La douleur et la dépression :
les défis d'une prise en charge efficace

Michael Sullivan, Ph. D.
Département de psychologie, Université McGill

La psychologie de la douleur : 1

L'impact de la douleur sur la santé mentale

douleur → dépression

La psychologie de la douleur : 2

La douleur chronique comme forme de dépression

douleur = dépression

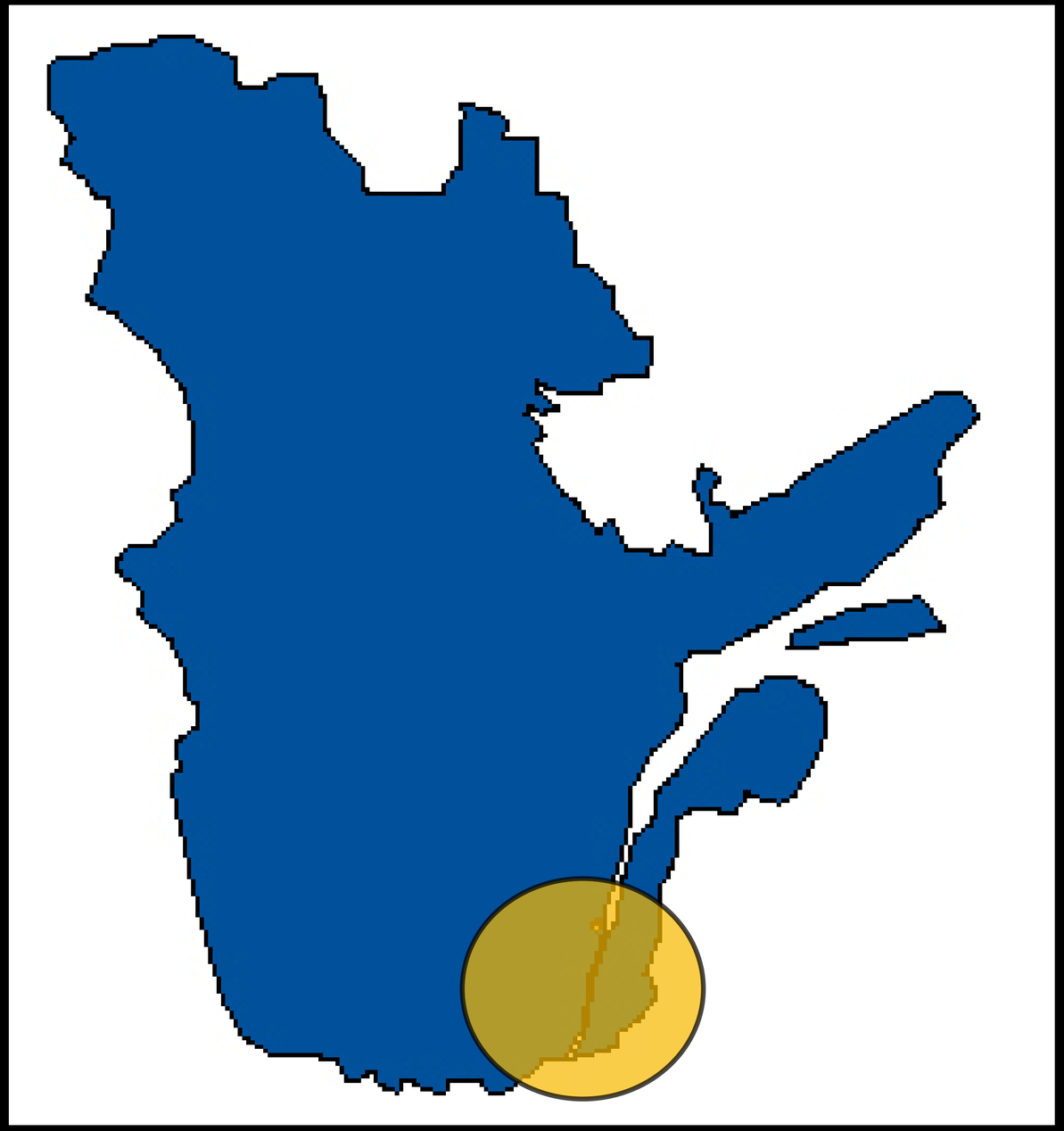
La psychologie de la douleur : 3

L'impact de la dépression sur la douleur

dépression → douleur

Douleur, dépression, incapacité et résultats de la réadaptation

2006-2009



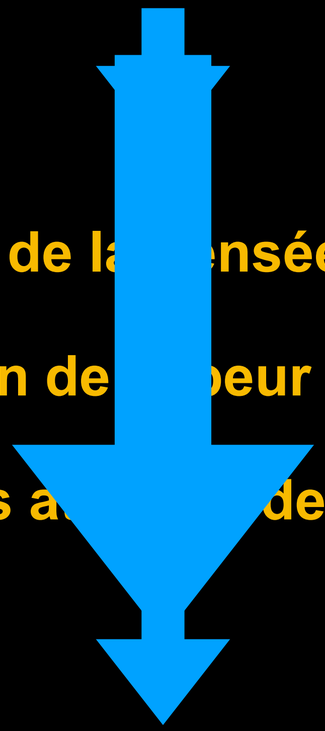

Rive Nord
(Basses Laurentides)
Laval
Vaudreuil
(Montérégie Ouest)
Montréal
Montérégie
Nord
Rive Sud
(Montérégie Sud)
N
© Infographie Montréal 2012

