

Chronic Pain Session

Chair: Dr Ashini Fox
Co-chair: Jo Josh

This educational event is supported by an unrestricted medical education grants from



Psychosocial factors associated with chronic pain and its management in people living with HIV

Dr Whitney Scott

King's College London/Guy's & St Thomas' NHS Foundation Trust, UK

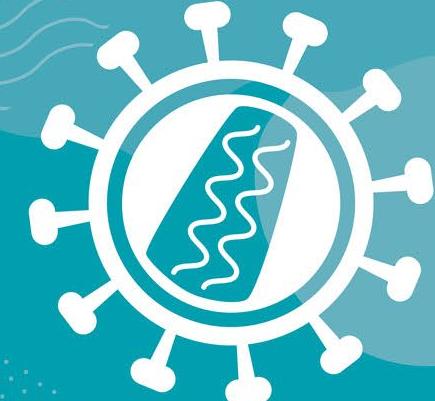
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2022 Spring Conference

Wed 20th - Fri 22nd April

Manchester Central, Manchester



Psychosocial factors associated with chronic pain and its management in people living with HIV

Whitney Scott, PhD, Lecturer at King's College London

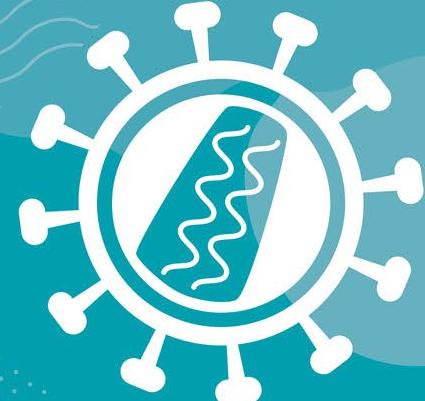
Clinical Psychologist at the INPUT Pain Unit at Guy's & St Thomas' NHS Foundation Trust

