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## 29.1 Chronic pain: psychopathology or sociosomatic memory of psychic trauma?

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Chronic pain is influenced by a confluence of biological, psychological, social, and cultural factors. Apart from personal suffering, it can result in chronic social handicap, abnormal illness behaviour, and substantial utilization of health services. Psychiatrically, chronic pain may accompany a variety of psychopathologies, such as depression, hypochondriasis, hysteria, phobia, generalized anxiety disorder, morbid grief, and neurasthenia. These psychiatric disorders are usually treatable with medications and psychotherapy, and the pain will decrease accordingly. Psychiatric treatments may help even if no psychiatric disorder is found. Some patients can be passively challenging, but it is important to remember that a good doctor-patient relationship is itself a potent analgesic. It is particularly vital not to delegitimize patients' pain as "psychological". The availability in recent years of a number of new generation psychotropic drugs that potentially affect several neurosystems without causing significant side effects may enhance the psychopharmacological treatment of chronic pain. Psychological interventions such as cognitive therapy, hypnosis, biofeedback, individual therapy, and family therapy are also helpful for modifying patients' perception or tolerance of pain, and for combating demoralization. Chronic pain is also a communicative idiom of distress, and may have powerful personal meanings in patients' local world of experience. Case studies of Chinese patients with neurasthenia will be presented to show that the particularities of their chronic pain can ramify into detailed recall of psychic trauma, deep loss and heart-breaking disappointments that follow adverse social change. Chronic pain may thus represent as much psychopathology as a sociomoral medium for protest against oppression and injustice. From a public health perspective, its comprehensive management should encompass health and social policies that empower the disadvantaged sectors of a society.

## 29.2 Chronic pain management—multidisciplinary approach

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Pain is the most common symptom that makes the patient seeking medical help. The treatment should be aimed at the disease. But in many occasions, either the etiology of the illness is unknown or it is known but no cure. So pain persists. It could start initially as sensation. Later other physiological and psychological dimensions are involved. In this case, pain becomes chronic. It is no longer a symptom and becomes a disease.

Pain is primarily the alarm devise of the body. As long as the underline pathology is not corrected, the nociceptive pathway will be continuously activated. Complete pain relief would imply to shut of the alarm system which might risk serious undesirable complications. This is the reason why pain could become intractable. The treatments for these cases will be very difficult. Very often the patient is referred from one doctor to another without any certainty when the suffering will end. In this case, multidisciplinary management is indicated. The goal is to manage the pain which means to control the condition.

The management of chronic pain has become increasingly important in recent years. As more information is available to the public, patient tends to ask for more. The aging population results in increasing case load. On the otherhand, the resources do not keep pace with the demand. The involvement of many disciplines will stop the endless referral between specialists. It also helps the patient to come into terms with the situation. The team can plan the management by distribute the treatment to different specialties, balance the various modalities and enhance the quality of life.