



Chronic Pain and Pain management Experiences among Veterans with Bipolar Disorder



Lorrienne Kuykendall, MA¹; Letitia Travaglini, PhD¹; Alicia Lucksted, PhD^{1,2}; Melanie Bennett, PhD^{1,2}

¹VA Capitol Healthcare Network Mental Illness Research Education and Clinical Center

²University of Maryland School of Medicine, Department of Psychiatry

Background

Chronic physical pain is a significant public health concern,¹ and Veterans in the VA Healthcare System report higher rates of chronic pain than the general US population²

There are alarmingly high rates of co-occurring mental health and chronic pain conditions

- Individuals with co-occurring chronic pain & mental health disorders report worse overall health status, higher levels of pain-related disability and functional impairment, and poorer treatment & rehabilitation outcomes³⁻⁶
- Most research to date has focused on the relation between chronic pain and depression, anxiety, or PTSD; there has been less focus on the relation between serious mental illness and pain⁷⁻¹⁰

Individuals with bipolar disorder are 2-4 times more likely to have a pain condition relative to the general population^{7,11}

- Individuals with bipolar disorder report greater pain interference & sensitivity and worse disability and quality of life relative to other individuals with chronic pain^{12,13}
- Only one study to date has examined the relation between different mood states and pain, finding that individuals are less likely to notice pain when in manic versus depressive states¹⁴

Study Aims

The goal of this MIRECC-funded pilot study was to better understand chronic pain experiences among Veterans with bipolar disorder and get insight into the state of treatment; specifically, to gain a better understanding of the relation between pain and different mood states (depression vs. mania) & learn about the functional impairment experienced by Veterans with co-occurring chronic pain & bipolar disorder.

Method

Participants: N= 15 Veterans with co-occurring bipolar disorder and chronic pain. N= 15 Providers with experience working with Veterans who have chronic pain and MH disorders

- Veteran Eligibility Criteria:
 - Engaged in outpatient care/ Provider within the VA Maryland Health Care System
 - Diagnosed with bipolar disorder and chronic pain, as documented in electronic health records, or a Provider with experience
 - Able to provide consent and complete a one-time interview
- Recruitment Efforts:
 - Veteran: Screening through electronic health records with follow-up approval from primary provider. MIRECC recruitment tables
 - Provider: Email invitation to join a one time interview and in-person recruitment to provider teams.
 - Both: Posted flyers and announcements at staff & Veteran meetings within outpatient clinics

Procedure: The one-time in person interview (~1 hour) focused on topics related to pain and bipolar disorder symptoms, how mood and pain are related, and the types of pain management services used/ offered and referred. Veteran participants were compensated \$25. Study procedures were approved by the University of Maryland IRB.

Data Analysis:

- Transcription of audio recordings of interviews, stored on the VA secure network shared drive
- Removal of all identifying information and assignment of fake names to each participant
- Regular team meetings to identify and discuss emerging themes
- Rapid analysis to identify key ideas and quotes from each interview

Summary of Results & Next Steps

Veterans:

- Depressive episodes are related to worsening pain and related functional impairment
 - Some Veterans noticed that greater pain intensity leads to increased depression
 - Other Veterans noticed that their pain increases when they are already depressed
 - Regardless of the initial direction/relation between pain and depression, most Veterans noted that pain and depression feed off each other and contribute to worse quality of life and functioning
- The relation between manic states and pain is more complicated; pain experiences vary depending on the type of manic symptoms experienced (e.g., elevated mood, high energy, irritability)
 - Higher energy, elevated mood: most reported a reduction in or less awareness of pain
 - Irritable mood: some reported increased pain intensity whereas others reported a reduction in pain intensity
- Many Veterans feel stigmatized by both the pain and Bipolar Diagnosis, where as some are glad to connect both and think it has helped them get better interconnected care.

Providers:

- Many worry about potential stigma impacting veteran care and a personal need to change that perception that as the provider they will thing it is all in their head.
- Generally providers felt that Chronic Pain was a complex issue in of it self and with the addition of a Mental Health issue it required an interdisciplinary approach which is currently not the easiest to navigate.

Next Steps:

- Submitting a Rehabilitation Research & Development Career Development Award-2 on how to tailor cognitive behavioral therapy for chronic pain (CBT-CP) to best address the needs of Veterans with co-occurring pain & bipolar disorder (first author, submitting June 2018)
- Moving beyond bipolar disorder to better understand & more effectively treat chronic pain among Veterans with any serious mental illness, primarily through nonpharmacological approaches

Acknowledgments/Disclosures: This research was funded by the VA Capital Health Care Network MIRECC Pilot Resource Fund.

