

Helsetjenesten trenger økt satsing på helsepsykologi

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Psychology affects illness



- Coronary Heart Disease (CHD):
 - **Anxiety** symptoms predict CHD 11 years later
 - (Roest et al, 2012; meta analysis of 20 studies, 250,000 people)
 - **Depression** independent risk factor for:
 - Developing heart disease (X4) (Hippisley-Cox et al 1998; Osborn et al 2007)
 - Death after a heart attack (X2 – 3.5) (Frasure Smith)
 - Death after bypass surgery (X2) (Blumenthal et al, 2003)

Lave ryggsmarter ...

- Aktivitetsbegrensende ryggsmarter: 7,3% → 540 millioner personer. År levd med hemmet funksjon (YLD) – økt med 54% siste 25 år.
- LBP største årsak til hemmet funksjon globalt.
- 80% har minst ett rødt flagg
- Billeddiagnostikk:
 - Ingen evidens for bedre utbytte av behandling
 - Vanlig med funn hos personer uten smerte/plage.
- Australia – 1172 akutte ryggplager: spesifikke årsaker til lav ryggsmerte hos 0,9% (fraktur vanligst)

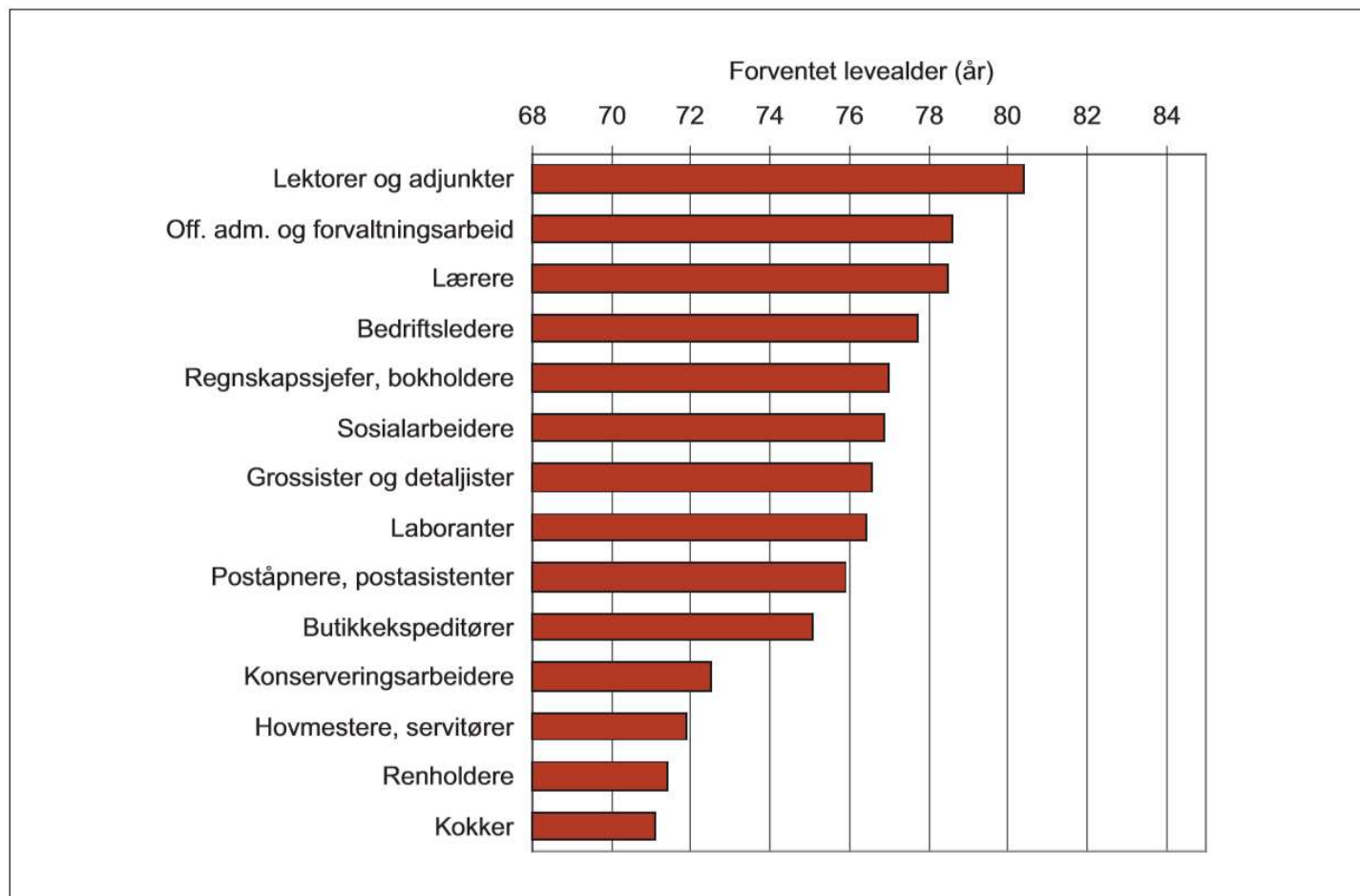
Hartvigsen et al., What low back pain is and why we need to pay attention, Lancet. 2018 Mar 20. doi: 10.1016/S0140-6736(18)30480-X. [Epub ahead of print]

Hva vet vi om lave ryggsmarter?

- Bio-psyko-sosiale faktorer:
 - Uklare biomedisinske faktorer
 - Psykologisk: depresjon, angst, verstefallstenking, mestringstro, bevegelsesfrykt
 - Sosiale/samfunnsforhold: lav inntekt, lav sosio-økonomisk status.
- Behandling/forebygging
 - Retningslinjer: rådgiving, ikke-medikamentelle løsninger, aktivitet.
 - Praksis: ikke rådgiving, ofte billeddiagnostikk, medikamentelle tiltak (evt. opioider). For mange invasive tiltak/operasjoner.
 - Biomedisinsk.

Foster et al., Prevention and treatment of low back pain: evidence, challenges, and promising directions. Lancet. 2018 Mar 20. doi: 10.1016/S0140-6736(18)30489-6. [Epub ahead of print]

Sosiale forhold – sykdom og levealder



Figur 2.11 Forventet levealder for enkelte yrker, menn (basert på yrke ved folketellingen i 1980 og dødsfall observert i 1996–2000).

Kilde: Statistisk sentralbyrå

Tverrfaglighet

Smerte - Tverrfaglighet

- Smertebehandling
 - LBP
 - Smerteklinikker
 - Rehabilitering
 - Generelt svak evidens, men i samme retning: beskjeden, men langvarig effekt.
- Forskning – tverrfaglige miljøer
- NB: tverrfaglighet er mer enn involvering av ulike fag: samtidighet i vurdering og behandling av pasient eller faglige tema.

