



SCHIZOPHRENIA LIBRARY

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SCHIZOPHRENIA Factsheet

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What is pain sensitivity?

Pain is defined by the International Association for the Study of Pain (IASP) as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage" and pain is perceived as both a sensory and emotional experience. There is an important distinction between the body's responses to pain (nociception) and the subjective experience of pain. Measured outcomes of pain perception include pain reactivity, sensory threshold, pain threshold, and pain tolerance, as well as self-reporting of the pain experience.

What is the evidence for pain sensitivity?

Moderate to high quality evidence finds schizophrenia is associated with a significantly reduced pain response following nociceptive stimuli in several modalities that is unrelated to outcome measure, modality, medication status, or disease state. Physiological responses to nociceptive stimuli were also altered, however there were no differences in rates of clinically relevant pain. Moderate quality evidence finds the prevalence of clinically relevant pain in patients with schizophrenia is 34.7% and clinically relevant headache is 29.9%.



NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about schizophrenia or its treatment with your doctor or other health care provider.

For more information see the technical table

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