This poster reflects the authors' personal views and in no way represents the official view of the Department of Veterans Affairs of the U.S. Government.

Results

Theme 1: Relation between Pain & Mood (Veteran)

Depression	Mania
<p>"It's a vicious cycle...[pain's] triggering [depression] to some degree or being triggered by it." –Zachary</p> <p>"Hurting all the time is no fun. At all. And it gets so frustrating and once again, it'll take me to a place that I don't want to go." –Latanya</p> <p>"So, you know, all these emotional things going on, and then pain happening because you're having these emotional things going on... I wish I knew a switch that I could turn off...so that I could be myself again." –Porter</p> <p>"I feel it more when I'm in my depressed mode. The pain, the aches, the exhaustedness, I mean everything becomes a challenge." –Terrell</p>	<p>"When I'm happy and jovial, I have less pain." –Porter</p> <p>"I know there's always pain, but I don't feel it...and I think that's why I messed myself up last time, because I was experiencing an episode of mania and I hurt myself." –Rachel</p> <p>"I disassociated with [the pain]." –Randall</p> <p>"I feel the pain but I'm not connected to it." –Vincent</p> <p>"[The pain's] like a 10. When it gets higher I don't want to have nothing to do with nobody. I don't want nobody touching me." –Hank</p> <p>"Sometimes I don't notice at all because I'm so raging...when I am raging it could be hurting more but I wouldn't know it...The only pain that I really notice the most...is the pain in my back...Even when I am going bananas, the pain in my back will always slow me down." –Garrett</p>

Theme 2: Pain, Mood, & Quality of Life (Veteran)

<p>"They all have some relationship in changing your mood, your desires, your wants, your needs." – Porter</p> <p>"My function has been compromised by the pain and mental illness." – Zachary</p> <p>"Chronic pain has more control over me than the bipolar, okay. The bipolar I feel a sense of confidence with the medication. And if for whatever reason I'm having a bad day...I always have the movies, I get in my car, I go to McDonald's, I go and get a glass of tea...I get out of the house. Now, the chronic pain...that's more crippling on me because I can't drink tea and make that go away. I can't walk it out." –Paige</p> <p>"I like to be in control, and since I've been suffering with the different problems I've not been in control." –Parker</p>	<p>"A lot of times I'm in pain, too...I'm experiencing decreased abilities to do stuff, you know, like the mobility, you know, can't run, can't play... needing to rest more, you know, those things trigger [my depression]." –Zachary</p> <p>"Well, it impacts on mood. So, if I don't work out because I'm physically unable to I don't feel like doing anything else, like cooking, doing laundry, anything that's going to require me to stand long or anything like that. And of course, it affects my mood, because then I'm feeling like oh, I haven't ate or I haven't been able to clean up or do something." –Rachel</p>

Theme 3a: Perception of Access to Care (Veterans)

Stigma Related Limitations/Advantages	Navigation of the System/ Self-advocacy
<p>"It impacted my ability to get appropriate care...they would discount my symptoms, you know, assign it to BS, you know, or just basically ignore what I was saying." –Zachary</p> <p>"There's a stigma around mental health...having the stigma follows you around when you go to different providers especially like pain management or ortho and they know you're a mental health patient, so they're kind of guarded in what they want to do with you." –Vincent</p> <p>"I think sometimes that they think that I'm asking for pain medication just to abuse it." –Hank</p> <p>"You see a person, and before you even judge them, you look at their chart and you go, 'okay, I know what you're about,' so they handle you a certain way, with kid gloves." –Porter</p>	<p>"The great benefit for me is I've had that knowledge" (speaking of his previous work in peer support and being an active consumer of health care research) – Zachary</p> <p>"...if the VA tells me something, I go somewhere else and get another opinion. I'm not saying anything about the VA, I'm just saying that I've learned to get another opinion." – Porter</p> <p>"You know, I believe that, like I'm my #1 advocate in my health care, so I need to let them know what's going on so they can try to get the best care plan possible for me." – Vincent</p> <p>"That I started to realize this is something for real. You gotta start working at it and stuff and tell people you felt down about it, felt broken about it, felt lower about it" – Randall</p>

Theme 3b: Perception of Access to Care (Subset of Provider Themes)

