

Recognition is the key to treating chronic pain

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By Eileen Beal

Pain, per se, isn't bad for you. It's a warning sign that something is wrong and needs to be taken care of immediately, explained Dr. Thomas Chelimsky, associate professor of neurology at Case Medical School and Director of Autonomic Disorders at University Hospitals.

When you take care of the problem—cut jogging from 5 to 2 miles a day, get the aching tooth filled, stop eating certain foods—the pain usually goes away, he added.

However, if pain—from joint stress, a “cured” disease, a medical procedure—lingers for longer than a couple of months, or comes and goes intermittently, or escalates, it's become chronic pain.

Chronic pain is the nation's leading disabler.

Scientists don't fully understand what turns normal (i.e. time-limited) pain into chronic pain. They speculate that it could be ongoing tissue and nerve damage (as is the case with most joint pain) or that it could be due to changes that occur in nerves (after trauma or surgery) that make them more sensitive to pain or cause them to send out false pain messages—or both.

Chronic pain doesn't just hurt, it's often psychologically debilitating, too. That's because it often causes sleep loss, which leads to other problems. “When you are exhausted and depressed and anxious and irritable the pain feeds on itself and you hurt even more,” said Dr. David Sfeir, Director of Pain Management at Southwest General Hospital. And, because genetic predisposition, personality type, gender, hormone levels, lifestyle, and age all play a role in how people perceive pain, chronic pain is a very individual condition. “Everyone,” stressed Dr. Sfeir, “experiences it differently.”

Diagnosis

Since people experience chronic pain differently, those with the same condition may seek treatment from different specialists and respond to treatments differently. For instance, one person with lower back pain might seek treatment from a surgeon, another might try weight loss and yoga—and both might get better.

To diagnose chronic pain, physicians do a medical history and complete physical exam, including X-rays and blood and urine tests. Often they do a neurological exam and a CAT/MRI scan, too.

And they listen to the patient. “If someone tells me they are in pain...they are in pain,” says Dr. Michael Knight, Medical Director at Menorah Park Center for Senior Living, where about 80% of residents are dealing with chronic pain.

Treatment

Treatment for chronic pain depends on the level of pain being experienced when help is sought. Unfortunately, most older people tend to seek treatment when it's at the moderate or severe level—and more difficult to treat.

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In general, treatment begins with over-the-counter or prescription medications, such as aspirin; non-steroidal anti-inflammatory drugs (NSAIDs), such as Motrin, Celebrex or Vioxx; bed rest; heat or cold packs; and/or physical therapy.

If that doesn't work, antidepressants and/or long-acting narcotic-based medications, such as OxyContin are prescribed. Sometimes these medications are prescribed in conjunction with minimally-invasive procedures, such as acupuncture, and/or attendance at a support group (see below). "In support groups you don't just get information, you share feelings and fears, too, and realize you are not alone. That," explained Mary Ann Caston, Director of Community and In-home Services at Benjamin Rose, "is very reassuring."

If pain is still not brought to an acceptable level, steroid injections or procedures that numb, block, or dull the signals being sent to the brain can be used.

If these procedures can't bring chronic pain to an acceptable level, invasive techniques, such as spinal cord implants or surgery to sever the nerves causing the pain may be used.

Surgical interventions are appropriate, but only when all else has failed, said both Dr. Chelimsky and Dr. Knight.

Sources and Resources

Books:

Human Services Directory (self-help/support group section), Federation for Community Planning
Living a Healthy Life With Chronic Conditions, Kate Loring, RN, Ph.D., et al
Managing Pain Before it Manages You, Margaret Caudhill, MD, Ph.D.
Mayo Clinic On Chronic Pain, Jeffrey Rome
Merck Manual of Health & Aging, Mark H. Beers, MD, ed.
The Pain Relief Handbook: Self-help methods for mastering pain, Chris Wells, MD
The Truth About Chronic Pain, Arthur Rosenfeld
The War on Pain, Dr. Scott Fishman

Websites:

American Chronic Pain Association	www.theacpa.org
American Pain Foundation	www.painfoundation.org
American Pain Society	www.ampainsoc.org
National Chronic Pain Outreach Association	www.chronicpain.org
National Foundation for the Treatment of Pain	www.paincare.org