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CHRONIC PAIN AND PERSONALITY

N. VAKILI
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- There is growing evidence that a large majority of patients who present with chronic pain may also meet the criteria for personality problem .
 - The purpose of this presentation is not to necessarily aid therapists and clinicians to diagnose personality disorders, but to assist them with providing more effective care by understanding some of the characteristics of patients with chronic pain, their tendencies, behaviors, and how to effectively work with them.




Patients with chronic pain often present with psychological difficulties that can be both a consequence of their pain condition and can contribute to their pain, suffering and disability


Is there a particular pain prone personality?


- There are a constellation of personality characteristics that hypothesized placed individuals at risk for developing chronic pain.

Pain-prone persons present with:

- continuous pain
- ergo mania before the onset of pain
- after its onset they become excessively passive (anergic)
- Interviews and psychological tests show that their pain is related to a denial of emotional and interpersonal difficulties and that they tend to idealize their family relationships.

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- varying chronic pain
 - high neurotic symptoms history of defeat
 - a personality to develop pain in response to a real or imagined loss.
 - Cognitive error of catastrophizing
 - pain expressed by patients is a manifestation of guilt
 - pain revealed a self-destructive
 - sadomasochistic style of sexual development.

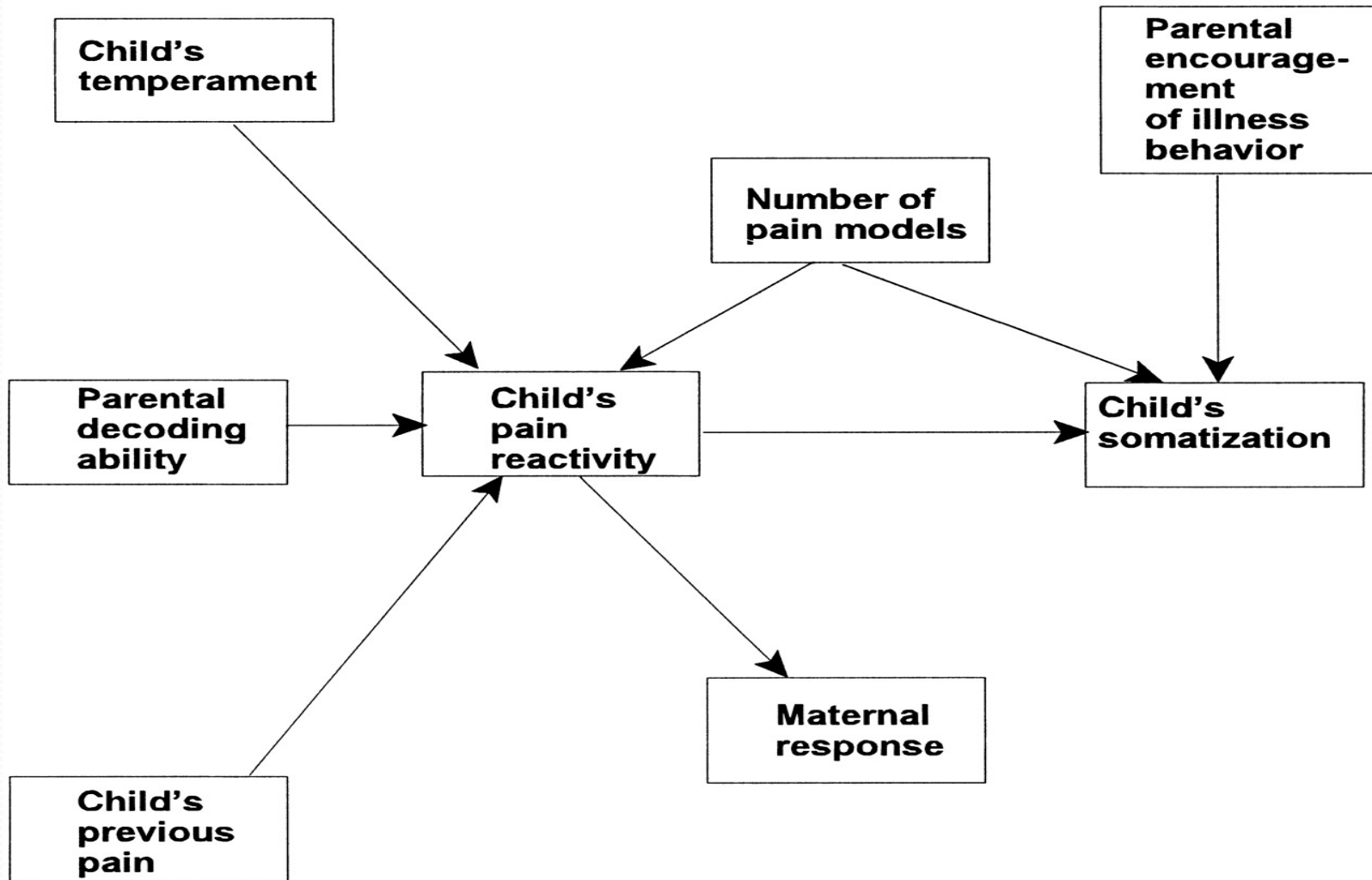
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- doctor shopping
 - proneness to surgery
 - inability to see aspects of their pain in psychological terms
 - reluctance to entertain the possibility that there may not be a diagnosis or 'explanation' for their pain.
 - For all these reasons it may be especially difficult for medical personnel to care for such patients.

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- a history of extensive diagnostic testing and previous surgery, usually with 'negative' or non definite findings.
 - Patients are often insistent that a serious problem is present and may frustrate their doctor's attempt to care for them by difficult behavior and by demanding inappropriate diagnostic tests and procedures.
 - these patients share many psychological characteristics including depressive features, anxiety, sleep disturbance, withdrawal, fatigue, loss of libido and pre-occupation with pain.

Etiology


- parental encouragement of illness behavior
- the number of pain models in the home are viewed as predictors of somatization.
- Pain reactivity also is seen as having a central role as a predictor of somatization and parental behavior during inoculation.
- Pain reactivity, in turn, is viewed as reflecting previous pain experience, temperament, parental decoding ability, and number of pain models.


Conceptual model of predictors of pain reactivity and somatization.



Behavioral pain change personality in chronic pain patients

- Pain behaviors are behaviors that may communicate to others that a person is experiencing pain.
- They include behaviors such as resting, guarding, grimacing, asking for help, taking medication, and other observable behaviors. Most people engage in these behaviors when in pain.

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- Constant pain changes a person. Medications change a person. Until you find you are no longer who you were. Some of these changes are from the coping process. We do what we need to, behave as we need to and act as we need to in order to function in the outside world.
 - From this we develop a facade of wellbeing to distance others and ourselves from our pain.

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- Some pain behaviors can be helpful to people in pain, especially when they first start experiencing problems. Some of these strategies can help protect a person from making the pain worse.
 - The behaviors also may encourage others to offer support or assistance.
 - However, in the long-term some behaviors can make things worse. It may be possible to help people change their pain behaviors. This may protect them from future problems.



Thank you for your kind attention