Résultats importants

Dépression 

- persistance des symptômes de douleur
- absence prolongée du travail
- un arrêt prématuré du traitement

Dépression



Augmentation de la pensée catastrophique

Augmentation de la peur du mouvement

Réduction des attentes de retour au travail

Réponse faible aux traitements

[RESEARCH REPORT]

TIMOTHY H. WIDEMAN, PT, PhD[1] • WHITNEY SCOTT[1] • MARC O. MARTEL[1] • MICHAEL J.L. SU

Recovery From Depressive Sym
Over the Course of Physical Th
A Prospective Cohort Study of Inc
With Work-Related Orthopaedic
and Symptoms of Depressi

Depression is the leading nonfatal cause of disability across the developed world.[53] Previous research has suggested that depression and chronic pain are common comorbid conditions and that 1 out of every 3 individuals suffer… estim… pressi… from … exper… ease-related … ple with ortho… are also depr… having elevat… and prolonge… to those who…

Increasing… gests that ele… among indivi… pain are asso… for poor resp… Elevated leve… among physi… been linked … prospectively … ty, disability, a… Symptoms of… linked to othe… risk factors, s… and increased… and pain cat… dence suggest… symptoms of … sociated negat…

STUDY DESIGN: Prospective cohort.

OBJECTIVES: (1) To determine the trajectory of depressive symptoms over the course of physical therapy, (2) to identify variables that best predict the resolution of depressive symptoms, and (3) to explore the relationship between recovery from depressive symptoms and long-term outcomes.

BACKGROUND: Twenty-five percent to 50% of patients referred to physical therapy for orthopaedic injuries suffer from symptoms of depression. Depressive symptoms have been identified as an influential risk factor for problematic response to physical therapy. Despite these findings, there is a dearth of research specifically exploring the trajectory and determinants of patients' depressive symptoms over the course of physical therapy, which has impeded the evidence-based management of patients with depressive symptoms.

METHODS: One hundred six patients with work-related musculoskeletal injuries and symptoms of depression received 7 weeks of physical therapy and were followed 1 year after treatment onset. Pain intensity, depressive symptoms, and other psychosocial factors were evaluated throughout treatment, and data were collected at 1-year follow-up.

RESULTS: Depressive symptoms resolved in 40% of patients, and resolution was linked to pain and disability at 1-year follow-up. Persistence of depressive symptoms at treatment completion was predicted by elevated levels of depressive symptoms and pain catastrophizing at pretreatment, and by lack of improvement in levels of depressive symptoms and pain self-efficacy at midtreatment.

CONCLUSION: For many patients, depressive symptoms resolve over the course of physical therapy, and resolution is associated with long-term improvements in pain and disability. These findings will help identify patients whose depressive symptoms are least likely to respond to physical therapy and may therefore warrant additional treatment.

LEVEL OF EVIDENCE: Prognosis, level 1b. *J Orthop Sports Phys Ther 2012;42(11):957-967, Epub 18 June 2012. doi:10.2519/jospt.2012.4182*

KEY WORDS: *musculoskeletal pain, pain catastrophizing, rehabilitation, self-efficacy*

[1]Department of Psychology, McGill University, Montreal, Quebec, Canada. [2]Professor, Department of Psychology, McGill University, Monte…
…was supported by funds from the Canadian Institutes for Health Research, the Institut de recherche Robert-Sauvé en santé et en sécurité… Foundation of Canada through the Dominion Physiotherapy Research Scholarship. This study was approved by the Ethics Review Board… the Centre de recherche interdisciplinaire en réadaptation du Montréal métropolitain. Address correspondence to Dr Michael J.L. Sullivan… University, 1205 Dr. Penfield Avenue, Montreal, Quebec H3A 1B1 Canada. E-mail: michael.sullivan@mcgill.ca

IASP

PAIN® 152 (2011) 376–383

PAIN®

www.elsevier.com/locate/pain

Differential predictors of the long-term levels of pain int… work disability, healthcare use, and medication use in a … compensation claimants

Timothy H. Wideman, Michael J.L. Sullivan *

Department of Psychology, McGill University Montreal, Quebec, Canada

ARTICLE INFO

Article history:
Received 17 April 2010
Received in revised form 16 October 2010
Accepted 28 October 2010

Keywords:
Pain
Fear avoidance
Catastrophizing
Depression
Self-efficacy
Prospective analysis
Work disability
Healthcare use
Medication use

ABSTRACT

The fear avoidance model of pain (FAM) conceptualizes … of pain-related fear, and pain-related fear as the emotio… FAM is essentially one of mediation whereby pain-relate… or disability ensue. However, emerging literature sugge… and depression might be at least partially distinct in the… The primary purpose of the present study was to evaluate… catastrophizing, pain-related fear, and depression) dif… comes. Toward this objective, we conducted a prospect… subacute work-related musculoskeletal injuries. Particip… gram with a functional rehabilitation orientation. Post… catastrophizing, depression, and pain self-efficacy were u… healthcare use, medication use, and return-to-work at o… ear and logistic regression analyses revealed that pain c… ferential predictors of long-term pain-related outcome… between pain catastrophizing and long-term pain inten… disability. After controlling for pain intensity and FAM … unique predictor of medication use. Implications for the… skeletal pain conditions are discussed.

