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Managing Chronic Pain: Not a Quick Fix

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You have a headache, so you reach for the aspirin or maybe the Tylenol. You have a bruise so you use ice to reduce swelling. When you've had surgery, painkillers are prescribed. The pain resulting from these situations may be acute but thankfully, it's usually temporary. Chronic pain, though, goes on for days, months or even years, undermining the sufferer's very quality of life. We know chronic pain is common, yet managing it successfully can be elusive.

Chronic pain is a complex condition, involving the source and history of the pain and how it has been treated, the perception of pain by the individual and the psychological toll it may have taken. If you've experienced chronic pain, you may recognize its nasty sidekicks: lethargy, fatigue, depression or anxiety. But don't ever ignore untreated, persistent pain, because it could be symptomatic of a disease or injury that will only get worse without treatment.

How we address chronic pain is to first diagnose the source, and review its history, treatment, if any, and results. This may be difficult, because pain may have no discernable source, such as the widespread pain of fibromyalgia. Pain, with or without a known source is real, though, and it should be taken seriously.

We find that a multidisciplinary treatment program is the best pain management approach, because it takes into account the whole person, including physiological and psychological aspects of pain. Pain management, after all, is not all about medications. By choosing appropriate medications, complementary therapies, and lifestyle changes, patients engage in their recovery and gain a renewed sense of control of their lives. While a “cure” may not always be possible, managing pain should be.

Common causes of chronic pain include headaches, back pain, arthralgia, cancer pain, post-injury and post-operative pain, and neuropathic pain resulting from nerve injury. Treatment should always be specific to the individual. For example, someone with arthritis may only need occasional over the counter medications, while another is prescribed regular aerobic exercise or physical therapy and prescription anti-inflammatory drugs.

We’ve been conditioned as Americans to look for the quick fix, the magic pill and the black and white answer to a problem, including the resolution of pain. The fact is, while there are situations in which narcotic prescription drugs are appropriate, for the majority of chronic pain cases, there are many other effective and safer therapies, including some exciting new drugs. These therapies usually take more time to work, requiring more patience.

At Hanley Center, we treat many patients recovering from addictions to pain and other medications. Addiction is a brain disease with genetic components, so it is important to talk to your doctor about appropriate, non-narcotic pain medications if you have a family history of substance abuse or addiction, or if you are in recovery. Narcotics can also significantly change a person’s perception of pain, making it much less tolerable. The impulse is to over-medicate. This is not only unsafe; it probably won’t lesson the pain in the long run.

Pain medications

Drugs traditionally used to treat chronic pain are acetaminophens, such as Tylenol, and nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin, ibuprofen and naproxen, such as Aleve (OTC) or Naprosyn (prescription). These drugs inhibit hormones called prostaglandins, which stimulate nerve cells at the site of the injury, causing swelling and infection. Opioids such as morphine and codeine can be very effective for treating severe chronic pain. They block pain by locking onto opioid receptors in the brain. Besides having the potential for addiction, opioids can cause lack of concentration, drowsiness, dizziness and constipation.

Drugs that are newer for treating pain have often been developed to treat other conditions such as seizures or depression. Duloxetine (Cymbalta) is an antidepressant, and is effective in treating diabetic peripheral neuropathy. Neurontin (brand Lyrica) affects chemicals and nerves in the body that cause seizures, and can treat some types of pain, such as post herpetic neuralgia (herpes virus or shingles).

Managing pain with narcotics and other prescription medications and OTC drugs can cause serious side effects and interactions, so keep your doctor informed about all current medications.

The mind/body connection

Why do some people totally recover from injuries and others with similar injuries suffer for years? How a person physiologically responds to pain may determine the development of chronic pain. For example, after the initial trauma of an injury, the body's neurological processes may cause the central nervous system

to create a memory of the pain. Another reason for persistent pain lies in behavior. If the injured person relies solely on medication and doesn't carry through with a prescribed physical therapy and exercise regime, the injury may even become crippling.

There are many powerful methods to managing pain. Some of these include:

Acupuncture, in successful use for 2,500 years

Expressive and creative therapies include art, music, movement, and journaling.

Cognitive behavior therapy and other counseling therapies

Massage

Meditation has the power to relax, focus energy and thoughts, and soothe anxiety

Breathing exercises

Appropriate Exercise is important for almost anyone suffering from chronic pain. Weight bearing exercise is a first line of defense for those with osteopina, the precursor of osteoarthritis. Aqua-aerobics can be therapeutic, even for those who find walking difficult. Yoga can be gentle, strenuous, or highly meditative. Many find Tai Chi and Jin Shin Jitsu healing.

Biofeedback: By using a special electronic machine, the patient learns to become aware of and gain control of muscle tension, heart rate and skin temperature. She then learns to affect changes in her response to pain.

Remember that attitude is key to successfully managing pain, and, "I just don't feel up to it" can prevent an outing that would actually make you feel better. Having a routine, a support system, paying attention to proper nutrition, getting adequate sleep, and not skipping exercise all go a long way in successfully managing pain. Join a walking group. Sign up for a gentle yoga

class. Join the “Y” for aqua aerobics. Make a date for lunch. Get moving and get involved.

Some pain resources:

National Institute of Neurological Disorders and Stroke: www.ninds.gov

American Pain Foundation: www.painfoundation.org

National Foundation for the treatment of Pain: www.paincare.org

American Council for Headache Education: www.achenet.org

American Chronic Pain Association: www.theacpa.org

Arthritis Foundation: www.arthritis.org

National Institute of Dental and Craniofacial Research: www.nidcr.nih.gov