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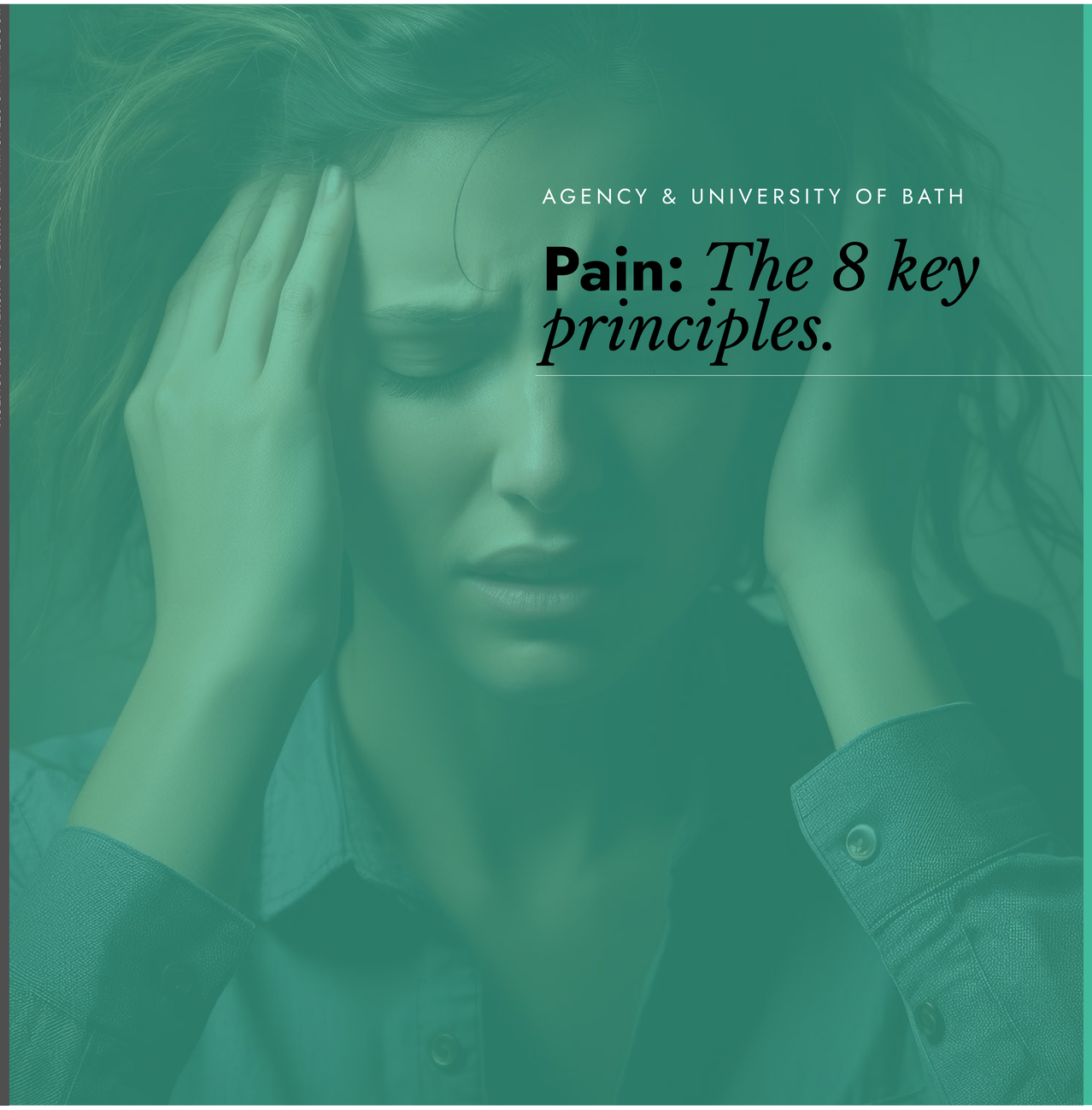
Painful *conversations:*

ENTER

Pain: The 8 key principles

Is improved healthcare communication the key to overcoming the paradox of pain?



