Chronic pain and depression are two of the most common health problems that health professionals encounter, yet only a small percentage of studies have investigated the relationship between these conditions.¹

Major depression is the leading cause of disability in the U.S. and worldwide². Stress and anxiety, stemming from chronic pain, frequently cause major depression. Researchers estimate that depression and anxiety occur in 20% - 50% of patients with chronic pain.³ Major depression is thought to be four times greater in people with chronic back pain than in the general population.⁴ A recent study found that the rate of major depression increased in a linear fashion with greater severity of pain.⁵ Findings also show that the combination of chronic back pain and depression were associated with greater disability than either depression or chronic back pain alone.

For quite some time, research has demonstrated that chronic back pain can lead to major depression⁶ (Worz, 2003, International Association for the Study of Pain); however, more recent studies (see below) are now evaluating how psychological variables such as depression and anxiety may be linked to the onset of back pain.

- Polatin PB, et al., 1993, Spine, reported that 39% of the chronic low back pain patients they evaluated displayed symptoms of pre-existing depression.
- Linton, 2000, Spine, found that in 14 of the 16 reviewed studies, depression was found to have increased the risk for developing back pain problems.

DIAGNOSIS OF DEPRESSION AND CHRONIC PAIN

Depression among individuals with chronic pain is commonly overlooked. This occurs for two reasons: (1) individuals with chronic pain often do not realize they are also suffering from depression, and (2) the doctor is not expecting that the patient is depressed so he/she is not looking for depression. Patients experiencing chronic pain will often assume their emotional symptoms are strictly related to the pain. Bao, Sturm, & Croghan, 2003, Psychiatric Services, found that individuals with chronic pain and depression went to their physicians 20% more often than a comparison group of non-depressed medical patients. In addition, their study showed that patients with depression and chronic pain were 20% less likely to see a mental health professional than medical patients not experiencing pain.

Patients with chronic physical pain may minimize the depressive symptoms by believing that the emotional pain will dissipate once the physical pain is gone. They may also feel that acknowledging depression is a sign of weakness and creates vulnerability in dealing with the physical pain. When the diagnosis of major depression is missed or ignored, treatments strictly directed at the physical pain are much more likely to fail. Ohayon and


³ Anne Asher. “Preventing Workplace Back Pain and Back Injury.” (About.com: July 2007


Schatzberg, 2003, *Archives of General Psychiatry*, concluded that the presence of a chronic physical pain condition increases the duration of depressive mood. They also concluded that patients with chronic physical pain who seek medical attention should be routinely screened for major depression.

**Treatment for depression and chronic back pain**

It is fairly common and accepted that chronic pain and depression should be treated simultaneously in an interdisciplinary fashion. The treatment of clinical depression most often includes medication and psychotherapy. Treatment for chronic pain might include physical rehabilitation aimed at restoration of function and performance of daily activities, with the intention of stabilizing the patient’s life as much as possible.

Simultaneous treatment of physical and emotional pain is crucial, given that chronic physical pain may interfere with alleviating symptoms of depression. Pampallona et al., 2004, *Archives of General Psychiatry*, found that the combined treatment of medication and psychotherapy yielded better outcomes than either of the interventions alone.

**Differences Between Chronic Physical Pain and Acute Physical Pain**

There are key differences between chronic pain and acute pain. The nervous system processes chronic pain differently than acute or “immediate” pain. Acute pain occurs as a result of an incident or event, e.g. you fall down the steps and sprain your ankle. Chronic or “long term” pain happens over time and wears on the individual physically, emotionally, mentally and spiritually; often with no end in sight, chronic pain causes the individual to feel more and more pessimistic. Pessimism is a persistent negative thought pattern, resulting in a sense of hopelessness and severely damaging one’s sense of well-being. Our emotions stem from our thoughts. When our “habit of thought” is negative, our emotions spiral downward to lower our mood, energy level, and spirit.

The first step toward changing these thought patterns and associated emotions is to understand what the individual is going through when experiencing depression. The good news is that each of us has the ability to make changes that will affect the way we feel and experience life on a day-to-day basis.

**WHAT IS A DEPRESSIVE DISORDER?**

A depressive disorder is an illness that concerns the whole person: mind, body, spirit, and emotions. It affects the way a person perceives himself as well and the world, resulting in pessimism, hopelessness, sadness and often anxiety. Depression associated with chronic pain often stems from fear of not knowing how you will feel from moment-to-moment.

**COMMON MYTHS ABOUT DEPRESSION**

Depression …
- is a personal weakness
- reflects laziness or unwillingness to actively participate in life
- is a diagnosis that is untreatable and incurable

These myths are unfounded and do not represent the truth about depression.

