

Calming the Angry Patient

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Audrey's case

Audrey, 39, presents to your office for a neurologic assessment with complaints of neck pain, headaches, dizziness, fatigue, brain fog, numbness, and tingling in the upper extremities and lower back pain. Approximately two years ago, she was involved in a minor car accident and various somatic complaints have persisted. Ultimately, a label of chronic whiplash, grade 2, was assigned. Because of this, Audrey has been on full disability for the last two years.

From your pre-assessment file review, you note Audrey has previously seen no less than 20 physicians. These physicians performed extensive investigations that revealed only incidental findings. You further note that some physicians have suggested psychologic or psychiatric investigation, but Audrey has been adverse to such suggestions.

Audrey speaks angrily about previous clinicians' inability to find more evidence of what is wrong and "fix it."

For a followup on Audrey, see opposite page.


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Anger is commonly expressed by patients suffering from chronic pain. It has been positively associated with increased pain intensity, and greater emotional distress among patients and their families. Anger, either concealed or overt, can also be a sign of fear and insecurity, and has been linked to self-pity and neuroticism. Angry patients and chronic pain sufferers are also more likely to view their suffering as due to external factors and beyond their control. These beliefs allow patients to place the responsibility for their recovery on others.

Such coping mechanisms are unlikely to be helpful, as there is increasing awareness that chronic pain syndromes are strongly influenced by non-medical factors. For example, the prognosis of whiplash and lower back pain following car accidents are strongly affected by medico-legal and insurance systems. Coping strategies associated with chronic pain often compel afflicted individuals to attribute their symptoms to external causes and seek external solutions to resolve their symptoms. Anger results from the futility of this approach.

Finding focus

Managing angry patients presents considerable challenges. Validating patients' frustrations, addressing concerns in a non-confrontational manner, and engaging individuals in management decisions can be helpful tactics (Table 1). 

A followup on Audrey

The assessment begins by reviewing the patient's concerns and by noting that her experiences would elicit frustration for anyone. Explain that any intervention has the potential to produce benefit or harm and the decisions by previous clinicians to avoid surgery was not meant to imply there was nothing wrong, but that the risk/benefit ratio was considered to be unfavourable.

You perform a thorough neurologic assessment that reveals no objective findings, although florid pain behaviours are noted throughout the examination. The lack of objective, clinically significant findings is discussed openly with the patient and her disappointment is addressed. Audrey then inquires about referral for another magnetic resonance imaging and a nerve conduction study for her arms. The rationale for not proceeding with such additional testing is explained.

You then raise the issue of Audrey's mood. She admits to being frustrated, angry, and, at times, anxious. You explain that it is perfectly normal to experience such feelings when dealing with years of chronic pain and that it is not inherently equated to mental disease. Audrey's hesitancy to pursue assessment with a mental health-care specialist is raised and, following discussion, you agree to arrange a followup appointment with yourself and a psychologist to further explore this option.

Table 1

Strategies for managing angry patients

- Avoid responding on an emotional level.
- Validate the patient's frustration ("I can see why you are upset").
- Explore the patient's sources of anger and attempt, in a non-confrontational manner, to provide information to address his/her concerns. Persons who are angry on the outside are generally frightened on the inside, therefore, it is very helpful if you can identify their fear and address it.
- Avoid "passing the buck" by referring for testing or consultations that are not warranted by objective clinical findings.
- If psychosocial contributors are suspected, explore strategies for investigating such concerns.

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1. "Working with Angry Patients" (University of Minnesota, department of family practice and community health):
www.med.umn.edu/fp/bmb/bmb19.pdf

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