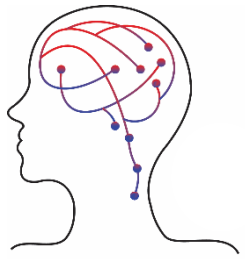


# PREDICTIVE CODING AN INTRODUCTION

# BODY PAIN PERCEPTION LAB



Francesca Fardo



Arthur S. Courtin



Alexandra G. Mitchell



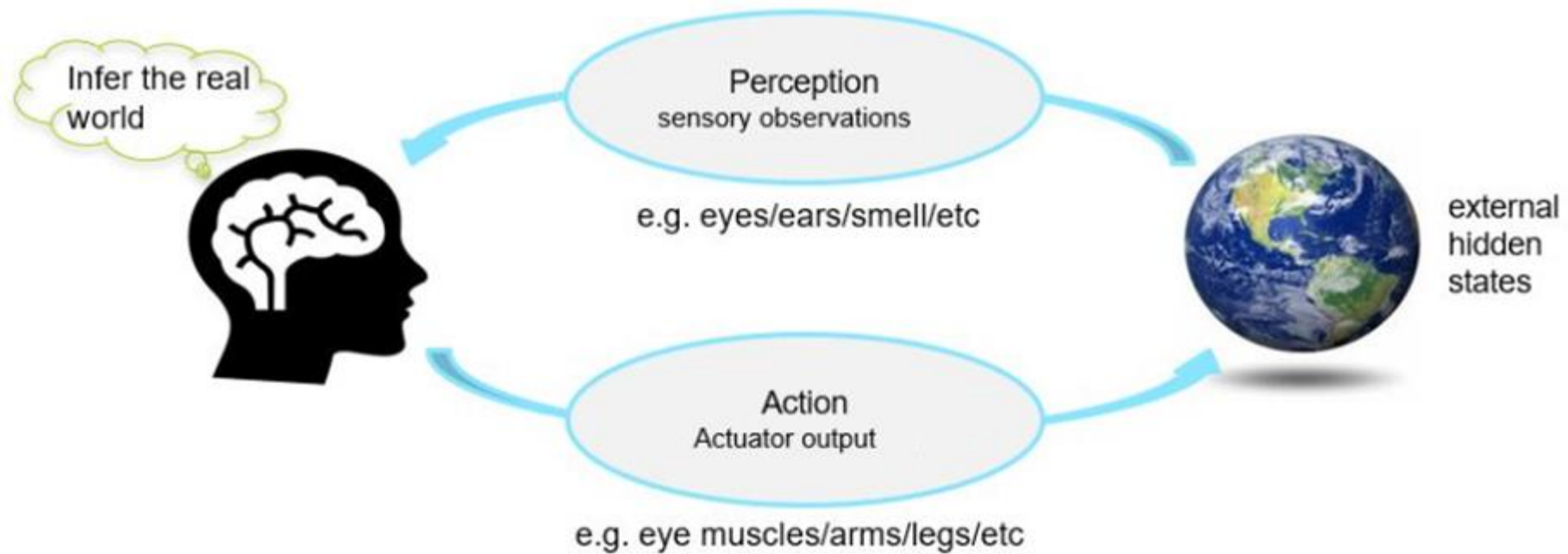
Camilla Eva Krænge



Rebecca Astrid Boehme

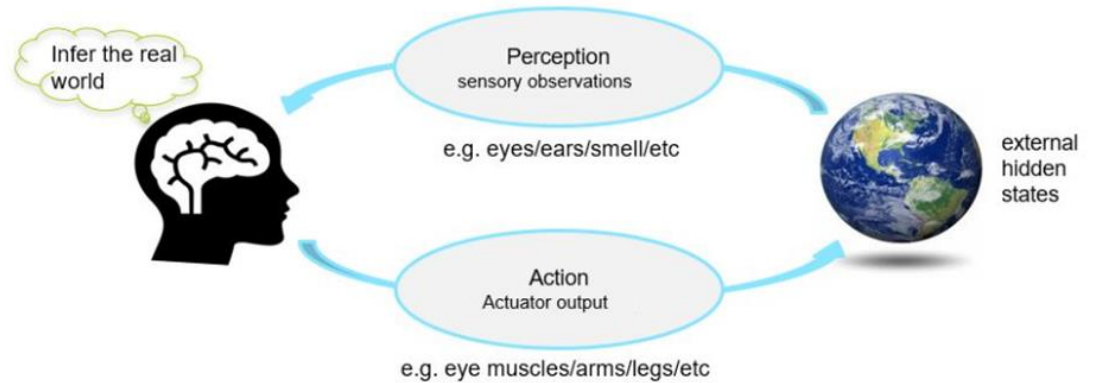
# TERMS AND DEFINITIONS

(Friston et al., 2024)



