

# **Depression Caused by Chronic Pain**

**Nelson Hendler, M.D., M.S.**

The chronic pain patient presents a difficult diagnostic and management challenge. The relationships between depression and chronic pain, and the stages of chronic pain with their associated psychiatric symptoms, are reviewed. The methods of validating pain and the most commonly missed causes of chronic pain are described. It is clear that depression associated with chronic pain is a complex problem necessitating a careful multidisciplinary approach if misdiagnosis and inappropriate or insufficient treatment are to be avoided. (J Clin Psychiatry 45 [3, Sec. 2]: 30-36, 1984)

Almost all patients with chronic pain are depressed. In the majority, pain is the source of depression: in a few, chronic pain is a manifestation of depression and anxiety. Because pain is a totally subjective experience, the patient with chronic pain presents a difficult diagnostic challenge. Costly and protracted efforts may be made to establish an organic cause for the pain. Often, these efforts are unsuccessful, not because an organic basis for the pain is lacking, but because there are only a few measurable physiologic changes that correlate with pain. Inappropriate treatment of chronic pain further entrenches learned pain behavior, creating a host of medical and social problems. Patients find they must prove that their pain is real, and they use the health care system to do this. Many chronic pain patients are addicted to narcotics and misuse other drugs, usually tranquilizers, in ways that actually worsen pain and related symptoms.

The term "chronic pain" is often applied rather loosely to subsets of pain patients who, in fact, have differing and distinctive characteristics. In the context of this discussion, chronic pain refers to back and limb pain, as opposed to headache, gastrointestinal distress, genital pain, and cancer pain. The distinction is important, because each type of pain entails different psychological implications and has different meanings to patients. Chronicity of pain is really the only common feature of chronic back pain and chronic headache, for example. However, different kinds of pain tend to be associated with certain specific fears. Cancer patients fear dying; patients with genital pain fear sexual loss; and so on. This observation, along with the rest of this presentation, is based on an analysis of 358 inpatient admissions to Mensana Clinic, roughly 1,200 outpatient visits to the same clinic during the past 5-1/2 years, and on my 8 year's experience as a psychiatric consultant to the Chronic Pain Treatment Center when it was part of the Department of Neurosurgery at Johns Hopkins Hospital.

## **"PSYCHOGENIC" PAIN**

Much confusion about chronic pain arises from the mistaken belief that, absent underlying organic disease, such pain is largely imaginary. In our practice, we do not see the psychological, psychogenic, or psychosomatic pain so often discussed. Indeed, it is my belief that the psychogenic pain diagnosis is made far too freely, often without reference to the patient's actual psychiatric status and history.

Frequently, this label is applied by professionals other than psychiatrists or psychologists - nurses, neurosurgeons, orthopedic surgeons, etc. - either because the patient fails to respond to medical or surgical treatment or because the patient is extremely difficult to manage. In the mid-sixties, Eugene Meyer analyzed the reasons for psychiatric referral of medical and surgical inpatients in a large city hospital. He found that in many cases, the referral was triggered by difficulty in managing the patient on the floor, rather than by any objective evidence of a mental disorder.

It is also my experience that when orthopedic surgery especially disc surgery, fails to clear pain symptoms, the psychogenic label is often applied. The patient is told, "The pain is in your head," rather than, "The surgery didn't give the good result we hoped for." The patient, of course, knows the pain is real, and he or she is infuriated to have someone suggest that there is a mental problem. The therapeutic alliance that may have existed between patient and physician is weakened or destroyed. And, if the pain persists, management of the depression that will inevitably result may become more difficult because of the "mental problem" stigma.

It is easy to be misled, of course. Depression and other psychiatric disorders are frequently manifested in somatic complaints, resulting in misdiagnosis. The clinician needs to be ever vigilant to the possibility that the patient's pain and other physical complaints may have a psychological origin. At the same time, he or she must recognize that the reverse is often true: Psychiatric problems - especially depression - can arise from physical disease.

## **DEPRESSION AND CHRONIC PAIN**

Chronic pain and depression are closely linked. Chronic pain almost always leads to depression: This is normal - a point we emphasize to our patients. However, depression is rarely manifested by chronic pain. The first question we ask...

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