The Trials & Tribulations of Explaining Pain

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The Problems We Have Faced

**Internal**
- Resources – time, place and pathway
- Our story
- Staff training
- NOI, Books, Teesside University and others

**External**
- Patients will not understand PNE
- The evidence suggests they will \((1,2,3)\)
- PNE will not benefit patients
- Growing body of evidence (level I)\(^{(4)}\)
- What is the mechanism of action?
Mechanism of Action

(Vlaeyen and Linton, 2000)
Pain Beliefs

Pain Beliefs (6)
- Evolution (personal experience)
- Society (experience of others, media, culture)
- Medical profession

Medical model
- Dominate and stable within society (7)
- Patients beliefs are commonly based on tissue damage or uncertainty (8,9)
  ‘a lot of wear and tear on the lower discs and on the vertebrae’
  ‘Well I think simply its damage to the nerves basically and I don't think that's reversible’
  ‘Because you think of all sorts, you know you think of cancer of the spine and you think of all sorts and I’m thinking well what can it be’
Mechanism of Action

• Pain Reconceptualisation (10)

Pain does not provide a measure of the state of the tissues

Pain is modulated by many factors across semantic, psychological and social domains

The relationship between pain and tissue becomes less predictable as pain persists

Pain can be conceptualised as the implicit perception that tissue is in danger

• Changing beliefs (11)

The learner must have the ability to understand the concept

They must find the concept plausible

They must be dissatisfied with their existing concept

The new concept must be useful to them
Are Patients Dissatisfied with their Understanding of Pain?

• Some patients are unsure (9)
  ‘What it is. I’ve never really had an answer to what it is, what causes it’

• Some patient might be unaware of alternative explanations (9)
  ‘things like the sensitivity is a kind of new thing that no one had offered before’

• Some patients are satisfied with their understanding (9)
  ‘...it just didn't do nowt [nothing] and I explained at the end I thought it was a waste of time’
Do Patients Understand?

• The evidence suggests patients can understand pain neurophysiology\(^{(1, 2, 3, 12)}\)

• We underestimate their ability to learn\(^{(3)}\)
Do Patients Find PNE Plausible?

• Understand their belief
• All pain is influenced by Bio psychosocial factors
• Demonstrate this with examples, stories, metaphors
• Bio psychosocial model doesn’t ignore the Bio/structure but includes neurophysiology
• Transition of beliefs
Discussing the Brain and Pain

• Choose your words carefully
• Start with a clear statement about what you are NOT implying
• State you are describing real changes
• Use commonly recognised term and conditions
• Serotonin, endorphins, adrenalin, dopamine
• Lower back pain, phantom pain
Is Explaining Pain Useful?

• Pain theory says YES!
• If we can turn it up we can turn it down
  – Evidence to support the effect of PNE \((1,2,3,4,5,8,9,12)\)

• Patients need an explanation
  Evidence suggest this reduces stress \((13)\)

• Manage expectations
  – Often not a cure or a quick fix
  – Sell the other benefit to health and quality of life
Can We Do More?

- Experiential learning
- Sensory illusions
- Metaphors
- Visual aids
- Virtual reality
# The Evidence for PNE

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References


2. Robinson, V. King, R. (2013) Neurophysiology of pain education as part of a pain management service decreases fear avoidance and increases patient’s understanding of the neurophysiology of chronic pain at four month follow up. Journal of the Physiotherapy Pain Association. 34, 30-33


References


