Chronic pain can lead to depression, anger and anxiety disorders as sufferers may have many other negative events and stressors to deal with such as losing their jobs, experiencing financial hardship and having increased stress upon their families. With chronic pain, people may believe the pain is increasing even though there is no medical evidence for this. In these cases other factors are at play including:

- Emotional functioning
- Personality traits
- Past learning experiences
- The way others respond to the person’s behaviour.

Sleep and appetite disturbances intensify the disability that results from chronic pain. As time goes by, the person may become depressed and preoccupied with normal changes in bodily functioning and may worry about experiencing new illnesses.

The individual can develop a tendency to view all activities in terms of how much pain will be experienced. This can lead to a cycle of helplessness and despair, often accompanied by anger toward professionals who never seem to be able to cure the pain. In turn, professionals lose patience with the person with persistent pain who appears to have limited medical justification for these complaints.
Managing chronic pain
Pain management strategies are usually based on one ultimate and constant objective—the reduction of pain, not its total elimination. If the person experiencing the pain and all of the professionals who treat the individual do not make this the goal, frustration will grow, resulting in failure to coordinate treatment efforts in a successful manner.

Research has shown that having realistic, helpful thoughts is an important part of pain management. Cognitive behavioural psychologists help chronic pain sufferers to change their negative thoughts about their pain, its effects, and other sources of stress.

One approach views pain as a learned behaviour and is done by a psychologist or neuropsychologist. Other approaches help the person to identify inappropriate and unhealthy beliefs about pain and provide strategies to deal more effectively with pain behaviour. Techniques may include relaxation training, hypnosis, stress management, attention-diversion strategies and biofeedback.

Medication
Pain management in brain injury is often difficult as medications may work against recovery. Many painkillers work against the re-emergence of the person’s mental and physical systems. Later, narcotics are a problem because of their potential for substance abuse and their negative side effect on the ability to think clearly. Anti-inflammatory agents are appropriate for musculoskeletal pain, though doctors must stay alert for possible gastric problems. Patients with brain injury and spinal cord injury tend to have high acid content in the stomach and are susceptible to stomach ulcers which can be increased by these agents.

Antidepressants can be effective in controlling headache and nerve pain. These are not sedating except in high doses, and don’t depress the respiratory cycle.

Where to get help
There are support groups and medical facilities set up to help people cope with chronic pain. Ring your local doctor or Brain Injury Association to get the contact details in your State.