

# Pain and depression: A concerning combination



**25.3 million**

adults in the US suffer daily with pain.<sup>1</sup>

**17.3 million**

adults in the US had at least one major depressive episode.<sup>2</sup>

**75% of patients**

with depression report pain-related symptoms.<sup>3</sup>

The ratio of reported depression is

**4x greater**

in those with persistent pain.<sup>3</sup>

## These pain-related symptoms include:

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



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.<sup>3</sup>



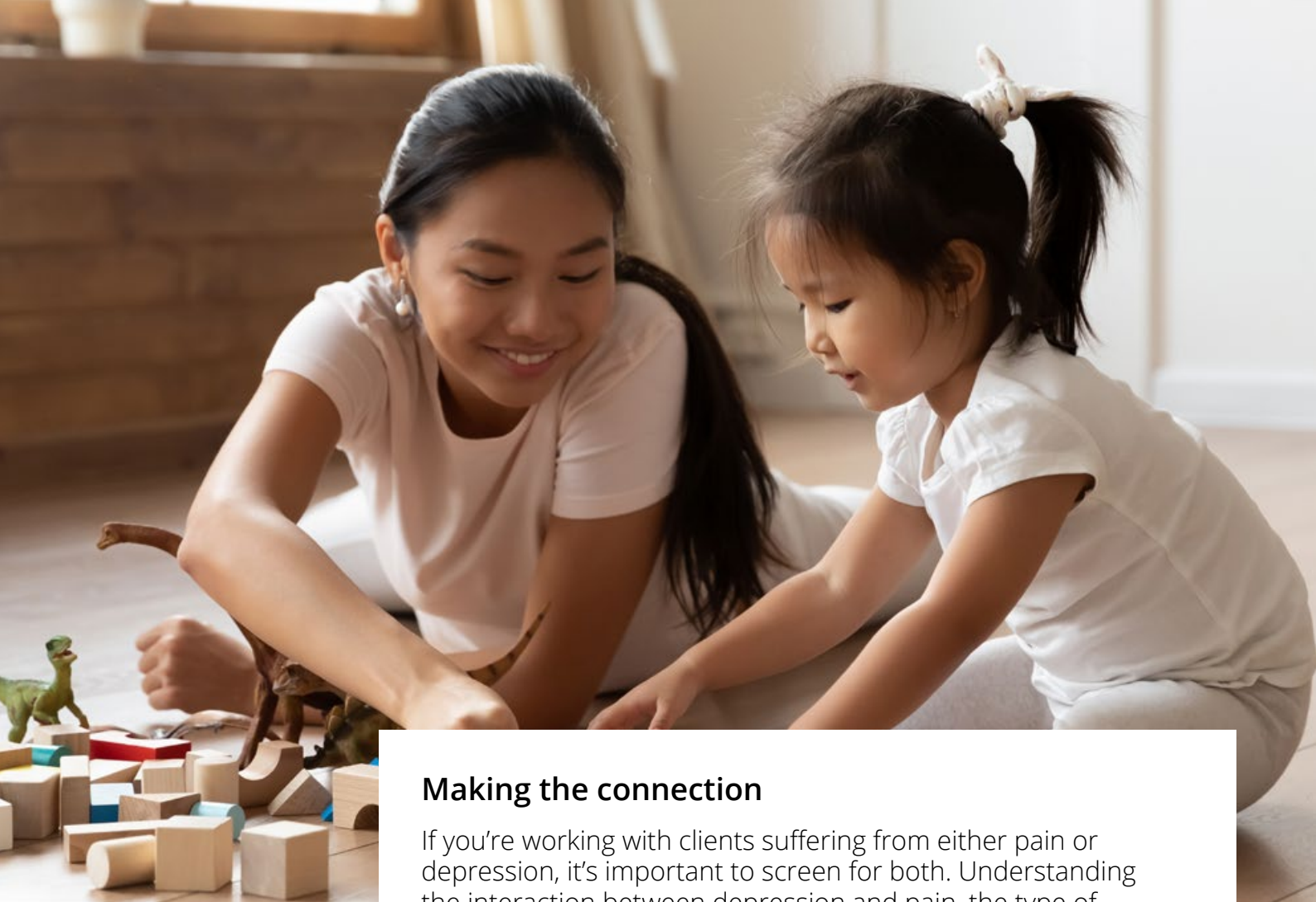
**Unrecognised depression** in patients with chronic pain is common.<sup>4</sup>



Patients with backaches and headaches had the highest odds of having major depression.<sup>3</sup>



Pearson



## 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 somatization, 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.



A contemporary personality assessment for mental health, medical, forensic, and public safety settings.

## References

- <sup>1</sup> National Institutes of Health (2015, August 11). Retrieved from: <https://www.nih.gov/news-events/news-releases/nih-analysis-shows-americans-are-pain>
- <sup>2</sup> National Institutes of Health (2019, February). Retrieved from: <https://www.nimh.nih.gov/health/statistics/major-depression.shtml>
- <sup>3</sup> 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/>
- <sup>4</sup> Lee, H., Choi, E.J., Nahm, F.S., Yoon, I.N., Lee, P.B (2018). Prevalence of unrecognized 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/>



0345 630 8888 | [Pearsonclinical.co.uk](https://www.pearsonclinical.co.uk)

Copyright © 2019 NCS Pearson, Inc. All rights reserved. Pearson, P3, BDI-2, BHS, and BHI-2 are trademarks, in the US and/or other countries, of Pearson plc. MMPI and MMPI-2-RF are registered trademarks of the Regents of the University of Minnesota. CLINA15777 - 19228 SR 5/19