Health psychology

- the aggregate of the specific educational, scientific, and professional contributions of the discipline of psychology to
 - the promotion and maintenance of health,
 - the prevention and treatment of illness,
 - the identification of etiologic and diagnostic correlates of health, illness, and related dysfunction", (s. 815)
 - and - the improvement of the health care system and health policy formation

Helsepsykologi

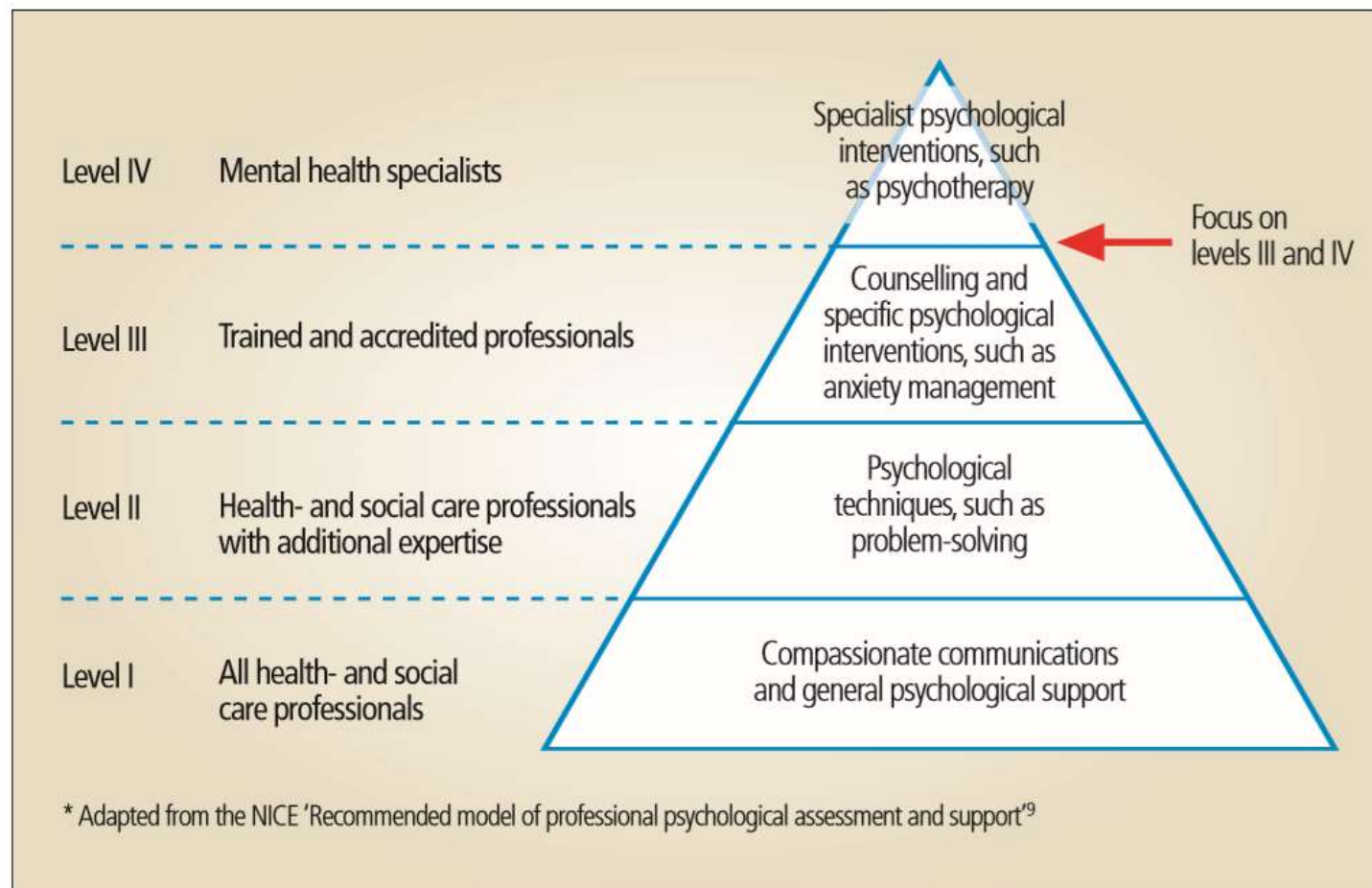
Psykologiske bidrag (utdanning, forskning og klinikk) til

- Forebygge og behandle sykdom
- Helsefremming
- Kartlegge faktorer som påvirker helse og sykdom
- Påvirke behandlingssystem og helsepolitikk

The EAPC Task Force on Education for Psychologists in Palliative Care

An initiative is under way to define the role of, and develop an international core curriculum for, psychologists in palliative care. **Saskia Jünger, Sheila A Payne, Anna Costantini, Christine Kalus** and **James I. Werth Jr** report

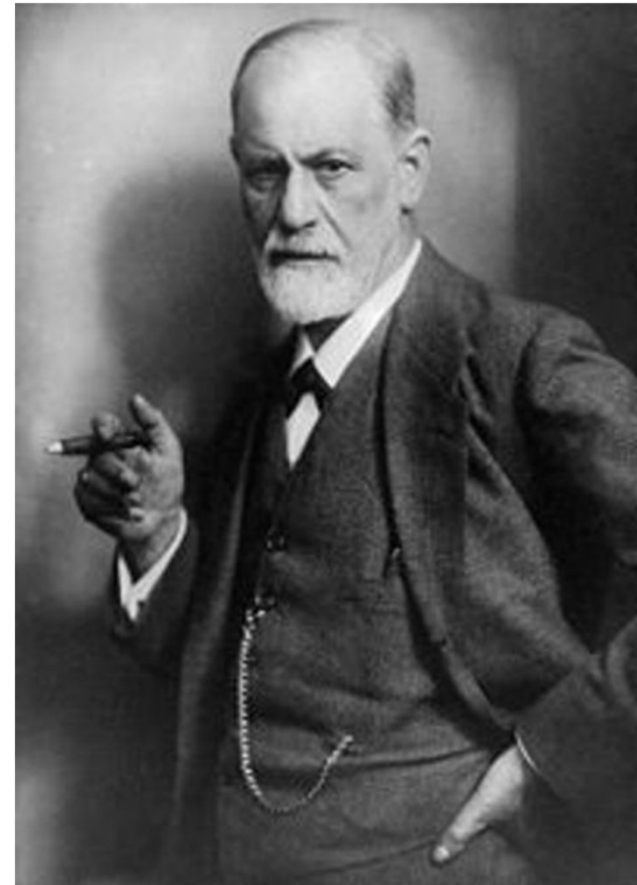
EUROPEAN JOURNAL
OF PALLIATIVE CARE,
2010; 17(2): 84-87



En dualistisk tradisjon ...