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Pain: *The 8 key principles.*

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INTRODUCTION

Pain: *The 8 key principles.*

A staggering 15.5 million people in England suffer from chronic pain (34% of the population) [REF], **a number which eclipses the 4.8 million people currently living with diabetes across the entire UK** [REF].

This underscores the pressing need for us, as healthcare professionals (HCPs) and an industry, to deepen our understanding and enhance our capacity to treat chronic pain effectively.

But where do we begin?

In 2019, a survey conducted by the European Pain Federation at the EFIC Congress shed light on the unmet needs of chronic pain patients [REF].

This survey illuminated several key issues, which included:

- Lack of knowledge about how to manage chronic pain in primary care.
- Lack of resources/time to assess and manage chronic pain.
- Lack of sufficient tools to identify patients at risk for functional impairment.

This lack of knowledge and understanding of chronic pain is due to the complexity and nature of the topic [REF].

Therefore, our journey toward addressing chronic pain comprehensively must start with addressing these fundamental challenges.

What *is pain?*

To tackle the issue of the limited knowledge surrounding pain within the healthcare field, it's essential we follow a systematic approach.

As suggested by Professor Christopher Eccleston, Director of the Centre for Pain Research at the University of Bath and expert in evidence-based medicine and digital therapeutics, the first step involves examining why this knowledge gap exists.

He believes this gap largely stems from the complex and elusive nature of pain, which is a paradox that's challenging to categorise. There are eight significant reasons behind this complexity.

Therefore, we must share knowledge of pain's essence to ensure we possess a comprehensive grasp of pain.

We need to promote better communication - a crucial factor that will enable us to assess and treat pain effectively.

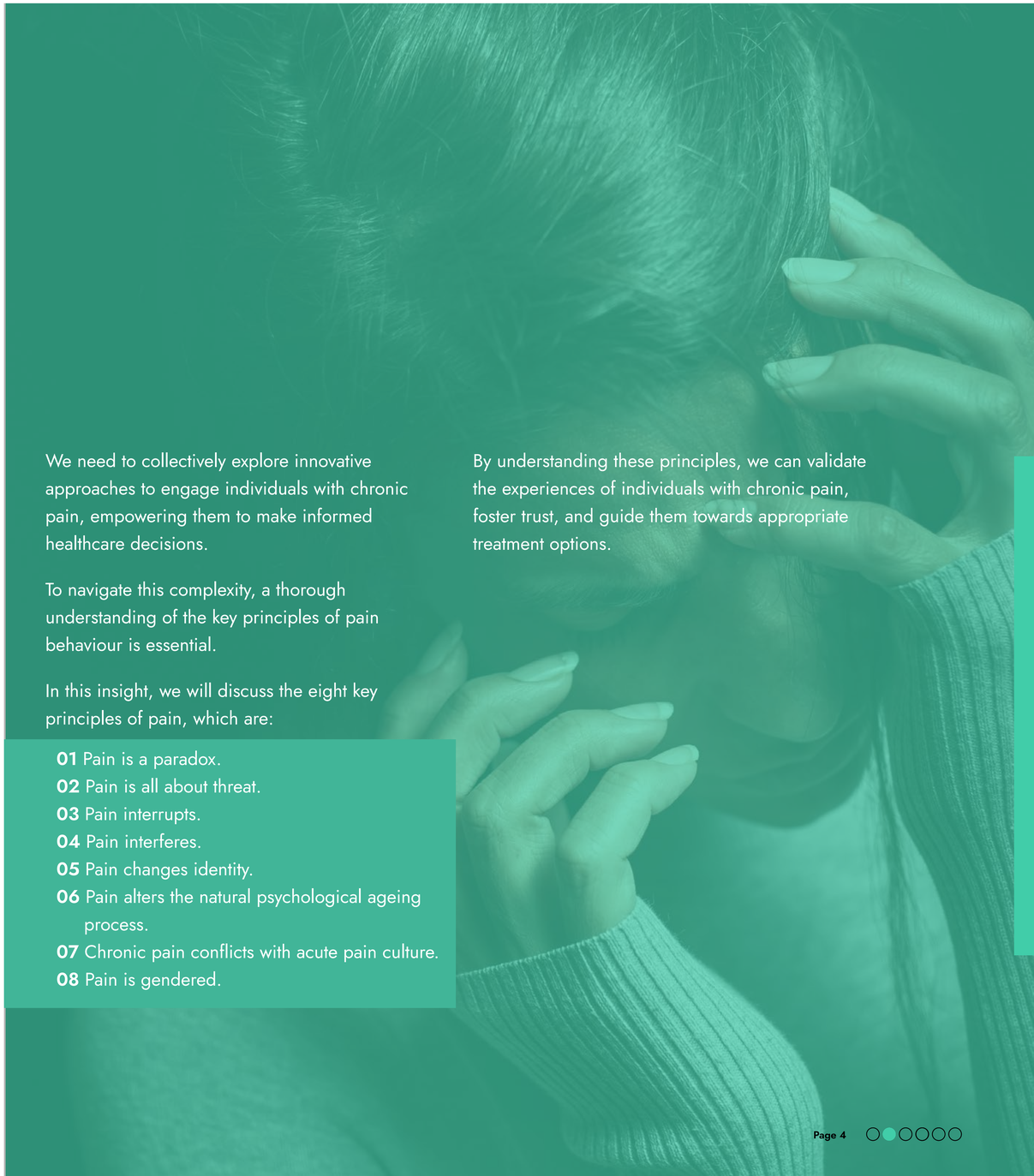
This collaborative effort has the potential to significantly improve patient healthcare outcomes and will mark an advancement in pain management within the healthcare community.

