Psychiatric and Psychological therapies

Living with a chronic condition can have a significant impact on how you feel, and often has a huge impact on your quality of life. Research shows that patients with chronic orofacial pain typically display increased levels of anxiety, depression, catastrophising, and psychosocial distress (1)

Understanding the psychological consequences of a chronic condition can help you to address any negative changes, and live the best possible life despite your symptoms. Evidence suggests that treating concomitant anxiety and depression can lead to a decrease in pain, although this is not always the primary goal (2,3).

Everyone will react differently to a nerve injury, and the ideas presented below may not fit with your experience, but will hopefully provide some food for thought.

Loss

Chronic pain is often accompanied by loss, and can lead to feelings that mirror those involved in a grief reaction, involving anger and depression. The grief cycle by Elizabeth Kubler-Ross (4) outlines the emotional stages that you may go through, although it is a rare person who follows the stages in a straightforward way. More common is for feelings from the different stages to emerge at different salient times.

- And then, into the calm of this relative paradise, a bombshell bursts...
- **Shock stage**: Initial paralysis at hearing the bad news.
- **Denial stage**: Trying to avoid the inevitable.

The initial state before the news is received is stability, at least in terms of the subsequent reaction on hearing the bad news. Compared with the ups and downs to come, even if there is some variation, this is indeed a stable state.
• **Anger stage**: Frustration of bottled-up emotion.
• **Bargaining stage**: Seeking in vain for a way out.
• **Depression stage**: Final realization of the inevitable.
• **Testing stage**: Seeking realistic solutions.
• **Adjustment stage**: Finally finding the way forward.

Psychological therapy can be of benefit in working through these stages.

*(need info here on catastrophising/anxiety/PTSD etc)*

**Psychological Therapy**

Not everyone will require assessment and treatment by a Liaison Psychiatrist or Clinical Psychologist, but the iatrogenic nature of many nerve injuries can compound pre-existing mental health problems, and specialist help may be required. In the UK there is increasing recognition of the benefit of psychological therapy, and in your local area referral by your GP to an ‘IAPT’ service can provide short-term therapy. Specialist services where a psychiatrist/psychologist practices within a dental service are less common, but are starting to develop.

Therapies with the best evidence for chronic pain are cognitive-behavioural therapy (CBT) and Acceptance and Commitment Therapy (ACT). These therapies are not intended to lower perceived pain levels, but enable the patient to better cope with their pain. The acceptance of the impact of a chronic condition is often the first step on the road to recovery.

**CBT**

CBT currently has the largest amount of research carried out on its effectiveness, and is recommended by NICE for a wide variety of mental health and behavioural conditions (5). CBT focuses on what people think, how those thoughts affect them physically and emotionally, and how they ultimately behave.

A life situation, relationship or practical problems
(e.g. a problem/difficult situation/event occurs)

<table>
<thead>
<tr>
<th>Altered thinking</th>
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<td>unrealistic, extreme and unhelpful thoughts</td>
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| Altered physical feelings/symptoms |

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When someone is distressed or anxious, the way they see and evaluate themselves and others can become negative. CBT therapists work alongside the person to help them begin to see the link between negative thoughts, behaviours and mood. This empowers people to identify negative thoughts and emotions, and take steps to change the way they behave. The following diagrams show the changes that can occur when you have a nerve injury:

In another scenario:
Altered physical feelings/symptoms
Altered thinking with unhelpful thoughts (e.g. This sensation is unbearable; the dentist should be made to pay)
Altered emotional feelings e.g. anger
Altered behaviour (reduced activity, avoidance or unhelpful behaviour e.g. repeated phone calls to dentist demanding remedial work)

**THE COGNITIVE-BEHAVIOURAL MODEL**

There are helpful and unhelpful ways of reacting to most situations, depending on how you think about it. The way you think can be helpful or unhelpful. Many patients find that their lives can be improved, despite the physical changes that have occurred due to having orofacial pain.

