

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/living-rheum/rethinking-chronic-pain-a-biopsychosocial-approach-to-management/32818/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Rethinking Chronic Pain: A Biopsychosocial Approach to Management

Announcer:

You're listening to *Living Rheum* on ReachMD. On this episode, we'll hear from Dr. Martin Cheattle, who will be sharing insights from his presentation at the 2025 Congress of Clinical Rheumatology West conference on managing complex pain conditions with a biopsychosocial approach. Dr. Cheattle is Associate Professor of anesthesiology at the Hospital of the University of Pennsylvania. He also serves as Director of Behavioral Medicine at the PENN Pain Medicine Center and Director of Pain and Chemical Dependency Research at the Center for Studies of Addiction.

Dr. Cheattle:

So chronic pain in particular—and more so than acute pain—is a very complex phenomena. It affects people physically, emotionally, spiritually, economically, and in their relationships with people. And the problem with the field of medicine is that medicine is very linear—symptom, diagnosis, then treatment—which works well if you have a burst appendix or a virus. It does not work well with a complex condition.

So if you think about chronic pain, it's a brain disease. There's lots of interesting data that when people go from no pain to acute pain to chronic pain, the structure of the brain changes. And it is a disease. It is not a symptom.

The way I present it to patients is that having chronic pain is like being a diabetic. It's real. It's not going away. The goal is to reduce suffering and improve mood and functionality. And just like diabetes, there's a medical component and a behavioral component. So for the medical component, they put you on metformin to stabilize your blood sugars. But if you don't change your behaviors, your diet, and your exercise, you're going to have a bad outcome, just like chronic pain. There are medical components to pain management. That could be certain medications and sometimes procedures, but a huge amount of patients getting better is about their behavior.

So biological factors do not exist in a vacuum; they interact with psychological factors and the social environment you're in. And with any disease—whether it's chronic pain, diabetes, heart disease, or cancer—there's a complex interaction of biological factors, genetics, exposure to toxins, and injury, but that also combines with psychological processes, anxiety, depression, how you cope with life and pain, and the social environment you're in. So I'll see someone who's horribly depressed, and if you really analyze a lot of the factors, it's because of the pain; it's because of the change in their lifestyle. But they may have a very poor support system, or they may have untreated anxiety or depression. But I make it very clear to patients and to physicians that this pain is real. It's not psychological, but psychological factors can make it better or worse.

So a lot of what we do in terms of my approach to chronic pain is getting people to exercise, change their diet, learn how to cope with pain, and use the different interventions that help them achieve that goal of improved function and mood. For the first time, in the ICD, which is the International Classification of Disease-11, has come out and now has chronic pain as a distinct disease. And that's important so that people can change their mindset about chronic pain: that this is a disease, and it should be treated like a disease from a biopsychosocial approach.

Announcer:

That was Dr. Martin Cheattle talking about the benefits of a biopsychosocial approach to pain management. To access this and other episodes in our series, visit *Living Rheum* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!