@WhitneyJScott

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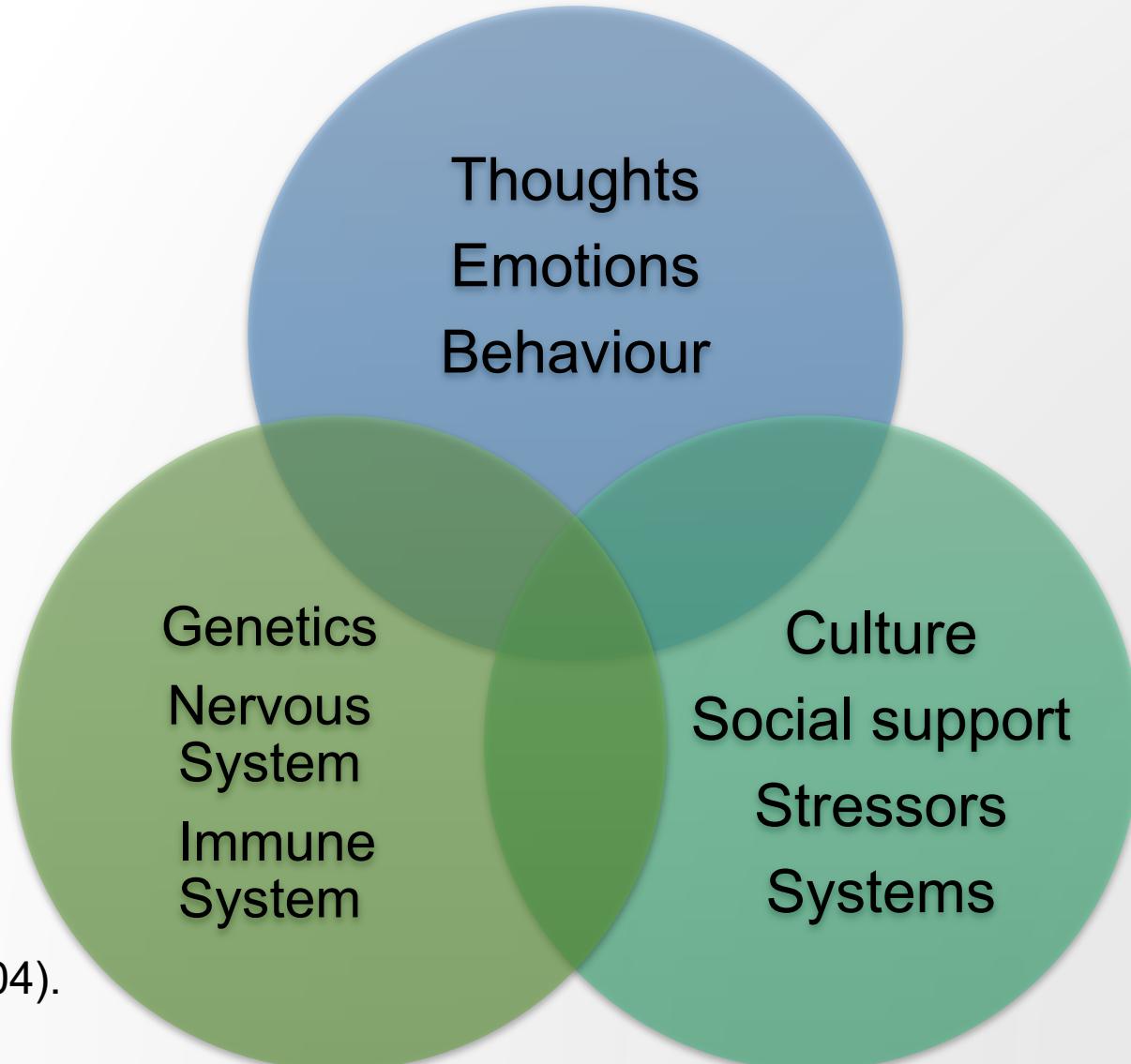
Conflict of Interest

This research was independent work supported by the National Institute for Health Research (NIHR Postdoctoral Fellowship, Dr Whitney Scott, PDF-2015-08-059). The views expressed are those of the authors and not necessarily those of the NHS, the National Institute for Health Research or the Department of Health and Social Care.

I have done consulting for Ampersand Health (no financial compensation received)

Speakers are required by the Federation of the Royal Colleges of Physicians to disclose conflicts of interest at the beginning of their presentation, with sufficient time for the information to be read by the audience. They should disclose financial relationships with manufacturers of any commercial product and/or providers of commercial services used on or produced for patients relating to the 36 months prior to the event. These include speaker fees, research grants, fees for other educational activities such as training of health professionals and consultation fees. Where a speaker owns shares or stocks directly in a company producing products or services for healthcare this should also be declared. Finally, other conflicts of interest including expert functions in health care or healthcare guidance processes should be declared (eg if the professional is a member of a health board). The Federation considers it good practice to also make speakers' disclosures available in digital format(s) relating to the educational event.

