

Anastasia Mekhael – 3MT Presentation Transcript

If you had to feel shooting pain every second of every day for a week would you be able to wake up refreshed, get dressed, head to work, go home and make dinner and then maybe hang out with friends? Pretty Doubtful. Individuals suffering from CP experience some variation of this for over 3 months and up to a lifetime. CP is defined as both a sensory & emotional experience associated with actual or potential tissue damage.

Importantly, CP is not a individual experience but is heavily influenced by the social setting in which it takes place. This is why we refer to it as a biopsychosocial condition.

As such, the behaviour and responses of Caregivers (including a partners or parents) and a patient's associated suffering are bidirectional → this means that it is not only the pain condition that affects the level of pain felt, but other's REACTION to that pain which might ameliorate or aggravate it.

Specifically, the ability of a caregiver to manage their own emotions may also affect the patient's experience of pain. In other chronic illnesses, this ability for caregivers to manage their emotions has been documented as being helpful for the patients to deal with their condition.

This process requires ER, defined as the ways that we alter our own thoughts and behaviours in response to an arousing emotional experiencing to affect the way we feel and behave in response to it (e.g. in this case seeing your child or partner in pain might worry you to the point of catastrophizing— leading you become over protective in an effort to help them. But what if this actually making the pain worse?

This question has not yet been examined in the case of chronic pain and that is my research. I have recently mapped the protocol for a scoping review that I am conducting in which I will aim to determine 3 things: 1) How is ER measured in the CP literature; 2) what is known so far about ER in caregivers of those with CP; 3) and how ER abilities in caregivers might affect outcomes for CP patients.

Based on preliminary searches, it seems that there is no consistent definition of ER in the pain research and we hypothesize that that better ability to regulate emotion will lead to better CP outcomes.

So you might then wonder why should you care about this work?

Well CP is currently considered a global health crisis by the WHO. It is also a substantial economic burden costing the Canadian healthcare system 40 billion dollars in 2019 alone. CP is also very prevalent, affecting 20-40% of children and adults worldwide.

Current treatment for CP is ineffective and have led to overreliance on opioids. This is because pain affects so many different domains in someone's life that is hard to come up with a treatment that will result in concurrent improvements in quality of life.

SO if we can pave the way for researchers by pointing to gaps in the literature and highlight what we know so far, then perhaps we can target a patient's pain experience by providing ER treatment to those around them in an effort to more effectively management CP across the lifespan.