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 burdensomeness, in addition to conventional risk factors, correctly classified 95% of the patients regarding the presence or absence of suicidal ideation.

"It's important to consider perceived burdensomeness 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.

VITALS

Major Finding: Perceived burdensomeness was independently associated with suicidal ideation among patients with chronic pain, and a model including this measure correctly classified 95% of patients as to the presence or absence of suicidal ideation.

Data Source: A retrospective study of 109 patients in a military population with chronic pain referred to a psychology clinic.

Disclosures: Dr. Kanzler reported that she had no conflicts of interest related to the study.

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 behavioral 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 (13%), temporomandibular or myofascial 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 burdensomeness 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 burdensomeness to this model further improved the ability to predict suicidal ideation and also improved model fit.

When controlling for depression and hopelessness, perceived burdensomeness 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 burdensomeness may apply to the people who are important in one's life generally.

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

"We hope this study adds to the understanding of the really complex relationship between chronic pain and suicide ideation," Dr. Kanzler said. "Perceived burdensomeness 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 burdensomeness 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 burdensomeness 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 burdensomeness 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 order.

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 tremendously 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 insight/delusionality and referential thinking, and a slightly modified version of the Yale-Brown Obsessive Compulsive Scale to assess ORS severity. The mean age of patients was 33 years, 60% were female, and the mean age of onset was 16 years.

Patients reported being preoccupied with their perceived body odor for 3-8 hours per day, mostly the mouth (75%), armpits (60%), and genitals (35%). Bad breath was the most common odor description reported (75%), followed by sweat (65%).

Most patients (85%) reported being completely convinced that their belief about the odor was accurate, and 77% reported thinking "that other people take special notice of them in a negative way because they smell so bad," Dr. Phillips said. In addition, 85% of patients reported that they actually smelled the odor (an olfactory hallucination).

Patients 'appear to be very impaired in terms of their functioning and to have high rates of suicidality.'

DR. PHILLIPS

All of the patients reported practicing repetitive behaviors in an effort to camouflage the perceived odor, mostly with perfume or scented powder (90%), chewing gum (60%), deodorant (55%), and mints (55%).

"Some patients actually drank perfume," she said. "Some of them constantly chewed gum, ate mints, or reapplied deodorant over and over throughout the day [and] used prescription strength mouthwashes frequently. Some patients showered for hours a day, using an entire bar of soap, trying to remove the odor they perceived."

In addition, 74% reported that ORS symptoms led to avoidance of social interactions "because they felt so ashamed," she said. "They worried that other people thought badly of them because they felt they stank."

More than a third of the patients (40%) said that symptoms were so bad that they were housebound for at least 1 week. "They didn't leave the house at all because they felt too embarrassed [or] ashamed," she said.

VITALS

Major Finding: Most patients with olfactory reference syndrome (85%) have concurrent major depressive disorder, and 44% have sought nonpsychiatric medical treatment for their perceived odor.

Data Source: A study of 20 patients with olfactory reference syndrome.

Disclosures: Dr. Phillips disclosed that she has received grant and research support from the American Foundation for Suicide Prevention and the National Institute of Mental Health.

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 nonpsychiatric medical treatment for the perceived odor. "They went to dentists if they thought they had bad breath, [to] dermatologists if they thought they had smelly sweat," she said. "One participant in our study had their tonsils removed because they thought their tonsils were causing their breath to be bad."

About one-third of patients received nonpsychiatric 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. ■