

# Pain and the neurodivergent experience

Dr Colin Waldock PhD MA PhIP BSc MCSP  
Lecturer Clinical and Professional Practice  
Medway School of Pharmacy  
[c.j.waldock@greenwich.ac.uk](mailto:c.j.waldock@greenwich.ac.uk)



# Who am I?



Photo by [Katherine Hanlon](#) on [Unsplash](#)

- Physiotherapist – from the time before computers!
- Speciality in MSK and Pain (all types)
- Interest in acupuncture and drugs –
- Breakdown 2015. moved into academia
- Retired clinical practice 2021 as
- consultant physiotherapist / first contact physiotherapist
- PhD 2024 Role identity change – a physiotherapist working in a school of pharmacy teaching prescribing and tomorrow's pharmacists.





# Oh and on other thing

- ▶ My daughter who is diagnosed autistic is convinced I am.
- ▶ Which means I probably am.....

WARNING: We might get controversial. (or we might not)



# The physiotherapy approach to pain

## What we think we do.

- Biomechanical
- Biopsychosocial
- Holistic
- Evidence based

## What I think we often do

- Checklists!!!
- Lack of in-depth medication histories
- Lack of awareness of our own unconscious biases
- Risk fitting the patient into our own theory

Why???

Time pressures - Peer pressures

Leading to :

Lack of availability to deep learning/critical thinking.

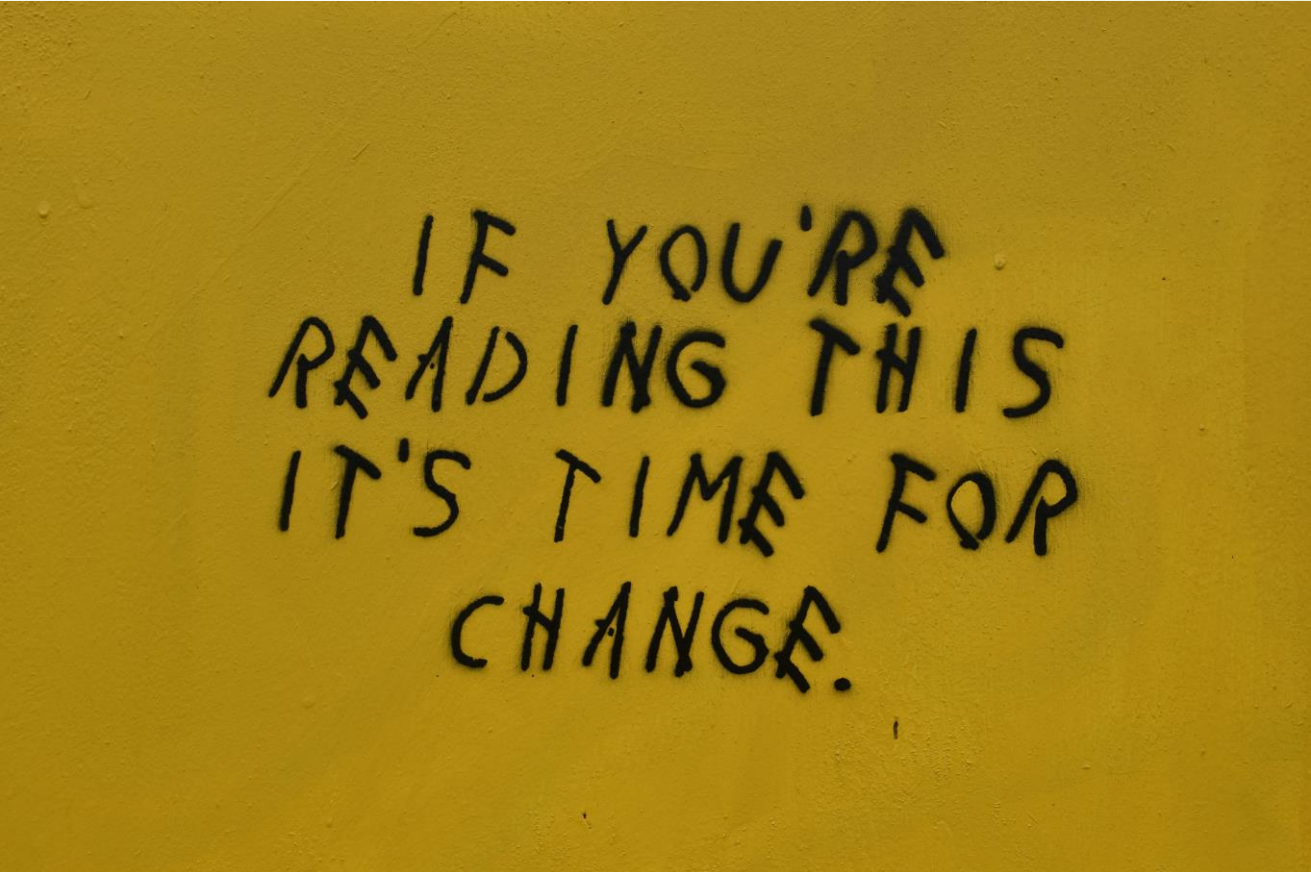
Leading to :

