

## Update 75

### Can Words Hurt?

Patients are often prepared for procedural discomforts with descriptions of pain or undesirable experiences. This practice is thought to be compassionate and helpful, but there is little data on the effect of such communicative behaviour.

A recently published study (1) assesses how such descriptions affect patients' pain and anxiety during medical procedures.

The interactions of patients with their healthcare providers during interventional radiological procedures were videotaped during a previously reported 3-arm prospective randomized trial assessing the efficacy of self-hypnotic relaxation.

One hundred and fifty-nine videos of the standard care and attention control arms were reviewed. All statements that described painful or undesirable experiences as warning before potentially noxious stimuli or as expression of sympathy afterwards were recorded. Patients' ratings of pain and anxiety on 0-10 numerical scales (0=No Pain, No Anxiety at All and 10=Worst Pain Possible, Terrified) after the painful event and/or sympathizing statement were the basis for this study.

Warning the patient in terms of pain or undesirable experiences resulted in greater pain ( $P<0.05$ ) and greater anxiety ( $P<0.001$ ) than not doing so. Sympathizing with the patient in such terms after a painful event did not increase reported pain, but resulted in greater anxiety ( $P<0.05$ ).

Contrary to common belief, **warning or sympathizing using language that refers to negative experiences may not make patients feel better**. This conclusion has implications for the training in communication skills and suggests the need for randomized trials testing different patient-practitioner interactions.

**ASRF Chiropractic Update Editor's comment** - A recently published RCT of neck pain patients found that 30% of respondents reported at least 1 adverse symptom, most commonly increased pain and headache, and that patients randomized to receive cervical SMT were more likely than those randomized to mobilization to report an adverse reaction (2). Given the findings from the study by Lang et al., and our responsibilities to the patient on an ethical level, we might do well to ponder the question, Are we doing more harm than good by warning patients that they may experience mild adverse symptoms from the care we provide?

#### Reference:

1. Lang EV, Hasiopoulou O, Koch T, Berbaum K, Lutgendorf S, Kettenmann E, Logan H, Kaptchuk TJ. *Can words hurt? Patient-provider interactions during invasive procedures*. Pain 2005; 114:303-9.

2. Hurwitz EL, Morgenstern H, Vassilaki M, Chiang LM. *Adverse reactions to chiropractic treatment and their effects on satisfaction and clinical outcomes among patients enrolled in the UCLA Neck Pain Study.* J Manipulative Physiol Ther 2004; 27:16-25.