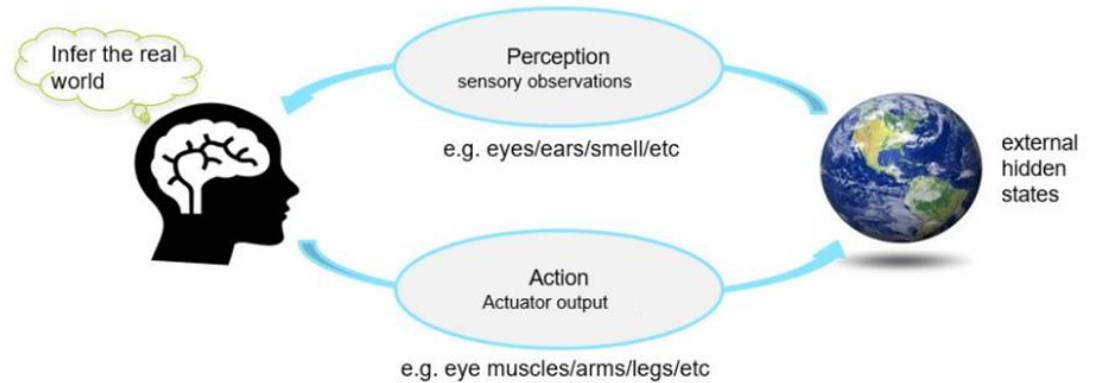
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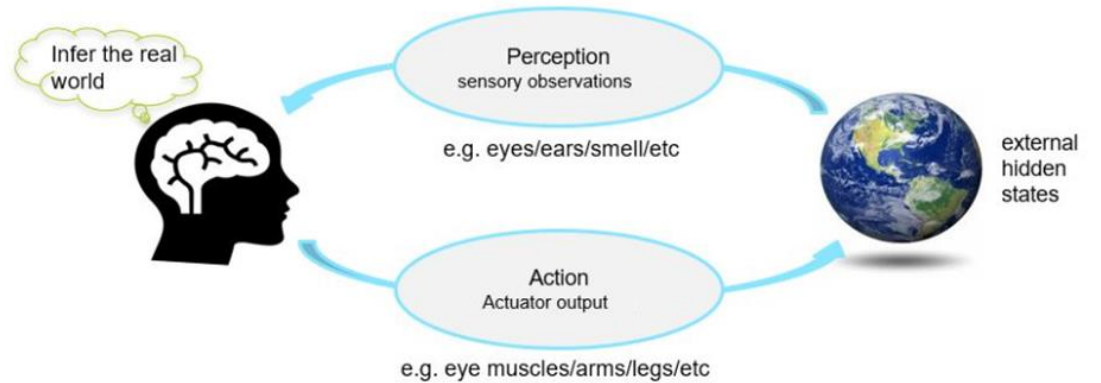
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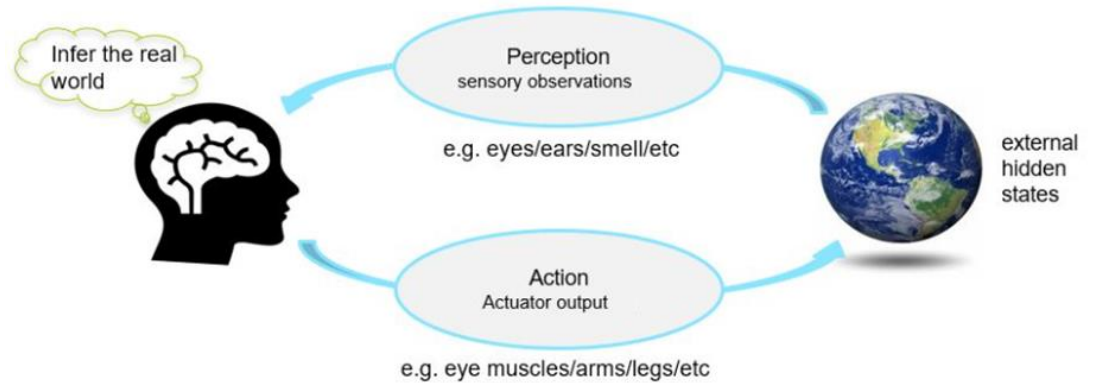
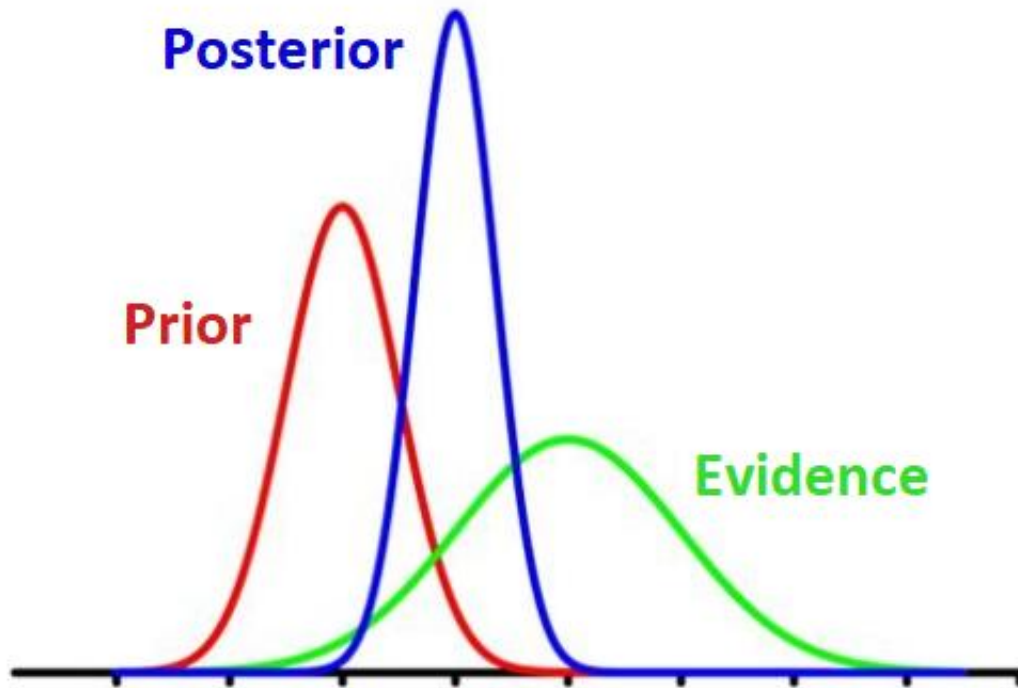
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(Friston et al., 2024)



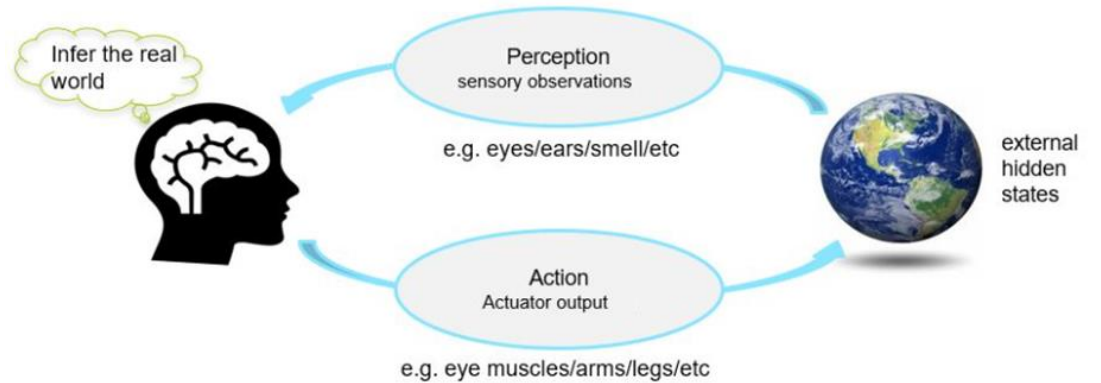
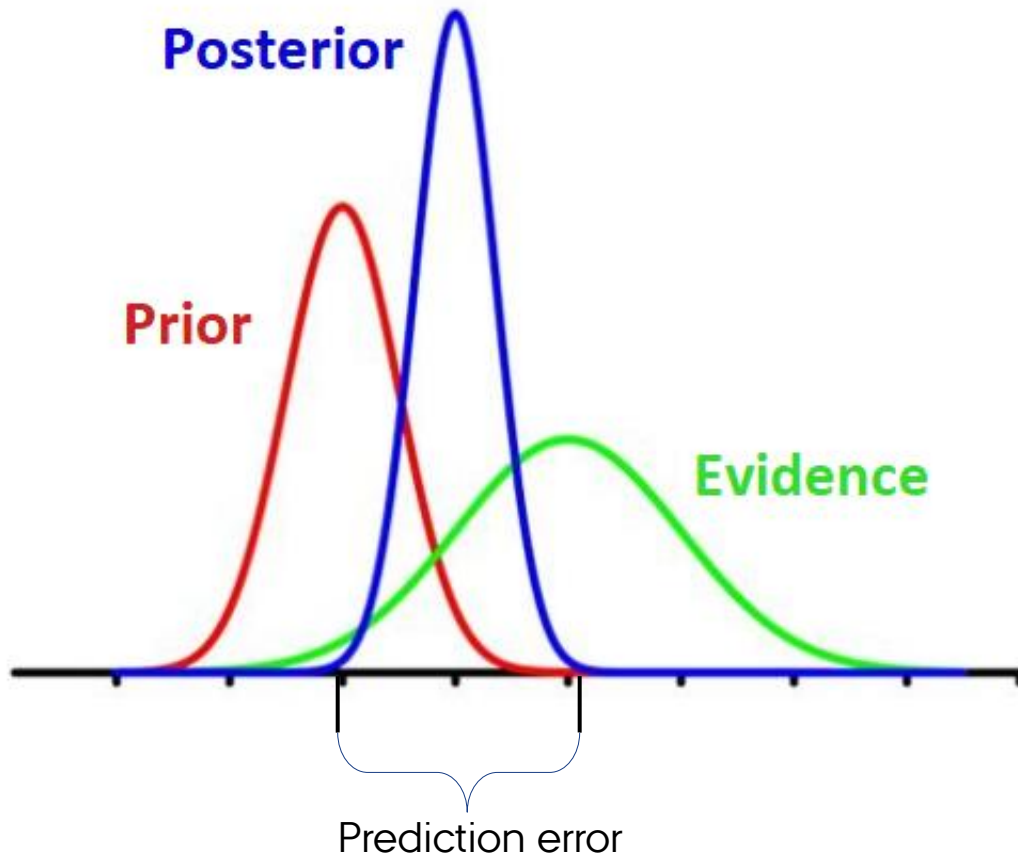
# TERMS AND DEFINITIONS

