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4 Tips of Help Cope with Pain and Depression

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Chronic Pain and Depression Cycle

It is not uncommon for those who suffer from chronic pain to feel stressed and depressed at times. This is no surprise, given the fact that “chronic pain” usually means pain that lasts more than three to six months. Prolonged pain appears to set up a pathway in the nervous system that sends pain signals to the brain, even in the absence of an underlying anatomical problem. Some chronic pain may be due to a diagnosable anatomical problem, such as degenerative disc disease or spinal stenosis that can cause continual pain until successfully treated. More often, the chronic pain has no clear anatomical cause, as in failed back surgery syndrome or chronic back pain without an identified pain generator. In such cases, the pain is itself the disease.

For some people, the stress and depression resulting from chronic pain can become consuming and can even worsen and prolong the pain. Increased pain can, in turn, lead to increased stress and depression, creating a cycle of depression and pain that can be difficult to break. There are things a person with pain can do, however, to prevent or manage the chronic pain and depression that may develop:

(1) Minimize the chances of developing chronic pain

Talking to a physician about symptoms of depression or stress, or a history of depression, while still in the acute pain phase can alert a physician to the need for consideration of both conditions in creating a treatment plan for the patient’s spine health. While one patient may demonstrate a full recovery from the initial injury, a patient who is more prone to depression and stress, shows signs of depression and/or stress, or who has a history of clinical depression may be more vulnerable to developing a chronic pain problem that persists beyond the initial acute pain complaint. An informed physician can suggest a treatment plan early on that treats the patient’s mental state as well as their physical pain, minimizing the chances of the patient developing a chronic pain problem.

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It is advisable for patients to talk with their doctors if they experience any of the following common symptoms of depression:

- Changes in sleep patterns
- Changes in appetite
- Feelings of anxiety.

Stress can manifest itself in several ways. Patients should talk with their doctors if they believe they exhibit symptoms characteristic of stress-related back pain, which are similar to those of fibromyalgia:

- Back pain and/or neck pain
- Diffuse muscle aches
- Muscle tender points
- Sleep disturbance and fatigue

In many stress-related back pain cases, patients complain of the pain “moving around” Chronic pain can also be exacerbated by things such as physical de-conditioning due to lack of exercise and a person’s thoughts about the pain. Patients can help thwart their pain from developing into or minimizing chronic pain by engaging in an appropriate exercise program and practicing distraction, guided imagery and other cognitive techniques.

(2) Identify stress triggers that can increase chronic pain

Patients can monitor how their own stress and anxiety affects their back pain by keeping a diary of when their back pain changes and what kinds of stress could be triggering the pain. This exercise can redirect a patient’s focus from the pain to the elements in their life that affect their pain. Identifying stress triggers or emotional triggers that affect the pain will give the patient the opportunity for better pain relief through avoiding or eliminating these stress triggers.

Recognizing how depression and stress affect their pain can lessen anxiety by giving patients more control over their chronic pain problem.

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(3) Communicate about depression

Depression and an emotional reaction to chronic pain are normal. Many patients do not speak to their physicians about their depression because they believe that once the initial pain problem is resolved, the depression, anxiety, and stress they are feeling will go away. However, secondary losses from a chronic pain problem, such as changes in the ability to do favorite activities, disrupted family relationships, financial stress, or the loss of a job, can continue to contribute to feelings of hopelessness and depression.

Talking to a physician about feelings of depression will keep the physician better informed and better able to provide appropriate care. Depression can affect the frequency and intensity of pain symptoms, and the healing rate. Getting simultaneous back pain treatment and depression treatment will give the patient a better chance of a full recovery.

(4) Seek multi-disciplinary care for pain and depression

Informing a physician of depression can create an opportunity for a multi-disciplinary course of treatment involving both a physician and a mental health professional. With a team approach, both the pain problem and the depression are monitored simultaneously, and both doctors can communicate about how each area affects the other. It's important for physicians to understand that changes in the physical symptoms of pain can also be related to changes in a patient's mental state.

In addition, some common treatments for pain, can make depression worse. This worsening depression can then affect the physical presentation of the pain. If both physical and mental well-being are being monitored closely by medical experts, treatment and medication recommendations, including antidepressants, can be made that take both the physical pain and the emotional health of the patient into account.

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