Orthopaedic Connection

Arthritis Can Be Affected By Emotions

By Thomas J. Haverbush, M.D.
Orthopaedic Surgeon

Transforming patient information into patient understanding.

It needs to be understood from the start I am not pretending to be a psychologist. What will follow are certain things that I have read and some of my own thoughts as well.

Our brain can definitely play a role in persistent arthritis pain along with aching joints.

Depression
It has been known for a very long time that arthritis patients are prone to depression; and why would they not be? It has been described as a vicious cycle – arthritis and depression.

There is a greater focus on pain when depression is present. Depression also makes us less functional and while it seems a paradox we often avoid beneficial things like physical therapy that might be helpful to us.

Outcomes
Again, I don’t want to appear to be a psychologist which I am not. But most Orthopaedic Surgeons are quite aware that depression is a factor in the outcome after the surgical procedure we do.

If a patient’s pain is relieved and they are able to become more functional after their surgical procedure, mood improves and the depression gets better. Right?

Well, it is great when that happens and it usually does, but unfortunately not always. In other words, “it ain’t that simple”. Why? Please continue.

Chemicals in the Brain
Depression it seems is all about chemical substances in the brain that are termed neurotransmitters.

The same neurotransmitters that affect depression also are the ones that affect our perception of pain.

Oops! Too make thing worse psychologists know that previous trauma experiences can make the brain more sensitive to pain later in one’s life.

What To Do?
Unfortunately it is perhaps easier to describe the problem than to resolve it. The first step I believe is to be aware and acknowledge that there is a definite known correlation between musculoskeletal pain, depression and previous emotional trauma. This is a fact.

In many cases depending on the circumstances patients may be able to reframe their thoughts so to speak and put pain into context. In other words to counter negative thoughts and feelings that contribute to making the pain worse. Perhaps a family member or patient’s primary care provider can help in this process. Of course, a mental health professional could be a great benefit if available to the patient.

In many cases I have been able to identify a problem that exits, but it is very difficult to be treating the emotional problem and the orthopaedic condition as well. Besides counseling antidepressant medication can be prescribed if needed by the patient’s primary care provider.

There’s More
Physical activity guided by myself and or a physical therapist can work wonders. Exercise is medicine as a colleague of mine often says. It can in its way improve mood, maintain and increase muscle strength.
Temporary “hurt” from exercise does not equal harm.
When depression lessens everything else improves as well; pain, mood, function – everything.
The prognosis for my patients is very good if the emotional and physical conditions are treated together in a coordinated way.

My patients put their trust in me and what I do improves the quality of their lives.

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I sincerely hope all of our loyal readers will take advantage of an endless amount of musculoskeletal information. It is easy! Log onto www.orthopodsurgeon.com.
It gives access to all Website articles, Your Orthopaedic Connection and every GCH article from most recent to the first. Full text! It covers everything I do in the office and hospital.
Good Health. Good life. All the best to you.

Dr. Haverbush