptom may not be continuously present, the sate of being symptomatic is persistent (typically more than 6 months)

Reference:

American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. Washington (DC): American Psychiatric Publishing (2013), p.

311

DSM-5 Criteria

Specify If:

With predominant pain (previously pain disorder). This specifier is for individuals whose somatic symptoms predominantly involve pain.

Specify If:

Persistent: A persistent course is characterized by severe symptoms, marked by impairment.

Specify current severity:

Mild:	Only one of the symptoms specified in Criterion B is fulfilled.
Moderate:	Two or more of the symptoms specified in Criterion B is fulfilled.
Severe:	Two or more of the symptoms specified in Criterion B is fulfilled plus there are multiple somatic complaints (or one very severe symptom.

Reference:

American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. Washington (DC): American Psychiatric Publishing (2013), p.

311

So, how do you decide? Is it medical or mental.

Vignettes

Discussion

Screening Measures?

Thank you!