

Pain and depression: A concerning combination

The ratio of reported depression is 4x greater in those with persistent pain.⁽¹⁾

75% of patients with depression report pain-related symptoms.⁽¹⁾

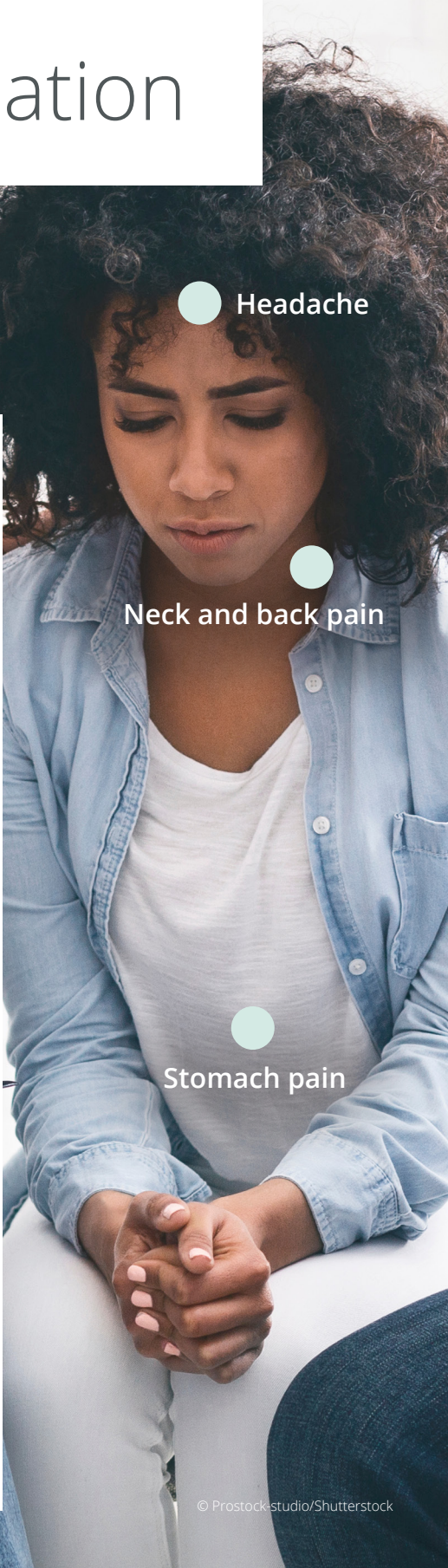
These pain-related symptoms include:

- Headache
- Stomach pain
- Neck and back pain
- Unspecified pain
- Fatigue
- Sleep disturbance
- Appetite disruption

Patients with backaches and headaches had the highest odds of having major depression.⁽¹⁾

Patients with depression and chronic pain are more likely to commit suicide than patients with depression or pain alone or those that have pain without depression.⁽¹⁾

Unrecognised depression in patients with chronic pain is common.⁽²⁾



Headache

Neck and back pain

Stomach pain

Making the connection

If you're working with clients suffering from either pain or depression, it's important to screen for both. Understanding the interaction between depression and pain, the type of depressive symptoms and/or cognitions a pain-affected person experiences, their quality of life, and how these all interact are crucial factors in successful treatment planning. These brief and effective screeners will help you identify and quantify presenting problems and easily track progress throughout treatment.



Identifies depression, anxiety, and somatisation, factors most frequently associated with chronic pain.



Provides detailed information regarding somatic and cognitive factors contributing to depression, and can be used to provide the primary diagnosis of depression.



Measures the degree of pessimism and hopelessness a patient experiences as a component of their depression. It is also a reliable predictor of potential for self-harm from despair, a common symptom of severe and intractable pain.

Need to dig a little deeper?

When you need to better understand a broad array of factors impacting a patient's level of functioning, consider these comprehensive assessments.



Identifies biopsychosocial aspects that impact pain, pain-related conditions, and treatment progress.



Helps identify biopsychosocial factors, including coping strategies, that impact an individual's readiness for and response to chronic pain treatment.



Assesses psychological and behavioural dysfunctions that affect pain management and treatment.

(1) Kleiber, B., Jain, S., and Trivedi, M.H. (2005). *Depression and Pain Implications for Symptomatic Presentation and Pharmacological Treatments*. *Psychiatry* 2(5) 12-18. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3000181/>

(2) Lee, H., Choi, E.J., Nahm, F.S., Yoon, I.N., Lee, P.B (2018). *Prevalence of Unrecognised depression in patients with chronic pain without a history of psychiatric diseases*. *Korean J Pain* 31(2) 116-124. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5904346/>

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