Sigmund Freud – hysterie, smerte

- Uløste konflikter, ikke-akseptable seksuelle lyster, tap, ikke uttalte emosjonelle reaksjoner ... osv.
- Uttrykkes gjennom fysiologiske mekanismer – konversjon.
- Utgangspunkt i personen/psyken



“That there is something basically at fault about the nervous system of certain of the individuals affected, is probable.

Some are insurance problems. Others have grudges against the world, or are perhaps stupid, or even criminal”

MINOR CAUSALGIA: A HYPERESTHETIC NEUROVASCULAR SYNDROME*

JOHN HOMANS, M.D.

BOSTON

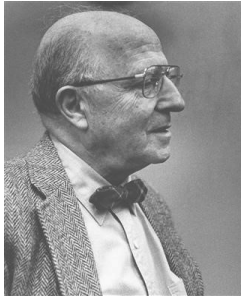
THERE is a very peculiar circulatory disease or symptom-complex which affects the extremities and which is marked especially by exaggerated sensitiveness of the skin. This hyperesthesia is such that any touch excites a sort of pain which the patient very much dreads. There often is but need not be spontaneous pain. Nevertheless it is so difficult to carry on everyday affairs without some contact of the part that in many a case the patient is made uncontrollably nervous, depressed and apprehensive. There are serious cases and mild ones, and it is the serious ones which have made the mild ones understandable.

Many years ago, S. Weir Mitchell¹ described the bad sort as causalgia, that is, burning pain. Those of you to whom this term means anything at all will recall that the word referred to a state of glossy redness of a hand or foot, atrophied soft parts, tapered digits, and nails much curved transversely. The burning pain, always present, was comparatively bearable until a touch or even a sound, a draft or a jar caused an agonizing increase. The patients, who were always wounded soldiers, soon became invalids, carrying about a

basis of the lesion, have an abundant arterial supply.

It is now well known that arteries are well furnished with sensory filaments, and it has been established (Moore⁴) that these filaments travel into the spinal cord with the posterior, or sensory, roots. How such fibers make reflex arcs with outgoing vasomotor nerves, the classical sympathetic system is, for the moment, unimportant. There probably are reflexes traveling by way of the spinal cord and there may even be local reflexes through plexuses upon the walls of the larger vessels. In any case, signs of sympathetic irritation, that is, sweating and peripheral vascular spasm, can be brought on by central-going impulses originating in and about the walls of the arteries and, for that matter, the veins. This is not the place to discuss the problem of why some of these reflex sympathetic disorders are painful and others not; why some leave the skin hot and others cold; why some are attended by edema and others by bone atrophy; why some appear to represent, in addition to everything else, paralyses of great mixed nerves. All are dysfunctions, into which the sympathetic system, primarily a vasomotor mechanism, enters in a very mysterious manner. These facts, however, do not detract from

Homans J, Minor Causalgia: A hyperesthetic neurovascular syndrome, N Engl J Med; 1940; 222 (21): 870-874



8 April 1977, Volume 196, Number 4286

SCIENCE

The Need for a New Medical Model: A Challenge for Biomedicine

George L. Engel

At a recent conference on psychiatric education, many psychiatrists seemed to

the physician is appropriate for their helping functions. Medicine's crisis

new discipline based on behavioral science. Henceforth medicine would be responsible for the treatment and cure of disease, while the new discipline would be concerned with the reeducation of people with "problems of living." Implicit in this argument is the premise that while the medical model constitutes a sound framework within which to understand and treat disease, it is not relevant to the behavioral and psychological problems classically deemed the domain of psychiatry. Disorders directly ascribable to brain disorder would be taken care of by neurologists, while psychiatry as such would disappear as a medical discipline.



- Bonica – Tacoma 1946 – smerteklinikk
- 1960: University of Washington (klinikk mandag, tverrfaglig møte fredag)
- 1959 – Fordyce, rehab.med.
- 1973 - Bonica symposium Issaquah
- 1974 – IASP
- 1975 – PAIN
- 1983 Bonica → Loeser + Fordyce = MPC
- Turk & Meichenbaum - CBT
- Vekst antall smerteklinikker, USA spesielt



Smerte – bio-psyko-sosialt

FORVENTNINGER - PLACEBO

PLACEBO

- Endring i symptomer eller en tilstand etter administrering av en i utgangspunktet uvirksom behandling.



