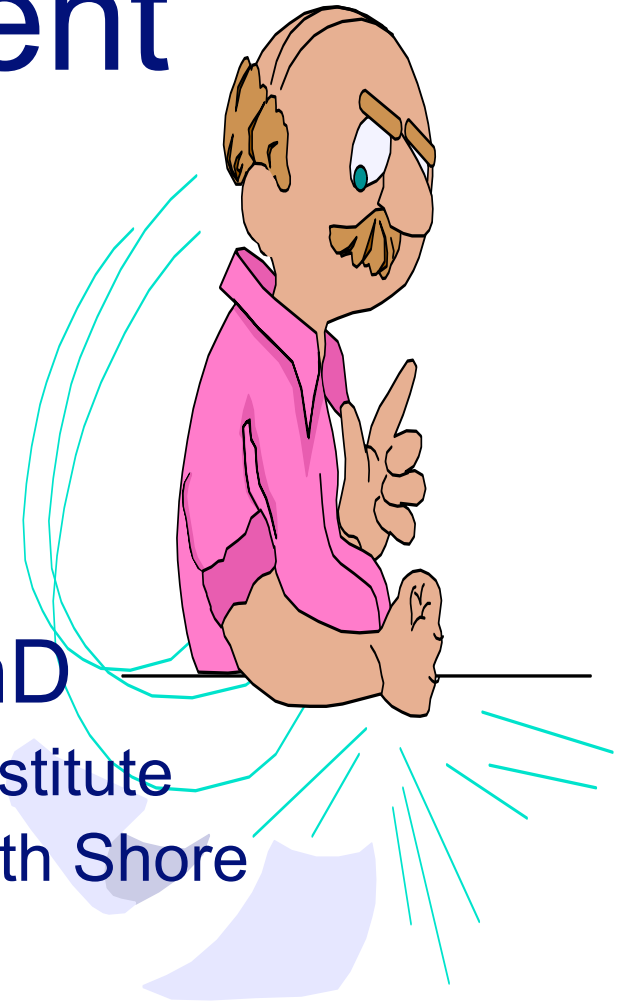


# The angry patient



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# Key topics

- What is it?
- How common in pain populations?
- How might we make sense of it?
- What are its implications?
- What might we do about it?



# Useful reference



Pain 103 (2003) 1–5

Topical review

Anger and persistent pain: current status and future directions

Kelly A. Greenwood, Rebecca Thurston, Meredith Rumble, Sandra J. Waters, Francis J. Keefe\*

*Duke University Medical Center, Department of Psychiatry and Behavioral Sciences, Box 3159, Durham, NC 27710, USA*

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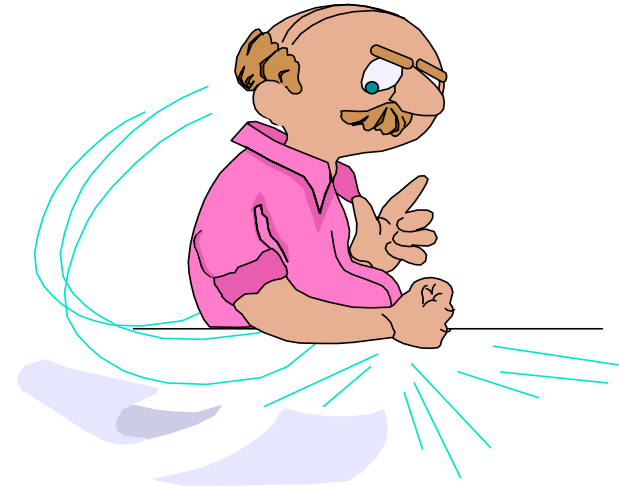
[www.elsevier.com/locate/pain](http://www.elsevier.com/locate/pain)

# What is it?

- Just when you thought it was simple....
- The term anger is typically:
- An aversive emotion (range from mild irritation to fury or rage) (Smith, 1994).
- Characterized by:
  - physiological arousal,
  - characteristic facial expressions, and
  - impulse to aggression
- Conceived as a transitory state
- Often occurs in response to perceived unfair treatment or harm  
(Berkowitz, 1990; Tomkins, 1991; Williams and Williams, 1993).

