



## A psychologist's perspective on managing chronic pain

### Who is referred to psychology?

The people I see in my clinical role in pain psychology have usually lived with chronic pain for some years. Most, although not all, have been using medications prescribed for their pain. They've usually tried other medical options including injections or surgery. Yet, they still live with chronic pain which is affecting almost every aspect of their lives.

I tend to see people who have struggled to find a way to cope, or who fear that the pain is taking over their lives and that of their families. Many are still looking for a medical cure and feel let down because they have not found it. People often tell me that they feel they have not been believed about their pain. They explain that their ability to do ordinary everyday things is impacted not just by the pain, but also by the side effects of medications. They tell me that they cannot get access to their GP when they feel they need it, that no one can 'see' how bad their pain is.

### Chronic pain is not just a medical problem

It's understandable that people look to their GP for a solution. Pain was for a long time regarded as a medical problem, treatable with medications or surgery, perhaps with physical therapy in addition. But chronic pain is not just a medical problem. All pain is the result of a 'message' from the brain to the body – the message is what causes the person to feel pain. So, we need to understand why the brain is sending those messages when healing following injury is completed, and especially when there is no detectable injury or illness to explain the pain.

### Relationship with your GP

We know now that chronic pain is complex. Some GPs have a lot of knowledge about pain and so over time can fully support their patients to manage it. But, it's impossible for GPs to be an expert in all the health issues they come across and so they need to know when to refer people to specialists. I have rarely met a GP who is not genuinely concerned for the welfare of their patients, but I have met a few who are deeply frustrated and their inability to do more to help.

A good relationship between patient and GP is where they work together to find solutions and manage health problems. As with every relationship, it works best when both sides communicate in a helpful way. Having a meaningful conversation in seven minutes is no easy task for either side.

It's important for GPs to accept and acknowledge the reality of the pain a patient is experiencing. Just because there is no medical explanation does not mean the pain is not real. It's also important for the GP to ask the right questions and to listen before suggesting a plan. Patients can help in this by preparing ahead for the consultation.

My top tips (and those of patients I have worked with) for getting the best from a visit to your GP:

## Top Tips for getting the best from a GP visit

- Think about who best can help with your current problem – do you need to see a doctor, or would a nurse, pharmacist or other health professional be able to help you
- Plan ahead – what do you want to achieve from seeing your GP?
- Write down *the most important question(s)* you'd like to ask
- Write down *the most important information* you need to share with your GP
- If you need to discuss more than one thing, book a double appointment
- Get to the point early in the consultation – if you do, then the GP will have time to focus on what is most important to you
- Don't expect the GP to cure your pain – but do expect him/her to offer you alternative ways of managing it and not just medications
- Don't accept medications as the **only** treatment – chronic pain is best treated with input from a variety of health professionals including psychologists and physiotherapists in specialist pain management programmes
- Be clear about how your pain is affecting your life – if your job, your physical health, your mental health are at risk, it helps you GP to prioritise and make the appropriate referrals.

We now know that treatment for chronic pain is best delivered by a team of health professionals, *including* psychologists and physiotherapists. The evidence shows that group programmes work best, although for some people one-to-one therapy is the best option.

## Pain management

This type of service is usually available in community settings and in hospitals. So, it's important to ask your GP to refer you for assessment to see if this is right for you. Sometimes, you will need to be referred first to a pain specialist – a doctor who specialises in pain. But that is not always necessary, and you may be referred to pain management in community musculoskeletal services.

Developments in brain imaging will almost certainly help us to understand pain better. Researchers using MRI technology are learning from brain scans about what parts of the brain become active when people are exposed to painful stimuli. You might find it interesting to listen to pain specialist Professor Irene Tracey in this BBC Radio 4 podcast:

<https://www.bbc.co.uk/sounds/play/m0003qx1>

## The future

Although we have a lot to learn about chronic pain, we are already helping people to cope better, to improve their lives, and to do the things that are really meaningful to them. Although every person is different, my general advice is to be assertive and ask for the best help that is available. For someone with chronic pain, that means getting access to expert pain management services. If there is no service near you, you can be referred to services nearby or even to residential pain management services if they are appropriate.

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