

Chronic pain issue

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editor

The International Association for the Study of Pain (IASP) defines pain as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage” (Merskey & Bogduk, 1994, p.212). Pain usually signals that immediate protective action is required to prevent further actual or potential injury. In the context of chronic pain, the cause of the pain is often unknown and it is often not apparent that further harm or damage is actually occurring to the body. Although there are many options for pain management, in many situations there is simply no cure for chronic pain. This is not information that people like to hear when seeking help for a condition that just will not go away.

Chronic pain has been specifically defined or described as pain that lasts longer than otherwise would be expected for a condition to heal (Bonica, 1953). Chronic pain – a symptom of conditions such as fibromyalgia, complex regional pain syndrome, headache, lower back pain - affects millions of people throughout Europe and the rest of the world (Breivik, Collett, Ventafridda, Cohen, & Gallacher, 2006; Breivik, Eisenberg, & O'Brien, 2013; Fayaz, Croft, Langford, Donaldson, & Jones, 2016; Vos et al., 2012), and has an enormous personal, social, emotional and economic impact (Goldberg & McGee, 2011). You will notice that this definition of chronic pain avoids the often contentious issue of specifying how long “chronic” should be before considered “chronic” –some suggest three months, others six, and others simply that the pain has been present for longer than

expected. In research contexts criteria concerning duration can be important for participant selection and subsequently for the synthesis of study results into systematic reviews and meta-analyses. For patients worrying about the distinction of time related criteria is less important. For them, the pain is part of a daily experience and if it cannot be cured, then the hope is to limit the interference in daily activities and mood (to name a few sequelae) by utilising interventions such as graded exposure.

A biopsychosocial understanding of chronic pain has slowly gained wider acceptance and has in essence been the main foundation on which cognitive behavioural interventions have been developed. Within this context, learning mechanisms e.g. operant conditioning (Fordyce et al., 1973) and models such as the Fear Avoidance Model, (Lethem, Slade, Troup, & Bentley, 1983; Vlaeyen & Linton, 2000, 2012) have evolved and contributed to the application of, for example, exposure therapy for chronic lower back pain. The evidence base for psychological interventions has steadily grown over the past 20 years and features diverse study designs such as experimental single-case series (e.g. (de Jong et al., 2008; Flink, Smeets, Bergbom, & Peters, 2015), randomised controlled trials (Cherkin, Sherman, Balderson, & et al., 2016) and systematic reviews with meta-analysis (e.g. (Eccleston, Palermo, et al., 2014). In fact there is considerable evidence for the effectiveness of CBT for children and adolescents (Eccleston, Palermo, et al., 2014), adults (Williams, Eccleston, & Morley, 2012) and mindfulness for chronic low back pain (Cherkin et al., 2016) amongst others.

While there is evidence to indicate that pain related disability is reduced by CBT and mindfulness for low back pain respectively, the evidence base, effect sizes and effects on secondary (but related) outcomes such as depression, varies depending on the type/source of chronic pain. Similarly, the amount and level of evidence that exists for providing web-based CBT for chronic pain management is, while promising, also relatively limited (Eccleston, Fisher, et al., 2014; Garg, Garg, Turin, & Chowdhury, 2016). Some researchers have also noted a relative lack of qualitative research relating to chronic pain and argue that this can capture important elements of patients' experiences not otherwise captured by other study designs (Osborn & Rodham, 2010).

The articles contained in this issue of the *European Health Psychologist* reflect the diversity and richness of study designs and issues faced in chronic pain research. Kai Karos writes an evocatively titled review paper (Hell is other people: on the importance of social context in pain research) about social factors involved in the modulation of pain; Maria Karekla and colleagues introduces the ambitious Algea project; and, Beatriz and Sanchez explore the impact of chronic pain on sexual behaviour in a sample of Brazilian women living with Fibromyalgia.

Karos (this issue) draws attention to some of the key theories and models underpinning predominantly experimental research into social factors related to the experience and expression of pain – an area that appears rich in unexplored research hypotheses. A finding of particular interest and with clear clinical relevance relates to peoples' invalidation and stigmatisation of patients' pain. Other issues covered in the review concern the controversial topic of social pain and concept of justice in pain experience.

Karekla and colleagues in their article "In Search of novel and more effective psychological treatments for chronic pain: The Algea Research Project" describe five ongoing projects that aim to address

different issues related to the assessment and treatment of chronic pain. Specifically, they discuss: the translation and validation of two well-known pain related questionnaires into Greek; a cross-sectional study examining theoretically derived mediating and moderating factors in the adaptation to living with chronic pain; and, two randomised controlled trials testing interventions. The Algea project is still in development and addresses the important and often neglected issue of translating research findings into practical resources for psychologists.

From a review paper, to a large international collaborative project, this issue is bookended by a piece of qualitative research conducted and reported by Centurion and Peres - The impact of chronic pain on the sexuality of women with fibromyalgia: a clinical-qualitative study. Linking nicely with the review on how social factors can affect pain, Centurion and Peres also examine the role that partners of participants play. Although the study was conducted in Brazil, their findings and conclusions resonate with the recently revised European Guidelines for the assessment and treatment of fibromyalgia (Macfarlane et al., 2016).

Finally, for interested clinicians and researchers there is a wide range of resources available from the IASP <http://www.iasp-pain.org/index.aspx>. To name a few, the resources include: educational materials, measurement scales, information about grants and funding opportunities, professional membership and clinical guidelines.



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