WHAT A PAIN IN THE NECK
Primary Investigator:  Steven Klintworth, RN
Vanderbilt Medical Center Nashville, Tennessee
Co-Investigators:  Mary Hamilton-Chestnut RN, FNP-C; Elizabeth Card, RN, CPAN, CCRP

Overview: Approach to pain relief should encompass both emotional and physiologic components. Pain is a combination of physical, sensory, emotional, and cognitive experiences which could be related to tissue injury. Pain fear and anxiety are linked subconsciously in our response to pain.

Patients with a high level of “Pain Anxiety” develop fear and avoidance of activity linked to pain. Pain during movement following injury elicits anxiety, thus leads to avoidance of the activity. Anxiety sensitivity and pain related anxiety have been used in prior research to predict fear and anxious responses. In the chronic pain population, fear-anxiety-avoidance models have been identified as potential precursors for development of chronic pain. Chronic pain is pain that is not fleeting or minor in nature with duration of 6 months or more. Chronic pain patients describe their life by pain, suffering disproportionally from anxiety disorders. Pain affects every aspect of a patients being. Hence, treatment of pain should include addressing all of these aspects.

EP Question/Purpose: How does anxiety sensitivity and fear impact pain perception?
Methods/Evidence: We completed an integrated research review of the literature, this search was completed using Medline Plus, Cochran Review, Google Scholar and OVID. The following key words were used: “pain related anxiety”, “fear of pain”, “pain related fear”, “pain-related anxiety”, “anxiety sensitivity”, “chronic pain”. We included 5 of the 12 articles for our review and kept 4 for background material.

Significance of Findings/Outcomes: In many studies, anxiety sensitivity appeared to be a factor in increased pain; however, one study suggested that anxiety sensitivity decreased pain perception. In the pediatric population, there was an inverse relationship between age and pain anxiety.

Implications for perianesthesia nurses for future research: Pain is subjective; belief in your patients report is paramount in building a therapeutic relationship. Delivery of pain treatments should be with compassion and belief in success. Establishing and agreeing upon realistic treatment goals may alleviate anxiety. Chronic pain patients may develop fear or phobia of pain. We concluded that pain, anxiety and fear are very complex concepts, and successful treatment of pain should be inclusive of addressing pain, fear, anxiety.