

The integrality care in patients with chronic pain: a reflection about using of the coping

Abstract

The knowledge about chronic pain coping permeates several dimensions that transcend the legal issues related to integral care, because it involves acts in prevention, health promotion of the person with pain, therapy and rehabilitation, as well as the construction of a doing and knowing in the perspective of completeness of the human being. For this, the aim of this paper is to reflect about the integrality and its relations with the chronic pain coping. The integrality still seems incipient in the practices, teaching and research on chronic pain coping. It is necessary to break paradigms that reinforce reductionist and fragmentation logic in the care of patients with chronic pain. In this sense, knowledge about coping patterns in relation to chronic pain and the training of adaptive coping skills, when worked in an interdisciplinary way can contribute to the practice of integrality in the care of people who suffer from chronic pain.

Keywords: interdisciplinary study, chronic pain, coping skills

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Introduction

Pain is a public health problem that demand high costs in its treatment. Authors point out that only in the United States the annual costs of pain revolve around \$560 to \$635 billion, in addition the fall in labor productivity can reach \$334 billion annually.¹ Thus, it is necessary to offer a management pain care effective, focused in guaranteeing the rights of patients and integrality in health assistance.²

Painful experience involves sensory and emotional aspects modulated by each individual according to their own perception. This is therefore a response that depends not only on a sensitive stimulus but on biopsychosocial and cultural issues.³ Despite this, there is a practice tendency of pain dichotomization, sometimes focusing on its sensitive aspects, other times on the psychogenics. It results in a reductionism, because it does not consider the need for an integral vision of the human being with pain.^{3,4}

Some assumptions are essential to the concretization of the integrality among pain patients, like the organization of services aimed at a wide apprehension of health, a service capable of promoting health, prevent injuries, treat harms already installed and rehabilitate users in chronic conditions.⁵ This organization must be based on an interdisciplinary work that articulates different professional knowledges to a common practice.⁶ Interdisciplinary has been pointed as one of the keys to the practice of integrality in health, despite its multiplicity of concepts, it can be comprehended as the knowledge articulation with an exchange of ideas, concepts, terminologies, procedures and practices between different disciplinaries during the health assistance.^{7,8} There is a need to break with reductionism in pain management and promote care in accordance with the principle of integrality, because of this, aspects related to chronic pain coping can contribute to this integral vision.

Pain coping reveals the patient's adaptation in order to minimize suffering and achieve better pain management, beyond this, it is a prognostic factor for improving the pain experience and functionality of individuals.⁹ Coping can be conceptualized as the cognitive and behavioral efforts needed to manage the internal or external demands

that exceed the person's own resources.¹⁰ Thus, concepts about the coping in the chronic pain aggregates in the implementation of comprehensive and integrality evaluations in the health care of patients with pain. For analyze the chronic pain coping in the light of integrality, the topic was subdivided in three issues: 1) the chronic pain coping, health promotion and prevention of harms; 2) skills of coping chronic pain for treatment and rehabilitation; 3) the interdisciplinary practice using the coping presupposes.

The chronic pain coping, health promotion and prevention of harms

When pain occurs in the acute form, the individual experiences suffering, which quickly passes, thanks to the behavioral and cognitive efforts to adapt to the pain experience.^{9,10} However, sometimes the pain becomes chronic and these efforts could not result in relief, instead reinforce maladaptation to the painful process. Because of this, understanding the chronic pain coping becomes one of the keys to a broader view of the patient. The knowledge and promotion of the self-knowledge of the individual suffering chronic pain, whether regarding their patterns of coping with the phenomenon or how they reinforce in adaptive responses to pain, contribute directly to a broad view of the being, promoting their health and reducing the impacts arising of chronic pain, such as depression, anxiety, sleep disturbances, social isolation, among others.¹¹ Providing assistance based in coping ideas could bring benefits to the health promotion, another one of the requirements to the construction of applied health care.⁵

In this point of view, promoting the health of the person with chronic pain does not mean to eliminate the painful experience, but to act on its determinants, whether in their living conditions, in the provision of clinic-care services, in health education, in income, in work, in food, in the environment, in access to goods and services essential elements in leisure, among other social determinants of health.^{5,11} Applying principles of health promotion implies using principles of empowerment and social participation, counting on access universal and social justice in the processes of pain management, highlighting in this point the importance of primary care.¹¹