All pain has biopsychosocial influences



Adapted from Gatchel R (2004).
Amer Psychol, 59, 702-805

Cognitive-behavioural therapy is effective for chronic pain



59 RCTs, 5807 participants



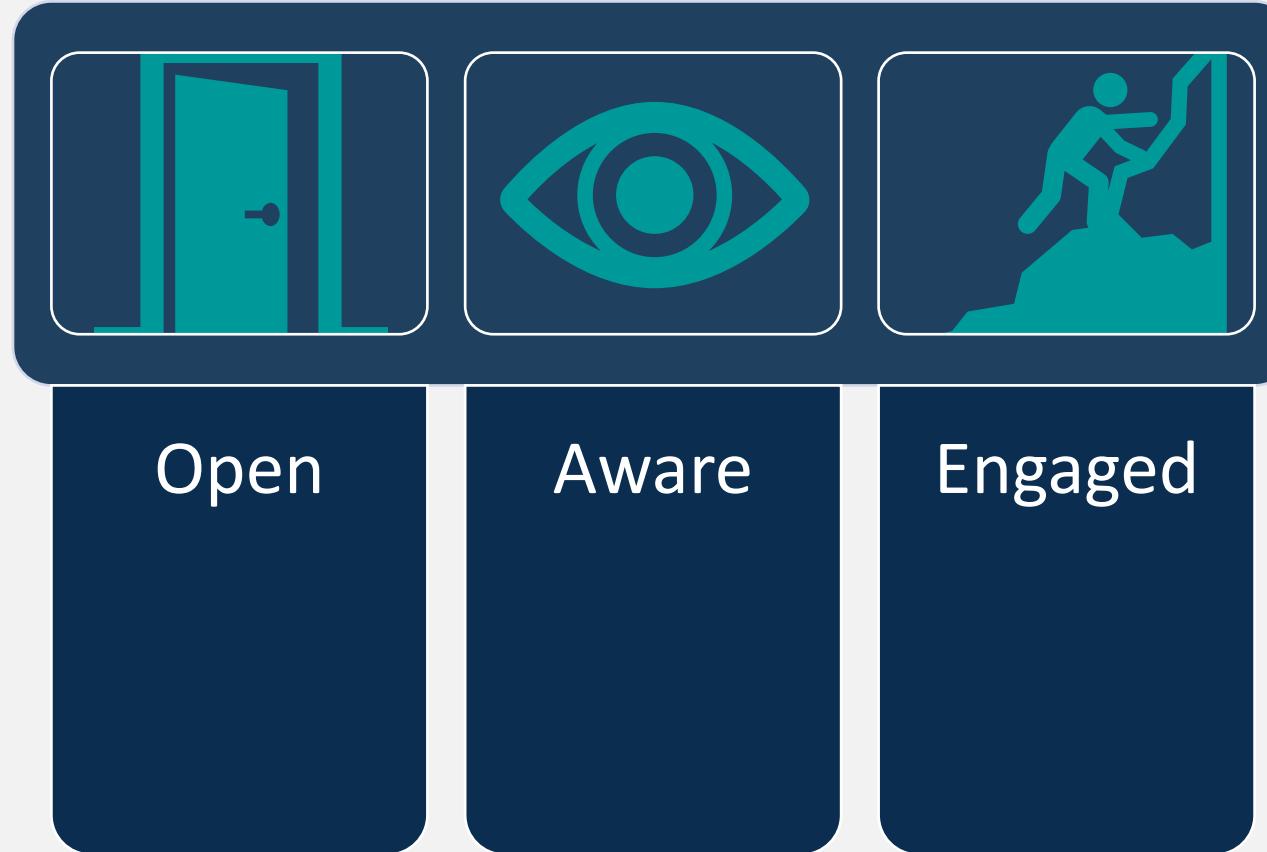
Small effects on pain outcomes compared treatment as usual