**HOW WIDESPREAD IS DEPRESSION IN THE UNITED STATES?**

Depression affects men and women, young and old, and individuals of all races, cultures, religions, and incomes. Depression can occur at any age. Studies sponsored by the National Institute of Mental Health (NIMH) estimate that approximately 6 percent of children ages 9 to 17 in the U.S., and 10 percent of American adults—or about 19 million people ages 18 and above—experience some form of depression every year. Although available therapies alleviate symptoms of depression in over 80 percent of those treated, less than half of these individuals receive medical intervention (All data comes from NIMH fact sheet on depression and cancer, 2002).
WHAT IS THE PERSONAL IMPACT OF DEPRESSION?

Depression…
- is one of the most common psychological problems, affecting nearly everyone through either personal experience or through association with a depressed family member or close friend
- often causes insomnia, leading to fatigue, and agitation
- often leads to social isolation
- frequently leads to less participation in life and less enjoyment of meaningful activities
- can lead to job dysfunction and inability to work, causing financial difficulties
- coupled with chronic back pain may cause gastrointestinal distress caused by anti-inflammatory medication, resulting in a feeling of mental “dullness”.
- can create memory and concentration difficulties
- can cause a lack of interest in sexual activity, creating stress in one’s intimate relationships
- can interfere with significant relationships with family, friends, business associates, neighbors, and co-workers
- can limit one’s ability to do household chores and care-taking of young children, resulting in spouses and older children taking over responsibilities that were once managed by the individual with depression and back pain

WHAT IS THE SOCIETAL IMPACT OF DEPRESSION?

Depression…
- is directly experienced by approximately 9.5 percent of the population, or 20.9 million American adults (many children also experience depression) in any given 1-year period (NIH Publication No. 00-3561)
- adversely affects the lives of 10% of the American population
- intrudes upon the lives of millions of people throughout the world
- is the leading cause of disability among developed nations, including the United States
- often reduces work productivity, attendance, efficiency, and overall job effectiveness. The pessimism experienced by a depressed individual often leads to a lack of commitment, enthusiasm, and ability to address details, which may lower the quality of one’s work
- lowers productivity and impacts our economy, resulting in an estimated $44 billion a year loss

SYMPTOMS OF DEPRESSION

It is important to understand that depression and sadness are different. The death of a loved one, loss of a relationship, termination of a job—including retirement—will cause one to feel sad. Grief is a normal response to these situations. Individuals experiencing challenging times will often remark that he or she feels depressed. However, sadness and grief differ from depression. Feelings of sadness and grief will lessen over time while depression can continue for months and years, if untreated.

Not everyone who is depressed experiences every symptom (listed below). Some people experience only one or two symptoms, while others experience many. Severity of symptoms varies with individuals, with medication regime, and over time.

- Persistent sad, anxious, or "empty" mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex

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• Decreased energy, fatigue, being "slowed down"
• Difficulty concentrating, remembering, making decisions
• Insomnia, early-morning awakening, or oversleeping
• Appetite and/or weight loss or overeating and weight gain
• Thoughts of death or suicide; suicide attempts
• Restlessness, irritability
• Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain

_Note: Source for list – National Institute of Mental Health/NIMH_

**EFFECTIVE TREATMENT FOR CHRONIC PAIN AND DEPRESSION**

The person experiencing chronic physical pain often assumes that depression comes with the territory and is untreatable. One “buys into” this myth: “As long as I am experiencing physical pain, I must endure depression.” However, chronic physical pain and depression are separate diagnoses that require different treatment modalities. It is important to understand that depression is treatable. With the proper measures, symptoms can be alleviated, giving the patient the freedom to more fully participate in day-to-day activities and enjoy life.

**Diagnostic Evaluation And Treatment**

The first step toward accurately diagnosing depression is a physical examination by a physician. Examination, interview, and lab tests can rule out medications and medical conditions such as viral infection, which reveals the same symptoms as depression. If a physical cause for the depression is ruled out, a psychological evaluation should be done.

A thorough diagnostic evaluation may include the following:

1. Good historical data

   - a complete history of symptoms
     - when they started
     - how long they have lasted
     - severity
     - previous experience with the same symptoms
     - if yes, what treatment was prescribed
     - treatment compliance
     - effectiveness of treatment
   - use of alcohol, legal and/or illegal drugs
   - thoughts about death or suicide
   - family history of depression
   - if indicated, treatment type and effectiveness of treatment on family members

2. Mental Status Examination

   Evaluate whether speech, thought patterns, or memory have been affected

3. Treatment Choice
Treatment depends on the outcome of the evaluation. Therapies include medication and talk therapy:

**Medication:** Antidepressants may take several weeks before the patient begins to feel better. There are many different types of antidepressants, and often the doctor must try several different types of medication before striking the right balance for a particular patient. It will be important that the patient stay in close contact with his/her physician and communicate all feelings to the physician. If the patient feels side effects such as nausea, blurred vision, fatigue, etc., he/she will want to bring this to the attention of the physician.

