Ask Pain Patients About Self-Perceived Burden

BY SUSAN LONDON
FROM THE ANNUAL MEETING OF THE SOCIETY OF BEHAVIORAL MEDICINE

SEATTLE — Asking patients with chronic pain a single question — “Do you believe it would be better for everyone involved if you were to die?” — can determine whether he or she is having suicidal thoughts or wishes, findings from a retrospective study suggest.

Among 109 patients with chronic pain, patients’ perceptions that they were a burden to others as assessed with this question was the sole independent predictor of suicidal ideation even after depression and hopelessness were taken into account.

“A model including perceived burdenedness, in addition to conventional risk factors, correctly classified 84% of the patients regarding the presence or absence of suicidal ideation.

“It’s important to consider perceived burdenedness in the patients that you see,” advised lead investigator Kathryn E. Kanzler, Psy.D., who is a captain in the U.S. Air Force and a psychologist at Lackland Air Force Base in San Antonio. “Just one question — that’s all it takes to get kind of a quick snapshot of what’s going on.”

Patients with chronic conditions may be uniquely attuned to the impact of their health on their caregivers, Dr. Kanzler told attendees of the annual meeting of the Society of Behavioral Medicine. “Research has found that self-perceived burden … can have a direct impact on significant medical decision making,” she said, such as choosing to reduce or entirely skip dialysis.

In the study, she and her colleagues retrospectively reviewed the medical records of 109 outpatients with chronic pain who were referred to a psychology clinic for evaluation and possible behavorial and psychosocial interventions. All were active or retired military personnel, or their dependents or family members. The patients were age 42 years on average. The majority were married (72%), female (65%), and white (66%).

The leading primary cause of pain was headache/migraine (seen in 28% of patients), followed by chronic low back pain (16%), fibromyalgia (15%), temporomandibular or myofacial pain (9%), arthritis (3%), and complex regional pain syndrome (1%). The remaining patients (30%) had pain due to other conditions, such as cancer or orthopedic injuries.

The investigators used responses on the Beck Depression Inventory—Second Edition (BDI-II) to assess patients’ hopelessness, suicidal ideation, and depression.

Perceived burdenedness was assessed from responses to a single statement, “It would be better for everyone involved if I were to die,” with possible response options ranging from 1 (never or none of the time) to 5 (always or a great many times).

Overall, 7% of patients were found to have suicidal ideation, Dr. Kanzler reported. A logistic regression model including age, sex, race, marital status, depression, and hopelessness improved the ability to predict suicidal ideation above a null model.

Adding patients’ perceived burdenedness to this model further improved the ability to predict suicidal ideation and also improved model fit.

When controlling for depression and hopelessness, perceived burdenedness was the sole independent predictor of suicidal ideation.

“There was no difference in the findings between patients who did and did not have an identified caregiver, a finding that corroborated those from other studies suggesting that perceived burdenedness may apply to the people who are important in one’s life generally.”

Perceived burdenedness performed better at correctly classifying patients without suicidal ideation (98%) than at correctly classifying those with suicidal ideation (63%).

“We hope this study add to the understanding of the really complex relationship between chronic pain and suicide ideation,” Dr. Kanzler said. “Perceived burdenedness as a risk factor might help explain high rates of suicide ideation beyond the types of things that definitely, immediately come to mind.”

Importantly, she noted, perceived burdenedness is modifiable, in contrast to many of the other risk factors for suicidal ideation, such as age and sex. “Some kind of a cognitive intervention might be useful,” she proposed, such as intervening to change the meaning of the cognition of perceived burdenedness or to challenge the cognition itself.

Encouraging increased communication with the key people in a patient’s life may also be beneficial, according to Dr. Kanzler. “Sometimes, especially in our population, there is not necessarily an identified caregiver, but this perceived burdenedness kind of affects the whole group that surrounds that person,” she explained. “So that type of intervention might also be useful, going beyond the individual patient.”

Small Study Highlights Olfactory Reference Syndrome

BY DOUG BRUNK

Patients with olfactory reference syndrome have high rates of clinical depression and other comorbid psychiatric disorders, and nearly half of them do not seek psychiatric treatment for their perceived odor.

Those are key findings from a small, novel study discussed during a press briefing sponsored by the American Psychiatric Association.

Olfactory reference syndrome (ORS) is a preoccupation with the belief that one emits a foul or offensive body odor that is not perceived by other people, said lead study investigator Dr. Katharine A. Phillips, of the department of psychiatry at Rhode Island Hospital/Brown University, Providence.

The few reports about ORS that have been published in the last century “suggest that it is clinically important,” she said. “Patients suffer terribly as a result of this false belief, and they appear to be very impaired in terms of their functioning and to have high rates of suicidality.”

In an effort to better understand the clinical features of ORS, the researchers used semistructured measurement tools to assess 20 patients with the syndrome, including the Structured Clinical Interview for DSM-IV (SCID) to assess comorbidity, the Brown Assessment of Beliefs Scale to assess delusions, and the Beck Depression Inventory-II to assess depression.

More than two-thirds of the patients (68%) had a history of suicidal ideation, 32% had attempted suicide, and 53% had been hospitalized in a psychiatric unit. The most common lifetime comorbid disorder was major depressive disorder (85%), followed by social phobia (65%), and substance use disorders (50%).

Dr. Phillips also reported that 44% of patients had sought nonsychiatric medical treatment for the perceived odor. “They went to dentists if they thought they had bad breath, [to] dermatologists if they thought they had bad skin, or [to] other medical doctors,” she explained. “In our study we had their tonsils removed because they thought their tonsils were causing their breath to be bad.”

About one-third of patients received nonsychiatric treatment for the perceived odor “but in no case did this treatment diminish the worry about the perceived body odor.”

Dr. Phillips concluded her remarks by noting that ORS “appears to be very under-recognized, and we certainly need more research on this area of study.”

The study also was presented during a poster session at the APA’s annual meeting in New Orleans.