Pain is more than a physical sensation.

Pain goes beyond physiological trauma; it encompasses many factors such as psychology, social dynamics, environmental influences, emotions, and behaviours [REF].

Chronic pain, in particular, has a profound impact by reshaping behaviour and impairing rational thinking, often leading to adverse outcomes [REF] [REF][REF].

Communicating effectively with individuals with chronic pain poses a difficult challenge due to the condition's intricate nature, resulting in a lack of understanding and an inability to treat it.



We need to collectively explore innovative approaches to engage individuals with chronic pain, empowering them to make informed healthcare decisions.

To navigate this complexity, a thorough understanding of the key principles of pain behaviour is essential.

In this insight, we will discuss the eight key principles of pain, which are:

01 Pain is a paradox.
02 Pain is all about threat.
03 Pain interrupts.
04 Pain interferes.
05 Pain changes identity.
06 Pain alters the natural psychological ageing process.
07 Chronic pain conflicts with acute pain culture.
08 Pain is gendered.

By understanding these principles, we can validate the experiences of individuals with chronic pain, foster trust, and guide them towards appropriate treatment options.

WHAT ARE

The 8 key *principles of pain.*

01

Pain is a paradox.

It's crucial to recognise that approximately 20% of individuals worldwide suffer from chronic pain [REF], a staggering statistic that amounts to roughly 148 million people in Europe alone, equivalent to the combined populations of Germany and France [REF][REF][REF].

This issue, as David M. Morris noted in "The Culture of Pain," represents an immense but often invisible crisis at the centre of contemporary life [REF].

The paradox lies in the fact that despite its prevalence, chronic pain often remains hidden, silenced by the very nature of the sensation itself.

This complexity makes it challenging to articulate the experience accurately.

Societal factors, such as the instinct to conceal pain as a sign of weakness, discourage open expression.

Additionally, the frustrating and perplexing nature of pain's treatment, or lack thereof, leads to avoidance in discussions.

Chronic pain is frequently underestimated, primarily due to the difficulty patients face in effectively communicating their pain to HCPs and loved ones.

When engaging in conversations about pain, we must be prepared to navigate discussions with individuals who may be reluctant to broach the subject or avoid it altogether.

02

Pain is all about the threat.

Pain, at its core, serves as a vital alarm system designed to alert us to potential dangers in our environment.

It's a sensation deeply rooted in our survival instincts.

