

Managing Chronic Pain

Acute pain hurts. It is supposed to. The word pain originates from the Greek “poine”, which translates as punishment. Who could disagree that pain seems wholly synonymous with punishment. The comprehensive pain system in the body is called nociception. Nociception integrates the peripheral nervous system, those nerve endings in throughout our body, with the central nervous system, our spinal column and brain. The sensation of acute pain and the tolerance of acute pain varies from individual to individual. The analgesics, medicines designed to manage acute pain are highly effective and readily available. Acute pain, while an unpleasant accompaniment to injury or disease, offers to the clinician a clear target for intervention and relief.

Chronic pain, however presents a greater challenge. Chronic pain could be understood as the sensory experience of pain with the addition of suffering. The suffering that is caused by chronic pain extends to emotional and affective experience, to distortions of thought and decision making and to the adoption of pain related behaviors. Chronic pain moves beyond the sensory response of the body to injury to the experience of pain itself.

Chronic pain can be diagnosed if a condition of pain has lasted for three months or more or treatment of acute pain is not resolving. Chronic pain conditions can emerge from just about any injury, disease or medical treatment. Chronic pain is often described as a syndrome, meaning that the effect is not always obvious and observable and the impact goes beyond tissue injury and repair.

Most of us are well acquainted with the chronic pain associated with neck and back injury, degenerative disk disease and sciatica. Cancer patients often suffer from chronic pain. Migraine headaches, irritable bowel syndrome, arthritis and the inflammatory diseases including lupus and fibromyalgia and chronic fatigue syndrome all have associations with persistent pain states. Facial pain is little discussed but often seen in the doctor’s office.

Management of acute pain with appropriate opioids and fast acting hypnotic medicines is a straightforward clinical treatment. However, for the sufferer of chronic pain, no single complete treatment has been devised. The overemphasis upon opioid and morphine derivatives as the central strategy for managing chronic pain has resulted in a sharp increase in addictions. Most recently, the use of heroin has spiked, largely due to patients who became dependent upon prescription drugs and could no longer afford them or have been cut off from their supply because of noncompliance with treatment. Managing chronic pain requires a whole person approach that stressed wellness. Wellness includes appropriate medical interventions and diagnosis, often at a reliable pain treatment centers. Psychological treatment can be just as essential as direct medical treatment for chronic pain. The suffering from chronic pain has deep emotional meanings for the patient. Their entire life style is likely to be altered. The family is affected. Employment can be lost. A sense of purpose and meaning in life can be quickly eroded by only a few months of suffering with chronic pain.

Psychological treatments offer much hope for relief from chronic pain. Understanding the emotional that accompanies chronic pain can help transform a feeling of being trapped and hopeless into acceptance. Cognitive Behavioral therapy has strong empirical support in teaching a patient about the meaning of pain, how to reframe the language of pain and how to learn thinking skills that reinforce personal resources to alter the experience of pain.

Pain behaviors that become habits used to avoid or lessen pain can be debilitating in

their own right. Psychotherapy can be effective at understanding how certain behaviors, such as avoidance or movement restriction contribute to chronic pain and alternative behaviors can be derived.

Hypnosis offers great promise and is highly effective in the treatment of chronic pain. Hypnosis is a skill that can be taught and practiced by the patient in the office for use at home. Mind body interventions that include visualizations, breathing control and mindfulness are all components of a whole body-mind approach to the treatment of chronic pain.

Often overlooked, adequate sleep is correlated with chronic pain. Psychological support in the form of sleep hygiene and progressive muscle relaxation training can make a difference in pain level within a couple of weeks.

Chronic pain is not exclusively a biological process. When the emotion, cognitive and behavioral components of a patient are included in chronic pain treatment, relief will follow.