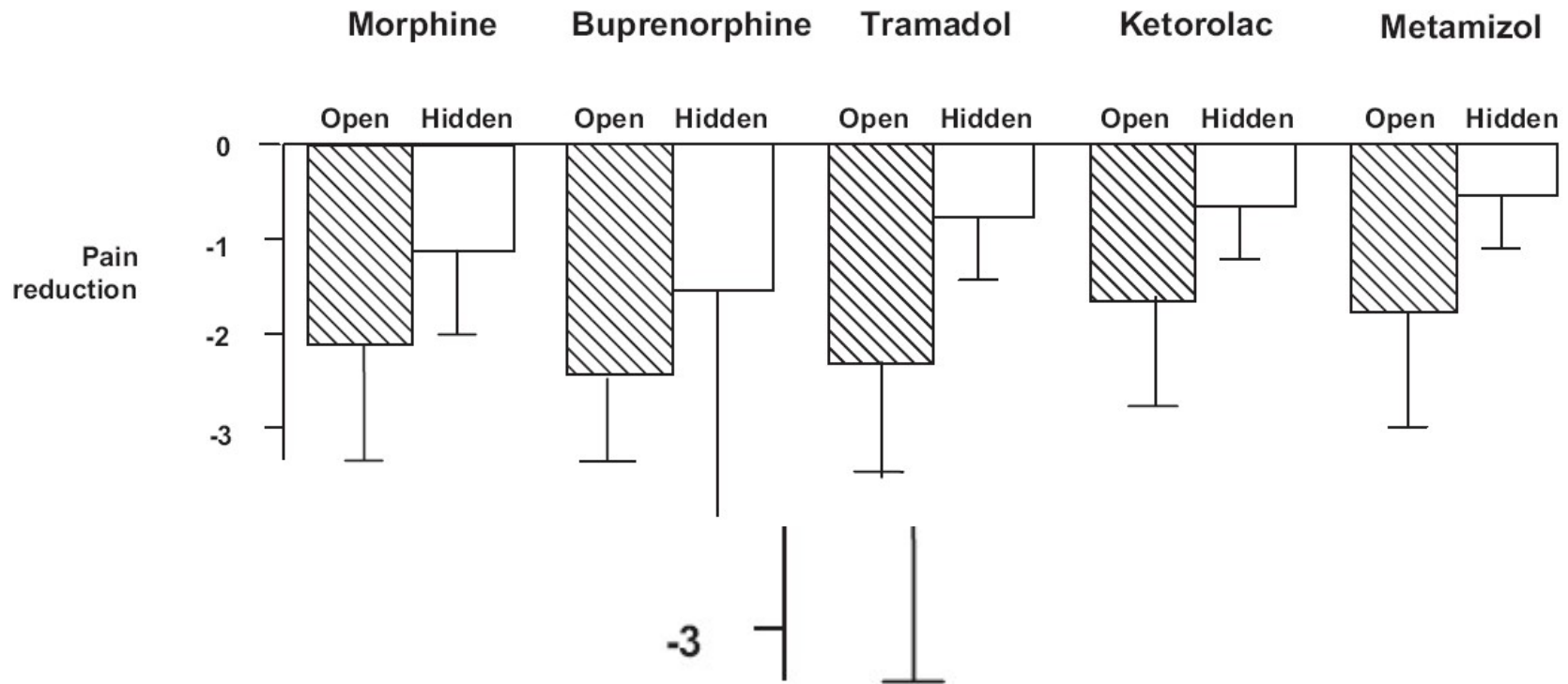


Figure 1

Comparison of analgesic effects of opioid (morphine, tramadol, buprenorphine) and nonopioid (ketorolac, metamizol) medications across hidden versus open intravenous injections in patients with postoperative pain. (Data are from Amanzio et al. 2001.)

Angst - smerte

- Versteffallstenking – prediktor for utvikling av smerte
- Mindre engstelse kan redusere smerte

Spine

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LITERATURE REVIEW

Influence of Catastrophizing on Treatment Outcome in Patients With Nonspecific Low Back Pain

A Systematic Review

Maria M. Wertli, MD,*† Jakob M. Burgstaller, DMD, MD,* Sherri Weiser, PhD,† Johann Steurer, MD,* Reto Kofmehl, BSc,* and Ulrike Held, PhD*

Study Design. Systematic review.

Objective. The aim of this study was to assess the effect of catastrophizing on treatment efficacy and outcome in patients treated for low back pain.

Summary of Background Data. Psychological factors including catastrophizing thoughts are thought to increase the risk for chronic low back pain. The influence of catastrophizing is debated.

Methods. In September 2012, the following databases were searched: BIOSIS, CINAHL, Cochrane Library, EMBASE, OTseeker,

efficacy found no effect ($n = 5$). However, most studies did not look for a direct interaction between the treatment and catastrophizing thoughts. No study investigated the influence of catastrophizing on work-related outcomes including return to work.

Conclusion. Catastrophizing predicted degree of pain and disability and mediated treatment efficacy in most studies. The presence of catastrophizing should be considered in patients with persisting back pain. Limited evidence was found for the moderating effects on treatment efficacy. Future research should aim to clarify the role of catastrophizing as a moderator of outcome and investigate its

Verstefallstenking

REVIEW ARTICLE

Preoperative Anxiety and Catastrophizing A Systematic Review and Meta-analysis of the Association With Chronic Postsurgical Pain

Maurice Theunissen, MSc,* Madelon L. Peters, PhD,† Julie Bruce, PhD,‡
Hans-Fritz Gramke, MD, PhD,* and Marco A. Marcus, MD, PhD*

Objectives: Anxiety and pain catastrophizing predict acute postoperative pain. However, it is not well established whether they also predict chronic postsurgical pain (CPSP). The aim of this systematic review and meta-analysis was to investigate whether high levels of preoperative anxiety or pain catastrophizing are associated with an increased risk of CPSP.

Postoperative pain is of major concern after surgery because of the impact on postoperative recovery, quality of life, and the risk of acute postoperative pain (APP) in the first postoperative days progressing to become chronic postsurgical pain (CPSP).¹ Many studies report unacceptably high levels of APP after surgery.^{2–5} Predictive factors for APP include factors such as younger age and prior pain experience, in addition

Journal of Pain Research

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REVIEW

Pain catastrophizing as a risk factor for chronic pain after total knee arthroplasty: a systematic review

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Journal of Pain Research
5 January 2015
Number of times this article has been viewed

Lindsay C Burns^{1–3}
Sarah E Ritvo¹
Meaghan K Ferguson¹
Hance Clarke^{3–5}

Background: Total knee arthroplasty (TKA) is a common and costly surgical procedure. Despite high success rates, many TKA patients develop chronic pain in the months and years following surgery, constituting a public health burden. Pain catastrophizing is a construct that reflects anxious preoccupation with pain, inability to inhibit pain-related fears, amplification of



The Spine Journal 14 (2014) 2639–2657



Clinical Study

Catastrophizing—a prognostic factor for outcome in patients with low back pain: a systematic review

Maria M. Wertli, MD^{a,b,*}, Rebekka Eugster, MD^a, Ulrike Held, PhD^a, Johann Steurer, MD^a,
Reto Kofmehl, BSc^a, Sherri Weiser, PhD^b

^aDepartment of Internal Medicine, Horten Centre for Patient-Oriented Research and Knowledge Transfer, University of Zurich, Pestalozzistrasse 24, 8032 Zurich, Switzerland

^bNYU Hospital for Joint Diseases, Occupational and Industrial Orthopedic Center (OIOC), New York University, 63 Downing St, New York, NY 10014, USA

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Abstract

BACKGROUND CONTEXT: Psychological factors including catastrophizing thoughts are believed to influence the development of chronic low back pain (LBP).

PURPOSE: To assess the prognostic importance of catastrophizing as a coping strategy in patients

Pain, catastrophizing, and depression in the rheumatic diseases

Robert R. Edwards, Christine Cahalan, George Mensing, Michael Smith and Jennifer A. Haythornthwaite

Abstract | Persistent and disabling pain is the hallmark of osteoarthritis, rheumatoid arthritis, fibromyalgia, and various other rheumatologic conditions. However, disease severity (as measured by 'objective' indices such as those that employ radiography or serology) is only marginally related to patients' reports of pain severity, and pain-related presentation can differ widely between individuals with ostensibly similar conditions (for example, grade 4 osteoarthritis of the knee). Increasing evidence in support of the biopsychosocial model of pain suggests that cognitive and emotional processes are crucial contributors to inter-individual differences in the perception and impact of pain. This Review describes the growing body of literature relating depression and catastrophizing to the experience of pain and pain-related sequelae across a number of rheumatic diseases. Depression and catastrophizing are consistently associated with the reported severity of pain, sensitivity to pain, physical disability, poor treatment outcomes, and inflammatory disease activity, and potentially with early mortality.