When we engage individuals in pain assessments, we ask about their experiences to better understand their condition: How does it feel? Where is the pain located?

However, it's essential to recognise that when people are in pain, their responses often reflect the disruptive and frightening nature of the sensation itself.

Pain's existence is intricately linked to our instinctive need for safety and survival, compelling us to retreat from danger and facilitate the healing of injuries.

Chronic pain, characterised by the fear of further injury, catastrophic thinking regarding coping mechanisms, and the potential development of depression, arises primarily from the persistent pain within the individual's body rather than external environmental factors.

In pursuing effective pain management and patient care, let us remember the relationship between pain and survival.

WHAT ARE

The 8 key *principles of pain.*

03

Pain interrupts.

Pain is designed to interrupt our activities and redirect our focus when potential dangers are in our environment.

In the context of chronic pain, this interruption becomes a persistent source of stress, even when the pain signal itself is not aversive.

Experimental studies have compellingly shown that both induced and chronic pain can significantly impair our decision-making abilities, concentration, and memory.

What's more, the constant presence of pain can detrimentally affect our financial decision-making, as pain interrupts our thought processes, potentially resulting in less sound financial choices.

This underscores the far-reaching impact of chronic pain, which not only affects physical well-being but also interferes with various aspects of life, including cognitive functioning and financial stability.

As HCPs, it's essential to consider these multifaceted effects of chronic pain when devising treatment plans and supporting patients in their journey toward improved well-being.

04

Pain interferes.

Chronic pain extends its impact far beyond physical discomfort.

It imposes significant losses in function, work capabilities, and, to a certain extent, even interpersonal relationships.

This persistent pain operates as a disruptive, threatening force, repeatedly interrupting individuals' lives and hindering their daily journey.

Pain is more than just a sensory experience; it represents an interruptive, menacing function that obstructs people from realising their goals, plans, and ambitions.

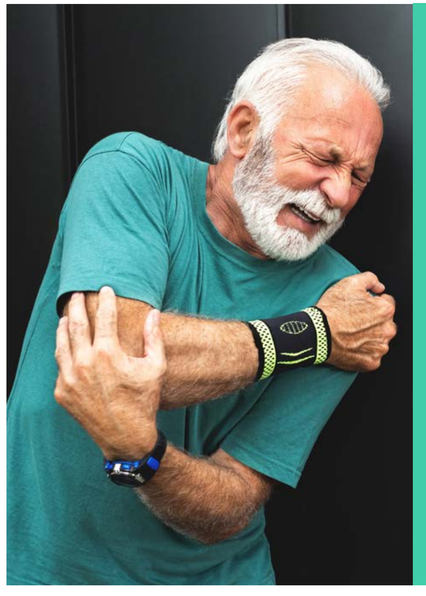
This interference can manifest in deeply personal ways, where individuals may fear simple acts of compassion, like hugging their own children, due to the apprehension of pain.

Similarly, the loss of independence as they rely on others for basic tasks can be profoundly distressing.

It's essential to recognise that pain's interference doesn't only affect the individual experiencing it; it also affects their loved ones.

This is because life planning and activities are often intertwined within cherished relationships.

As HCPs, we need to appreciate the holistic impact of chronic pain, addressing not only the physical aspects but also the emotional and interpersonal dimensions of our care and support.



WHAT ARE

The 8 key *principles of pain.*

05

Pain changes identity.

The activities and passions individuals hold dear define their identity and shape their sense of self.

Chronic pain presents a barrier to engaging in what one loves.

It obstructs the journey toward becoming one's true self, the person they aspire to be, and the person society expects them to become.

This interference extends beyond mere activities; it threatens something fundamental within us that distinguishes our character.

Chronic pain can create a disconnect, making individuals question whether the person in pain is genuinely them, altering not only their engagement in activities but their very sense of self.

In cases where younger individuals contend with musculoskeletal diseases, they may struggle with the misconception that such conditions are exclusively associated with older age.

This can lead to resistance to seeking treatment, as it implies an unwelcome identity shift. Some may even avoid treatment to sidestep the notion that they are prematurely "ageing".