Jumping to assumptions



# Knowing why we act can help us change

- Photo by [hayleigh b](#) on [Unsplash](#)



IF YOU'RE  
READING THIS  
IT'S TIME FOR  
CHANGE.



# Me and my pain journey

- ▶ In Sept 2022 I had a bone scan that showed a lytic area in one of my ribs
- ▶ Fast track to PET scans etc etc etc
- ▶ MGUS Diagnosis
- ▶ June 2023 rib excision
- ▶ June 2023 chest wall hernia post op - + pneumonia and pneumothorax
- ▶ Sept 2023 fix with open thoracotomy – left with mix mechanical and neuropathic pain, and probably neurotmesis /axonotmesis of intercostal nerve supply to abdominals
- ▶ Background Hypermobility syndrome – esophageal dysmotility, Hiatus Hernia, Postural hypotension. You get the picture...Odd responses to medications, anxiety and depression – plus just plain getting older

# Hiding in plain sight

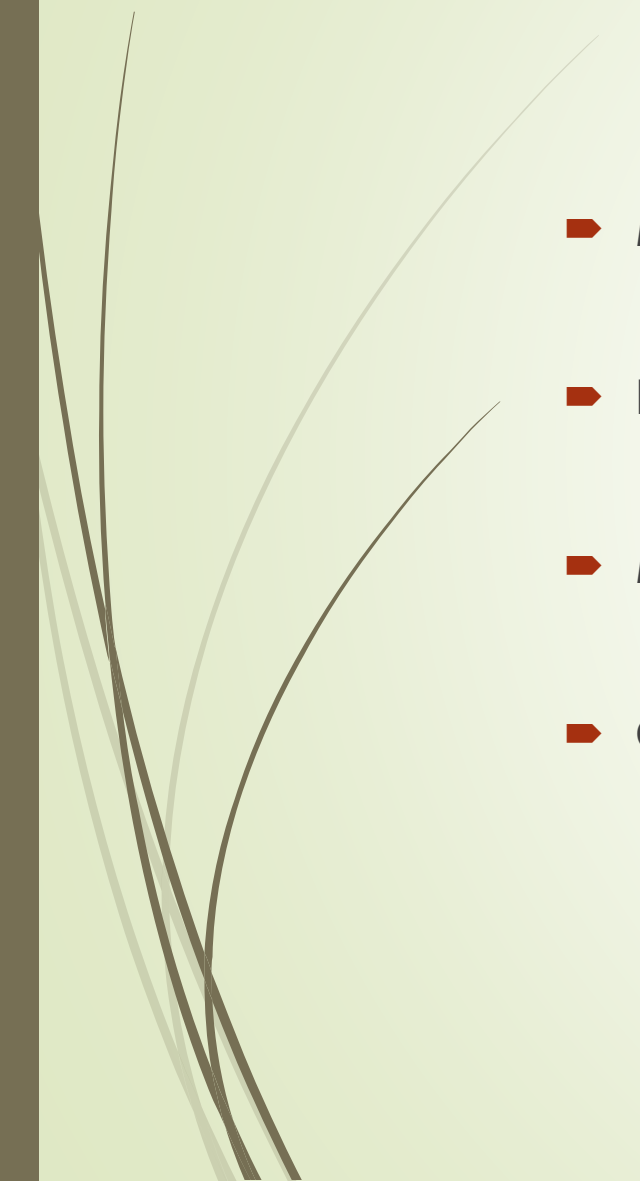
- ▶ I don't look autistic
- ▶ I don't betray so called tell tale signs
- ▶ It is just assumed I am shy, or obtuse.
- ▶ Actually this is how I see myself