(Friston et al., 2024)



# TERMS AND DEFINITIONS

(Friston et al., 2024)





# Usefulness and falsification

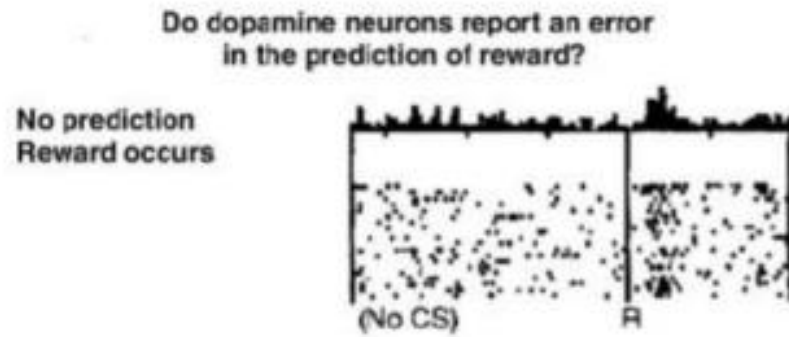
(Bowman et al., 2023)

—

(Kishida & Sands, 2021)

(Schultz et al., 1997)

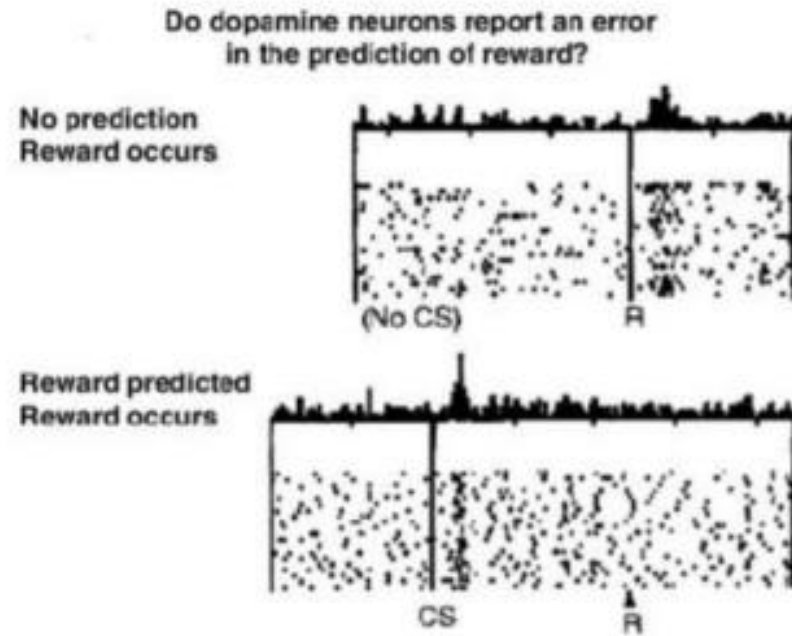
# Evidence



(Kishida & Sands, 2021)

# Evidence

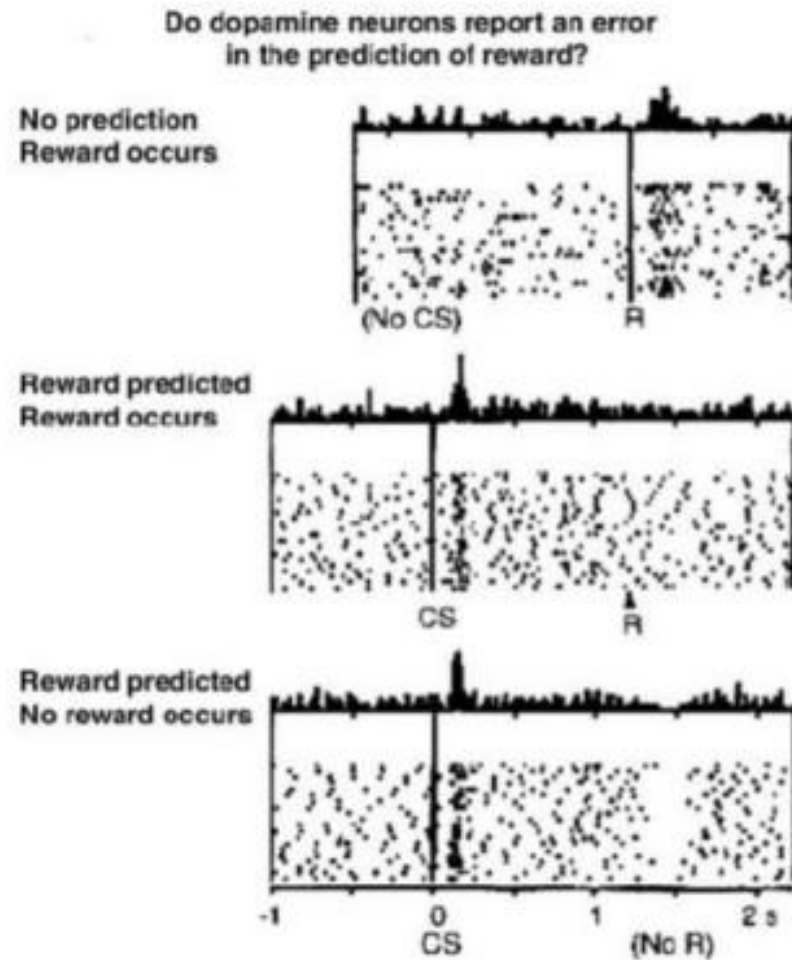
(Schultz et al., 1997)



(Kishida & Sands, 2021)