1. Introduction

Work-related musculoskeletal injury is a major contributor to workers' compensation expenditures. In the United States alone, the annual direct costs associated with work-related musculoskeletal injuries are an estimated 20 billion dollars [2]. Previous research suggests that psychological factors in the subacute phase of recovery are important predictors of recovery trajectories after work-related injuries [23]. The fear avoidance model of pain (FAM) offers a theoretical explanation for the mechanisms by which psychological factors impact on long-term health and mental health outcomes in individuals who have sustained musculoskeletal injuries [19,37,38].

The FAM proposes sequential relations between pain catastrophizing, pain-related fear, depression, disability, and pain intensity [19,38]. The FAM conce… tive antecedent of pai… emotional antecedent … essentially one of mec… the process by which … scribes this process as … to lead to increased pa… phizing and fear, thus …

However, there is a … tions posited by the FA… showed that fear of m… of disability, but not … [40]showed that redu… pain outcomes indepen… livan et al. [34] also su… led to decreased depres…

Emerging literature… depression might be a… of different pain-relate… for suggesting that …

* Corresponding author. Address: Department of Psychology, McGill University, 1205 Docteur Penfield, Montreal, Quebec, Canada H3A1B1. Tel.: +1 514 398 5677; fax: +1 514 398 4896.
E-mail address: michael.sullivan@mcgill.ca (M.J.L. Sullivan).

0304-3959/$36.00
doi:10.1016/j.pain.2010.10.044

J Occup Rehabil (2015) 25:348–356
DOI 10.1007/s10926-014-9543-4

CrossMark

The Mediating Role of Recovery Expectancies on the Relation Between Depression and Return-to-Work

Junie S. Carriere · Pascal Thibault · Michael J. L. Sullivan

Published online: 25 September 2014

Abstract *Purpose* Depressive symptoms have been identified as a significant risk factor for prolonged disability, however, little is known about the process by which depression impacts recovery following work-related musculoskeletal disorders (WRMDs). The primary objective of this study was to examine whether recovery expectancies mediate the relation between depression and return-to-work (RTW) status in individuals with WRMDs. *Methods* A sample of 109 patients with WRMDs were recruited from 1 of 6 primary care physiotherapy clinics. Participants completed measures of pain severity, depression and recovery expectancies. RTW status was assessed by telephone interview 1 year after the initial assessment. *Results* Consistent with previous research, more severe depressive symptoms and lower recovery expectancies were associated with a lower probability of RTW. Logistic regression analyses revealed that recovery expectancies completely mediated the relation between depression and RTW status at 1-year follow-up. *Conclusion* The results suggest that interventions specifically targeting recovery expectancies in individuals with WRMDs and depressive symptoms might improve RTW outcomes.

Keywords Return to work · Recovery expectancies · Rehabilitation · Depression · Musculoskeletal pain

Introduction

Work-related musculoskeletal disorders (WRMDs) are considered one of the leading causes of disability. In the US, over 70 million physician visits each year can be attributed to WRMDs [1]. In North America, WRMDs are the most expensive non-malignant health condition affecting the working-age population [2]. In 2002, the *Commission de la santé et la sécurité du travail* of Quebec (CSST; provincial work injury insurer) reported that indemnity and treatment-related costs associated with WRMDs were in excess of 1.2 billion dollars. From 2001 to 2005, WRMDs accounted for 50 % of all time loss claims in Québec alone [3].

Depression has been identified as a risk factor for poor recovery outcomes following WRMDs [4–6]. Surveys indicate that approximately 20–50 % of individuals with musculoskeletal conditions show evidence of elevated depressive symptoms [7–10]. Individuals with WRMDs and elevated depressive symptoms report sick leave durations that are twice as long as sick leaves of individuals with WRMDs who do not have depressive symptoms [11, 12]. Depressive symptoms in individuals with WRMDs have also been associated with longer duration of wage replacement benefits following injury or surgical intervention [13–15]. Sullivan and Stanish [16] reported that higher levels of pre-treatment depression in individuals enrolled in a rehabilitation program were predictive of poorer RTW outcomes. Vowles et al. reported that 28 % of the variance in RTW outcomes was accounted for by post-treatment depression scores [17]. Little is known about the process by which depression impacts on RTW outcomes in individuals with WRMDs.

Numerous investigations have shown that recovery expectancies are prognostic indicators for poor recovery following the onset of WRMDs [18–20]. In this domain of research, recovery expectancies have been broadly conceptualized as the injured individual's prediction of the likelihood of recovery [21–23]. Cole et al. [19] reported

J. S. Carriere · P. Thibault · M. J. L. Sullivan (✉)
Department of Psychology, McGill University, 1205 Dr. Penfield, Montreal, QC H3A 1B1, Canada
e-mail: michael.sullivan@mcgill.ca

Psychology Research Report

OPEN

PAIN REPORTS®

Catastrophizing and pain-related fear predict failure to maintain treatment gains following participation in a pain rehabilitation program

Emily Moore[a], Pascal Thibault[a], Heather Adams[b], Michael J.L. Sullivan[b,*]