Unfortunately, in most part of the worldwide healthcare systems there is still a focus on medicalization of pain management with clinical protocols that not point out in the determinants health aspects for the patient with chronic pain, biopsychosocial and cultural aspects involved in the painful experience.⁴ In addition, in order to ensure the promotion of health and integrality in chronic pain a policy is required to move towards meeting the principles of human rights in pain management. It is necessary a policy of care for the person with chronic pain, able to increase the access to people suffering from this harm, offer a comprehensive assistance regarding the sensitive and affective aspects that constitute the modulation of pain, working to empower the patient in order that he become the authority over your pain. This look at the persons with chronic pain and their coping will contribute to the prevention of impacts related to painful experience like the social impacts generated in labor, psychosocial issues such as depression, anxiety and physical aspects such as functional disability for both basic and instrumental activities day life.^{4,8,12,13} Therefore, a policy of comprehensive care using training in coping skills added of traditional clinics protocols for the person with chronic pain could promote health and to prevent such aggravations arising from the painful experience.

Skills of coping chronic pain for treatment and rehabilitation

After a comprehensive assessment of the person suffering from chronic pain, it is possible to promote the individual's self-knowledge concerning their coping patterns, and to identify the strategies used that refer to inadaptative cognitions and behaviors cognitions for chronic pain, such as catastrophic thinking, social isolation, the activity restriction, the fear of pain, as well as escape and avoidance behavior.^{3,4,13}

Knowledge of these coping patterns will enable the health professional to work with the promotion of adaptive coping skills for chronic pain. These skills basically consist of cognitive or behavior strategies to improve or relief pain, like muscle relaxation techniques, self-regulation of physical activity or rest, and others.¹³ However, for the effectiveness of the promotion of these skills the person with pain needs to know its coping pattern. Theories about chronic pain, its coping and treatment, highlight the importance of health education in this context. The use of well-being focused coping strategies contributes to reports of decreased pain intensity, as well as the reduction of chronic pain associated with pain, promoting a global improvement in the individual's life.^{8,9} Thus, the use of coping skills training should be approached by a multiprofessional team and worked using the interdisciplinarity.^{8,14} This way forms a holistic perspective for therapeutics (for contributing to reduction of pain intensity) and rehabilitation of the person with pain (emotional, functional and social rehabilitation).

The interdisciplinary practice using the coping presupposes

Integrality presupposes the meeting of effective actions of different agents working for a common goal. This logic opposes to the reductionism and super-specialization in care, and interdisciplinary is the answer to work against this fragmentation of the chronic pain care.^{7,15} Interdisciplinary contributes to a total perception of the individual, through a health work that builds bridges of knowledge between the different professions, a deep collaboration that at the same time respects the vision of each and does not annul the knowledge proper to each discipline.^{8,14,15}

In this sense, to achieve integrality, advances are needed towards interdisciplinary, be it in care, teaching and research, including studies related to chronic pain and its coping. The chronic coping theme still needs to be experienced from a perspective of completeness. Such a lack is observed not only in the day-to-day care of the person with pain, but also in the teaching and research on pain and its coping. Studies on coping with chronic pain over the last fifteen years are still restricted to the area of psychology, followed by medical researchers. Almost half of the works available in the international databases involve only one professional category in the authorship, showing a solitary work of the disciplines, which would achieve more advances if they worked in the perspective of interdisciplinary. Professions such as nursing, dentistry, social work, physical therapists and occupational therapists still do not seem to have awakened to the importance of the topic.

Conclusion

Pain coping now stands out as one of the answers in building comprehensive health care for people with chronic pain. A look at the person with chronic pain, considering the aspects related to the coping, is able to include points related to prevention, promotion, therapy and rehabilitation, evidenced their power to affect integrality in the care of the person with chronic pain. In addition, to consolidate integrality as the guiding axis of care, research and teaching about chronic pain and its coping, it is necessary to take interdisciplinary as a premise and basic priority. An interdisciplinary that surpasses the notion of a mount of health professionals together and that is capable of articulating knowledge in a mutual collaboration for an integral make in chronic pain.

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Conflicts of interest

The author declares that there is no conflicts of interest.

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