Screening for Psychosocial and Psychiatric Comorbidities

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Learning Objectives

At the end of the session, participants will be able to:

• Recognize the ‘Yellow Flags’ risk factors for chronicity
• Engage in brief screening strategies for psychiatric comorbidities, maladaptive attitudes, and beliefs
• Utilize office-based strategies and referral options to follow-up on positive screens

What we won’t cover (today)

• Comprehensive psychosocial history
• Psychosocial strengths: coping and support
• Screening for other important risk factors and impacts: sleep, social, occupational, existential concerns

Bio-psychosocial Model

What influences chronic pain?
Psychosocial Yellow Flags
(Kendall, Linton and Main, 1997)
- Derived from research on psychosocial predictors of chronicity of back pain
- Early attempt at secondary prevention
- Contains both health and occupational elements

Co-morbidity
Chronic pain and depression

Likelihood of being diagnosed with depression

<table>
<thead>
<tr>
<th>Pain Classification</th>
<th>No Pain</th>
<th>Mild</th>
<th>Mild to Moderate</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probability of Depression</td>
<td>.04</td>
<td>.11</td>
<td>.14</td>
<td>.16</td>
<td>.25</td>
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</tbody>
</table>

Likelihood of being diagnosed with depression

Set the stage: 'I’d like to ask you about how your pain has affected you as a person, how you are coping with it and what your ideas are about its cause and how best to treat it.'

Chicken or egg? Both
Significant Emotional Distress

Let's begin with how you've been feeling. Have you been bothered by the following problems?

- Feeling nervous, anxious or on edge?
- Not being able to stop or control worrying?
- Feeling down, depressed and hopeless?
- Little interest or pleasure in doing things?
- Sleep problems?
- Worry about being sick or having a serious problem?
- Excessive or inappropriate amounts of alcohol or other drugs?
- Trouble sleeping or getting enough rest?
- Fatigue or loss of energy?
- Excessive feelinngs of guilt, blame or hopelessness?
- Thoughts of harming or killing yourself or others?
- Trouble concentrating, remembering or making decisions?
- Increased sensitivity to everyday stress?
- Other problems that are worry ing you?

If you answered yes to any 3 items or if you have thoughts of harming yourself, explore further for anxiety disorders.

If you are having thoughts of harming yourself, explore further for clinical depression and suicide risk.

Screen for ¥social risk factors

- Significant emotional distress
- The belief that they have a serious problem
- Significant disruption of usual activities (work, household and leisure)
- Passive coping
- Inappropriate treatment expectations

Case Illustrations

- **Sue:**
  - 52F, separated, WSIB, back injury 5 years ago
  - Socially withdrawn, low concentration, rage

- **Michael:**
  - 32M, ODSP, previously energetic events manager
  - ++ Anxiety, afraid to leave the house fearing being judged

- **Mary:**
  - 32F, single, lab tech, endometriosis for 5 yrs
  - Socially withdrawn, anxious

- **John:**
  - 28M, teacher, athletic, MVA 2 yrs ago
  - ++ Angry

Consider referral for mental health treatment and chronic pain self-management as needed.

Passive coping

I'd like to know how you cope with your pain?

- Please describe what you do when your pain is at its' worst?
- What do you think about when your pain is at its' worst?

Consider referral for mental health treatment and chronic pain self-management as needed.

Inappropriate treatment expectations

- "What do you think will help you get better?"
Now what?

Following up on positive screens

Positive psychiatric screen:
- Set aside time to complete more thorough diagnostic exam:
  - **PHQ-9**: For Major Depressive Disorder, following up with PHQ-9 questions can lead to a full diagnosis
  - Follow-up on positive SUICIDE screen
  - **GAD-7**: for Generalized Anxiety Disorder
  - **CAPS-5**: Clinician-Administered PTSD Scale (30 item tool for diagnosis)

Positive psychiatric screen:
- Optimize treatment of psychiatric condition:
  - Depending on your comfort with management and diagnosis, consider first a trial of duloxetine or venlafaxine that also treats pain or another antidepressant.
  - Pain pharmacology review: Mu et al. Can Fam Physician 2017;63: 844-52
  - Psychotherapy also an option weighing out patient preference, indication and severity of illness
  - Psychotherapy gold standard for PTSD (CBT, EMDR or supportive)
  - If beyond your scope, consider referral to psychiatry

Action Plan for Patient’s visit:
- **Step 1**: Correct misconceptions/ misinformation that the patient may have
  - The evidence for the diagnosis
  - What diagnoses you considered and dismissed
  - Co-morbid diagnoses, what they mean

Misconceptions you picked up during your interview

Begin to develop a shared understanding of chronic pain:
- Potential for good symptom management and improvement
- Importance of partnership in managing a ‘chronic illness’
- Importance of their active engagement in self-management

Summary
- Chronic pain is associated with both psychiatric and psychosocial sequelae
- There are simple office-based techniques for detecting and possibly remediating social issues
Thank you
Questions?
Comments?
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References

Kroenke K, Spitzer RL, Williams W. The Patient Health Questionnaire-9: validity of a brief depression severity measure. Med Care 2003; 41:1284-1292.