Depresjon og smerte

- Individuals with symptoms of depression have an increased risk of developing an episode of LBP in the future, with the risk being higher in patients with more severe levels of depression.

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ORIGINAL ARTICLE

Symptoms of Depression and Risk of New Episodes of Low Back Pain: A Systematic Review and Meta-Analysis

MARINA B. PINHEIRO,¹ MANUELA L. FERREIRA,² KATHRYN REFSHAUGE,¹ JUAN R. ORDONANA,³ GUSTAVO C. MACHADO,⁴ LUCAS R. PRADO,⁵ CHRISTOPHER G. MAHER,⁴ AND PAULO H. FERREIRA¹

Objective. To investigate the contribution of symptoms of depression to future episodes of low back pain (LBP).

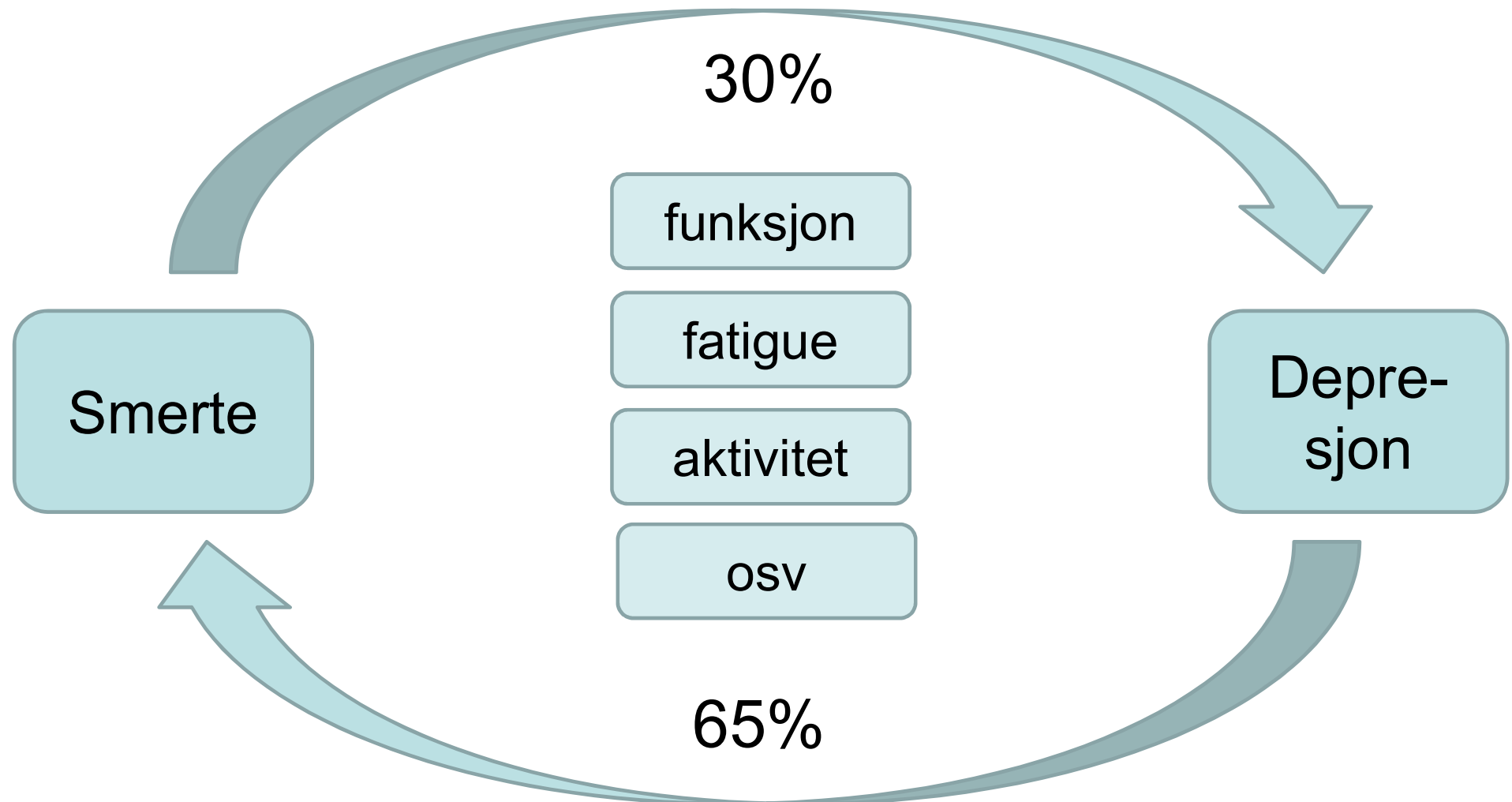
Methods. A search was conducted of AMED, CINAHL, Embase, Health and Society (H&S), LILACS, MEDLINE, PsycINFO, Scopus, and Web of Science databases. We included cohort studies investigating the effect of symptoms of depression on the development of new episodes of LBP, either lifetime incidence or a recurrent episode, in a population free of LBP at baseline. We accepted the original study's definition for a new episode of LBP, and for classifying patients as LBP-free at study entry. Two independent investigators extracted data and assessed methodological quality. Meta-analyses with random effects were used to pool risk estimates.

Results. We included 19 studies, with 11 incorporated in the meta-analyses. Overall pooled results showed that symptoms of depression increased the risk of developing LBP (odds ratio [OR] 1.59, 95% confidence interval [95% CI] 1.26–2.01). The risk was similar in studies that used the diagnostic interview method (OR 1.66, 95% CI 1.14–2.42) and in studies using self-report screening questionnaires (OR 1.68, 95% CI 1.05–2.70). No statistically significant relationship was observed when we pooled studies that employed nonspecific screening questionnaires (OR 1.17, 95% CI 0.48–2.87). Three studies provided results in incremental categories of symptoms of depression and the pooled OR for the most severe level of depression (OR 2.51, 95% CI 1.58–3.99) was higher than for the lowest level (OR 1.51, 95% CI 0.89–2.56).

Conclusion. Individuals with symptoms of depression have an increased risk of developing an episode of LBP in the future, with the risk being higher in patients with more severe levels of depression.