As HCPs, we need to acknowledge these complex dynamics and work collaboratively with people with chronic pain to preserve not only their physical well-being but also their sense of self and identity.

06

Pain alters the natural psychological ageing process.

Chronic pain, especially when stemming from musculoskeletal conditions, presents a unique challenge as it disrupts not only our physical capabilities but also our ideas of ageing and personal development.

As we age, we accept that certain activities become more challenging, and our goals may need adjustment.

However, chronic pain thrusts us into a sudden and often unwelcome halt. It can be seen as accelerating the ageing process, robbing us of the comfort and ease of movement we once enjoyed.

Pain interferes with the natural ageing process, forcing us to confront a difficult question: Do we accept pain as an inevitable part of getting older, or do we take steps to address and ease it?

Chronic pain forces us into this internal struggle, challenging our perceptions of ageing and urging us to choose how we navigate this complex journey.

As HCPs, we need to engage in compassionate and supportive communication with people dealing with chronic pain, acknowledging its many impacts on their lives, including their sense of ageing and self-acceptance.

WHAT ARE

The 8 key *principles of pain.*

07

Chronic pain conflicts with the acute pain culture.

In our clinical practice, pain management often relies on using analgesics, reflecting the cultural acceptance of these medications in our society.

This analgesia culture has long held the belief that pain is typically short-lived, diagnostically valuable and that acute withdrawals are necessary for repair and improvement.

As we grow and develop, we are taught to view pain as a transient experience that we should push through, withdraw from temporarily, and ultimately emerge stronger.

Chronic pain operates on an entirely different level.

It is not short-lived, rarely diagnostically illuminating, and withdrawal from daily life can prove toxic and dangerous.

Chronic pain cannot be pushed through or avoided as it is continuous and ever-present.

We need to recognise and navigate these differences, adjusting our treatment strategies and approaches to address the unique challenges of chronic pain.

08

Pain is gendered.

Women, in general, feel more pain.

It's important that we confront the dissimilarities in pain management that often affect women and men differently.

Scientific reviews consistently show that women are more frequently diagnosed with chronic pain than men [REF].

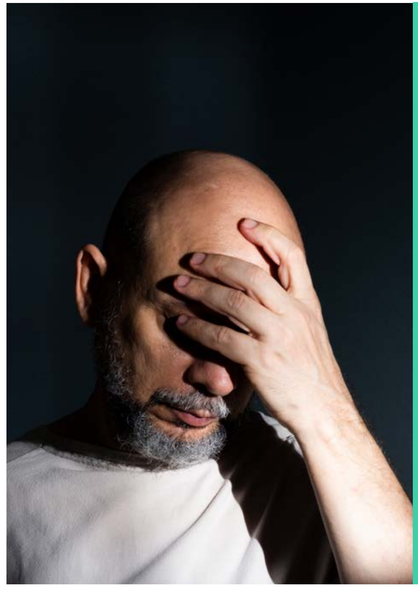
Paradoxically, despite their higher prevalence of pain, women often receive less effective pain relief [REF][REF][REF], fewer pain medications with opioids [REF][REF][REF], more antidepressants [REF][REF][REF] and mental health referrals compared to men [REF][REF][REF].

