



Psychotherapy for pain management

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Benefits of Psychotherapy in Pain Management

- Reduces pain intensity and distress
- Improves mood and coping skills
- Enhances sleep and daily functioning
- Decreases reliance on medication
- Promotes overall well-being and self-efficacy

Definition of Psychotherapy

- **Psychotherapy is a structured interaction between a trained therapist and a client that aims to:**
 - Change **maladaptive thoughts, emotions, and behaviors.**
 - Improve coping mechanisms and emotional regulation.
 - Promote mental well-being and better adjustment to chronic conditions.
- Maladaptive thoughts negative or dysfunctional thinking patterns that hinder a person's ability to adapt to new situations, manage emotions, or engage in healthy behaviors

Why Psychotherapy for Pain?

- Pain perception is influenced by **psychological** factors such as **stress, mood, attention, and beliefs**.
- Chronic pain often leads to **depression, anxiety, and social isolation**.
- Psychotherapy helps break the cycle of **pain → distress → increased pain**.

Types of Psychotherapy Used in Pain Management

1. Cognitive Behavioral Therapy (CBT)
2. Acceptance and Commitment Therapy (ACT)
3. Mindfulness-Based Stress Reduction (MBSR)
4. Biofeedback and Relaxation Training
5. Psychodynamic Therapy (less common but sometimes used)

Cognitive Behavioral Therapy (CBT)

- **Definition:**

CBT focuses on identifying and changing **negative thoughts and behaviors** related to pain.

Techniques:

- Cognitive restructuring
- Behavioral activation and pacing
- Relaxation and stress management

- **Example:**

A patient learns to replace “This pain will ruin my life” with “I can still have a good day even with some pain.”

Acceptance and Commitment Therapy (ACT)

- **Definition:**

ACT encourages **acceptance** of pain while focusing on **living according to personal values**.

Core Processes:

- Mindfulness

- Cognitive defusion (stepping back from thoughts)

- Values-based action

- **Example:**

A person learns to participate in valued activities (like spending time with family) despite discomfort.

Mindfulness-Based Stress Reduction (MBSR)

Definition:

A structured 8-week program that combines **mindfulness meditation, yoga, and body awareness** to manage stress and pain.

Benefits:

- Improves awareness and acceptance of pain sensations.
- Reduces emotional reactivity and stress.
- Enhances quality of life.
- **Example:**

Meditative breathing to observe pain without judgment or resistance.

Biofeedback and Relaxation Training

Definition:

Teaches patients to control physiological functions (like muscle tension or heart rate) through feedback from sensors.

Techniques:

- Deep breathing
- Progressive muscle relaxation
- Guided imagery

• Example:

A patient learns to reduce muscle tension that contributes to headaches or back pain.

Psychodynamic Therapy

Definition:

Explores the **emotional and unconscious factors** that may contribute to chronic pain.

Focus:

- Emotional expression
- Past experiences influencing current pain perception
- Interpersonal conflicts

• **Example:**
Addressing unresolved grief that may manifest as physical pain symptoms.

Headache

Introduction

- Headache is one of the **most common medical complaints** worldwide.
- It can affect people of **all ages and backgrounds**.
- Though usually not serious, headaches can greatly impact **daily functioning and quality of life**.

Classification of Headaches

- **1. Primary Headaches**
- Headache is the **main problem itself**.
- Examples:
 - **Migraine**
 - **Tension-type headache**
 - **Cluster headach**

Secondary Headaches

- Caused by an **underlying medical condition**.
- Examples:
 - Sinus infection
 - Head injury
 - Hypertension
 - Brain tumor

Types of Primary Headaches

1. Migraine

- Recurrent, pulsating headache often on **one side of the head**.
- May last **4–72 hours**.
- Often accompanied by **nausea, vomiting, and sensitivity to light and sound**.
- **Triggers:** stress, certain foods, hormonal changes, lack of sleep.

Tension-Type Headache

- Most common type of headache.
- Described as a **band-like tightness or pressure** around the head.
- Usually **bilateral (both sides)**.
- Related to **stress, poor posture, fatigue, or eye strain**.

Cluster Headache

- **Severe, stabbing pain** around one eye or temple.
- Occurs in **clusters** (daily attacks for weeks or months).
- Often associated with **tearing, nasal congestion, or redness of the eye**.
- More common in **men**.

Common Causes of Secondary Headaches

- **Sinusitis** – infection or inflammation of sinuses.
- **Eye strain** – uncorrected vision problems or prolonged screen use.
- **Head trauma** – post-concussion headache.
- **Hypertension** – severe high blood pressure.
- **Infections** – meningitis, encephalitis.
- **Medications or withdrawal** (e.g., caffeine, painkillers).
- **Brain tumors or aneurysms** (rare but serious causes).

Pathophysiology

- Headaches occur due to **stimulation or irritation of pain-sensitive structures** in the head and neck:
 - Blood vessels
 - Meninges (brain coverings)
 - Muscles
 - Cranial nerves
- Brain tissue itself **does not feel pain**, but the surrounding tissues do.

Diagnosis

Evaluation includes:

- **History:** onset, duration, location, severity, associated symptoms, triggers.
- **Physical and neurological examination.**
- **Investigations** (if secondary headache suspected):
 - CT or MRI brain
 - Blood pressure measurement
 - Sinus X-ray or blood tests

“Red Flag” symptoms needing urgent attention:

- Sudden, severe (“thunderclap”) headache
- New headache after age 50
- Associated with fever, neck stiffness, confusion, or vision loss
- Headache after injury

Management of Headache

1. General Measures

- Adequate rest and sleep
- Hydration
- Regular meals and balanced diet
- Stress reduction techniques
- Avoid known triggers (e.g., caffeine, alcohol, certain foods)

2. Pharmacological Treatment

- **Analgesics:** paracetamol, ibuprofen
- **Triptans:** for migraine attacks (e.g., sumatriptan)
- **Preventive medications:** beta-blockers, antidepressants, anticonvulsants (for chronic migraine)
- **Avoid overuse** of painkillers to prevent rebound headache.

3. Non-Pharmacological Treatment

- Relaxation therapy and stress management
- Cognitive Behavioral Therapy (CBT)
- Biofeedback and mindfulness
- Regular exercise and physiotherapy
- Acupuncture or massage therapy (in some cases)