**Psychotherapy:** Psychotherapy or “Talk” therapies involve participating in counseling sessions with an appropriate licensed professional such as a social worker, professional counselor, psychologist, psychiatric nurse, or psychiatrist. Psychotherapy helps one to change the way he/she thinks, feels, and behaves to support feeling better. Talk therapies that have been known to help with depression include cognitive therapy and interpersonal therapy, or some combination of both forms of intervention.\(^\text{10}\) Cognitive therapy focuses on thought patterns, feelings and behaviors while interpersonal therapy addresses challenges in relationships. Sharon Berlin, Ph.D., MSW, has spent her career studying the effects of cognitive interventions on people’s lives, has proposed a model of social work that addresses both internal thought processes and external life challenges. Berlin is recognized for developing a theory for social work practice that builds on traditional cognitive therapy. Berlin’s model focuses on how individuals construct meaning in their lives, and how that meaning is confirmed or challenged by current life circumstances. She has written extensively, and she recently published *Clinical Social Work Practice: A Cognitive-Integrative Perspective*, based on her research and her own experiences as a social work practitioner.

**GUIDELINES TO REVIEW WITH YOUR CLIENT:**

Step #1: If the client feels like hurting himself or someone else then get professional help immediately. Encourage him to call 911 or ask a friend or family member to take him to the emergency department of the nearest hospital. Contact a physician immediately. Do not wait until the next working day to reach a physician.

Step #2: Help the client understand that depression is a serious medical illness involving the brain, which impacts his functioning. Depression can happen to anyone, regardless of age, race, sex, religion, culture or socio economic status. Help the client accept this illness without self judgment so he can take the proper steps to get better.

Step #3: Urge the client to get a medical checkup to rule out other health problems causing or contributing to the depression. If the client is clinically depressed, request the doctor to refer him for professional help to treat the depression. There are two main treatments for depression: medicine (known as antidepressants) and “talk” therapy. Many individuals benefit from both treatments over a period of time.

Step #4: Encourage the client to follow through with treatment as recommended by a knowledgeable professional. Coach the client to take charge of well-being by speaking up and addressing any concerns with a physician and/or therapist. It is important that he feel comfortable with the treatment plan in order to embrace getting well.

**COUNSELING SOMEONE WITH DEPRESSION:**

**Tangible Steps To Help Your Client Feel Better**

A four step model to enjoy life and find fulfillment is outlined below. This model was developed in the clinical practice of Margaret McCraw, Ph.D., LCSW-C and is documented in her book, *Tune Into Love*, © 2005. While this model was developed separate and apart from the work of Sharon Berlin, Ph.D., MSW (referenced earlier in this article), the clinical framework (below) for counseling clients is completely compatible with Dr. Berlin’s theory which builds upon cognitive therapy. Dr. Berlin’s theory draws on several therapeutic approaches to explain how the mind integrates these perspectives within a model that suggests that people operate according to their understanding of what things mean. Her book, *Clinical Social Work Practice: A Cognitive-Integrative Perspective*, bridges therapeutic work with the interactive dimensions of personal meanings and external reality.

\(^{10}\) NIMH Publication on Depression (Updated: Sept. 2006).
Step one: Create “feel good” moments

Learn how to soothe yourself and minimize the impact of ruffled feathers (yours or someone else’s) when stressful events occur. Understand how pets, friends, and loved ones can help you create “feel good moments”. Learn how to identify and side-step barriers which may impact your own sense of well-being. Transcend these barriers through the process of reframing or restructuring your thoughts. Develop a gratitude list and add to this list daily to enhance your personal power and ability to feel good. Understand why gratitude is a thought pattern that can uplift you quickly and shift painful emotional responses to delightful ones.

Step two: Identify your desires (desires such as “I want to feel better”)

Learn to focus attention on what you want rather than the fear of not having what you desire (focus on feeling good rather than feeling bad). For instance, you can give attention to your pain by talking about it; however, the favorable results that clinicians are getting with cognitive therapy demonstrates that focusing on what we don’t want can cause us to feel worse. It is better to give attention to the positive by saying, “I want to feel good,” rather than “I don’t want to feel bad.” In essence, whatever we give attention to seems to expand in our mind and becomes the focus of our existence.