# Evidence

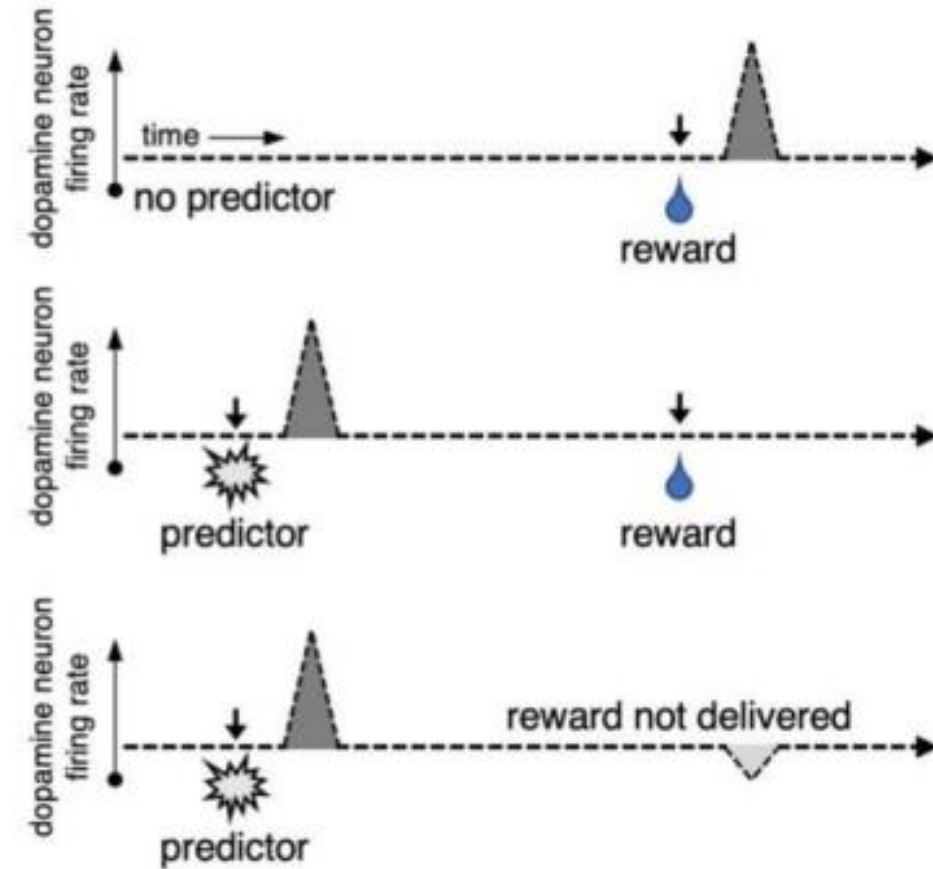
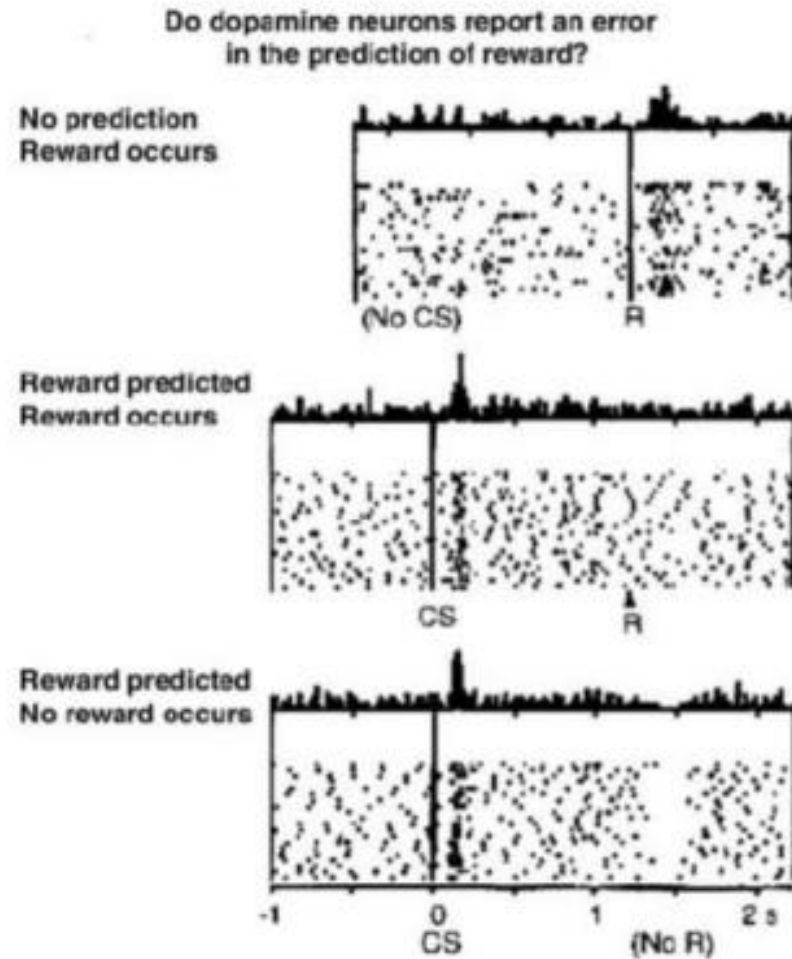
(Schultz et al., 1997)



(Kishida & Sands, 2021)

# Evidence

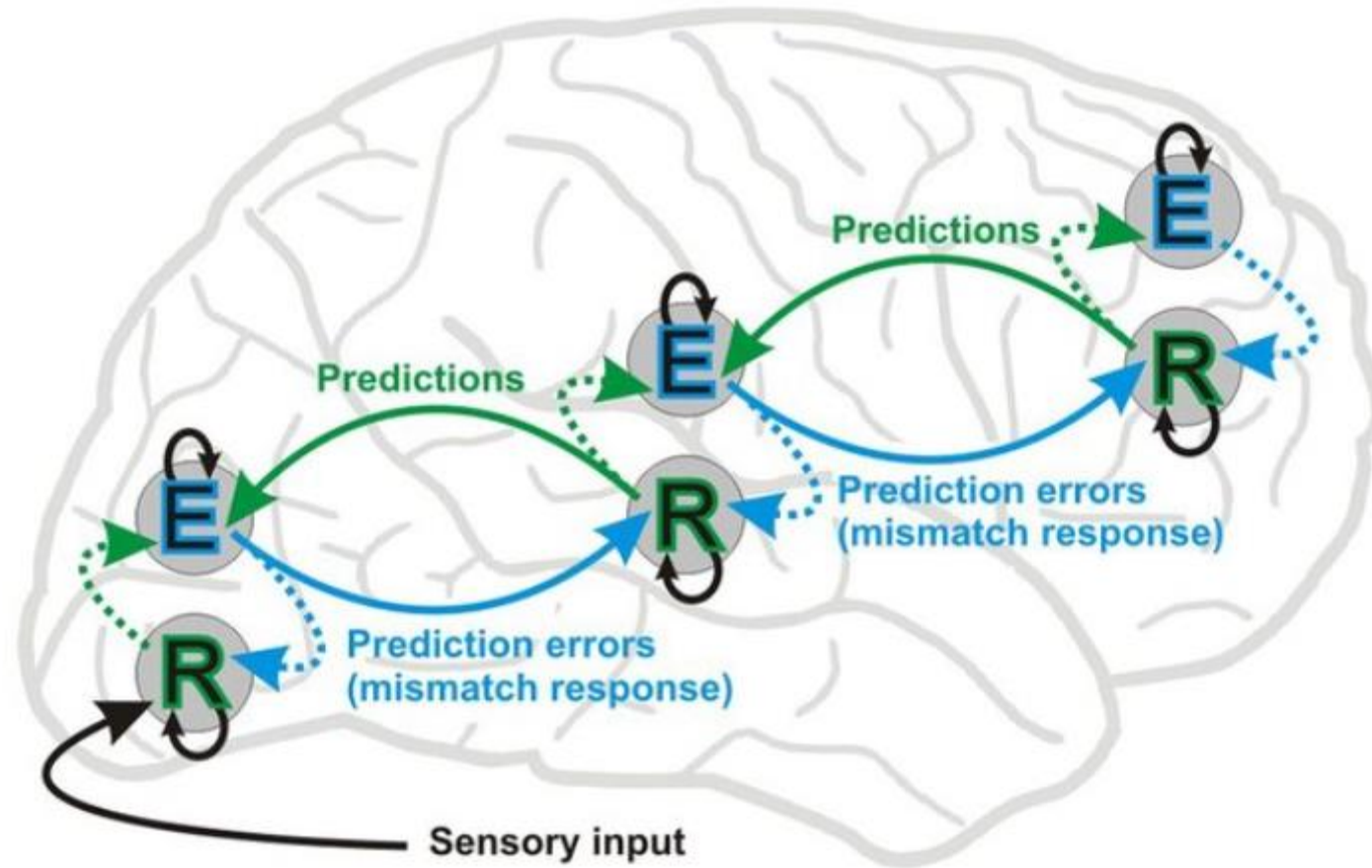
(Schultz et al., 1997)



