PAIN MANAGEMENT, MENTAL HEALTH AND PSYCHOLOGICAL WELL-BEING AMONG PATIENTS DIAGNOSE WITH CHRONIC PAIN IN NASARAWA STATE, NIGERIA

Nalah Augustine Bala
Behavioural Health Unit, Department of Psychology, Faculty of Social Sciences, Nasarawa State University, Keffi-Nigeria

Abstract: The study examined the relationship between acute and chronic pain on mental health and psychological well-being among diagnose patients in Nasarawa State, Nigeria. Research samples of 350 participants drawn from three hospitals in Nasarawa State were used; 79 acute and 271 chronic patients were involved, their age range from 18 to 60 years. Simple random sampling technique was used to ensure equal representation. Brief Pain Inventory (BPI) and Mental Pain Assessment Card (MPAC) were used for the collection of data. Pearson Product Moment Correlation (PPMC) statistics was used at 0.05 significant level and analyzed thus: t.cal = 7.82; t.obs = 1.96; df = 3; P < 0.05; for pain and mental health, and t.cal = 4.02; t.obs = 0.195; df = 2; P < 0.05 for pain and psychological well-being. The result showed that a statistical significant relationship exists between acute and chronic pain on mental health. A significant relationship exists between acute and chronic pain on psychological wellbeing of patients diagnosed in three selected hospitals in Nasarawa State, Nigeria. Based on the findings, it was recommended that unresolved PTSD symptoms influence pain, depression and result to mental disorder. Therefore, hypnotherapy and gentle stretching exercises to focus on pain management and control will help the patients regain their mental and psychological fitness.

Keywords: pain management, acute pain, chronic pain, mental health, psychological wellbeing, hypnotherapy

I. Introduction

Pain management is the systematic study of clinical and basic science and its application for the reduction of pain and suffering. This emphasizes an approach to treatment, blending tools, techniques and principles taken for the reduction of pain and suffering [1]. Pain is a very complex issue and there is no uniform way of controlling it. Pain is the body's way of letting 'us' know when something or some part of the body needs attention or care. Obviously a medical doctor is going to be the first person to contact if you are in any discomfort, pain or are worried about your health or wellbeing. However some pain cannot always be diagnosed or fully treated with medicine; it’s psychosomatic - pertaining to a physical disorder that is caused by or notably influenced by emotional factors” [2]. Some patients started feeling constant pain with the onset of a trauma, such as a car accident or even emotional trauma, such as divorce or childhood abuse.

Pain management depends on the exact type of pain afflicting you, as well as its location on your body. The pain can be either acute or chronic, and this will affect how you manage it. Acute pain, for the most part, results from disease, inflammation, or injury to tissues. This type of pain generally comes on suddenly, for example, after trauma or surgery, and may be accompanied by anxiety or emotional distress. The cause of acute pain can usually be diagnosed and treated, and the pain is self-limiting, that is, it is confined to a given period of time and severity. In some rare instances, it can become chronic. Chronic pain is widely believed to represent disease of mental disorder itself [3]. It can be made much worse by environmental and psychological factors. Chronic pain persists over a longer period of time than acute pain and is resistant to most medical treatments. It can—and often does—cause severe mental health problems for patients [4]. A person may have two or more co-existing chronic pain conditions [5].

The study of pain management combines psychological integrative care method of psychotherapy [6], which involves not only the relationships between the patient and the healthcare provider(s), but also the relationship the patient has with his/her entire body and mind—a holistic approach [7]. Thus, people with pain need to take personal responsibility and be accountable for their own mental and physical health. They should speak knowledgeably with their healthcare professional in order to make decisions about their health and wellness. Roth, Geisser and Bates (2011) argued that lack of proper interaction between the patient/client and the healthcare professional (psychologists) result to Post-Traumatic-Stress-Disorder (PTSD). Furthermore, patients with chronic pain often have additional symptoms - depression, anxiety, disturbed sleep, and impaired decision-
making - that reduce their overall quality of life [9]. Brains of patients with chronic pain showed less deactivation in several key regions of the brain, and the researchers explained that this imbalance and the constant firing of neurons in highly active areas of the brain can cause permanent damage over time, including altered connections among neurons or even the death of affected neurons, which can lead to mental disorder or illness [10]. Mental health (or behavioral health) describes a level of psychological well-being, or an absence of a mental disorder. Mental health can also be defined as an expression of emotions, and as signifying a successful adaptation to a range of demands. The World Health Organization defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community [11]. This state of well-being can be affected by chronic pain. Mental wellness is generally viewed as a positive attribute, such that a person can reach enhanced levels of mental health, even if the person does not have any diagnosed mental health condition. This definition of mental health highlights emotional well-being, the capacity to live a full and creative life, and the flexibility to deal with life's inevitable challenges. Psychological well-being comes from life span developmental perspectives, which emphasize the deferring challenges confronted at various phases of life cycle. Managing chronic pain is one phase of challenge confronting patients diagnose with chronic pain. A good and positive criterion for mental health and psychological well-being is the absence of illness [12]. Psychological well-being leads to desirable outcomes, even economic ones, and does not necessarily follow from them. It is also found to be related to physical health. Psychological well-being is therefore valuable not only because it assesses well-being more directly but it has beneficial consequences.

II. Objectives of the Study

The objective of the study is to examine pain, mental health and psychological well-being among patients admitted in some selected hospitals in Nasarawa State, Nigeria. In order to achieve this aim, the study therefore posed the following hypotheses:

H₀₁: There will be no significant relationship between acute and chronic pain on patient’s mental health.
H₀₂: There will be no association between acute and chronic pain and patient’s psychological well-being.