Abstract
The present study explored whether pain-related psychosocial risk factors played a role in determining whether treatment gains were maintained following participation in a rehabilitation intervention for musculoskeletal injury. The study sample consisted of 310 individuals (163 women, 147 men) with work-related musculoskeletal conditions who were enrolled in a physical rehabilitation program. Measures of pain severity, pain catastrophizing and pain-related fear were completed at the time of admission and at the time of discharge. Pain severity was assessed again at 1-year postdischarge. Participants were classified as "recovered" if they showed a decrease in pain of at least 2 points and rated their pain at discharge as less than 4/10. Recovered participants were considered to have failed to maintain treatment gains if their pain ratings increased by at least 2 points from discharge assessment to 1-year follow-up, and they rated their pain as 4/10 or greater at 1-year follow-up. The results of a logistic regression revealed that participants with high posttreatment scores on measures of catastrophizing and fear of pain were at increased risk of failing to maintain treatment gains. The findings suggest that unless end-of-treatment scores on catastrophizing and fear of pain fall below the risk range, treatment-related reductions in pain severity may not be maintained in the long term. The clinical and theoretical implications of the findings are discussed.

Keywords: Pain, Catastrophizing, Fear of pain, Relapse, Pain reduction

1. Introduction

Persistent musculoskeletal pain is currently the most expensive nonmalignant health condition affecting the North American working-age population.[4,12,22,46] Musculoskeletal conditions involving the spine (ie, back and neck conditions) represent the single largest category of injury for which time loss claims are made. In the North America alone, the annual direct costs associated with musculoskeletal injuries have been estimated to be in excess of 25 billion dollars.[1]

Activity-based interventions are currently advocated for the clinical management of individuals who have sustained musculoskeletal injuries.[8,50] Such interventions might include advice to remain active, physical therapy, or multidisciplinary rehabilitation. Although research has supported the benefits of activity-based interventions for musculoskeletal pain, there are indications that treatment gains made in activity-based interventions might not be maintained long-term by a substantial proportion of patients.[11,16,19,26,29,36,52] Little is currently known about the factors that influence whether treatment gains will be maintained or lost after rehabilitation interventions for musculoskeletal injury.

Pain-related psychosocial risk factors might play a role in determining whether treatment gains will be maintained following participation in a rehabilitation intervention for musculoskeletal injury. In previous research, pain catastrophizing and fear of pain have been shown to be significant determinants of treatment outcomes in individuals participating in rehabilitation interventions for musculoskeletal injury.[10,20,23,45,48] Pain catastrophizing and pain-related fear might also be determinants of failure to maintain treatment gains. In other words, it is possible that individuals whose posttreatment scores on measures of pain catastrophizing and fear of pain remain elevated at the completion of a rehabilitation intervention might be less likely to maintain treatment gains.

There are important clinical and theoretical implications to research addressing the determinants of the failure to maintain treatment gains in the rehabilitation of musculoskeletal injury. From a clinical perspective, failure to maintain treatment gains will be associated with higher treatment costs and longer periods of disability.[11,25] Failure to maintain treatment gains might also contribute to symptoms of emotional distress, or negative

Sponsorships or competing interests that may be relevant to content are disclosed at the end of this article.

[a] Department of Psychology, McGill University, Montreal, QC, Canada, [b] Recover Injury Research Centre, University of Queensland, Brisbane, Queensland, Australia

**Corresponding author. Address: Recover Injury Research Centre, University of Queensland, 288 Herston Rd, Level 7, Herston, Brisbane 4006, Queensland, Australia. E-mail address: mick.sullivan@uq.edu.au (M.J.L. Sullivan).*

PAIN Reports 1 (2016) e567
http://dx.doi.org/10.1097/PR9.0000000000000567

Douleur et dépression

La douleur et la dépression sont les deux principales causes d'invalidité dans le monde.

La comorbidité de la douleur et de la dépression

Assureurs invalidité	**Augmentation annuelle de 10 % - 15 %**
Assureurs d’accidents	**Augmentation annuelle de 15 % - 20 %** (50 % des réclamations refusées)

Le risque de dépression augmente à mesure que la période d'absence du travail s'étend dans le temps.

être à la maison

Isolement social

Dépendance financière

Insécurité financière

Stigmatisation sociale

Diminution de l'estime de soi

Défis liés au traitement

Les analgésiques interfèrent avec l'efficacité des antidépresseurs.

La dépression nuit à l'efficacité des analgésiques.

Évaluation préliminaire d'une approche de réadaptation axée sur la promotion du retour au travail chez les personnes atteintes de dépression et de douleurs musculosquelettiques comorbides

M. J. L. Sullivan, T. Wideman, A. Thomas

2016-2018

Considérations relatives au protocole de l'étude

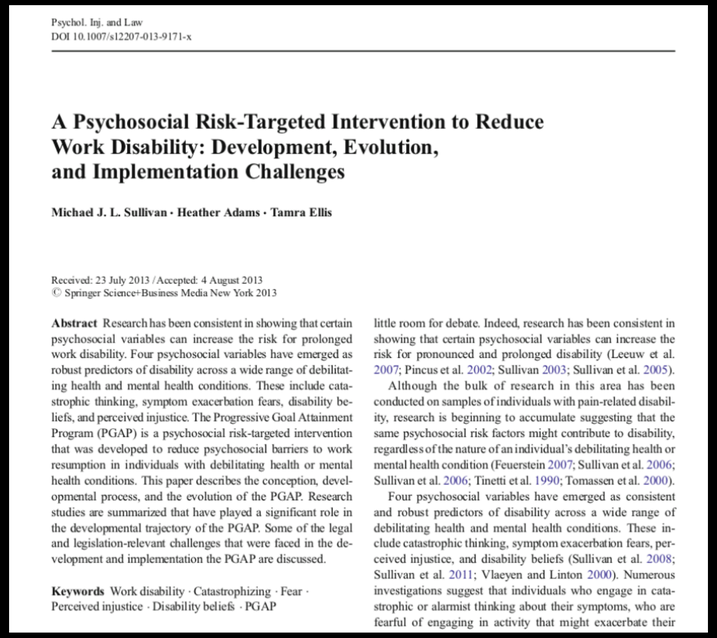
Les cliniciens ne pouvaient pas être psychologues.