# Evidence

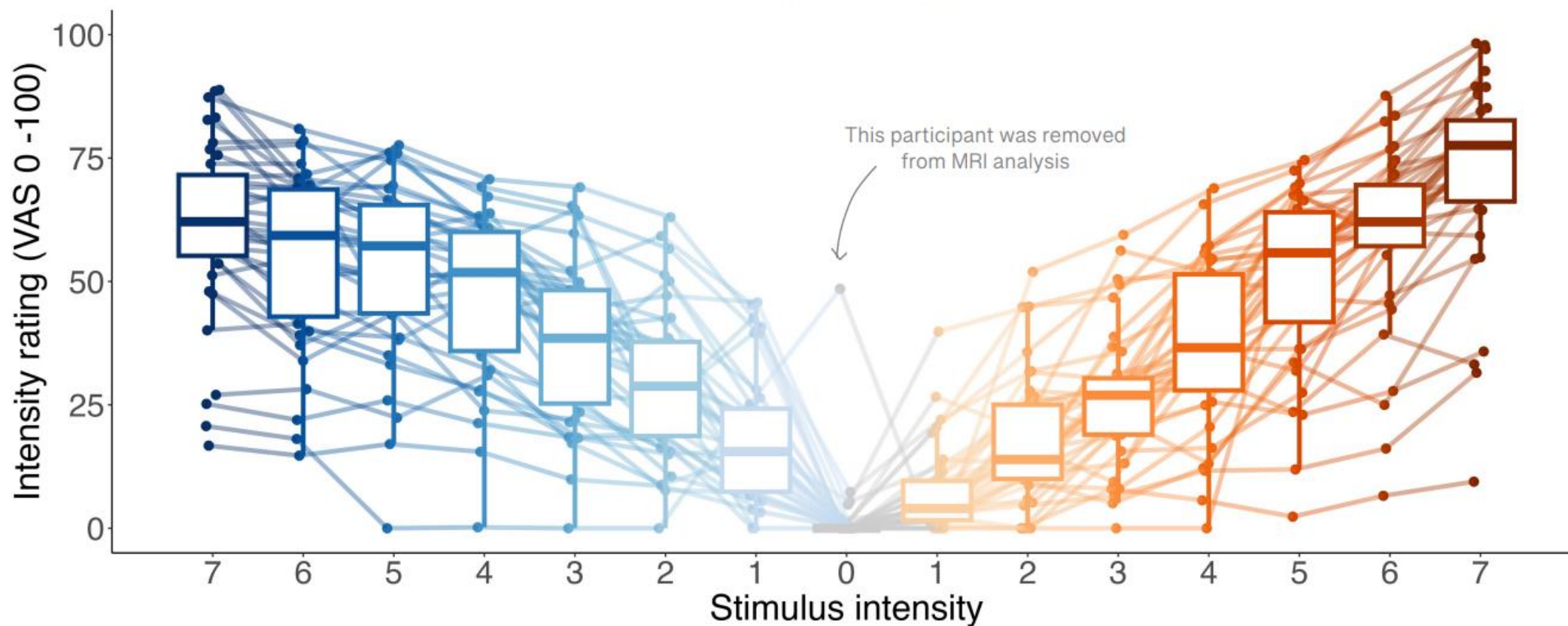
(Stefanics et al., 2014)

(Rao & Ballard, 1999)



# Bottom-up signals

## Intensity Ratings



# Expectations (top-down signals)

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# Expectations (top-down signals)

—



# Experimental manipulation of expectations

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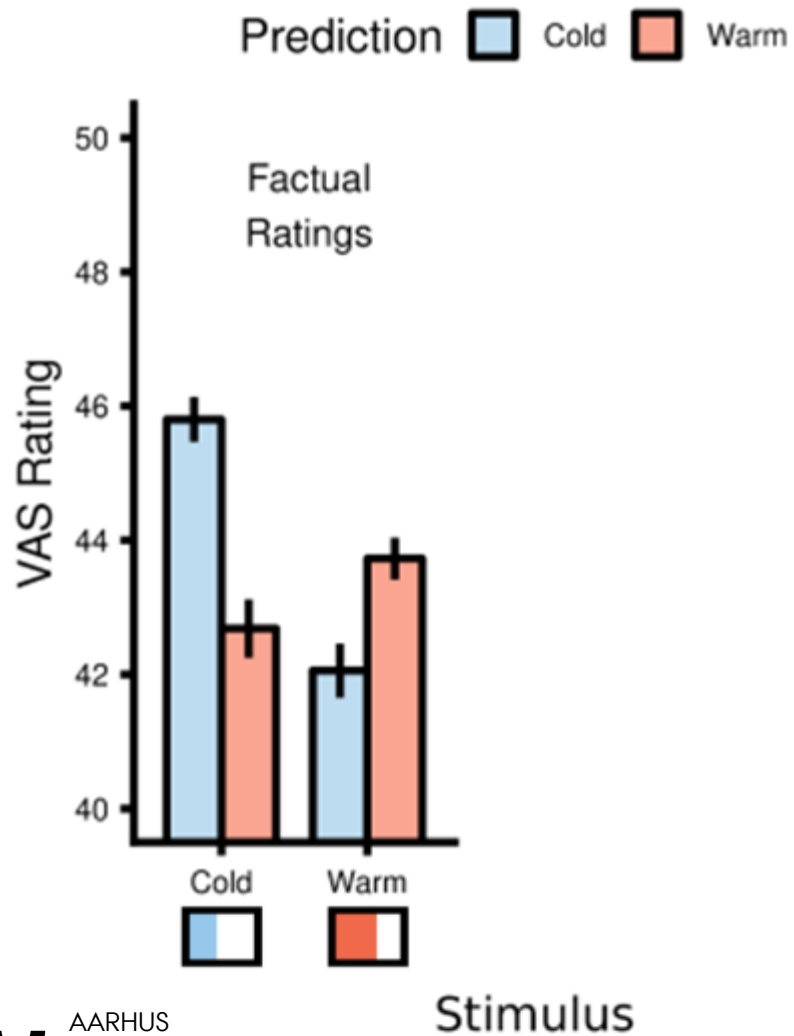
Learning