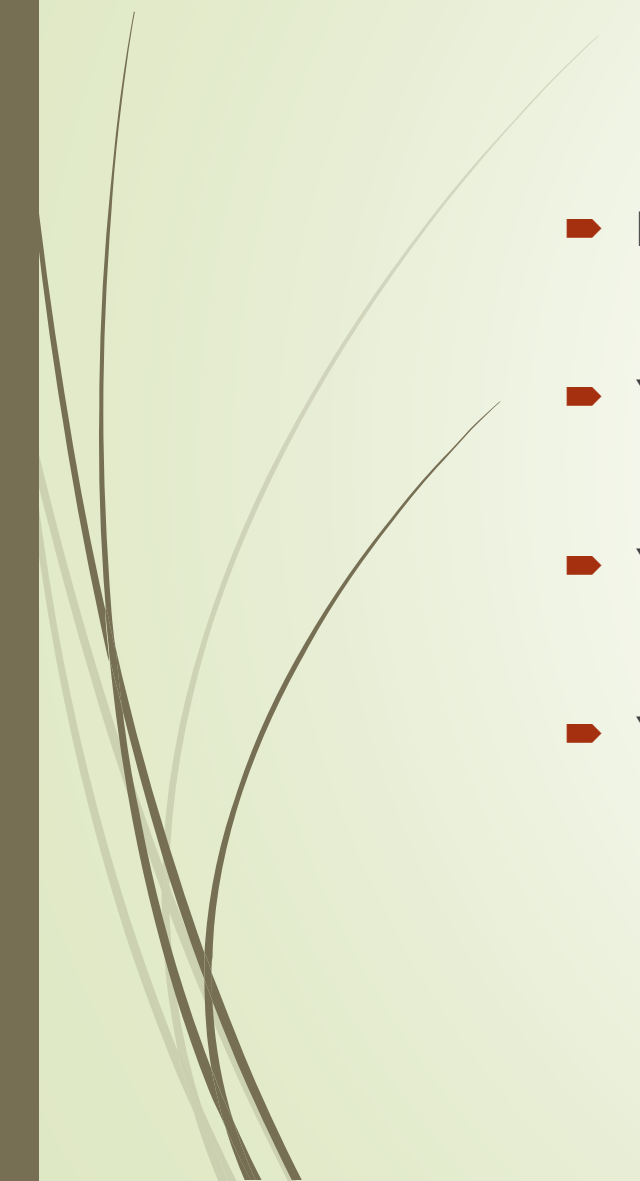


# Where am I now?

- ▶ Might improve in next 3 years or so?...
  - ▶ Experimenting with pain relief medication
  - ▶ Maintaining movement
  - ▶ Continuing to be a nuisance
- 



# Points to ponder

- ▶ Being neurodivergent is actually .....NORMAL
  - ▶ You are not the same as anyone else
  - ▶ You don't think like anyone else
  - ▶ You are also neurodivergent just not labelled.
- 

# What does the evidence say about pain and the autistic experience 1



## The Current View on the Paradox of Pain in Autism Spectrum Disorders

Olena V. Bogdanova<sup>1\*</sup>, Volodymyr B. Bogdanov<sup>2</sup>, Adrien Pizano<sup>1,3</sup>, Manuel Bouvard<sup>1,3</sup>, Jean-Rene Cazalets<sup>1</sup>, Nicholas Mellen<sup>4</sup> and Anouck Amestoy<sup>1,3</sup>

<sup>1</sup> CNRS, Aquitaine Institute for Cognitive and Integrative Neuroscience, INCIA, UMR 5287, Université de Bordeaux, Bordeaux, France, <sup>2</sup> Laboratoire EA 4136 – Handicap Activité Cognition Santé HACS, Collège Science de la Santé, Institut Universitaire des Sciences de la Réadaptation, Université de Bordeaux, Bordeaux, France, <sup>3</sup> Centre Hospitalier Charles-Perrens, Pôle Universitaire de Psychiatrie de l'Enfant et de l'Adolescent, Bordeaux, France, <sup>4</sup> Department of Neurology, University of Louisville, Louisville, KY, United States