Very small effects compared to active treatment

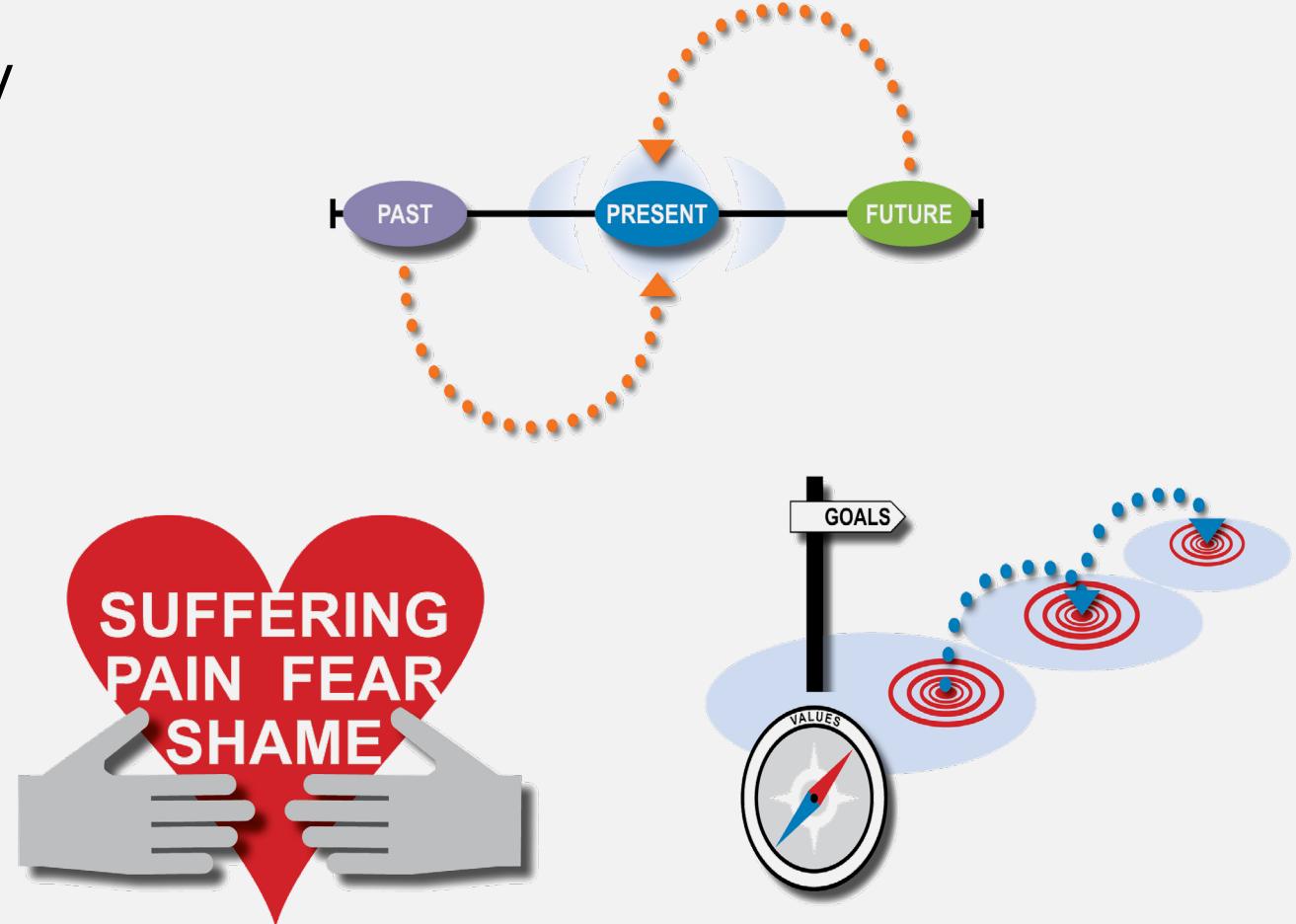
Williams ACdC, Fisher E, Hearn L, Eccleston C. Psychological therapies for the management of chronic pain (excluding headache) in adults. *Cochrane Database of Systematic Reviews* 2020, Issue 8.

Psychological Flexibility Model and Acceptance and Commitment Therapy (ACT) for Chronic Pain



ACT Process and Techniques

- Enhance psychological flexibility
- Use of metaphors
- Experiential exercises
- Mindfulness exercises
- Clarifying values
- Goal-setting



ACT has growing evidence for chronic pain



25 RCTs of ACT for pain



'Meaningful' improvements in pain interference, disability, depression, and QoL



Neither inferior nor superior to CBT

Randomized Trial of Cognitive Behavior Therapy Versus Supportive Psychotherapy for HIV-Related Peripheral Neuropathic Pain

SUSAN EVANS, PH.D., BARUCH FISHMAN, PH.D.
LISA SPIELMAN, PH.D., ANABEL HALEY, M.A.