Conditioning

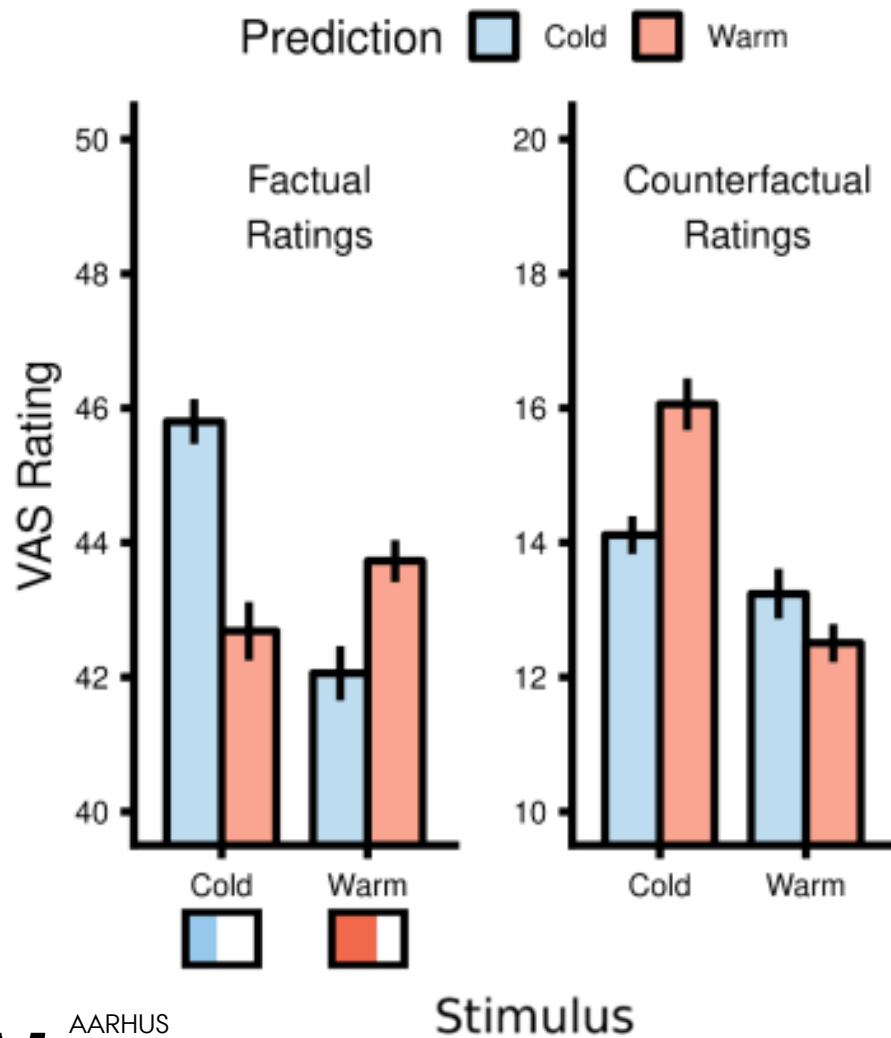
Instructions

Social / cultural cues

# Expectations thermosensation (Ehmsen et al., in prep)

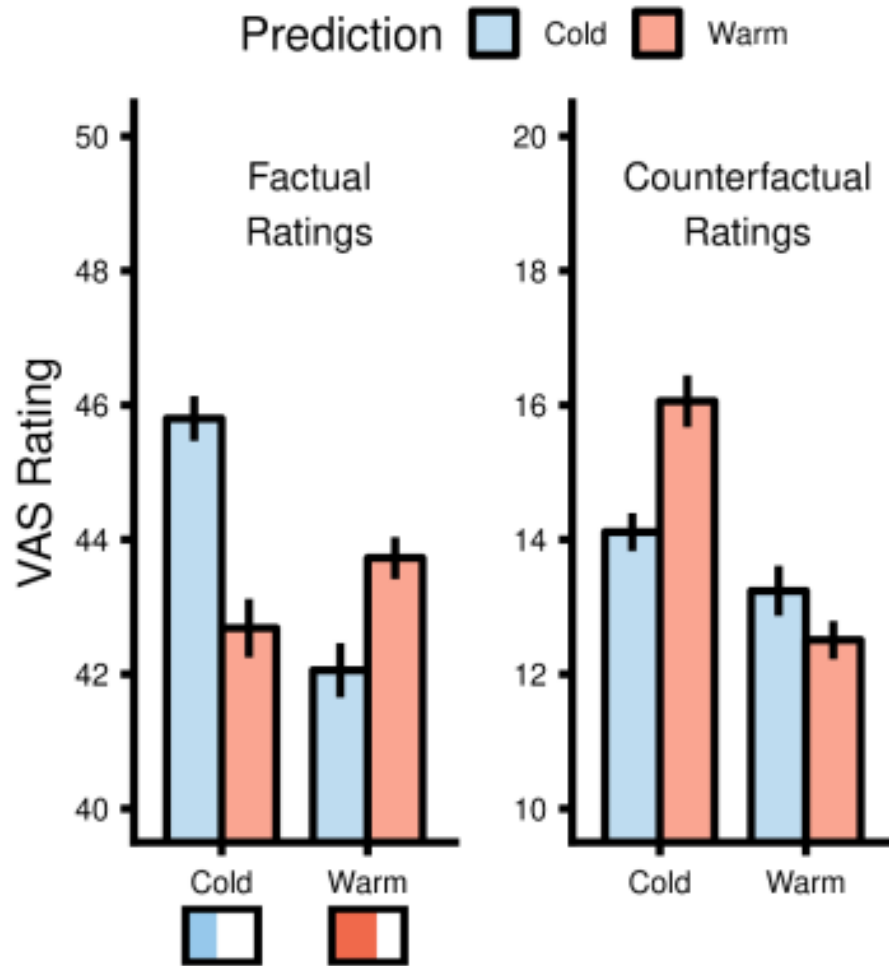


# Expectations thermosensation (Ehmsen et