Autism spectrum disorder (ASD) is a neurodevelopmental disorder, which affects 1 in 44 children and may cause severe disabilities. Besides socio-communicational difficulties and repetitive behaviors, ASD also presents as atypical sensorimotor function and pain reactivity. While chronic pain is a frequent co-morbidity in autism, pain management in this population is often insufficient because of difficulties in pain evaluation, worsening their prognosis and perhaps driving higher mortality rates. Previous observations have tended to oversimplify the experience of pain in autism as being insensitive to painful stimuli. Various findings in the past 15 years have challenged and complicated this dogma. However, a relatively small number of studies

### OPEN ACCESS

**Edited by:**  
Khaled Saad,  
Assiut University Hospital, Egypt

**Reviewed by:**



# What does the evidence say about pain and the autistic experience 2

CHILD CARE IN PRACTICE  
2023, VOL. 29, NO. 1, 3–21  
<https://doi.org/10.1080/13575279.2022.2149471>

 **Routledge**  
Taylor & Francis Group

 OPEN ACCESS  Check for updates

## Co-Occurring Physical Health Challenges in Neurodivergent Children and Young People: A Topical Review and Recommendation

Bethany Donaghy <sup>a</sup>, David Moore<sup>a</sup> and Jane Green <sup>b</sup>

<sup>a</sup>Department of Psychology, Liverpool John Moores University, Liverpool, England; <sup>b</sup>SEDSConnective Charity (Symptomatic Hypermobility, Ehlers-Danlos, NeuroDivergence Syndrome Sussex), Sussex, England

### ABSTRACT

**Background:** Neurodivergence has been established as associated with a significant number of co-occurring physical conditions, particularly for autistic individuals who are at risk for increased pain, hypermobility (including Ehlers-Danlos Syndrome) and gastrointestinal problems. However, data, so far, has been focused on adults and generally limited to discussions of condition prevalence alone.

**Methods:** The following article will present a topical review of the literature considering evidence for increased physical health concerns within neurodivergent populations, particularly autistic individuals, with a focus on the impact that these physical health concerns may have in an educational setting.

**Results and discussion:** The impact of physical health concerns within neurodivergent populations in an educational setting may

### KEYWORDS

Neurodivergent; physical health; children and young people; hypermobility; pain; gastrointestinal; autism; ADHD; DCD

## Top Tips

Murtagh, G. M. (2023). A critical look at ideas, concerns and expectations in clinical communication. *Medical Education*, 57(4), 331–336.



Received: 13 May 2022 | Revised: 11 November 2022 | Accepted: 18 November 2022  
DOI: 10.1111/medu.14975

**MYTHOLOGY**  
MEDICAL EDUCATION MYTHOLOGY

### A critical look at ideas, concerns and expectations in clinical communication

Ged M. Murtagh 

Department of Surgery and Cancer, Faculty of Medicine, Imperial College London, London, UK

**Correspondence**  
Ged M. Murtagh, Department of Surgery and Cancer, Faculty of Medicine, Imperial College London, London, UK.  
Email: [g.murtagh@imperial.ac.uk](mailto:g.murtagh@imperial.ac.uk)

**Funding information**  
Not applicable.

**Abstract**  
**Background:** For medical students and doctors, capturing the patient's perspective is critical if the consultation is to be meaningful for both parties. Medical students are taught the import of this in their communication skills training aided by inquiring into the patient's ideas, concerns and expectations (ICE) during the consultation. Ensuring the effectiveness of those inquiries can be a challenge for different reasons. Yet apart from a handful of papers on the subject, there is little guidance on the efficacy of ICE as a communication technique and specifically how to successfully blend questions about ICE within the interaction between doctor and patient.  
**Proposal:** This paper takes a closer look at this communication technique and explores some of the interactional features of inquiries into ICE. First, the background to ICE and its emergence within the field of medical education is considered. Next the argument considers some of the contextual and pedagogical issues that inquiries into ICE gives rise to. The discussion then goes on to explore some conceptual underpinnings drawing on findings from Conversation Analysis, which provide

- ▶ Listen to your patient – actively listen. – your patient may have hidden disabilities that even they are not aware of. Its about joining the dots.....
- ▶ Keep the checklist at bay – AI could do that if you wanted
- ▶ Embrace the ICE of consultation – Ideas/Concerns/Expectations
- ▶ Question your assumptions regularly  
Perhaps most importantly
- ▶ Keep an open mind





Thank you for listening



Any Questions??