The feasibility and acceptability of cognitive behavior therapy for HIV-related peripheral neuropathic pain was examined and the potential efficacy of the intervention was compared with that of supportive psychotherapy in reducing pain, pain-related interference with functioning, and distress. Sixty-one patients were randomly assigned to receive six weekly sessions of cognitive behavior therapy or supportive psychotherapy. Thirty-three subjects completed the protocol. Both groups showed significant reductions in pain. The cognitive behavior group improved in most domains of pain-related functional interference and distress; the supportive psychotherapy group showed fewer gains. The high dropout rate suggests that psychotherapeutic treatments for HIV-related pain may have limited feasibility and acceptability. (Psychosomatics 2003; 44:44–50)

How to enhance feasibility of CBT for pain in people living with HIV (PLWH)

- Better tailoring of for PLWH?
- Increase flexibility of delivery?
- Capitalise on technology?



Original Article |  Free Access

Feasibility randomized-controlled trial of online Acceptance and Commitment Therapy for patients with complex chronic pain in the United Kingdom

W. Scott , J. Chilcot, B. Guildford, A. Daly-Eichenhardt, L.M. McCracken

Online Acceptance and Commitment Therapy for People with Painful HIV-related Peripheral Neuropathy

Collaborators

Professor Lance McCracken, Uppsala University

Dr Amanda Williams, University College London

Professor Andrew Rice, Imperial College London

Dr Harriet Kemp, Imperial College London

Jo Josh, UKCAB

Paul Clift, UKCAB

Paul Decle, Forum Link



The OPEN Study



Chelsea and Westminster Hospital **NHS**
NHS Foundation Trust



Psychosocial factors associated with persistent pain in people with HIV: a systematic review with meta-analysis

Whitney Scott^{a,*}, Chinar Arkuter^a, Kitty Kioskli^a, Harriet Kemp^b, Lance M. McCracken^{a,c}, Andrew S.C. Rice^b, Amanda C. de C. Williams^d

Pain associated with:

(2018). 159; 2461–2476.

Increased:

Depression
Psychological distress
Post-traumatic stress
Drug use
Sleep disturbance
Healthcare use
Missed HIV clinic visits
Unemployment

Decreased

ART adherence
Adaptive psychological functioning

Treatment Development: Qualitative Interviews

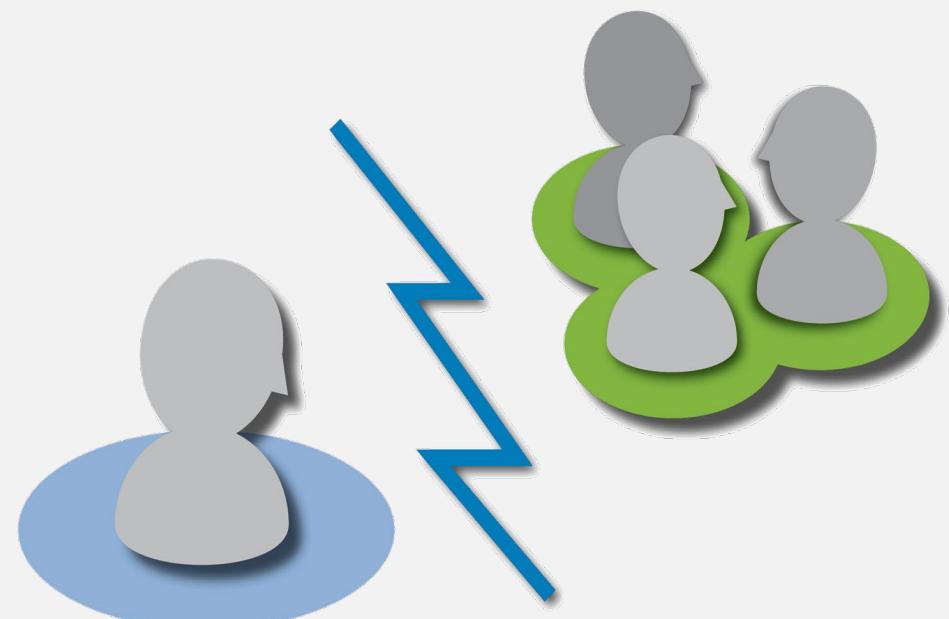
- 26 PLWH and painful peripheral neuropathy
 - Impact and management of pain?
 - Thoughts about ACT as a potential treatment?
 - Online delivery?
-
- 14 men, 12 women
 - 17 white British, 9 black British/African
 - Mean age: 53 (40-78)