**Delivery of CBT**

CBT can be delivered at a number of levels of intensity in a stepped care model. In the lower levels of the stepped care model techniques such as guided self help are used, placing the onus on the patient to complete diary sheets and other interventions with the support and guidance of a trained worker. Self help resources are often CBT based, are suitable for a range of conditions and can be carried out over the phone or face to face by a trained worker. There are a number of Apps for smart-phones that provide self-help for various conditions.

Further up the stepped care model is face-to-face CBT, for problems of a more complex and longstanding nature. CBT is delivered on a regular basis by a trained therapist, usually in a clinical setting. This form of therapy uses the concept of formulation to take a personalized approach to the problem. The therapist will first assist in identifying the problem and will start to build a model of how behaviours, thoughts and feelings may be linked in with the problem. Once the problem has been explored, the therapist will help you examine the helpfulness of your thought and behaviour patterns, and help you to work on ways of changing these if desired. If you access this type of therapy you will often be given a set number of sessions that typically last 50 minutes per session. Therapists will usually set “homework tasks” which are completed between sessions. Homework tasks may include carrying out activities such as thought monitoring and entering
these into a thought diary, or practicing specific behaviours through what is known as “behavioural exposure”.

Cognitive behavioural therapy can also be delivered in a group setting, and multidisciplinary programmes have the greatest empirical evidence for success in patients with chronic pain conditions (6). There is emerging evidence that CBT-based treatment methods can improve both short-term and long-term outcomes in patients with chronic orofacial pain (7)

Links

The following links may help you to explore CBT further:

http://www.getselfhelp.co.uk/cbtstep1.htm

http://www.beatingtheblues.co.uk/

Acceptance and Commitment Therapy (ACT)

Acceptance and Commitment Therapy is a third wave behavioral therapy (along with Dialectical Behavior Therapy and Mindfulness Based Cognitive Therapy) that uses Mindfulness skills to develop psychological flexibility and help clarify and direct values-guided behavior. ACT, pronounced “act,” (not by it’s initials A-C-T), “does not attempt to directly change or stop unwanted thoughts or feelings, but aims to develop a new mindful relationship with those experiences to free a person up to be open to take action that is consistent with their chosen life values. Thus, values clarification is a key component to ACT. ACT uses three broad categories of techniques: mindfulness, including being present in the moment and defusion techniques; acceptance; and commitment to values-based living.
Evidence suggests that ACT can help to improve mental health (8) In a comparative trial with CBT, ACT was shown to have comparable outcomes (9), and there is increasing evidence for its use with chronic pain in both a group and individual setting (10).

The following may help you to explore ACT further:

**Links**


http://www.actmadesimple.com/free_resources

http://www.getselfhelp.co.uk/act.htm

**Further help**

**Talking Treatments**

It's estimated that around half the GP surgeries in England provide counselling services and support. Access to NHS talking therapy will improve over the next few years. It's government policy to make counselling and other talking treatments, including cognitive behavioural therapy (CBT), more easily available on the NHS.

The Improving Access to Psychological Therapies (IAPT) programme, which is rolling out between 2008 and 2015, is putting thousands more trained therapists into GP surgeries. The scheme will provide easy access to talking treatment on the NHS to everyone who needs it.

If you want to try a talking therapy, ask your GP, who will be aware of what's available locally.


**Medication**

Occasionally, it can be helpful for someone who has suffered a nerve injury to be prescribed specific medication. This may be to help with difficult-to-treat pain or to help with mental health problems such as anxiety or depression. Fortunately many of the medications that are used to treat severe ‘neuropathic’ (or nerve-caused) pain are also effective for anxiety /depression, meaning that one tablet may help both problems. This is a specialist area of prescribing and is usually undertaken within pain clinics or specialist dental clinics; some GPs are also expert in this area of prescribing. Medications that may be recommended depending on the situation include:

- Pregabalin
- Gabapentin
- Amitriptyline
- Nortriptyline
- Venlafaxine
- Duloxetine
- Clonazepam

References