L’intervention ne pouvait pas être axée uniquement sur la réduction des symptômes.

Intervention axée sur les facteurs de risque

Programme de gestion de l'activité progressive (PGAP)

1. activation comportementale pour la dépression.
2. la pensée catastrophique et le sentiment d'injustice.
3. réintégration professionnelle.



Psychol. Inj. and Law
DOI 10.1007/s12207-013-9171-x

A Psychosocial Risk-Targeted Intervention to Reduce Work Disability: Development, Evolution, and Implementation Challenges

Michael J. L. Sullivan · Heather Adams · Tamra Ellis

Received: 23 July 2013 / Accepted: 4 August 2013

Abstract Research has been consistent in showing that certain psychosocial variables can increase the risk for prolonged work disability. Four psychosocial variables have emerged as robust predictors of disability across a wide range of debilitating health and mental health conditions. These include catastrophic thinking, symptom exacerbation fears, disability beliefs, and perceived injustice. The Progressive Goal Attainment Program (PGAP) is a psychosocial risk-targeted intervention that was developed to reduce psychosocial barriers to work resumption in individuals with debilitating health or mental health conditions. This paper describes the conception, developmental process, and the evolution of the PGAP. Research studies are summarized that have played a significant role in the developmental trajectory of the PGAP. Some of the legal and legislation-relevant challenges that were faced in the development and implementation the PGAP are discussed.

Keywords Work disability · Catastrophizing · Fear · Perceived injustice · Disability beliefs · PGAP

little room for debate. Indeed, research has been consistent in showing that certain psychosocial variables can increase the risk for pronounced and prolonged disability (Leeuw et al. 2007; Pincus et al. 2002; Sullivan 2003; Sullivan et al. 2005).

Although the bulk of research in this area has been conducted on samples of individuals with pain-related disability, research is beginning to accumulate suggesting that the same psychosocial risk factors might contribute to disability, regardless of the nature of an individual's debilitating health or mental health condition (Feuerstein 2007; Sullivan et al. 2006; Sullivan et al. 2006; Tinetti et al. 1990; Tomassen et al. 2000).

Four psychosocial variables have emerged as consistent and robust predictors of disability across a wide range of debilitating health and mental health conditions. These include catastrophic thinking, symptom exacerbation fears, perceived injustice, and disability beliefs (Sullivan et al. 2008; Sullivan et al. 2011; Vlaeyen and Linton 2000). Numerous investigations suggest that individuals who engage in catastrophic or alarmist thinking about their symptoms, who are fearful of engaging in activity that might exacerbate their

Nos intervenants

9 ergothérapeutes

1 physiothérapeute

Montréal, Saint-Jean-sur-Richelieu, Boisbriand, et Trois-Rivières.

Nos participants

57 personnes en absence du travail souffrant de douleur et de dépression.

Les questions auxquelles nous voulions répondre

Le traitement est-il acceptable pour la population cible?

Le traitement a-t-il un impact cliniquement significatif?

Les réponses aux questions

Oui, l’intervention était acceptable pour la population cible.

90 % ont accepté de participer et 83 % ont terminé les 10 sessions de traitement.

