



Chronic and persistent pain management

How health psychologists can help

For most people, some pain is part of life and short-lived, but for a smaller group of people pain will be severe, long-lasting and can impact significantly on their quality of life. While most people think of pain as being a physical problem, increasingly health psychologists are understanding the role that the brain and how we think and respond to pain, impacts on our experience of pain.

Types of pain

- **Acute pain** is usually a result of tissue damage and swelling, and typically fades as the injury or damage heals after a few days or weeks.
- **Chronic primary pain** refers to pain that persists for at least three months. This is also sometimes referred to as **persistent pain**. The pain is associated with significant emotional distress and/or significant functional disability. It is often related to central sensitisation (definition below) and high unmet needs for pain management.
- **Cancer pain** can be caused by both early and advanced stage cancer. It can also be a side-effect of treatment.
- **Central sensitisation** is a neurological, often opioid-induced condition that causes significant and distressing pain, as well as functional impairment. The pain is real, and often debilitating. It occurs when pain-related nerves transmit pain-related information on a regular basis and in the absence of tissue injury. It is a learned response of the brain, but can be unlearned through lifestyle changes and psychological therapy with a health psychologist.
- **Under-managed pain** can result in increased disability and disease burden, reduced quality of life, and increase a person's use of health services. Under-managed pain may lead to psychological distress (e.g., depression, anxiety), poor sleep, exhaustion, and relationship and career issues. Learn more at <https://bit.ly/3aHTaJN>.

Understanding pain

How can a health psychologist help?

Health psychologists are registered with the Australian Health Practitioner Regulation Agency (AHPRA) and the Psychology Board of Australia (PsyBA), and have undertaken a registrar program to gain an endorsement in Health Psychology.

Health psychologists can support people with chronic and persistent pain to manage the physical, emotional, and psychological effects of chronic pain with evidence-based psychological and behavioural interventions. The interventions are effective because they reduce the reactivity of the central nervous system, and therefore reduce central sensitisation from the brain, and improve clients' ability to cope with chronic pain.

Health psychologists focus on an individual's overall health by applying the biopsychosocial model, which acknowledges the complex interactions among biological, social, and psychological factors, which influence chronic and persistent pain.

Learn more about health psychology and how a health psychologist can help with pain by watching the following videos <https://bit.ly/3cRd1Ja> and <https://bit.ly/3jtZnwR>.

What does the evidence say about chronic and persistent pain?

At least 13% of the population suffer from chronic or persistent pain.

Of these, the majority (56%) will experience a reduction in quality of life and restriction of daily activities.

Psychological treatments for pain

Cognitive Behavioural Therapy for Chronic Pain (CBT-CP)

CBT is a goal-oriented psychological therapy which focuses on attitudes, beliefs, thinking and behavioural patterns. Clients are taught to identify the relationship between their unhelpful thoughts and behaviours, and work on substituting them with effectual, helpful thoughts and behaviours. CBT-CP focuses on how people think and behave in response to pain and includes the use of coping self-statements that retrain the brain to modify the pain messages to the body.

Acceptance and Commitment Therapy (ACT)

ACT is an evidence-based psychological therapy which encourages mindful, values-guided action. It focuses on the acceptance of functional levels of pain symptoms and experiences as opposed to an expectation of total elimination of pain symptoms.

Mindfulness meditation

Mindfulness meditation is a form of psychological practice that teaches clients to slow down their thinking and bring calmness to their mind and body. Techniques vary, but mostly involve breathing strategies that reduce conscious awareness of pain and related thoughts.

Biofeedback

Biofeedback is a treatment used for chronic pain that involves sensors being placed on the client's body while physiological data is produced on a monitor. It has the potential to increase awareness and self-control of physiological responses such as relaxation to reduce pain symptoms, with good evidence for reducing headache pain.

Quota pacing

Quota pacing is a time-driven physical activity schedule for chronic and persistent pain management. This therapy does not focus on the physical sensations experienced by the person, but rather aims to help retrain the messages of pain experience from the brain. It is in contrast to a typical pacing strategy, which uses rest breaks, fragmenting tasks, and alternating physical with sedentary activities. Watch a video on quota pacing by Dr Helen Lindner <https://bit.ly/3lVD2bX>.

