



Global Year Against Cancer Pain

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Psychological Aspects of Cancer Pain

The Psychological Challenges of Cancer Pain

Pain is a common problem in newly diagnosed cancer patients and cancer survivors [6]. Estimates indicate that 50% to 90% of cancer patients experience pain [1,7]. From a psychological perspective, cancer pain is challenging for several reasons [6]. First, for many cancer patients and survivors, the occurrence of pain may raise concerns about disease progression. Second, although cancer pain is often believed to be related to biological factors (e.g., tumor progression and invasion, or cancer-related treatments), it often persists long after patients are believed to be cured of their cancer. Finally, because cancer pain is usually treated medically, patients and health care professionals often underestimate the impact of cancer pain on psychological distress and do not consider the potential benefits of using psychological treatments to help manage cancer pain.

The Relation of Pain to Psychological Distress

Over the past two decades, recognition has grown of the importance of the relationship of the cancer pain experience to psychological factors such as anxiety and depression [10]. Researchers have conducted numerous studies showing that there is a strong association between cancer pain and psychological functioning. Some of the major findings of these studies are as follows:

- Compared to pain-free cancer patients, cancer patients with pain had significantly higher levels of anxiety, depression, and anger. Patients with higher pain intensity and longer duration of pain had the highest levels of mood disturbance [3].
- In patients with a survival prognosis of less than 6 months, those who experienced higher levels of pain were significantly more likely to report being anxious and depressed [5].
- Among hospitalized patients with advanced cancer, those who experienced greater pain had much higher levels of worry about pain, fear of the future, and fear of pain progression [8].
- In cancer patients referred for specialized pain treatments, individuals with high levels of pain were much more likely to report higher levels of negative mood and lower levels of positive mood [9].

Taken together, these findings indicate that the cancer pain experience is often linked to high levels of psychological distress, including higher levels of depression, anxiety, fear, and negative mood. Cancer patients need to be aware that, during episodes of intense pain, changes in mood and emotion are common. Seeking and obtaining effective pain relief may well help to alleviate psychological distress. In addition, taking steps to reduce psychological distress—through one's own efforts, through the use of medications, or through psychological treatment—may improve pain management. Health professionals working with cancer patients need to be alert to signs of psychological distress in patients experiencing pain. Careful evaluation and treatment of psychological distress represents an important component of cancer pain management [4].

Pain Coping Strategies

People who experience cancer pain typically develop and use a number of coping strategies to cope with, deal with, or minimize the effects of pain [6]. These might involve behavioral coping strategies (e.g., resting, applying moist heat, moving to a different position, pacing one's activities, or using relaxation methods) or coping strategies that change one's thinking (e.g., focusing on something distracting, repeating calming self-statements, or practicing meditation or prayer).

Clinical observations suggest that cancer patients often report using coping strategies to manage their pain [2,10]. Cancer patients report that these strategies are helpful not only in reducing their pain but also in enabling them to remain active and manage their psychological distress. Research on pain coping strategies in cancer patients has not identified a particular coping strategy or set of strategies that works consistently. However, there is growing evidence that cancer patients who are confident in their own abilities to cope with and control cancer pain do

experience less pain [2]. Furthermore, studies show that cancer patients who cope with pain by catastrophizing (i.e., who ruminate about their pain and feel helpless about it) are much more likely to experience higher levels of pain, anxiety, and problems with pain interfering with their daily activities [2].

Cancer patients need to recognize that the way they cope with pain may influence their pain experience. It is important to develop a variety of different coping strategies to cope with pain and to avoid overly negative thinking when dealing with pain. Health professionals should make efforts to understand how each patient copes with pain and support and encourage the patient in developing pain coping skills. Support from family caregivers is also important, as they can be of assistance in helping patients identify effective coping strategies and encouraging them to use them when experiencing pain. Patients who are having particular difficulty dealing with pain may benefit from educational or psychosocial treatments designed to improve their pain coping skills.

References

1. Abernethy AP, Samsa GP, Matchar DB. A clinical decision and economic analysis model of cancer pain management. *Am J Manag Care* 2003;9:651–64.
2. Bishop SR, Warr D. Coping, catastrophizing and chronic pain in breast cancer. *J Behav Med* 2003;26:265–81.
3. Glover J, Dibble SL, Dodd MF, Miaskowski C. Mood states of oncology patients: does pain make a difference? *J Pain Symptom Manage* 1995;10:120–8.
4. Jacox A, Carr DB, Payne R, et al. Management of cancer pain. Clinical practice guideline No. 9. AHCPR Publication No. 94-0592. Rockville, MD: Agency for Health Care Policy and Research, U.S. Department of Health and Human Services; 1994.
5. Kane RL, Bernstein L, Wales J, Rothenberg R. Hospice effectiveness in controlling pain. *JAMA* 1985;253:2683–6.
6. Keefe FJ, Abernethy AP, Campbell LC. Psychological approaches to understanding and treating disease-related pain. *Annu Rev Psychol* 2005;56:601–30.
7. Portenoy RK, Thaler HT, Kornblith AB, et al. Symptom prevalence, characteristics and distress in a cancer population. *Qual Life Res* 1994;3:183–9.
8. Strang P. Emotional and social aspects of cancer pain. *Acta Oncol* 1992;31:323–6.
9. Strang P, Qvarner H. Cancer-related pain and its influence on quality of life. *Anticancer Res* 1990;10:109–12.
10. Zaza C, Baine N. Cancer pain and psychosocial factors: a critical review of the literature. *J Pain Symptom Manage* 2002;24:526–42.