A qualitative study of the experience and impact of neuropathic pain in people living with HIV

Whitney Scott^{a,b,*}, Maite Garcia Calderon Mendoza del Solar^a, Harriet Kemp^c, Lance M. McCracken^d, Amanda C de C Williams^e, Andrew S.C. Rice^c

Stigma: “There's people who do know about [my] HIV and people who don't, and the lot who don't know, you have to think on your feet **because you might talk about pain** or you might talk about, I mean, who goes to doctors three or four times a **week...so you have to be careful**...you either say oh I've got a doctors appointment, and people ask innocently...and I could talk about my high blood pressure but I don't talk about the [HIV], so it's, **it's really hard to keep those things separate...**” (P26)



Fear of falling

“[...] it’s j-just...so irritating. [The peripheral neuropathy] doesn’t seem to go away. I-i-it affects my **walking**...I walk very...**carefully** [...] and I would be really slow because I’d be afraid of falling [...] I mean, if it’s particularly bad on some days [...] I’ve actually left the flat and I’m **so** self-conscious that my feet are not stable, I’ve just come home...I’ve not carried on with what I’ve wanted to do.”

(P14)

Acceptability of psychologically-based pain management and online delivery for people living with HIV and chronic neuropathic pain: a qualitative study

Whitney Scott ^{1 2}, James Badenoch ¹, Maite Garcia Calderon Mendoza Del Solar ¹,
Darren A Brown ³, Harriet Kemp ⁴, Lance M McCracken ⁵, Amanda C de C Williams ⁶,
Andrew S C Rice ⁴

Interested in psychological approach, online delivery more mixed

Facilitators: Flexibility of access and support, social connection, multimedia format

Barriers: Internet access/comfort, confidentiality, engaging when pain and distress worse

ACT OPEN Programme

SESSION 1

The Struggle with Pain

Session progress  100%

Watch the video

What will this treatment be like?



▶ 0:00 / 6:15   

SESSION 1

The Struggle with Pain

Session progress  100%

Listen to the audio

Focus on your breathing



▶ 0:00 / 3:58  

What was it like for you to practise focusing on your breathing? Write a message to your therapist to let him/her know the reactions, thoughts, or questions you are having after doing this exercise. Remember, there are no right or wrong answers here. Type "N/A" if you choose not to respond to this question.