Step three: Activate your intentions (intentions are strong desires coupled with strong belief that you can have what you want)

The more positive emotion we experience when thinking about a desire, the more likely we are to create it. Our bodies respond positively to positive emotion and negatively to negative emotion. Let yourself feel the full range of emotions, and then make an effort to shift your thoughts to a more optimistic perspective. Your body will respond accordingly over time. Whenever we place our peace of mind or happiness on hold, waiting for a day we’ll feel better, that day never comes. Begin now to activate your intentions by taking steps toward living the life you desire. Start participating in activities that are in alignment with your doctor’s medical advice. Make an effort to be uplifting to yourself and others. You will find that in time you will feel better emotionally by letting go of being a victim to your pain.

Step four: Release the outcome

Believe that you can release the depression and you will respond better to therapeutic interventions. Depression is a highly treatable diagnosis. Stay focused on this truth and you will more quickly enhance your own sense of well-being. Stay optimistic and refuse to give attention to what you don’t want (pain) and focus attention on your desire to feel well.

Tips To Review With Your Client For Day-To-Day Living While Moving Through a Bout with Depression

- Set reasonable goals for yourself
- Set priorities and do what you can
- Break large tasks into small ones
- Take everything at your own pace
- Stay connected with others through phone conversations and activities that are appropriate for your health.
- Walk, walk, and walk if acceptable to your physician. Walk at your own pace. Short, easy walks may help change your body chemistry to support you in feeling better. Try engaging in any mild exercise that has been approved by your physician.

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11 David Satcher, M.D., Ph.D., Mental Health: A Report of the Surgeon General (Department Of Health And Human Services, SAMHSA 1999).

12 NIMH. (Publication/Pamphlet on Depression. Updated: Sept. 2006).
- Remember that feeling better is a process and it takes time. Be patient with yourself.
- Practice the art of forgiving. Release judgment of yourself and others. Stop seeing things as “right or wrong,” “black or white.” Release the “shoulds” in your life and let yourself be inspired into action.
- Shift pessimistic thinking to hopeful thoughts. Ask friends and family who you trust to help you look at situations optimistically.
- Remember to focus on the good things in life and practice seeing every situation from love rather than fear.

**COMMUNITY RESOURCES FOR YOUR CLIENT**

**Information and Referrals for Help with Depression**

National Alliance for the Mentally Ill (NAMI)
National Mental Health Association (NMHA)
National Institute of Mental Health
American Psychiatric Association (APA)
Depression and Bipolar Support Alliance (DBSA)
National Association of Social Workers
National Depressive and Manic-Depressive Association
John’s Hopkins InteliHealth
Psychology Information Online (how to find a therapist)
Self-help books
Support groups for depression (search the internet for a group close to where you live)

**How Can a Family Member or Friend Help a Depressed Person?**

Below are several ways that significant others can support someone they know, who may be depressed:

- Understand that depression is a medical diagnosis
- Release myths about depression representing laziness, personal weakness
- Remember depression is treatable
- Offer compassion and empathy rather than sympathy. Be understanding, patient, and encouraging.
- Engage the depressed person in conversation, and do more listening than talking. Offer hope and respond to him with optimism.
- Do not ignore remarks about suicide or remarks about wanting to hurt someone else. These remarks should be reported to an appropriate licensed professional.
- Invite the depressed person to participate in activities appropriate for his health, which may include going for walks, outings, movies, religious activities, hobbies, etc.
- See the person as strong and believe that he or she can transcend the illness. Your confidence in him will support the depressed person in tuning into his well-being.
- Encourage the person to get treatment and to stay in treatment per his doctor’s recommendations
- Accompany the individual for an appointment with his doctor, if he would like you to support him in this way
- When appropriate, assess and monitor if the depressed person is taking medication as prescribed
- Keep reassuring the depressed person that healing is part of a process, and that with time, and with treatment, he will feel better.
- Consider participating in couple, family and/or group therapy with a licensed therapist

In summary, according to Michael Clark, M.D., M.P.H. of the Johns Hopkins Arthritis clinic, “Chronic pain is an intrapersonal experience rather than a specific diagnosis. Patients with chronic pain should receive treatment for underlying medical conditions, and should be evaluated for anxiety and distress. Major depression is a common psychiatric co-morbidity of chronic pain, is associated with severe consequences, and is very responsive to treatment. In addition to being a primary treatment for depression, antidepressants are effective in the treatment of many chronic pain syndromes such as neuropathic disorders.”
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