al., in prep)

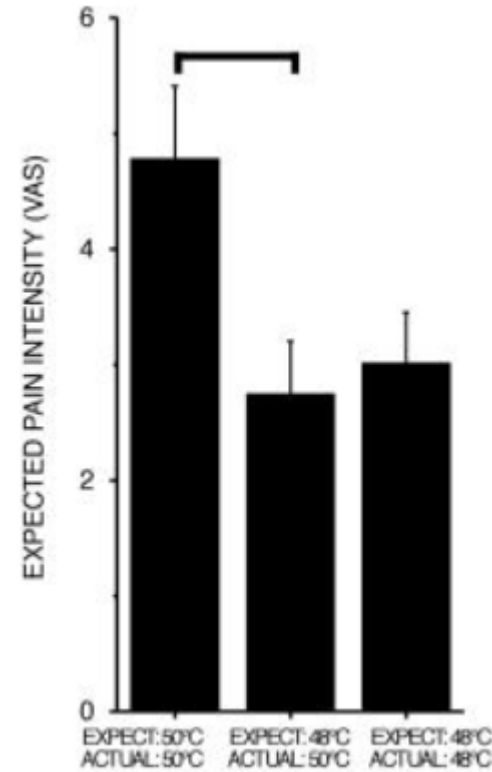


# Expectations thermosensation

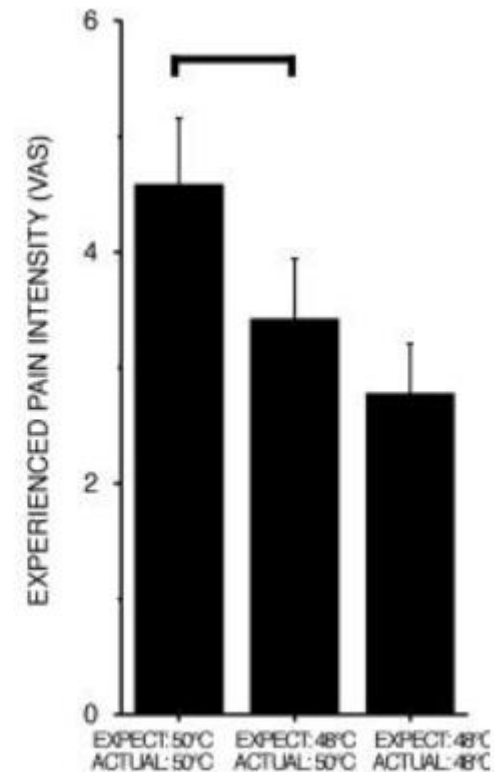
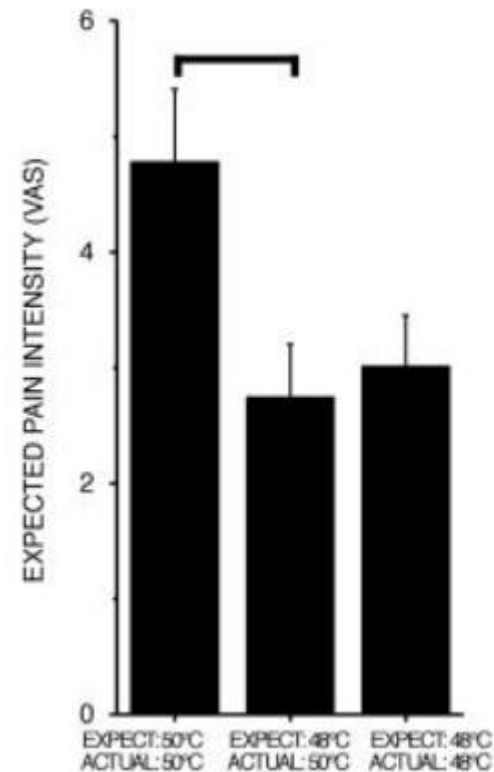
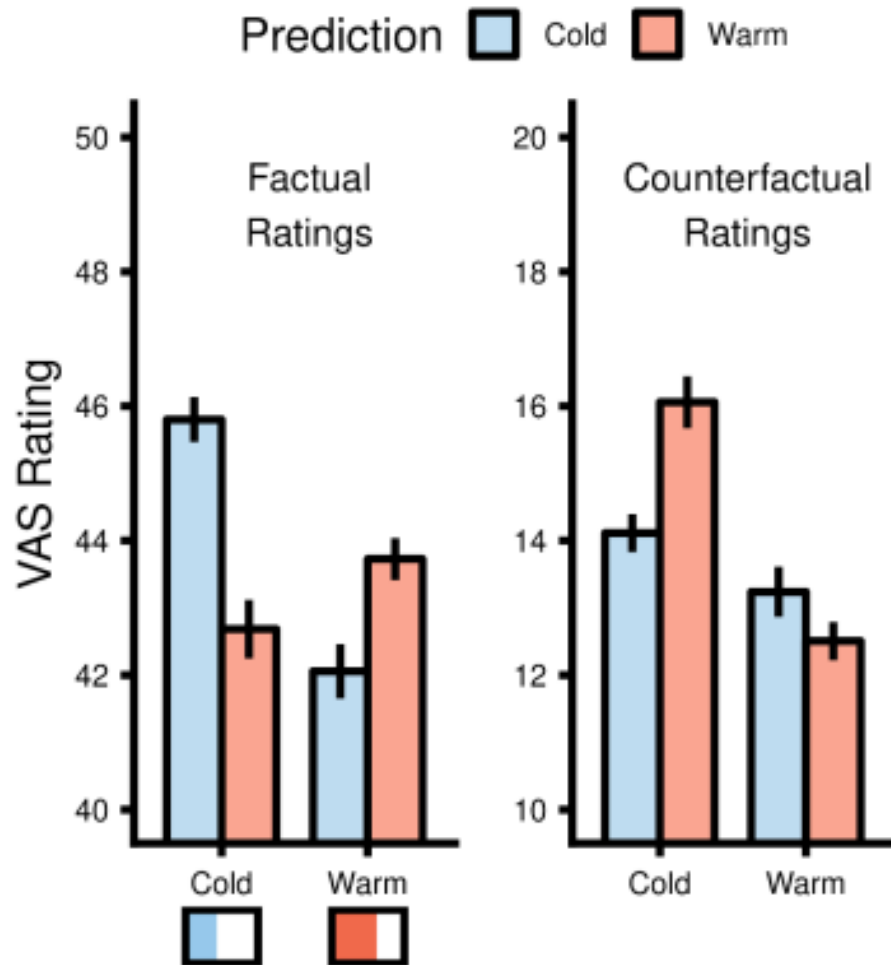
(Koyama et al., 2005)