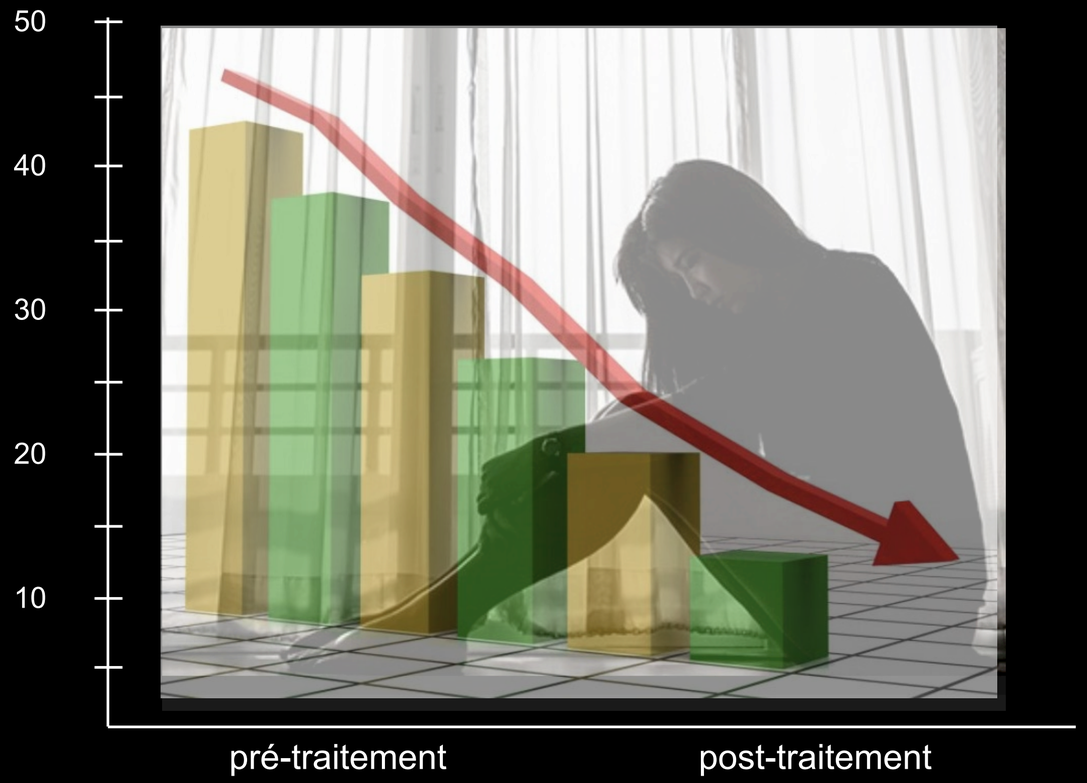
Problèmes de recrutement

Difficulté de recruter des participants qui étaient en absence du travail depuis moins de 6 mois.

L'échantillon était plus chronique que ce que nous avions espéré.

