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Editorial comment

Social work in a pain clinic

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Physiological, psychological and social factors interact in a complex manner to form an individual experience of pain. Emotional and cognitive factors modulate pain experience to elicit a behavioral response to pain which, in turn, is modified by social factors. This biopsychosocial model of pain constitutes the framework for the assessment and management of chronic pain.

Cultural, social and environmental factors influence the way individuals understand the meaning of pain, communicate about pain, seek and respond to pain treatment and rehabilitation, and develop pain coping strategies [1]. Support from the spouse and response of the spouse to patient's pain affect the patient's pain experience and behavior [2]. Low socioeconomic status, low educational level and compensation claims have been associated with poor treatment outcomes in chronic pain.

Social problems may increase the risk of chronic pain. Occupational factors such as heavy physical demands of work, poor relations with colleagues and dissatisfaction with work have been reported to increase the risk of chronification of acute or subacute low back pain. Previous sick leave, low education level and psychosocial stress have also been associated with the risk of chronic pain [3].

Recognition of social or socioeconomic problems of patients and understanding their impact on chronic pain and disability are prerequisites for individually tailored treatment and rehabilitation plans, and patient access to social services. Social factors can be easily addressed to in a patient interview, and structured questionnaires can be utilized as an aid [4]. Social issues should be assessed by all health care professionals involved in the management of patients with chronic pain, and physicians here play a key role. When necessary, patients should be further referred to a social worker.

It has recently been reported that social factors receive relatively little consideration by health care personnel in pain clinics [5]. This is rather surprising as IASP core curriculum for professional education as well as guidelines for the management of low back pain emphasize the assessment of social factors in patients with prolonged pain [6,7]. Patients with neuropathic pain are also frequently faced with social or socioeconomic difficulties, and these should be addressed to in primary care and pain clinics. Shortcomings in the assessment of social factors may be due to a lack of knowledge of their impact on pain, or perceived difficulties in the assessment. They may also reflect a biomedical rather than a biopsychosocial framework of chronic pain management, or more general problems in adherence to guidelines.

A recent study shows that although clinicians may recognize the need for a thorough assessment in patients with acute low back pain and multiple psychosocial factors, they tend to focus on biomedical aspects in their communication with these patients [8]. If social or economic problems of patients with pain and disability are left unattended, treatment compliance and prognosis of recovery and rehabilitation may deteriorate. Emotional distress may be harmful in terms of active participation in rehabilitation programs. A spouse who is over-protective or tends to catastrophise may also hinder the rehabilitation process. Economic difficulties may prevent the patient from obtaining pain medications from the pharmacy. As a consequence, return to work or access to employment may be delayed. In Norway, individuals receiving long-term social assistance have recently been reported to have chronic pain problems twice as often as the general population [9].

Various interventions have been performed to reduce the impact of social problems on pain-related disability. These interventions include, e.g. education of patients with low back pain in back schools [10]. Interventions with an occupational focus vary from modification of the workplace to vocational rehabilitation. Population-targeted interventions in Australia have yielded promising results in changing the perception of low back pain in the public and health care personnel [11].

In this issue, Aho et al. describe the socio-demographic profile of patients referred to the social worker and the duties of a social worker in a Finnish multidisciplinary pain clinic in two papers [12,13]. Data was collected in 1999–2000. The authors report that approximately 10% of patients of the pain clinic were referred to the social worker. These patients were typically of working-age and low educational status, and one in every four patients had no vocational training. Approximately 40% of patients had musculoskeletal and 40% had neuropathic pain problems, and a third of them were suffering from concomitant psychiatric problems. More than a half of the patients had undergone rehabilitation. Many patients were facing financial issues.

The duties of the social worker mainly comprised of assessing the social situation of patients, counselling of patients, helping them with employment issues, networking with authorities, and assessing possibilities for rehabilitation. Social worker also pro-

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vided psychosocial support for patients. These tasks were similar to those taken with patients suffering from other chronic illnesses.

To be able to understand the role of the social worker in the management of patients with chronic pain, one must be familiar with the way social services are organized. In Western countries, patients get help from organizations which provide support and benefits for individuals with illness-related disabilities. In Finland, the social security system consists of a complex network of Social Insurance Institution (Kela), the Finnish Centre for Pensions (ETK), and the Finnish Pension Alliance (TELA). If pain is caused, e.g. by a traffic accident, insurance companies are involved. Social benefits available for patients include, e.g. pension insurance, sickness insurance, rehabilitation, unemployment benefits and other social benefits. As the social security system in Finland is quite complicated, patients may need assistance in applying for the benefits.

Social workers in Finland work within the public health care system at different levels ranging from primary care to pain clinics and rehabilitation units. Their role may vary from that of a consultant to an integral member of an interdisciplinary team. When working with patients with chronic pain, it is necessary that the social worker commits to work within the biopsychosocial framework. It is also important that he or she understands the basics of pain management and conveys a uniform message to the patient to reinforce active pain coping. This is emphasized by the fact that social workers provide psychosocial support for patients as reported by Aho et al. [12].

The papers by Aho and her co-workers were initially intended for internal quality purposes, so methodological shortcomings as discussed by the authors are understandable. It would be interesting to know whether the profile of patients referred to the social worker has changed during the past decade. However, these papers are the first reports of the content of social work and description of patients referred to the social worker in a multidisciplinary pain clinic. Questions such as which patients would benefit most from assessment and interventions by the social worker and what would be the optimal content and time frame for these interventions will, hopefully, be answered in future studies.

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