# Four main constructs (elements) in anger research (all linked)

- anger,
- hostility,
- aggression,
- anger management style (anger-in vs anger-out)



# Pain and anger

- **Who is the target/object?**
- Okifuji & Turk (1999): 96 chronic pain patients (80% of whom suffered from chronic back pain),
- 69% reported angry feelings at time of study
- Nine usual suspects

Self		74%
God or destiny	19%	
Significant other		44%
Whole world		38%
Employer		40%
Attorney/legal system		29%
Insurance company		39%
Person who caused accident		60%
Health care providers		62%

# Pain and anger – the object

(Okifuji & Turk, 1999)

- The highest ratings of anger (0-10 scale):
- Person who caused injury (mean: 4.5)
- The self (mean: 4.5)
- Health care provider (mean: 3.5)
- Insurer (mean: 2.8)

# Pain and anger

## General finding:

Patients reporting higher overall levels of anger tend to report higher levels of pain, depression, and disability.

- Okifuji & Turk (1999) chronic low back pain
- Conant (1998) chronic pain due to a spinal cord injury

# Pain, anger & gender

Burns et al. (1996)

- In women who were high on anger expression,
- High hostility associated with more severe pain
- Low hostility associated with least pain and higher activity levels
  
- In men who were low on anger expression,
- High hostility associated with greater pain severity than men with low hostility.
  
- These findings suggest that the impact of anger expression on pain may vary as a function of both gender and hostility.

# Anger and outcomes

- In general, higher anger is associated with reduced responsiveness to pain management, but there may be gender and style differences

Burns et al. (1998)

- Anger management style was important in explaining outcome in male patients, but not female patients.
- Men high on anger expression (anger-out) were less likely to show improvements in lifting capacity,
- Men high on anger suppression (anger-in) were less likely to show improvements in depression and general activities.
- Notably, these results remained significant even after controlling for patient's anger proneness (trait anger)

# Implications for clinicians

- Fishbain et al. (2008): Violent ideation against physicians  
- relative risks (vs normal population)
- rehabilitation patients, 3.5
- Rehabilitation patients without pain, 2.8
- rehabilitation patients with acute pain, 3.1
- rehabilitation patients with chronic pain, 4.1
- rehabilitation patients with Worker's  
Compensation or personal injury 4.6
- rehabilitation patients with litigation 7.3
- rehabilitation patients with Worker's  
Compensation, litigation and chronic pain  
10.4

# On closer inspection

- Those more likely to hold violent ideas:
- **Acute pain patients:**
- Higher depression, hostility and doctor dissatisfaction (angry at the physician).
  
- **Chronic pain patients:**
- Being in litigation, borderline traits, and doctor dissatisfaction (trusting/not trusting the physician, forced to see physician, patient does not trust).

# Problem

- Anger is relatively common in pain patients
- It is hard to avoid – most already have it by the time they present
- Unfortunately, we may not be able to meet their expectations for help
- Risk of escalation and being added to the list of ‘hated’ objects

# Options for dealing with it

- **Communication styles:**

## **Shared Medical Decision Making**

(Frantsve & Kerns, 2007, Pain Medicine)

## **Collaborative Care**

(Von Korff, 1995, Ann Int Med; Dobscha et al., 2008 Pain Med)

# Closer to home

**PAIN MEDICINE**  
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## **ETHICS SECTION**

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### *Original Research Articles*

### **Interpersonal Issues Between Pain Physician and Patient: Strategies to Reduce Conflict**

Kate Diesfeld, BS, JD

National Centre for Health and Social Ethics, Auckland University of Technology, Auckland, New Zealand

# But remember, anger is not all bad

- It can be adaptive, particularly when expressed in a constructive fashion,

But

- chronically angry emotional reactions are often maladaptive
- Can lead to pervasive interpersonal disruption and chronic sympathetic activation

**THANK YOU VERY MUCH !!!**