What about my lifestyle?

Lifestyle factors, or **biological factors**, can also influence the nervous system, which can modify the process of central sensitisation. Chronic and persistent pain are often associated with lifestyle factors, such as obesity, physical inactivity, poor diet, high alcohol consumption, smoking tobacco, sleep problems, and high pharmaceutical pain relief.

Physical activity keeps people's joints and muscles strong and moving well, and can contribute to enhanced mental health if practised sensibly. Guidance is available from physiotherapists with a titled membership of the Australian Physiotherapy Association in pain management. It is usually best to begin physical activity gradually; physical activity recommendations for adults are to aim for at least 30 minutes and if possible over 40 minutes of moderate to vigorous exercise a day.

There are also specific **diets**, which can help to reduce weight and inflammation, which are associated with chronic and persistent pain. Dietitians can advise clients in these areas. You can review the Australian Dietary Guidelines from the Australian Government at <https://bit.ly/2UTEiFr>.

Sleep disturbance is common in people with chronic pain, but it is important for clients to get quality sleep. Clients can discuss sleep hygiene with their GP, or specific sleep psychology interventions with their psychologist. Sleep needs vary widely across the lifespan. Learn more at <https://bit.ly/370mpFP>.

If you **smoke tobacco**, a health psychologist can help you work toward quitting, using evidence-based techniques. Learn more at <https://bit.ly/3q2V5zl>.

Alcohol should be consumed in moderation, which means between zero and 10 standard drinks a week, and no more than four standard drinks on a day. Assess your drinking habits <https://bit.ly/2MMJUvY>.

Pain medications help to reduce pain in the short-term, but over time can increase pain perception, central sensitisation, as well as neuropathic pain. Opioids can also induce hyperalgesia (enhanced central sensitisation to pain), and should therefore be avoided, where possible. There is also increasing evidence that frequent opioid use can lead to addiction, and accidental death. Opioid use and addiction can be treated with the assistance of a health psychologist.

Further information about lifestyle factors can be accessed on the <https://bit.ly/3IW3q5K>.

Social factors and pain

A number of researchers have demonstrated that social factors, such as **social connectedness** and **social support**, have the potential to influence people's experience of pain.

Scheduling time with family, friends and colleagues can be beneficial, but many people with chronic pain are socially isolated.

Regardless of the situation, whether working or otherwise, most people benefit from making connections through their community or employment. Often chronic pain is associated with non-participation in the labour force. Learn more about ACT and meaningful participation at <https://bit.ly/3kXrjIN>.

A number of researchers have demonstrated that seeking professional support from a health psychologist can address psychosocial risk factors for delayed return to work, and improve employment outcomes, including days of work participation and higher work ability.

Pain support groups facilitated by a health professional, offer support, friendship and information to people experiencing chronic or persistent pain and their families. The Australian Pain Management Association hosts a network of Pain Support Groups (PSG). Find out more at <https://bit.ly/3nM6Bxb>.

A wide variety of support groups and helplines exist around Australia for a variety of pain-related conditions. A current list is available on the PainAustralia website at <https://bit.ly/3IWlr3T>.

The Australian Pain Society (<https://bit.ly/3nRciKz>) and the Pain Revolution Pain Educator Network (<https://bit.ly/337jvOH>) also offer resources and contacts that may be useful.

How do I find a health psychologist?

There are number of ways to access a health psychologist. You can:

- use the Australia-wide Find a Psychologist™ service and search by 'Area of Practice' to find a psychologist with an endorsement in health psychology. Go to findapsychologist.org.au or call 1800 333 497.
- ask your GP or another health professional to refer you.

Acknowledgments

This resource was developed by Health Psychology Services Australia (HPSA), a sub-committee of the APS College of Health Psychologists.



Think Better, Live Better, Be Better

The APS has a number of resources available to assist Australians to manage chronic pain.

Visit psychweek.org.au/2020-resources for more.

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