

El impacto de la catastrofización en la experiencia del dolor crónico no oncológico.

Regner, Florencia y Rosales, Ma. Guadalupe.

Cita:

Regner, Florencia y Rosales, Ma. Guadalupe (2019). *El impacto de la catastrofización en la experiencia del dolor crónico no oncológico. XI Congreso Internacional de Investigación y Práctica Profesional en Psicología. XXVI Jornadas de Investigación. XV Encuentro de Investigadores en Psicología del MERCOSUR. I Encuentro de Investigación de Terapia Ocupacional. I Encuentro de Musicoterapia. Facultad de Psicología - Universidad de Buenos Aires, Buenos Aires.*

Dirección estable: <https://www.aacademica.org/000-111/713>

ARK: <https://n2t.net/ark:/13683/ecod/3SZ>

EL IMPACTO DE LA CATASTROFIZACIÓN EN LA EXPERIENCIA DEL DOLOR CRÓNICO NO ONCOLÓGICO

Regner, Florencia; Rosales, Ma. Guadalupe

Universidad de Buenos Aires. Facultad de Psicología. Argentina

RESUMEN

El dolor crónico es un fenómeno complejo y biopsicosocial, definido como aquel dolor que persiste más allá del tiempo esperado de curación. A partir de la Teoría de la Compuerta (Melzack & Wall, 1965), la cognición comenzó a ocupar un rol fundamental en la experiencia del dolor. El objetivo del presente trabajo fue explorar el rol que asume la catastrofización en sujetos con dolor crónico no oncológico, con vistas a mejorar la calidad de vida de los pacientes y disminuir la percepción de dolor. La catastrofización es un proceso cognitivo basado en pensamientos y expectativas negativas ante el dolor. Su amplio impacto se encuentra relacionado con factores como calidad de vida, severidad del dolor, autoeficacia, aceptación, discapacidad y adherencia al tratamiento. La búsqueda bibliográfica se realizó a partir de las bases de datos GoogleScholar, PubMed, Ebsco, ResearchGate y Scielo. Los estudios seleccionados fueron revisiones sistemáticas, meta-análisis y estudios controlados aleatorizados, hallados entre 2007 y 2018, en población adulta. Se identificaron 47 estudios potencialmente relevantes. Entre ellos, 10 estudios cumplieron con los criterios de inclusión. Se concluye que es importante flexibilizar la catastrofización y reducir su frecuencia en la experiencia del dolor crónico no oncológico para lograr mejorías terapéuticas.

Palabras clave

Catastrofización - Dolor crónico - Cognición - Severidad del dolor

ABSTRACT

THE IMPACT OF CATASTROPHIZING IN NON-ONCOLOGICAL CHRONIC PAIN EXPERIENCE

Chronic pain is a complex and biopsicosocial phenomena, defined as the pain that persists beyond estimated healing time. Since Gate control theory (Melzack & Wall, 1965), cognition has been considered to have a key role in pain experience. The purpose of the present study was to explore how catastrophizing is involved in non-oncological chronic pain subjects towards improving patients' life quality and decreasing pain perception. Catastrophizing is a cognitive process based on negative thoughts and expectancies about pain. Its wide impact is related to factors such as life quality, pain severity, self-efficacy, acceptance, disability and treatment adherence. A literature search of multiple databases (GoogleScholar, PubMed, Ebsco, ResearchGate y Scielo) was conducted to identify systematic reviews,

meta-analysis and randomized control trials between 2007 and 2018 on adult population. 47 studies were identified as potentially relevant. 10 studies met the inclusion criteria. The current evidence suggests that it is important to increase flexibility in catastrophizing and decrease its frequency in the non-oncological chronic pain experience to improve therapeutic outcomes.

Key words

Catastrophizing - Chronic pain - Cognition - Pain Severity

BIBLIOGRAFÍA

- Andrew, R., Derry, S., Taylor, R. S., Straube, S., & Phillips, C.J. (2014). The costs and consequences of adequately managed chronic non-cancer pain and chronic neuropathic pain. *Pain Practice*, 14(1), 79-94.
- Buhrman, M., Nilsson-Ihrfelt, E., Jannert, M., Ström, L., & Andersson, G. (2011). Guided internet-based cognitive behavioural treatment for chronic back pain reduces pain catastrophizing: a randomized controlled trial. *Journal of Rehabilitation Medicine*, 43(6), 500-505.
- Burke, A.L.J., Mathias, J.L., & Denison, L.A. (2015). Psychological functioning of people living with chronic pain: A meta-analytic review. *British Journal of Clinical Psychology*, 54(3), 345-60.
- Burns, L.C., Ritvo, S.E., Ferguson, M.K., Clarke, H., Seltzer, Z.E., & Katz, J. (2015). Pain catastrophizing as a risk factor for chronic pain after total knee arthroplasty: a systematic review. *Journal of pain research*, 8, 21.
- Dansie, E.J., & Turk, D.C. (2013). Assessment of patients with chronic pain. *British journal of anaesthesia*, 111(1), 19-25.
- Dworkin, R.H., Turk, D.C., Farrar, J.T., Haythornthwaite, J.A., Jensen, M.P., Katz, N.P., ... Witter, J. (2005). Core outcome measures for chronic pain clinical trials: IMMPACT recommendations. *Pain*, 113(1-2), 9-19.
- Edwards, R.R., Dworkin, R.H., Sullivan, M.D., Turk, D.C., & Wasan, A.D. (2016). The role of psychosocial processes in the development and maintenance of chronic pain. *Journal of Pain*, 17(9), T70-T92.
- Gallagher, L., McAuley, J., & Moseley, G.L. (2013). A randomized-controlled trial of using a book of metaphors to reconceptualize pain and decrease catastrophizing in people with chronic pain. *The Clinical journal of pain*, 29(1), 20-25.
- Goldberg, D.S., & McGee, S.J. (2011). Pain as a global public health priority. *BMC public health*, 11, 770.
- International Association for the Study of Pain (2011). Classification of Chronic Pain. Third Edition, IASP Press: Seattle.

