

# Techniques for Treating Chronic Pain

## DETOXIFICATION

Patients accustomed to taking large doses of opioids or sedative-hypnotics can be placed on a simplified regimen of long-acting preparations such as methadone. The dose of medication is slowly reduced, as other methods of pain therapy are gradually introduced, and pain is controlled.

## USE OF NONADDICTIVE MEDICATIONS

Nonsteroidal anti-inflammatory drugs or antidepressants can provide good analgesia for some pain syndromes. Antidepressants improve mood and sleep and are particularly helpful in relieving pain caused by nerves, such as in migraine, tension headache, and neuropathies.

## USE OF ANTIEPILEPTIC MEDICATIONS

Some epilepsy drugs such as carbamazepine (Tegretol), gabapentin (Neurontin) and pregabalin (Lyrica) are helpful in relieving pain in specific pain syndromes, where nerves are damaged. One of many examples is in trigeminal neuralgia, also known as *tic douloureux*.

## SURGERY

Although most chronic nerve pains do not respond to surgery, many patients with nerve pain not controlled by medication have gained relief from surgical procedures.

Nerves can be destroyed using a variety of techniques, from cryotherapy, radiofrequency waves, heat, x-rays, freezing (cryotherapy) or injection of caustic substances. Destroying nerves can have serious drawbacks however, such as chronic "phantom" pain syndrome. The nerve can even grow back in some instances and the pain return even more severely.

Another approach is called microvascular decompression. Surgeons can find entrapped nerves and free them from whatever has been compressing them, thus helping the nerve to heal itself.

Last, electrical wires can be placed on the damaged nerve itself, or on the spinal cord. These wires provide a small electrical charge, which can effectively block pain.

## **TENS AND ACUPUNCTURE**

TENS (transcutaneous electrical nerve stimulation) may be helpful in relieving chronic musculoskeletal pain. The TENS device can be worn by the patient and turned on and off as needed. Both traditional (manual) acupuncture and electrically augmented acupuncture are also used in some pain clinics. TENS and acupuncture are not effective in every patient, and only a trial experience will tell which patients will benefit.

## **NERVE BLOCKS**

Although nerve blocks are useful in relieving acute pain, they are of limited use in treating chronic pain. Local nerve blocks can produce short-term pain relief, however; by temporarily stopping the transmission of pain signals.

Permanent nerve blocks, such as neurolytic blocks, frequently fail to relieve chronic pain syndromes, and pain often recurs within a year's time. The solutions that are injected into a patient's nerve actually destroy part of the "messenger system." This usually leaves the patient numb in that area. However, pain may return if the pain pathway reestablishes itself or if the damaged stump of nerve begins to transmit its own pain signals.

## **PHYSICAL THERAPY**

Physical therapy is of prime importance in the treatment of many pain syndromes. Physical therapy can identify biomechanical factors that cause or perpetuate pain, stretch and strengthen muscles and restore range of motion, gradually reintroduce the patient to physical activity, and educate the patient about correct posture and body mechanics to prevent re-injury.

## **PSYCHOLOGICAL TECHNIQUES**

Psychological techniques are often used to improve outcomes in the treatment of chronic pain. These techniques include hypnosis to promote dissociation from pain, biofeedback and relaxation techniques to reduce spasm, coping skills to help deal with pain and anxiety, and identification and reduction of "pain behaviors" and substitution of "well behaviors" through a program of behavior modification. Whenever possible, the patient's family and friends should be included in this aspect of rehabilitation.

For more information on pain techniques, make an appointment with Newport Pain Management at 949 759-8400 or go to <http://www.newportpain.com>