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ACCEPTED MANUSCRIPT

Severe Non-Cardiac Chest Pain Responds to Interdisciplinary Chronic Pain Rehabilitation

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Abstract

Cambell et al¹ recently reviewed the causes, differential diagnosis, evaluation, and treatment of non-cardiac chest pain (NCCP) in a comprehensive manner, citing evidence for behavioral, psychotherapeutic, psychopharmacological, and other approaches to the condition. In addition to these approaches, the most severe of cases may benefit from interdisciplinary chronic pain rehabilitation program (iCPRP) care. A case vignette is offered of an adult male suffering from persistent and recurrent NCCP after extensive medical evaluations and repeated acute care utilization. iCPRP care utilized physical, medical, and psychological rehabilitation approaches to properly diagnose anxiety, increase insight, improve physical endurance, and enhance overall functioning. In supplementing Cambell et al's¹ review, consultation psychiatrists stand to benefit from awareness of iCPRPs as a clinical resource for refractory NCCP as well as other medically-unexplained and functional somatic syndromes.

Letter to the Editor:

Campbell et al¹recently reviewed the causes, differential diagnosis, evaluation, and treatment of non-cardiac chest pain (NCCP) in a comprehensive and eloquent manner. The review is excellent in capturing the various psychiatric disorders implicated in NCCP as well as treatments ranging from cognitive-behavioral therapy, hypnosis, pharmacotherapy, care management, and multidisciplinary approaches. One other important level of care that should be mentioned is that of interdisciplinary chronic pain rehabilitation program (iCPRP) care. iCPRPs are team-based, multidimensional functional restoration programs involving physical, medical and psychological rehabilitation for patients with refractory and chronic noncancerous pain.² Such programs typically involve daily care for 3 to 4 weeks whereby the patient interfaces with physicians,

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