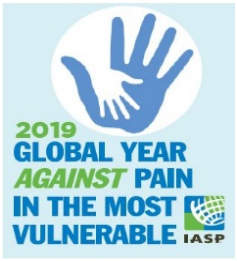
Chronic Pain as a Consequence of Torture: Management



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Torture is associated with a wide range of health-related consequences, among which persistent pain and pain-related disability are defining features [4,8,11]. When treating torture survivors, pain and its consequences need to be addressed.

Therefore, it is essential that health professionals engaged in the care of torture survivors are familiar with the physiology of pain mechanisms, with biopsychosocial models of pain, and with best evidence-based practice in managing pain, acute as well as persistent.

Persistent pain not only causes disability and restricted functioning, but also produces psychological impairments, compounding the impact on overall personal and social functioning. Yet the research literature on the rehabilitation of torture survivors predominantly targets mental health problems without reference to pain in its own right or as a significant cause of distress and disability [9,15].

Treating torture survivors requires the same intervention methods as for other pain states. It is very important that health professionals educate themselves on different torture methods and their physical consequences. Reviews of rehabilitation literature note a lack of scientifically rigorous studies of multicomponent interventions for torture survivors [6,10]. Few studies evaluate outcomes of pain management, and the quality of evidence is low [2,5], so these provide little guidance. Treatment recommendations are that good clinical practice is applied sensitively to patients who may be seriously traumatized [1,2].

A broader concern is that pain is not recognized, assessed, and managed as a problem in its own right. Left unaddressed, persistent pain may undermine attempts to treat other common problems, such as distress and sleep disturbance, and hinder acquisition of essential self-management skills. It is important that best practice from pain management in general is extended to torture survivors, and that pain is not mistakenly assumed to be a symptom of post-traumatic stress, neglecting pain treatment [1]. For instance, it is of uttermost importance that neuropathic pain that can occur after suspension by the arms or after falaka is properly assessed and medically treated.

Pain rehabilitation in a biopsychosocial model is concerned with limited functioning and disability associated with pain, and the complex interaction with personal and environmental factors - factors that may influence the experience of and response to pain [14].

It should be recognized that torture survivors may have considerable psychological and social problems in addition to pain and other health concerns, complicating presentation, assessment, and treatment: uncertainty about civil status; unstable accommodation; isolation from family, friends, culture; and usual means of support and access to work [3,13].

As is recommended for chronic pain in general, an interdisciplinary, multimodal approach to pain management in survivors of torture is optimal, with a focus on agreed goals of improved understanding, function, and participation. Rehabilitation can be a mixture of individual sessions in combination with psychoeducation in-group, with or without an interpreter.

To promote self-management and a return to desired activities and lifestyle, pain management for survivors of torture should integrate education about the nature of persistent pain, psychological interventions targeting cognitive and behavioral aspects of adaptation to pain, physical therapy to enhance overall physical functioning, reduction of musculoskeletal impairment caused by the torture, and pharmacological pain treatment.

It can be difficult for torture survivors to accept the permanence of pain from their torture, to abandon hopes of complete relief, and to accept that pain reduction and improvement in activity and societal level functioning are more realistic goals, implying consideration of physical, practical and psychological skills development. Survivors' expectations must therefore be addressed at the outset of rehabilitation. Explanation of mechanisms of persistent pain without damage is important and enables reframing of pessimistic beliefs about the possibility of improved function, and discussion of changes in behavior to promote rehabilitation. It is very important for all survivors of torture to understand the interaction of pain and psychological problems [7].

There are no systematic studies of pharmacological treatment for chronic post-torture pain to suggest variation from best practice. As in other chronic pain conditions, pharmacological pain treatment should be based on thorough pain assessment and identification of underlying pain mechanisms. Adherence to medical treatment is often low and accurate information, especially about side effects, is therefore essential. Neuropathic pain should be treated, as mentioned earlier.

The benefit of interdisciplinary pain management should be evaluated, not just by pain relief, but should aim to improve health-related quality of life, including activity and societal level functioning [12]. These should be in addition to, not instead of, outcomes identified by torture survivors themselves.

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