- International Association for the Study of Pain (2017). Revision of the International Classification of Diseases (ICD-11). Extraído de <https://www.iasppain.org/Advocacy/icd.aspx?ItemNumber=5234&navItemNumber=5236>.
- Lazaridou, A., Kim, J., Cahalan, C.M., Loggia, M.L., Franceschelli, O., Berna, C., ... Edwards, R.R. (2017). Effects of Cognitive-Behavioral Therapy (CBT) on Brain Connectivity Supporting Catastrophizing in Fibromyalgia. *Clinical Journal of Pain*, 33(3), 215–221.
- Lerman, S.F., Rudich, Z., Brill, S., Shalev, H., & Shahar, G. (2015). Longitudinal associations between depression, anxiety, pain, and pain-related disability in chronic pain patients. *Psychosomatic medicine*, 77(3), 333-341.
- Melzack, R., & Wall, P. (1965). Pain mechanisms: a new theory. *Science*, 150, 171-179.
- Melzack, R., & Casey, K.L. (1968). Sensory, motivational and central control determinants of pain: a new conceptual model. *The skin senses*, 1.
- Merskey, H., & Bogduk, N. (1994). International Association for the Study of Pain. Classification of chronic pain: descriptions of chronic pain syndromes and definition of pain terms. Second Edition, IASP Press: Seattle.
- Moayedi, M., & Davis, K.D. (2012). Theories of pain: from specificity to gate control. *Journal of neurophysiology*, 109(1), 5-12.
- Ojeda, B., Salazar, A., Dueñas, M., Torres, L.M., Micó, J.A., & Failde, I. (2014). The impact of chronic pain: The perspective of patients, relatives, and caregivers. *Families, Systems, & Health*, 32(4), 399.
- Pérez-Cajaraville, J., Abejón, D., Ortiz, J.R., & Pérez, J.R. (2005). El dolor y su tratamiento a través de la historia. *Revista de la Sociedad Española del Dolor*, 12(6), 373-384.
- Quartana, P.J., Campbell, C.M., & Edwards, R.R. (2009). Pain catastrophizing: a critical review. *Expert review of neurotherapeutics*, 9(5), 745-758.
- Schütze, R., Rees, C., Smith, A., Slater, H., Campbell, J.M., & O'Sullivan, P. (2018). How Can We Best Reduce Pain Catastrophizing in Adults With Chronic Noncancer Pain? A Systematic Review and Meta-Analysis. *The Journal of Pain*, 19(3), 233-256. 30.
- Smeets, R.J., Vlaeyen, J.W., Kester, A.D., & Knottnerus, J.A. (2006). Reduction of pain catastrophizing mediates the outcome of both physical and cognitive-behavioral treatment in chronic low back pain. *The Journal of Pain*, 7(4), 261-271.
- Sullivan, M.J., Bishop, S.R., & Pivik, J. (1995). The pain catastrophizing scale: development and validation. *Psychological assessment*, 7(4), 524.
- Sullivan, M.J., Thorn, B., Haythornthwaite, J.A., Keefe, F., Martin, M., Bradley, L.A., & Lefebvre, J.C. (2001). Theoretical perspectives on the relation between catastrophizing and pain. *The Clinical journal of pain*, 17(1), 52-64.
- Thompson, E.L., Broadbent, J., Bertino, M.D., & Staiger, P.K. (2016). Do Pain-related Beliefs Influence Adherence to Multidisciplinary Rehabilitation? *The Clinical journal of pain*, 32(2), 164-178.
- Thorn, B.E., Pence, L.B., Ward, L.C., Kilgo, G., Clements, K.L., Cross, T.H., ...& Tsui, P.W. (2007). A randomized clinical trial of targeted cognitive behavioral treatment to reduce catastrophizing in chronic headache sufferers. *The Journal of Pain*, 8(12), 938-949.
- Treede, R.D., Rief, W., Barke, A., Aziz, Q., Bennett, M.I., Benoliel, R., ...& Giamberardino, M.A. (2015). A classification of chronic pain for ICD-11. *Pain*, 156(6), 1003.
- Trompetter, H.R., Bohlmeijer, E.T., Fox, J.P., & Schreurs, K.M. (2015). Psychological flexibility and catastrophizing as associated change mechanisms during online Acceptance & Commitment Therapy for chronic pain. *Behaviour research and therapy*, 74, 50-59.
- Turner, J.A., Anderson, M.L., Balderson, B.H., Cook, A.J., Sherman, K.J., & Cherkin, D.C. (2016). Mindfulness-based stress reduction and cognitive behavioral therapy for chronic low back pain: similar effects on mindfulness, catastrophizing, self-efficacy, and acceptance in a randomized controlled trial. *Pain*, 157(11), 2434-2444.
- Wertli, M.M., Burgstaller, J.M., Weiser, S., Steurer, J., Kofmehl, R., & Held, U. (2014). Influence of catastrophizing on treatment outcome in patients with nonspecific low back pain: a systematic review. *Spine*, 39(3), 263-273.