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Chronic Pain *and Depression*

By Cheryl Yanuck, MD

Depression and chronic pain often coexist for many reasons. One example is that low levels of the chemicals serotonin and norepinephrine in the brain and spinal cord can cause both depression and the perception of pain. Pain then causes further depletion of serotonin. Depressed patients are generally highly sensitive to pain as a result of these low neurotransmitter levels. Anti-depressant medications that increase levels of norepinephrine and serotonin are useful in alleviating these physical and emotional symptoms.

Another example of the conjunction of pain and depression is when pain limits activities that contribute to emotional well-being, such as exercise, fun activities, work, and sleep. Many types of chronic pain do *not* serve to protect you from further harm the way acute pain does (e.g., after a broken bone, pain keeps you from using that leg). Yet many pain patients go to great lengths to avoid triggering their pain, and may have the misimpression that it is dangerous to be in pain. The more you maintain a normal lifestyle, the less prone to depression you will be. A supportive therapist will help you become aware of the beliefs you hold that limit your ability to live as fully as possible.

Sometimes pain is a manifestation of an underlying unconscious psychological conflict. There may or may not also be a primary physical injury. For instance, chronic pelvic pain is common in sexual abuse survivors, and the intensity of their suffering may reflect more than the tissue damage they suffered. The pain screams out, "I've been hurt!" with an intensity the person may not even be conscious of. Often, this sort of pain can provide valuable clues in psychotherapy. For instance, many trauma survivors have physical symptoms that are "body memories" of

what happened to them, even if they have no recollection of specific events. Gaining insight into the unconscious origins of the symptom can not only help them get over the trauma emotionally, it can also help relieve the pain.

Psychiatrists can help if you are in pain by providing support, helping you understand the unconscious aspects of your pain, and prescribing antidepressant medications that can effectively treat pain, depression, and anxiety. Some of us also use imagery and hypnosis in our work.

CASE EXAMPLE

One of my earliest patients was a Vietnam veteran who was in the hospital for kidney stones. I was asked to do a consultation because he was in acute pain and was unable to sleep. I took his history, and then taught him to do a simple form of self-hypnosis so that he was able to sleep for the first time in days. As we continued to talk over the next week while he was in the hospital, he told me horror stories of his time in combat in Vietnam. As he unburdened himself of this trauma, his pain gradually faded. His kidney stones were still there, but they no longer caused him any suffering! These days, I might also have done EMDR (Eye Movement Desensitization and Reprocessing) to help him get over his trauma. This experience showed me the power of the mind over the body. **h&h**

Cheryl H. Yanuck, M.D., is a psychiatrist who has practiced in Chapel Hill since 1992. She specializes in treating adults with mood and anxiety disorders, eating disorders, relationship and self esteem problems, and in teaching stress management. She provides psychotherapy, guided imagery, and medication management as indicated. She is experienced at treating patients with chronic pain and other medical illnesses.