

Chronic Pain: *Physical, Psychological or a Matter of Poor Diagnosis?*



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Much has been written about patients with persistent low back pain. As many as 85% of persons with disabling low back pain never get a clear medical diagnosis.

Persistent low back pain may not have a physical cause in most individuals, and inadequate diagnostic techniques may not yield solid diagnoses. Let's examine this a bit more.

There is no doubt that there are correlations between psychological factors and pain problems. Pain researchers have demonstrated that pain perception or the way people experience pain is dependent upon many factors. Two people with the same injuries may experience vary different levels of pain based on previous experiences with pain, the circumstances under which they got injured, or their gender (men and women often experience pain differently). Physical differences such as neurophysiological mechanisms (the way the body pro-

cesses and interprets painful stimuli) or physical condition at the time of injury can also modulate or shape the pain experience. Several studies have shown that psychological difficulties usually arise as a result of pain and disability rather than cause pain. When the pain decreases, the psychological issues often disappear as well.

However, psychological factors can increase or maintain physical symptoms. For example, stress, depression, or anxiety may lead to increased muscle contractions, thereby making it more difficult for the spine to move, as the spine gets immobilized by tight muscles. This is referred to as "loading of the spine." Prolonged loading of the spine is a common contributor to onset of back pain. Static postures, such as sitting at a computer station throughout the day, as well as frequent bending, twisting, excessive lifting, pulling, or pushing all contribute to spinal loading and hence to increased risk of low back pain.

Not everyone with chronic pain develops what is known as chronic pain syndrome. Symptoms of chronic pain syndrome may include reduced activity, impaired sleep, depression, social withdrawal, irritability and fatigue, memory and cognitive impairment, less interest in sex, relationship problems, helplessness and hopelessness, alcohol and medication abuse, anxiety, poor self-esteem, loss of employment, and fear of movement, among others. Depression is one of the most accurate predictors of whether a person with chronic back pain is likely to develop chronic pain

syndrome. A person with persistent pain may become frustrated when pain and function do not improve. Interestingly, the level of pain is usually not related to the development of chronic pain syndrome.

Studies suggest that physicians and other healthcare providers are a bit at a loss when it comes to chronic pain conditions including low back pain. Australian researchers have suggested that if "using inappropriate diagnostic tests, nothing will be found in the majority of cases, falsely justifying the impression that nothing can be found." They have proven that pain can be generated by several tissues in and around the spine, such as the small joints in between different vertebrae. Another common cause of chronic low back pain are myofascial trigger points in various muscles in the back. Myofascial trigger points are small knots in muscles that can become persistent pain generators. Some studies have suggested that these trigger points are the most commonly overlooked diagnosis in persons with chronic pain conditions.

Persistent low back pain remains a puzzling problem for many physicians, physical therapist, and other clinicians. Fortunately, there is a growing number of clinicians who take chronic pain seriously. There are now several medical societies devoted exclusively to the study and treatment of pain. There are many different possible mechanisms of persistent pain that need to be considered. Hopefully, in the near future only a small percentage of persons with persistent pain will go undiagnosed, if any.