Stimulus

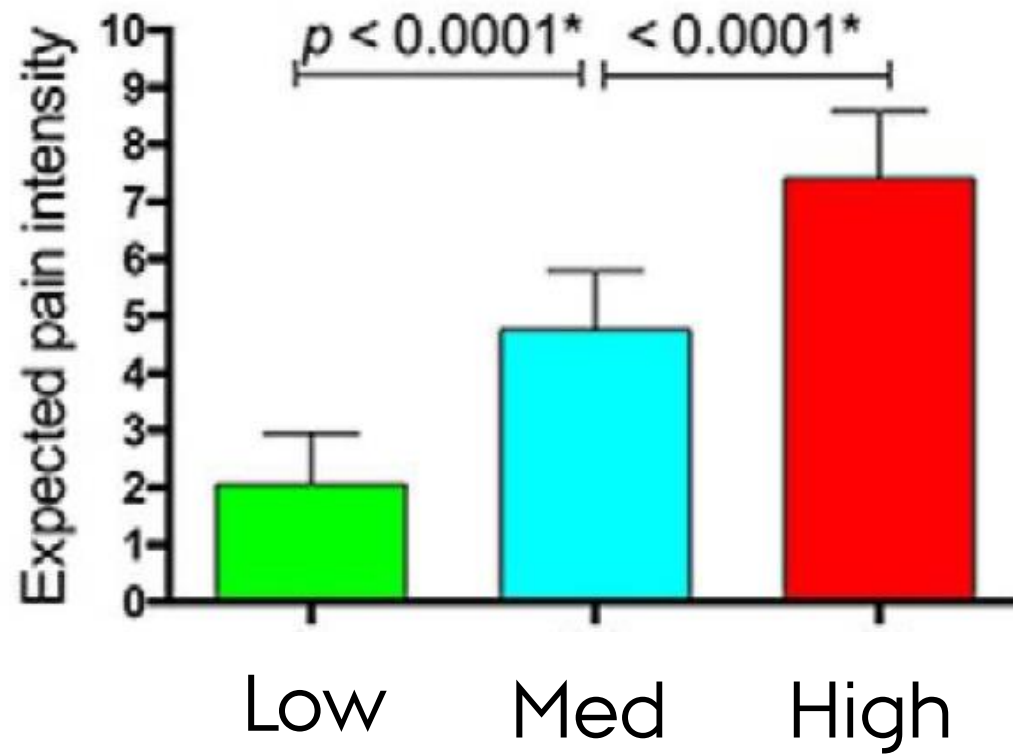


# Expectations thermosensation (Koyama et al., 2005)



# Expectations on pain

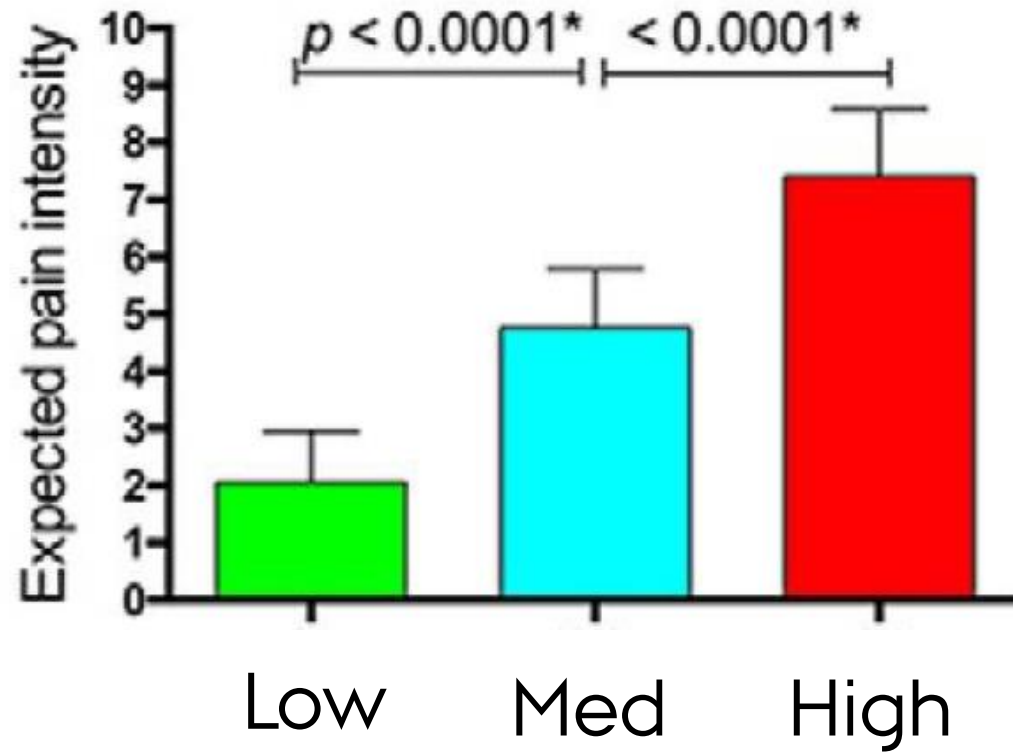
(Shih et al., 2019)



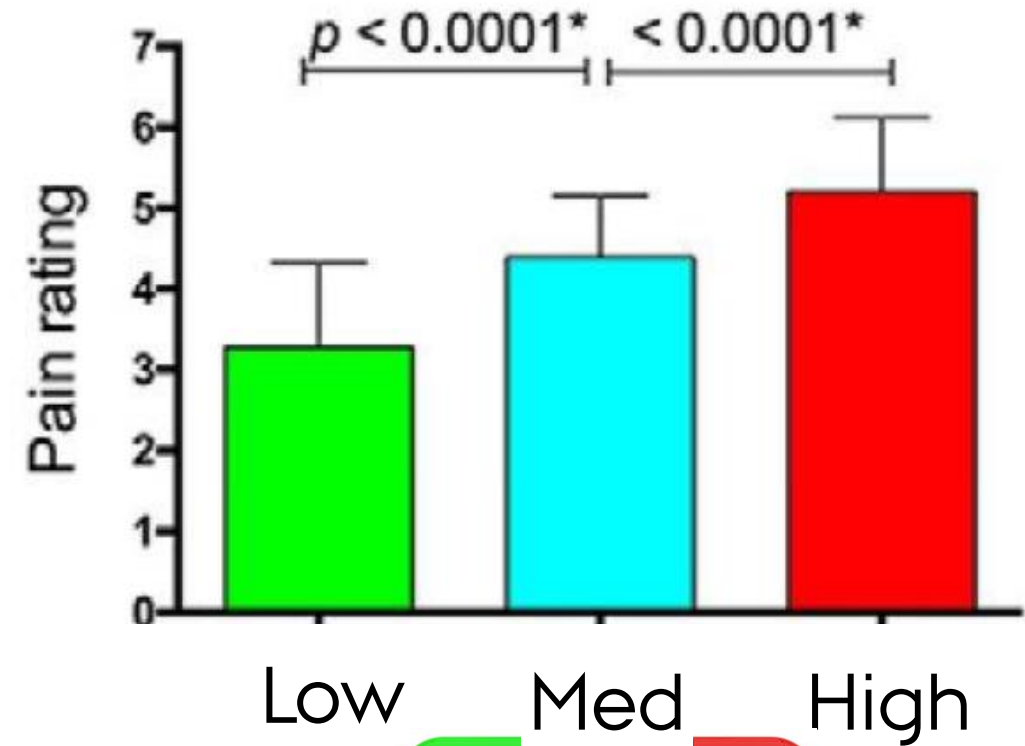
Expectations

# Expectations on pain

(Shih et al., 2019)



Expectations



Expectations



# Relevance

(Sterzer et al., 2018)

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Chronic pain

Psychosis

Schizophrenia

hallucinations

# Relevance

(Tegner et al., 2018)

Quality Assessment						No. Patients		Effect (95% CI)	Quality
No of Studies	Study Design	Risk of Bias	Inconsistency	Indirectness	Imprecision	Neurophysiological Pain Education			
Pain (follow-up: median 4 wk) Pain measured on a VAS scale from 0-10 (10 worst) (5 studies)	Randomized trials	Serious*†	Not serious	Not serious	Not serious	106/212 (50.0%)	WMD -1.03 (-1.52 to -0.55)	⊕⊕⊕○	Moderate
Pain (follow-up: median 3 mo) Pain measured on a VAS scale from 0-10 (10 worst) (3 studies)	Randomized trials	Serious‡§	Not serious	Not serious	Serious	62/116 (53.4%)	WMD -1.09 (-2.17 to 0.00)	⊕⊕○○	Low
Disability (follow-up: median 4 wk) Disability measured on various different scales and transformed to NRS scale from 0-10 (10 worst) (6 studies)	Randomized trials	Serious*†	Not serious	Not serious	Serious	127/253 (50.2%)	WMD -1.00 (-1.72 to -0.29)	⊕⊕○○	Low
Disability (follow-up: median 3 mo) Disability measured on various different scales and transformed to NRS scale from 0-10 (10 worst) (4 studies)	Randomized trials	Serious*†	Not serious	Not serious	Serious	90/178 (50.6%)	WMD -0.82 (-1.56 to -0.05)	⊕⊕○○	Low
Behavioral attitude (Tampa Scale of Kinesiophobia) (follow-up: median 4 weeks) Behavioral attitude measured on Tampa Scale of Kinesiophobia (17-68) (68 worst) (3 studies)	Randomized trials	Serious*¶#	Serious**	Not serious	Serious	56/112 (50.0%)	WMD -5.73 (-13.60 to 2.14)	⊕○○○	Very low
Tampa Scale of Kinesiophobia (follow-up: median 3 mo) Behavioral attitude measured on Tampa Scale of Kinesiophobia (17-68) (68 worst) (2 studies)	Randomized trials	Serious *#	Not serious	Not serious	Serious	50/100 (50.0%)	WMD -0.94 (-6.28 to 4.40)	⊕⊕○○	Low

\*Selective reporting bias; no registered protocol, unclear in choice of reported results.

†Concealment bias: explanation of the concealment missing.

‡No blinding of outcome assessors.

§Other sources of bias: baseline difference between groups.

||Wide 95% CI.

¶Other sources of bias: high dropout.

#No blinding of assessor.

\*\*High heterogeneity.

CI indicates confidence interval; VAS, Visual Analog Scale; WMD, weighted mean difference.

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