III. Method

Research Design

The study seeks to adopt correlation research design in order to examine the relationship between chronic pain, mental health and psychological well-being among patients admitted in some selected hospitals in Nasarawa State, Nigeria.

Population

The target population comprises of male and female patients diagnosed to manifest symptoms of chronic pain and admitted by Dalhatu Arab Specialist Hospital Lafia, General Hospital Akwanga, and Federal Medical Center Keffi.

Sample

The participants were randomly sampled 350 male and female patients diagnosed to manifest symptoms of chronic pain within these selected hospitals in Nasarawa State, Nigeria. Their age ranges between 18 and 60 years.

Instrument

Brief Pain Inventory (BPI): was designed by Charles Cleeland in 1991 for the purpose of assessing pain among patients working with Pain Research Group in United State with reliability of 0.92. It was restandardized by Adeyemi Osu in 2008 for Nigerian sample with a reliability of 0.82. BPI is a 10-item scale with response options ranging from 1 to 10 describing pain from its minimal to the maximum level.

Mental Pain Assessment Card (MPAC): is a 60-item inventory developed by Elizabeth J. Narcissian in 2009 for the purpose of assessing mental health and psychological well-being of patients who have been diagnose with at least three of symptoms which include headache, sweating, constipation, nightmares, insomnia, tired, difficulty thinking, sweating, lack of appetite and sleeplessness, depression, anxiety, phobia. 30 questions assess mental health and remaining 30 questions assess psychological well-being. The reliability of the instruments was established at 0.89 and 0.74 for Western and Nigerian sample respectively.

Procedure

Permission was obtained from the hospital management authorities. The administration of the two instruments was done after the participants have given their consent by filling the Informed Consent Form administered to them through the assistance of the hospital’s doctors. Participation was on voluntary basis and patients were assured of confidentiality of their responses.

Data Analysis
The study used the Pearson Product Moment Correlation (PPMC) statistics in order to examine the relationship between acute and chronic pain on patient’s mental health and psychological well-being. The corresponding r-table values were obtained at the 0.05 level of significance to ascertain the significance or otherwise of the computed r-values.

IV. Result

Table 1: Below are the Summary of the Pearson-r statistics on the relationship between Acute and Chronic Pain on Patient’s Mental Health.

<table>
<thead>
<tr>
<th>Pain</th>
<th>Mental Health</th>
<th>N</th>
<th>Df</th>
<th>t.Cal</th>
<th>t.Obs</th>
<th>P</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute</td>
<td></td>
<td>79</td>
<td>22.6</td>
<td>3</td>
<td>7.82</td>
<td>1.96</td>
<td>0.05</td>
</tr>
<tr>
<td>Chronic</td>
<td></td>
<td>271</td>
<td>77.5</td>
<td>2</td>
<td>4.02</td>
<td>0.195</td>
<td>0.05</td>
</tr>
</tbody>
</table>

Summary and Interpretation
Mean of Acute=22.6 and Mean of Chronic=77.4

Hence, we agree to reject the null hypothesis (H02)

Table 2: Below are the Summary of the Pearson-r statistics on the relationship between Acute and Chronic Pain on Patient’s Psychological Well-Being.

<table>
<thead>
<tr>
<th>Pain</th>
<th>Psychological Well-Being</th>
<th>N</th>
<th>Df</th>
<th>t.Cal</th>
<th>t.Obs</th>
<th>P</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute</td>
<td></td>
<td>79</td>
<td>22.6</td>
<td>2</td>
<td>4.02</td>
<td>0.195</td>
<td>0.05</td>
</tr>
<tr>
<td>Chronic</td>
<td></td>
<td>271</td>
<td>77.4</td>
<td>2</td>
<td>0.195</td>
<td>0.05</td>
<td></td>
</tr>
</tbody>
</table>

Summary and Interpretation
Mean of Acute=22.6 and Mean of Chronic=77.4

Hence, we agree to reject the null hypothesis (H02)

V. Conclusion

The aim of present study examined the management of pain on mental health and psychological well-being among patients diagnosed with chronic pain in Nasarawa State. The result showed that chronic pain of diagnosed patients has relationship with their mental health status. This finding is aligned with researchers of [4], LeResche and Von-Korff (2009) and Baliki, Geha, Apkarian, Chialvo (2008). Also, it was found that acute and chronic pain is associated with patient’s psychological well-being among diagnosed patients in some selected hospitals in Nasarawa State. This finding also correspond with research result of [3], [8], [9]. In buttressing these findings, it can be said that the patients diagnose with acute and chronic pain in the hospitals or healthcare units are vulnerable of becoming mental health patients in a psychiatric home. This also suggests that pain, whether acute or chronic, is accompanied by anxiety and emotional distress (psychological trauma), which is influence by environmental and psychological factors that can result to mental health problems [4]. Furthermore, Post-Traumatic-Stress-Disorder (PTSD) directly influenced the severity of depressive symptoms which, in turn, affected the intensity of pain and lead to mental disorder [13].

VI. Recommendations/Clinical Implications

The study recommends that unresolved PTSD symptoms may influence the pain, depression, and disability experienced by patients with chronic pain following injury. It further encourages pain rehabilitation practitioners to focus on interventions that ameliorate PTSD symptoms as a way to improve pain management outcomes in this population of patients. Also recommend that patients should do gentle stretching exercises to keep their muscles and joints more limber and toned. This is an excellent idea and do not take more than a few minutes. Another great suggestion is Massage Therapy or Hypnotherapy. Hypnotherapy can focus towards pain management and pain control and/or towards anxiety control and conditioning treatments. Helping clients create ‘pain control dials’ or creating glove-anaesthesia techniques. All pain management clients can regain control with practice and dedication.

References