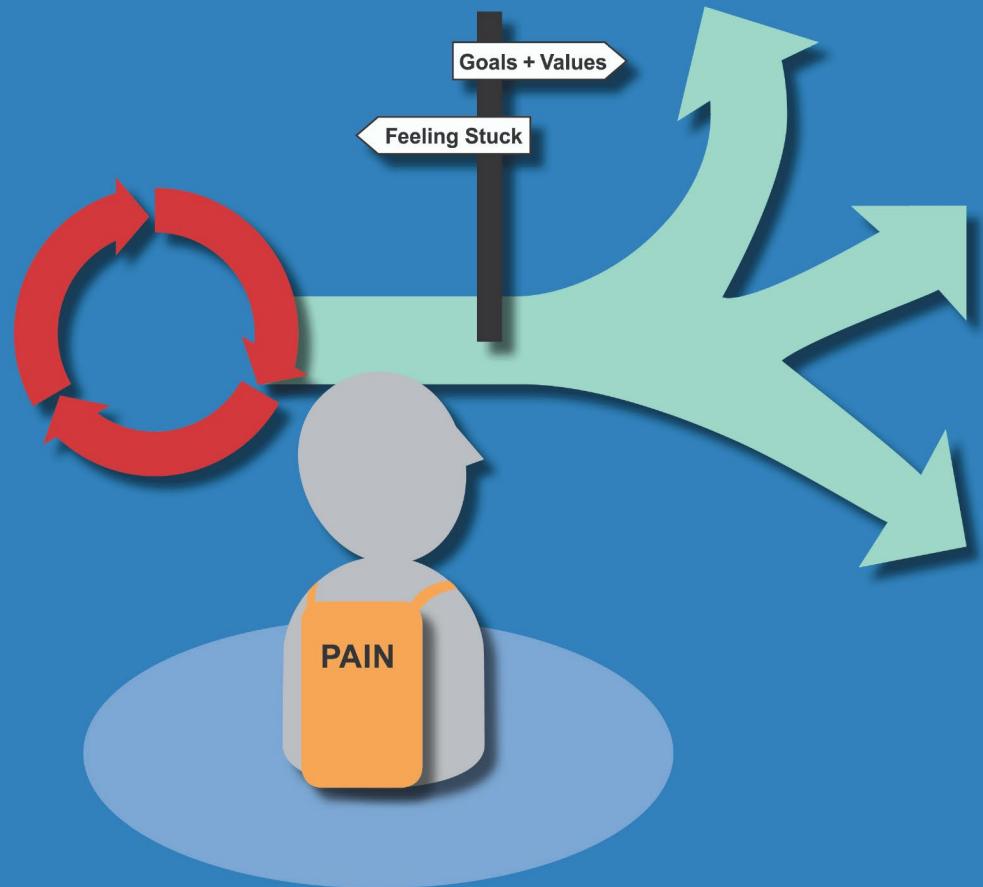
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Previous **Next**