Stigma Related Limitations/Advantages	Navigation of the System/ Self-advocacy
<p>"...you know I've wondered too if there's stigma, do [medical providers] question the validity of this, or kind of attribute it to psychological causes and not physical... but in particular people with bipolar disorder have trouble managing their moods or having some propensity for mood instability if they're at one of their visits and they are frustrated and irritable, maybe hypomanic – that could then interfere with them getting their needs met." – Olivia</p> <p>"That self-care component, and that seems to resonate better with people. Then if you say, okay you've been referred to me for chronic pain, I'm pain psychology, I know that emotions can impact your pain, tell me in what ways you notice that. That doesn't work [laughs] very well." – Jennifer</p> <p>"Yeah, yeah, and I'm not gonna sit here and say that just cause I'm in EVP I'm well versed in treating mental health. That's certainly not the case, so if someone has this kind of diagnosis or a little more complexity to them, I mean I wanna get more people on board for the benefit of the patient." – Frankie</p>	<p>"I think that's actually really challenging thing to navigate for a lot of our Primary Care folks." – Florence</p> <p>"I think it's relatively difficult. The pain clinic likes to hear from multiple providers, not just a primary care doc, especially if the patient has SMI, then the psychiatrist is usually brought in, so it's kind of a laborious process that sometimes patients get really irritable about because they have to wait or, you know, they, they just feel like it should be a quicker process." – Susie</p> <p>"It's been my observation that it's hard for a Veteran with SMI to formulate the words, especially in a clinical environment. That's why I think the MHICM program is so important because when they're out in the community setting, they're more relaxed so you can get to know the patient better and form a more therapeutic relationship with them so they feel more comfortable, and you know your Veteran, so therefore you – you know, you know if there's a change in their behavior or mental status." – Irene</p>

The Relation between Pain and Mood among Veterans with Chronic Pain & Bipolar Disorder

References

1. Murray CJ, Jasrasaria R, Abraham J, et al. The state of US health, 1990-2010: Burden of diseases, injuries, and risk factors. *JAMA*. 2013;310(6):591-608.
2. Goulet JL, Kerns RD, Bair M, et al. The musculoskeletal diagnosis cohort: Examining pain and pain care among veterans. *Pain*. 2016;157:1696-703.
3. Butchart A, Kerr EA, Heisler M, et al. Experience and management of chronic pain among patients with other complex chronic conditions. *Clin J Pain*. 2009;25(4): 293-8.
4. Cerimele JM, Chan Y, Chwastiak LA, et al. Pain in primary care patients with bipolar disorder. *Gen Hosp Psychiatry*. 2014;36(2):228.
5. Kerns RD, Otis J, Rosenberg R, Reid C. Veterans' reports of pain and associations with ratings of health, health-risk behaviors, affective distress, and use of the healthcare system. *Journal of Rehabilitation Research & Development*. 2003;40(5): 371-80.
6. Lang KP, Veazey-Morris K, Berlin KS, & Andrasik F. Factors affecting health care utilization in OEF/OIF Veterans: The impact of PTSD and pain. *Military Medicine*. 2016;181(1):7.
7. Birgenheir DG, Ilgen MA, Bohnert AB, et al. Pain conditions among veterans with schizophrenia or bipolar disorder. *Gen Hosp Psychiatry*. 2013;35(5):480-4.
8. Crofford LJ. Psychological aspects of chronic musculoskeletal pain. *Best Pract Res Clin Rheumatol*. 2015;29(1):147-55.
9. Higgins DM, Kerns RD, Brandt CA, et al. Persistent pain and comorbidity among Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn veterans. *Pain Medicine*. 2014;15(5):782-90.
10. Phillips KM, Clark ME, Girona RJ, et al. Pain and psychiatric comorbidities among two groups of Iraq- and Afghanistan-era Veterans. *Journal of Rehabilitation Research & Development*. 2016;53(4):413-32.
11. Stubbs B, Eggermont L, Mitchell AJ, et al. The prevalence of pain in bipolar disorder: A systematic review and large-scale meta-analysis. *Acta Psychiatrica Scandinavica*. 2015;131(2): 75-88.
12. Abdin E, Ong C, Chong SA, et al. Days out of role due to mental and physical conditions: Results from the Singapore Mental Health Study. *PLoS ONE*. 2016;11(2):11.
13. Goldstein BI, Houck PR, Karp JF. Factors associated with pain interference in an epidemiologic sample of adults with bipolar I disorder. *J Aff Dis*. 2009;117:151-6.
14. Boggero IA, Cole JD. Mania reduces perceived pain intensity in patients with chronic pain: preliminary evidence from retrospective archival data. *J Pain Res*. 2016;9:147-52.

Contact Information

Letitia Travaglini, PhD
Postdoctoral Fellow
VISN 5 Mental Illness Research, Education, and Clinical Center
VA Maryland Health Care System
10 N. Green St.
Annex Building 7th Floor
Baltimore, MD 21201
P: 410-637-1867
E: Letitia.Travaglini@va.gov