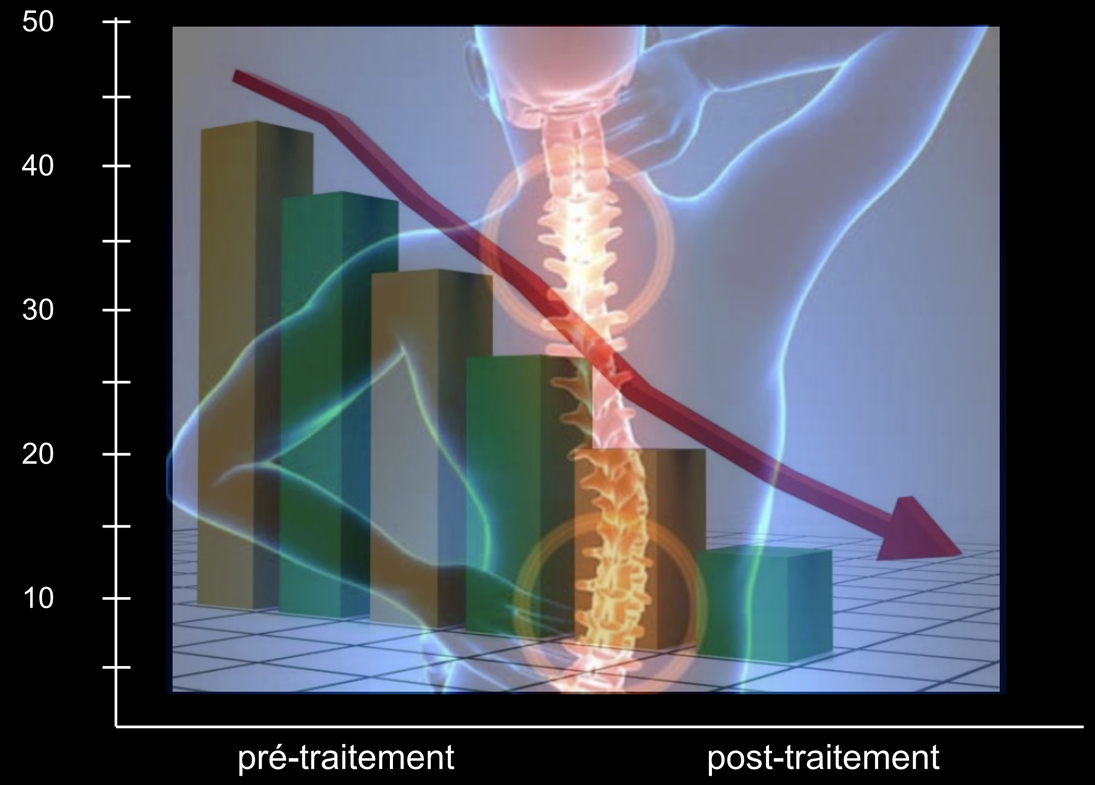
Les résultats

Diminution de la dépression



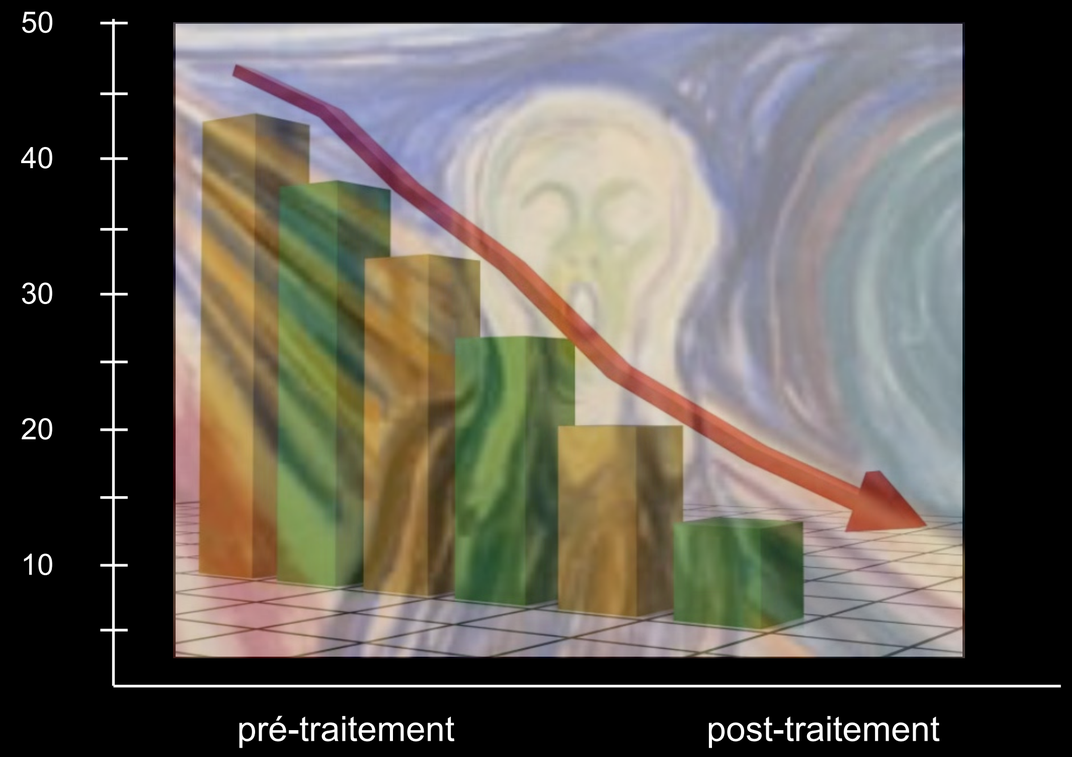
28 %

Diminution de la douleur



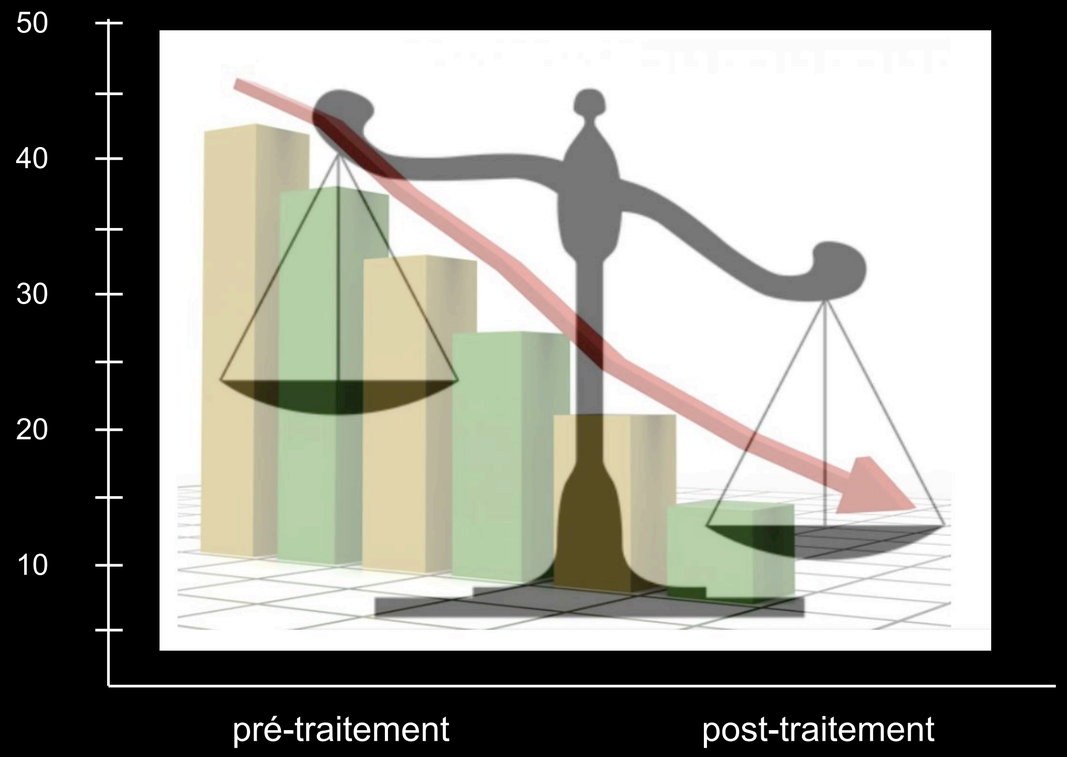
20 %

Réduction de la pensée catastrophique



36%

Réduction du sentiment d’injustice



22%

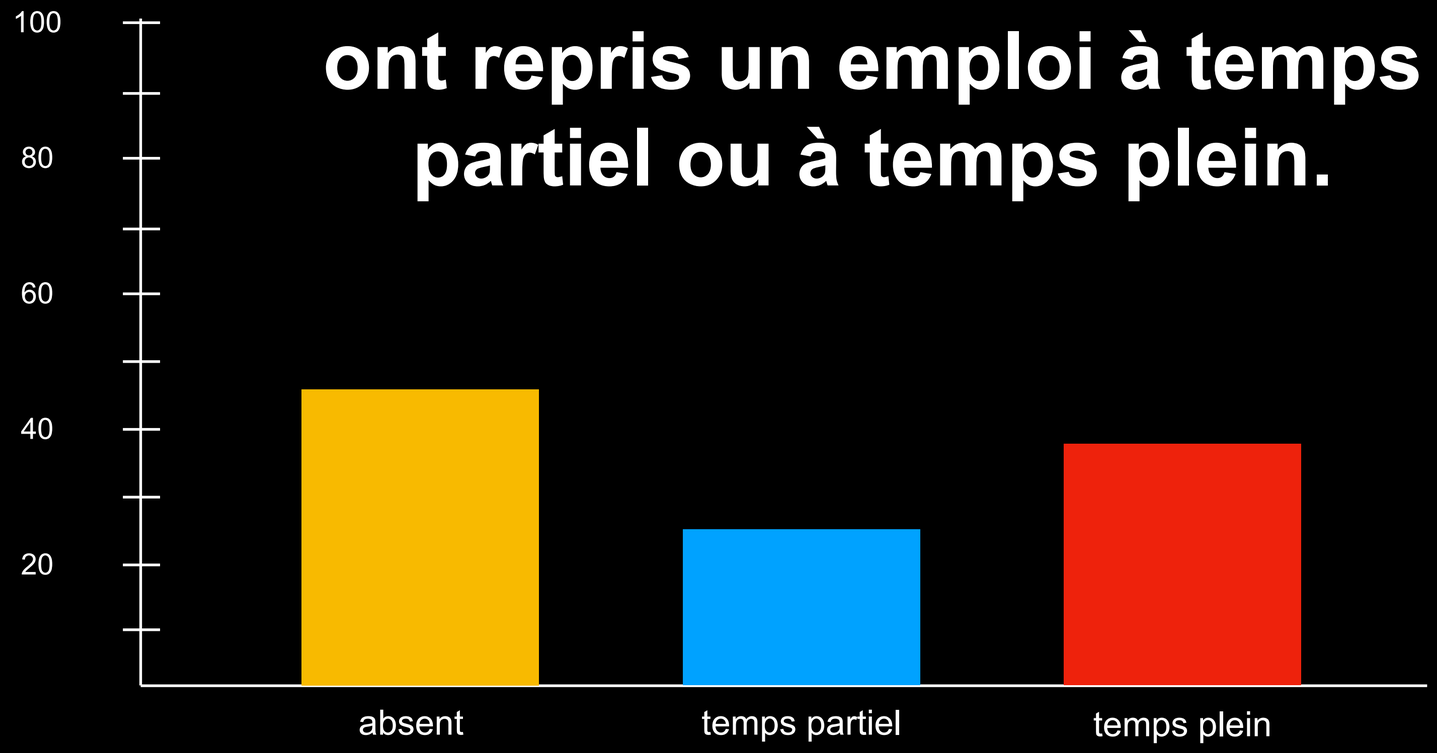
Augmentation des attentes de retour au travail

66 %

Retour au travail

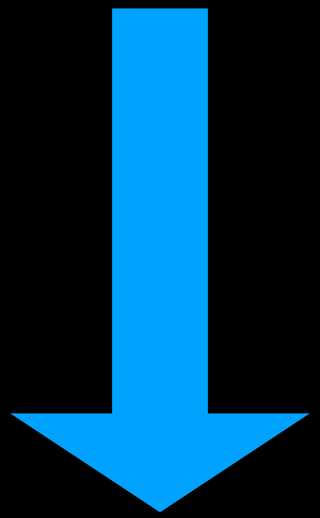
56 %

ont repris un emploi à temps partiel ou à temps plein.



Suivi de 6 mois

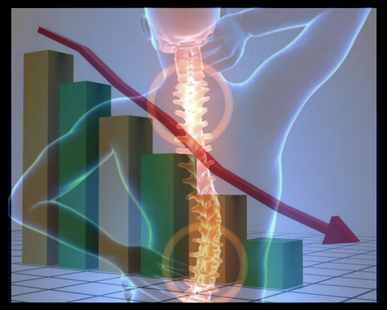
Participation au traitement



Retour au travail

Participation au traitement

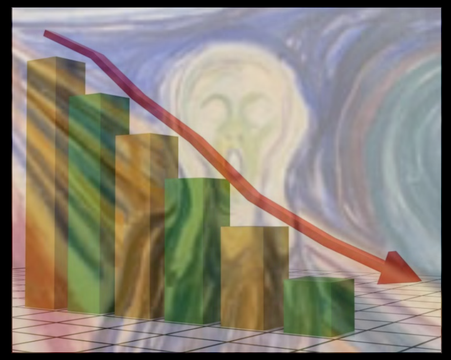
La réduction de la gravité des symptômes de la douleur et de la dépression?



Retour au travail

Participation au traitement

La réduction de la pensée catastrophique et du sentiment d’injustice.



Retour au travail

Conclusions

Ce n’est pas un essai clinique randomisé.

L'activation comportementale axée sur le risque, combinée avec une intervention en santé mentale, pourrait constituer une approche efficace pour le traitement de la douleur et de la dépression comorbides.

Est-il possible de former des professionnels de la réadaptation à la prestation d'un programme d'activation comportementale axé sur le risque?

Est-ce réaliste?

Les modèles de prestation de télésanté de telles interventions pourraient être les approches les plus réalistes et les plus efficaces.

Les prochaines étapes?

McGill

McGill

Merci!

michael.sullivan@mcgill.ca