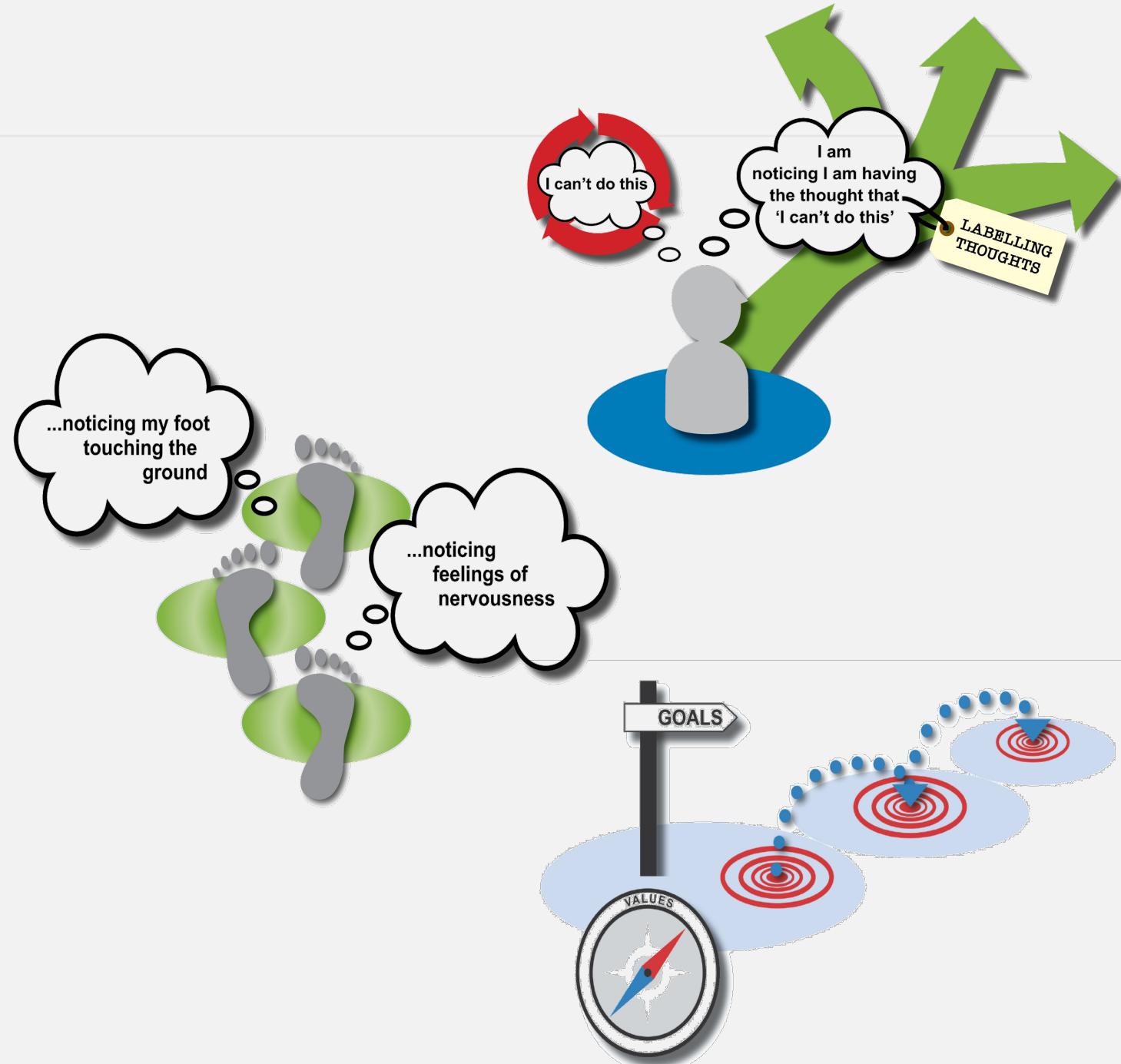
ACT OPEN

Strategies for living well with pain

Workbook to accompany online treatment



Written By:
Whitney Scott, PhD
Lance M. McCracken, PhD



ORIGINAL ARTICLE |  Open Access |  

Feasibility randomized-controlled trial of online acceptance and commitment therapy for painful peripheral neuropathy in people living with HIV: The OPEN study

Whitney Scott , Beth J. Guildford, James Badenoch, Elizabeth Driscoll, Joseph Chilcot, Sam Norton, Harriet I. Kemp, Ming J. Lee, Julianne Lwanga, Marta Boffito, Graeme Moyle, Frank A. Post, Lucy Campbell, Jo Josh, Paul Cift, Amanda C de C Williams, Andrew SC Rice, Lance M McCracken

- ACT OPEN versus waitlist control (2:1); questionnaires at baseline, 2 and 5 months
- Recruited 38 (from 133 referrals); target $n = 70$
- 69% treatment completion; 82% follow-up retention
- Small to large effects at 2- and 5-months ($g=0.46-0.81$) and 95% CIs suggest true effect may favour ACT OPEN for pain interference and depression

Conclusions



Need to consider psychosocial aspects of pain in PLWH



Evidence supports cognitive-behavioural treatments for pain



More work needed to develop and implement psychologically-informed pain management for PLWH

Thank You



Lance McCracken

Amanda Williams

Andrew Rice

Harriet Kemp

Beth Guildford

Joseph Chilcot

Sam Norton

Maite Garcia Calderon

Chinar Arkuter

Jamie Badenoch

Elizabeth Driscoll

Jo Josh

Paul Clift

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Graeme Moyle

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Lucy Campbell



International Association for the Study of Pain