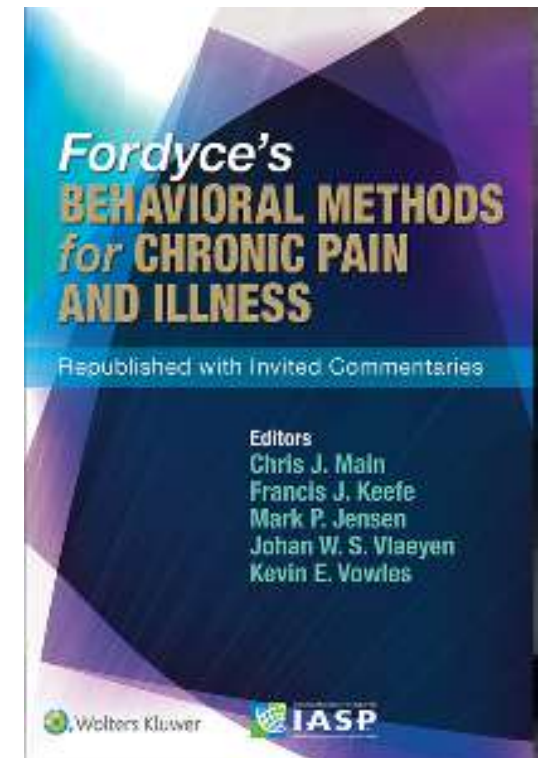
INTRODUCTION

Depression, whether clinically diagnosed by a health practitioner, or as self-reported depressive symptoms, is

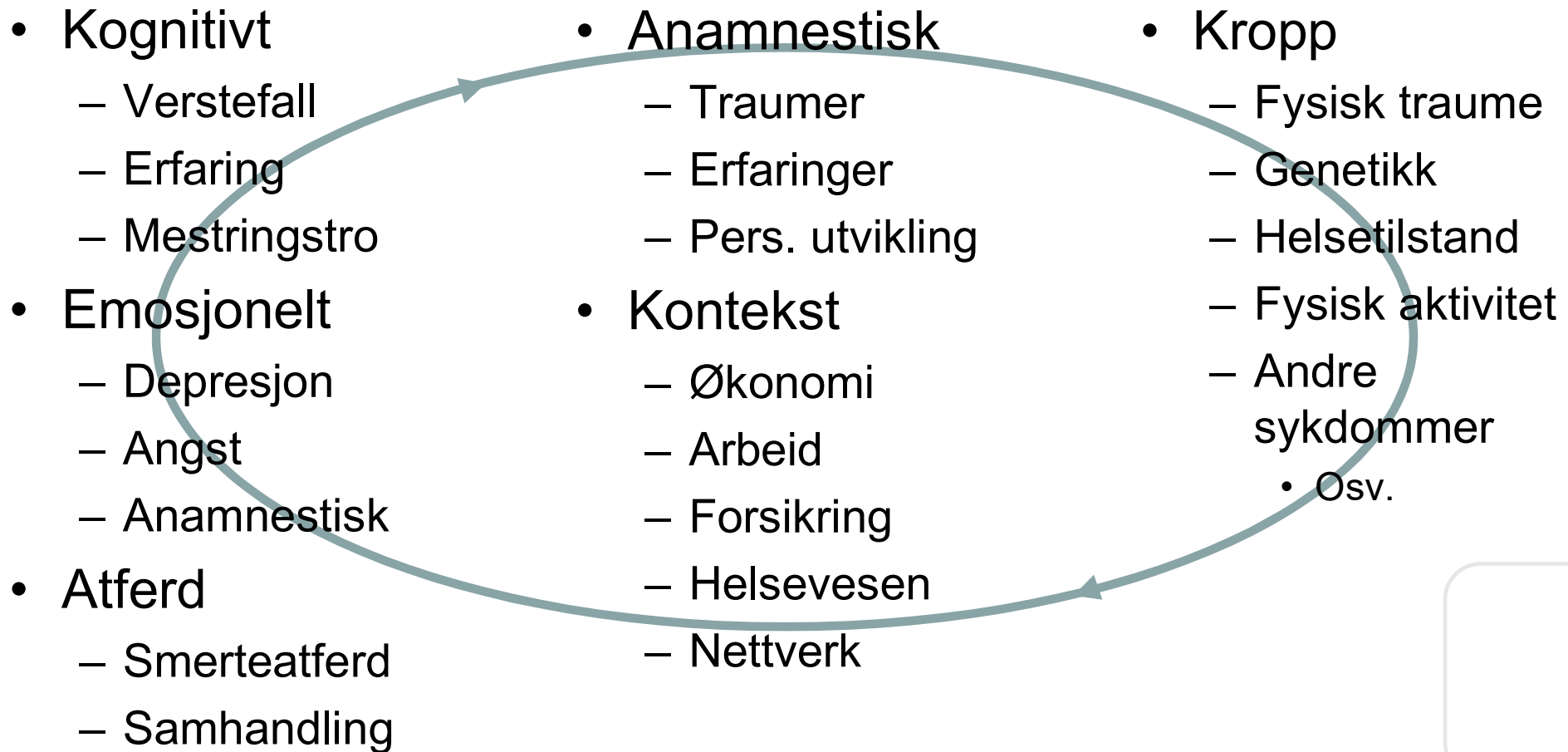


Bill Fordyce

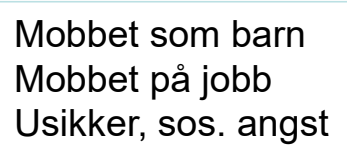
- «*All chronic pain has a behavioral component*»
- Fra personlighet, psykodynamikk og vevsskader – til observerbar atferd og samhandling.
- «*People are complicated*»
- Smerteatferd - Operant betinging.