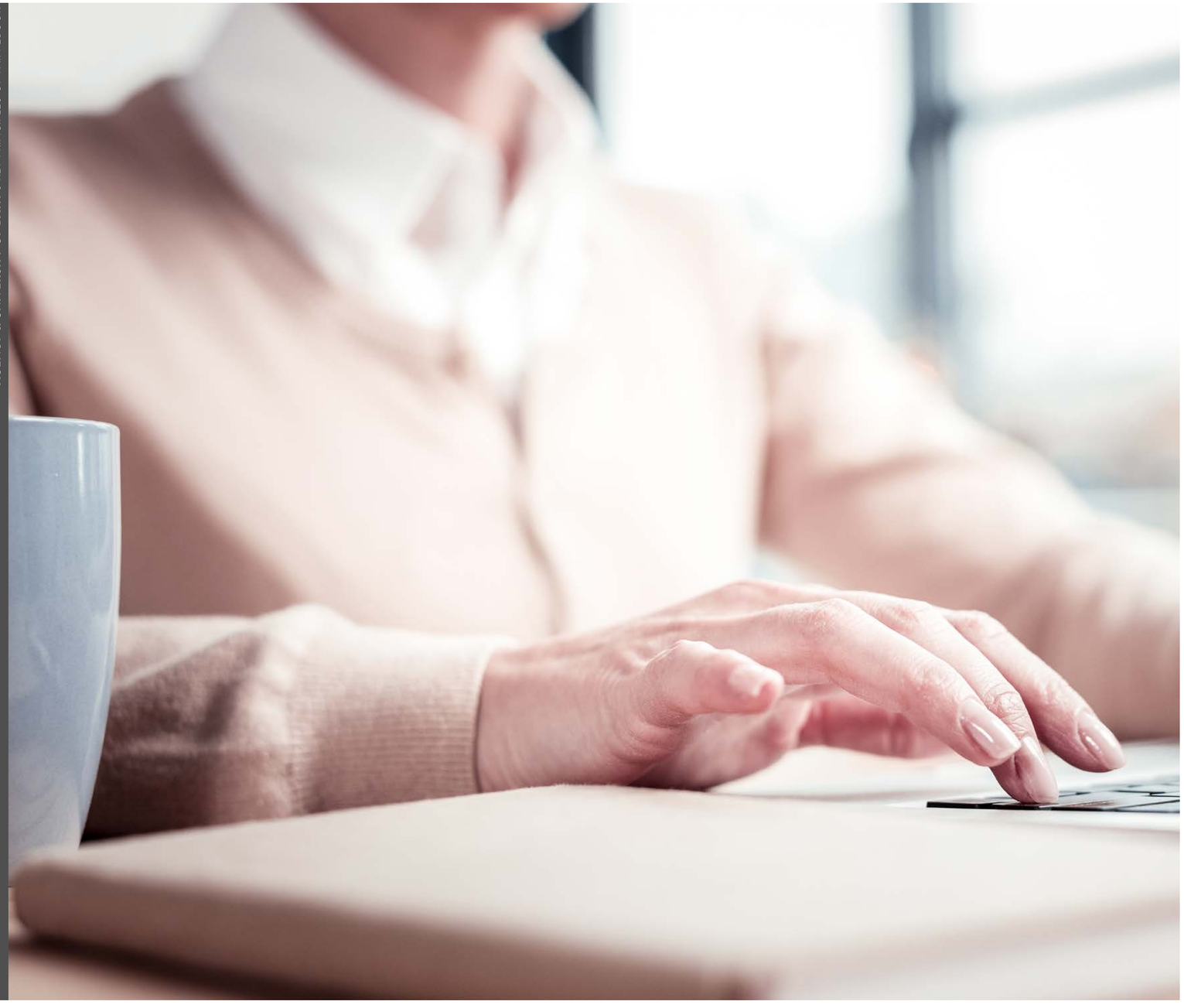
Moreover, it's troubling that most analgesic communication is targeted towards men, while many analgesic studies exclude women, even though they bear the brunt of chronic pain diagnoses.

On the other hand, men are less likely to report pain than women [REF][REF], which may stem from societal perceptions of masculinity.

For men with chronic pain, the suffering often poses a threat to their sense of masculinity, resulting in feelings of frustration, irritation, shame, and grief as they deal with the loss of what they perceive as a core aspect of their identity [REF].

It is our responsibility to address these gender-specific pain management challenges and ensure that everybody, regardless of gender, receives equal care and support.





Conclusion.

As we navigate the complexity of chronic pain, it's important that we collectively steer away from the terrible consequences of misunderstanding and underestimating this chronic condition.

By embracing a future where we prioritise empathetic communication, holistic treatment, and gender-sensitive care, we can guide individuals living with chronic pain to find the support, validation, and effective solutions they deserve.

Together, we can transform the invisible chronic pain crisis into a visible triumph of compassionate healthcare and improved quality of life.

