# PEINWEEK.

## **Tell Me Why it Hurts**



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## **Disclosures**

Tsui

-Nothing to Disclose

#### Zacharoff

-Nothing to Disclose



## **Learning Objectives**

- Summarize the history of recognizing the importance of the assessment and treatment of pain from a psychologist's and physician's perspectives
- Describe the importance of understanding the negotiation of pain and suffering
- Compare the biomedical and biopsychosocial approaches to managing pain
- Identify the International Association for the Study of Pain (IASP) revised definition of pain
- Describe the potential clinical impact of the revised definition and its qualifiers



## 2000 Was an Important Year

- Pain designated the 5<sup>th</sup> vital sign
  - -American Pain Society
  - -Department of Veterans Affairs
  - -The Joint Commission
- Marked the beginning of "The Decade of Pain Control and Research"







## **Basic Relationship Between Pain and Suffering**





Fernández-Salazar M. "The painfulness of pain and its representation in the brain: a model of the body-mind problem". (2013) *Journal La Nuova Critica*, Rome, Italy July.

#### **Complex Relationship Between Pain and Suffering**



Painweek.

Fernández-Salazar M. "The painfulness of pain and its representation in the brain: a model of the bodymind problem". (2013) *Journal La Nuova Critica*, Rome, Italy July.

## Top 3 Tsui vs. Zacharoff



Painweek.

Fernández-Salazar M. "The painfulness of pain and its representation in the brain: a model of the bodymind problem". (2013) *Journal La Nuova Critica*, Rome, Italy July.

What have we seen since Y2K? What would we have liked to have seen?



## The Negotiation of Pain and Suffering



#### **Rationale of Pain Models**

## Biomedical Model

## Biopsychosocial Model

Most appropriate for acute pain

Emphasizes peripheral nociception

Focuses on physical disease mechanisms

"Reductionistic" approach

Medical management approach

More useful for chronic pain

Central mechanisms involved

Focuses on illness behavior, including cognition and emotional response

> Multidimensional systems approach

Self-management strategies important

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Linton, S. (2000). "A review of psychological risk factors in back and neck pain." Spine 25 (9): 1148-56.

## **Biopsychosocial Model in Acute Pain**



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Figure from Rabbitts JA, Palermo TM, Lang EA. (2020). "A Conceptual Model of Biopsychosocial Mechanisms of Transition from Acute to Chronic Postsurgical Pain in Children and Adolescents." *J Pain Res:* 24;13:3071-3080.

## **Transitional Care – Acute to Chronic Pain Treatment**

#### Old Model

#### New Model

Acute Pain Acute Pain Service Hospital Wards Chronic Pain General Practitioner Chronic Pain Clinic Acute Pain Acute Pain Service Hospital Wards Transitional Pain Service Biopsychosocial Model

Chronic Pain General Practitioner Chronic Pain Clinic



Figure from Glare, P., Aubrey, K. R., Myles, P. S. (2019). "Postoperative pain management and opioids: Transition from acute to chronic pain after surgery." *Lancet: 393:* 1537-46.

## **Biomedical vs Biopsychosocial Approach to Pain Management**

- What it means to a Psychologist
- What it means to a Physician
- Barriers:
  - To implementationDelivery of care





## The IASP



- The International Association for the Study of Pain (IASP) works to support research, education, clinical treatment, and better patient outcomes for all pain conditions with the goal of improving pain relief worldwide
- With more than 7,000 members representing 125 countries, 96 national chapters, and 24 Special Interest Groups, the IASP fosters the exchange of ideas and education to advance the field of pain science

Mission:

 –IASP brings together scientists, clinicians, health-care providers, and policymakers to stimulate and support the study of pain and translate that knowledge into improved pain relief worldwide



## So What?



- Do we care what the IASP says?
- In May 1973, University of Washington anesthesiology professor John J. Bonica convened an interdisciplinary group of pain researchers and clinicians to discuss the need for a professional organization dedicated to pain research and management. The IASP was incorporated on May 9, 1974
- Dr. Bonica's vision was:
  - -To provide an egalitarian, interdisciplinary, and international forum to improve knowledge about pain
  - -Improve the education of health-care providers
  - -Improve the care of patients



## **IASP Definition of Pain: 1979**



- "An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage"
  - -"Notes"
    - Pain is always subjective
    - It is unquestionably a sensation in a part or parts of the body but it is also always unpleasant and therefore also an emotional experience
    - Many people report pain in the absence of tissue damage or any likely pathophysiological cause; usually this happens for psychological reasons
    - If someone regards their experience as pain in the same ways as pain caused by tissue damage, it should be accepted as pain



## **IASP Revised Definition of Pain: 2020**



#### **IASP** Announces Revised Definition of Pain

#### Jul 16, 2020

For the first time since 1979 IASP introduced a revised definition of pain, the result of a two-year process that the association hopes will lead to revised ways of assessing pain.

"IASP and the Task Force that wrote the revised definition and notes did so to better convey the nuances and the complexity of pain and hoped that it would lead to improved assessment and management of those with pain," said Srinivasa N. Raja, MD, Chair of the IASP Task Force and Director of Pain Research, Professor of Anesthesiology & Critical Care Medicine, Professor of Neurology, Johns Hopkins University School of Medicine.



#### **IASP Revised Definition of Pain: 2020**



The revised IASP definition of pain: concepts, challenges, and compromises Raja et al. (2020) | Pain DOI: 10.1097/j.pain.00000000001939



## **IASP Revised Definition of Pain: 2020**

ChallengesBarriersLikely compromises







## **Audience Perspectives**



## **Questions?**

## **Thank You!**