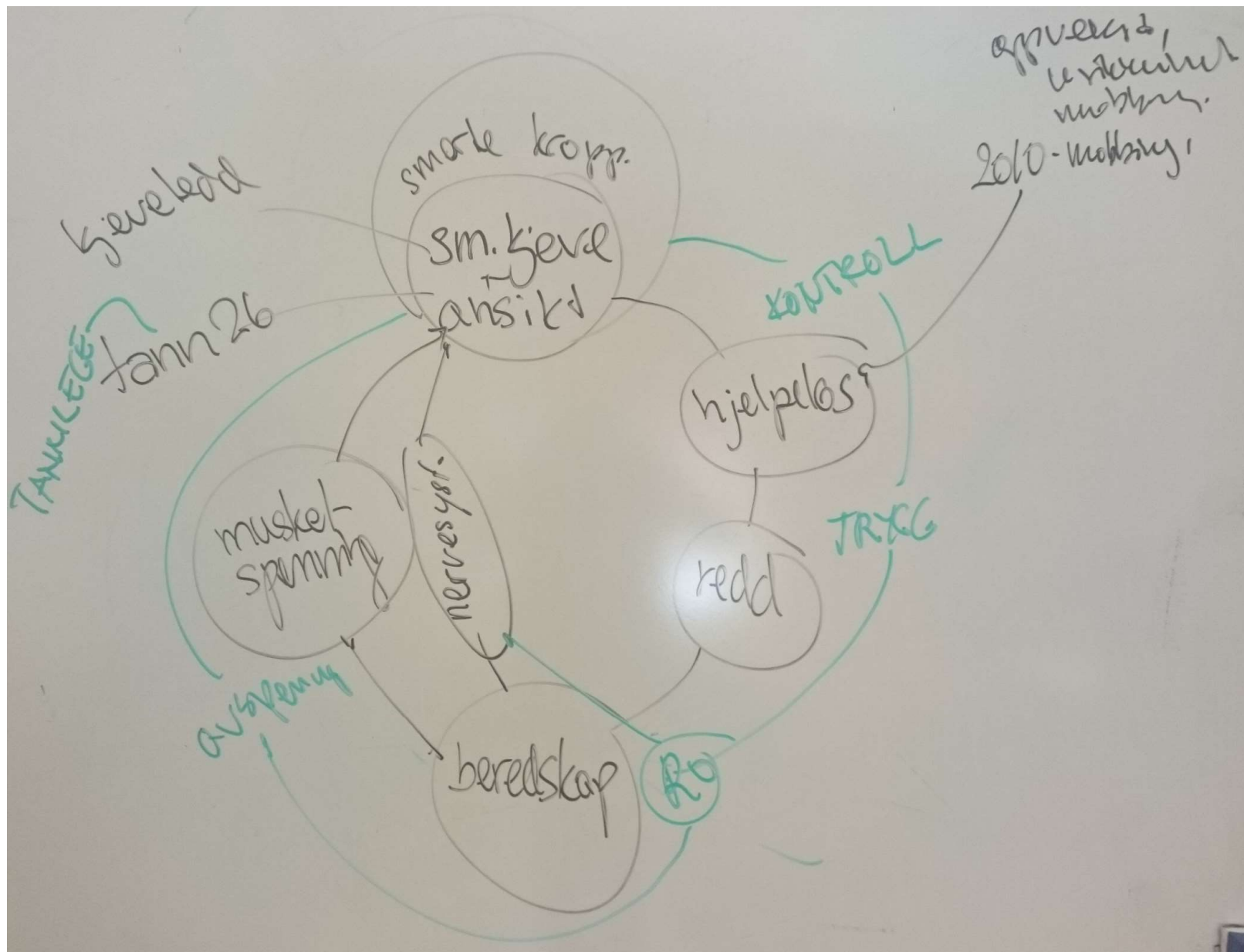


Psykologiske bidrag – somatiske plager



en pasient med kjeveplage



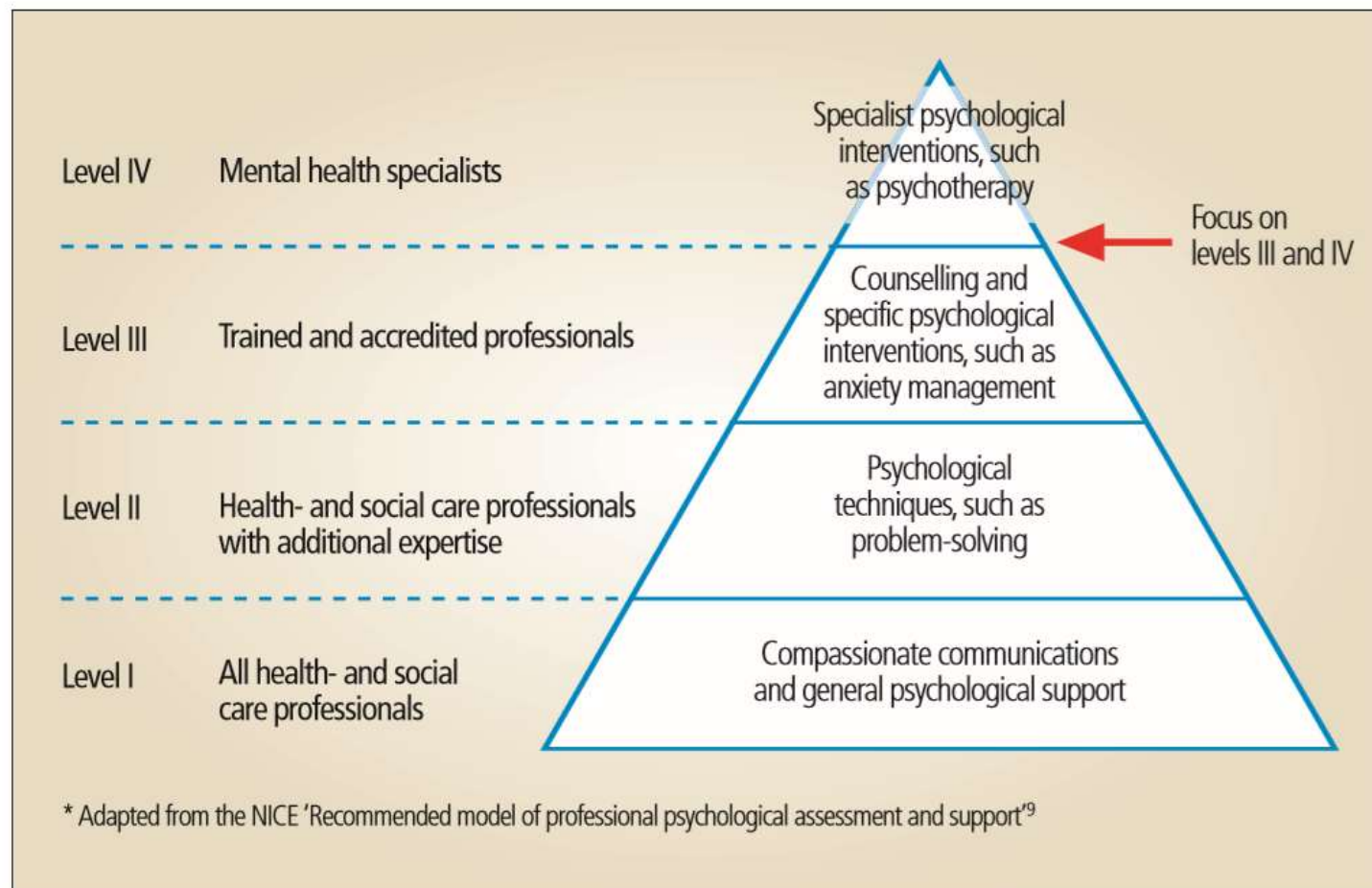


