

Sleep is key to curing chronic pain

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Esther Afolalu in the Sleep and Pain Lab at the University of Warwick. Credit: University of Warwick

Research from the University of Warwick reveals that the way chronic pain patients think about pain and sleep leads to insomnia and poor management of pain.

Researchers from the Sleep and Pain Lab in the Department of Psychology have demonstrated that conditions like back [pain](#), fibromyalgia, and arthritis are directly linked with negative thoughts about [insomnia](#) and pain, and this can be effectively managed by cognitive-behavioural therapy (CBT).

Esther Afolalu and colleagues have formulated a pioneering scale to measure beliefs about sleep and pain in long-term pain patients, alongside their quality of sleep – the first of its type to combine both pain and sleep and explore the vicious cycle between sleep and pain problems.

The scale was tested on four groups of patients suffering from long-term pain and bad sleeping patterns, with the result showing that people who believe they won't be able to sleep as a result of their pain are more likely to suffer from insomnia, thus causing worse pain.

The results show that the scale was vital in predicting patients' level of insomnia and pain difficulties. With better sleep, pain problems are significantly reduced, especially after receiving a short course of CBT for both pain and insomnia.



The Sleep and Pain Lab at the University of Warwick. Credit: University of Warwick

The study has provided therapists the means with which to identify and monitor rigid thoughts about sleep and pain that are sleep-interfering, allowing the application of the proven effective CBT for insomnia in people with [chronic pain](#).

Esther Afolalu explains: "Current psychological treatments for chronic pain have mostly focused on [pain management](#) and a lesser emphasis on sleep but there is a recent interest in developing therapies to tackle both pain and sleep problems simultaneously. This scale provides a useful clinical tool to assess and monitor treatment progress during these therapies."

Dr. Nicole Tang, the study senior author, comments: "Thoughts can have a direct and/or indirect impact on our emotion, behaviour and even physiology. The way how we think about [sleep](#) and its interaction with pain can influence the way how we cope with pain and manage sleeplessness. Based on clinical experience, whilst some of these beliefs are healthy and useful, others are rigid and misinformed. The new scale, PBAS, is developed to help us pick up those beliefs that have a potential role in worsening the insomnia and [pain experience](#)."

More information: Development of the Pain-Related Beliefs and Attitudes about Sleep (PBAS) Scale for the Assessment and Treatment of Insomnia Comorbid with Chronic Pain. *J Clin Sleep Med*. 2016 Jul 19. pii: jc-00515-15. www.ncbi.nlm.nih.gov/pubmed/27448428

Provided by University of Warwick

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