Your *next steps.*

If you would like to hear more on the topic of pain research, contact Professor Christopher Eccleston.

Need help with communicating with patients? Get in touch with AGENCY to see how we can help you enhance trust, empower individuals with a greater sense of control and enable informed decision-making.

Get in touch now at **www.agencybristol.com**

Professor Christopher Eccleston

PROFESSOR CHRISTOPHER ECCLESTON - BIOGRAPHY:

Professor Christopher Eccleston is a distinguished figure in the field of medical psychology, renowned for his significant contributions to pain research and management. Born into the realm of academia, he currently holds the position of Professor of Medical Psychology at the University of Bath, UK, where he directs the Centre for Pain Research. His journey has been marked by a relentless pursuit of understanding the intricate interplay between physical experience, cognition, and emotion, particularly in the context of chronic pain.

In 1995, Professor Eccleston laid the foundation for the Bath Pain Management Unit, an initiative that would become a cornerstone in the treatment of chronic pain. Up until 2011, he directed the unit, pioneering intensive treatment programs that catered to both adolescents and adults living with the challenges of chronic pain. His innovative approaches have left an indelible mark on the landscape of pain management.

He continues to innovate pain management solutions, working to develop novel virtual reality rehabilitation treatments. He consults internationally on the development of new treatment programmes and centres, with visiting positions at Great Ormond Street Hospital, London, The University of Helsinki, Finland and the University of Ghent, Belgium.

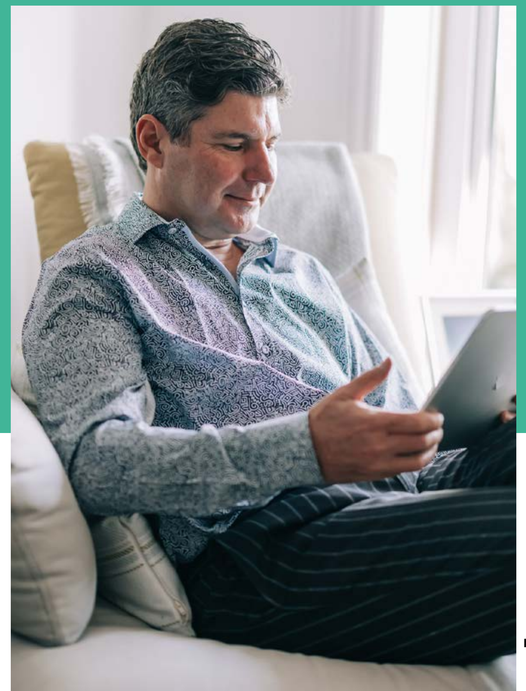
At the heart of Professor Eccleston's academic pursuits lies a deep-seated interest in unravelling how individuals interpret physical sensations, the influence of social and cognitive factors on actions in pain, and the emotional context that shapes rehabilitation concerning pain management. His multifaceted responsibilities encompass driving innovation in pain management, leading research endeavours, and providing consultancy in pain and rehabilitation.

Professor Eccleston's research portfolio covers crucial areas such as evidence-based pain management, self-management of chronic illness, assistive rehabilitative technology, adolescent chronic pain, parenting, and attentional mechanisms of analgesia. His passion for forging alliances between neurobiology and experimental psychology has driven him to address grand challenges in predicting, treating, and managing chronic pain.

Professor Eccleston has authored and co-authored a staggering 300 papers to date, solidifying his position as a thought leader in the field. His contributions extend beyond academic journals, with notable publications including "Embodied: The Psychology of Physical Sensation" (2016), "European Pain Management" (2018) and "Work and Pain: A Lifespan Developmental Approach" (2020), all published by Oxford University Press.

In 2018, Professor Eccleston won the Ronald Melzack Award for Contribution to Pain Science, recognising his commitment to advancing pain research.

As Professor Christopher Eccleston continues to shape the discourse surrounding pain management, his vision extends to creating new models of care across Europe, aiming to enhance access to treatment. His dedication to the intersection of neurobiology and experimental psychology sets a powerful precedent for future chronic pain research and management endeavours.



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