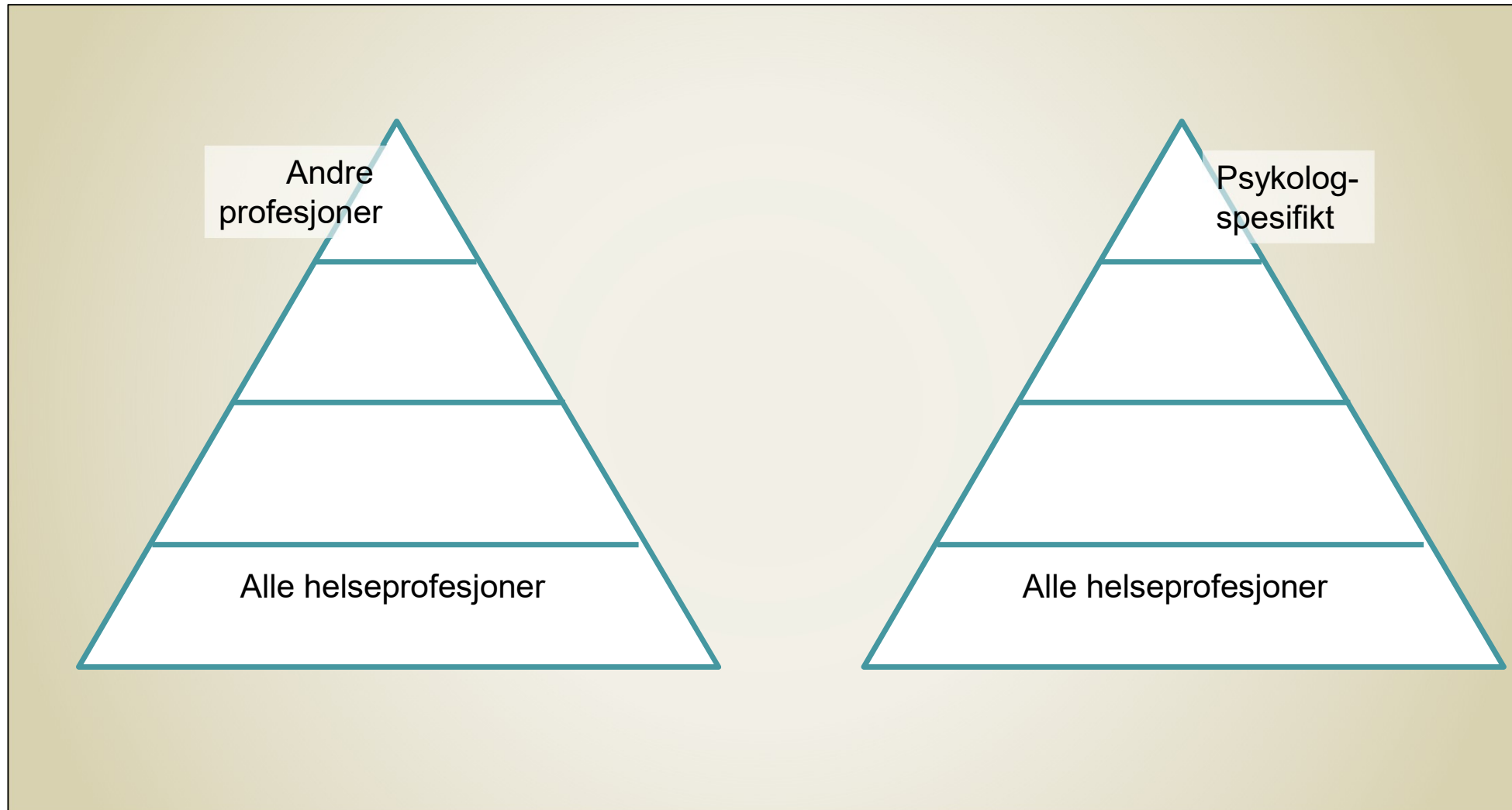
Psykologi og smertefaget

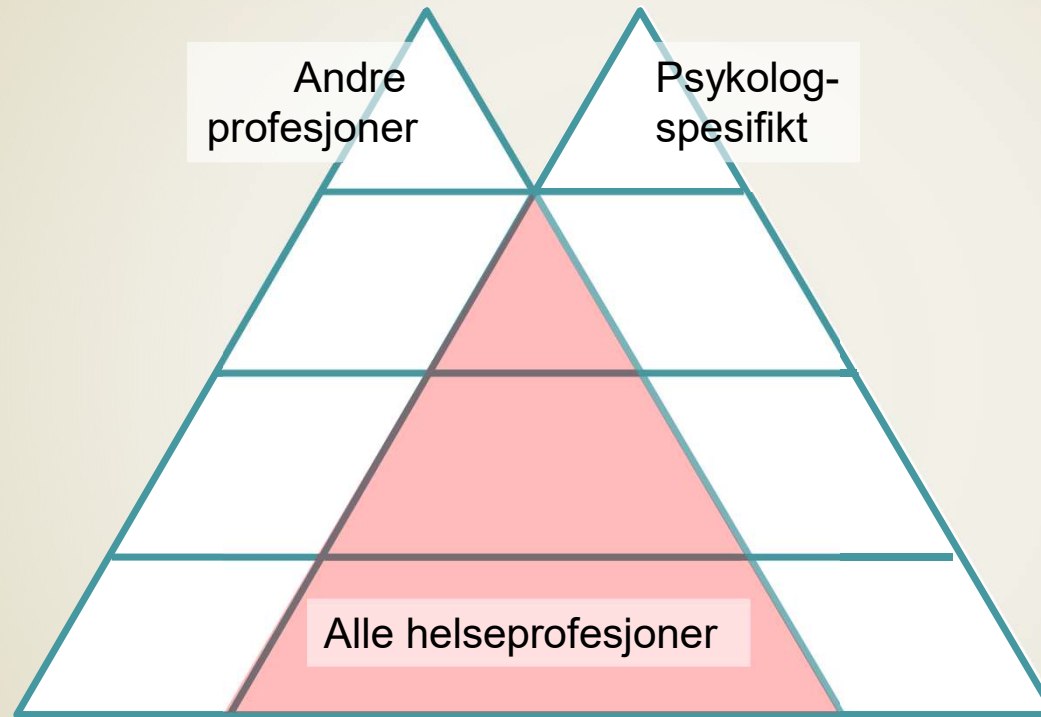
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Takk for oppmerksomheten!