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Abstract

Not All Pain: How Type and Time Course of Pain Can Influence Patient Experience and Behavioral Management Approaches

The patient experience of chronic musculoskeletal pain has been well characterized by the behavioral medicine community. Behavioral treatment approaches have demonstrated efficacy and are commonly acknowledged to be an important component of multidisciplinary treatment. For these reasons, research from chronic musculoskeletal pain often serves as the jumping-off point for research related to the patient experience and behavioral treatment of other types of pain, such as migraine, neuropathic pain, and dermatologic pain. This presentation will describe ways in which existing behavioral medicine models for chronic musculoskeletal pain translate well to other types of pain, and the unique challenges for behavioral medicine research and treatment providers presented by other types of pain, with a focus on migraine. Migraine is a common neurologic disorder characterized by episodes of severe head pain and associated neurologic symptoms including nausea/vomiting and sensitivity to light and sound. Migraine is the second leading specific cause of years lived in disability worldwide. The episodic nature of migraine shapes the patient experience. Among most people with migraine, most days will not include an attack. However, when attacks occur, they are extremely aversive and can completely disrupt role functioning. Separate neurologic and behavioral treatment strategies are typically employed to treat each attack and to reduce attack frequency. Typical pharmacologic pain strategies are often ineffective for migraine. This presentation will discuss the ramifications of these characteristics of migraine, compared to the more familiar chronic musculoskeletal pain conditions, on patient experience and behavioral treatment.