What a Pain!

Managing the Common, Debilitating Problem of Chronic Pain

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THE PAIN STARTS IN MY HUSBAND'S LOWER BACK, THEN IT TRAVELS UP HIS SPINE TO HIS NECK, THEN IT COMES OUT HIS MOUTH AND INTO MY EARS. AND THAT'S WHY I GET THESE HEADACHES.



• THE MYSTERY OF PAIN

- Pain has an element of blank; It cannot recollect When it began, or if there were A day when it was not.
- It has no future but itself, Its infinite realms contain Its past, enlightened to perceive New periods of pain.
- Emily Dickinson (1830-1886)

Pain

- Unpleasant sensory & emotional experience resulting from actual or potential tissue damage.
- Common reason for seeking health care.
- Occurs with many disorders/diseases.
- Subjective response to both physical & psychological stressors

Importance of Pain

Leprosy

 Lacking the protection of pain



Pain Pathways



Pain



- **Question:** Isn't pain a normal part of aging?
- **Answer:** No. It is signal to our body that something is going on and it can be managed.

Definition

• ACUTE PAIN

- Due to an injury, burn, surg
- Lasts a short time
- A warning to the body to se





definition CHRONIC PAIN

- Lasts longer than 3-6 months
- Persists beyond the usual healing time for tissue injury
- Occurs despite attempts to find & treat the cause
- Complex interaction of factors
 - Physical, Psychological, Social, Spiritual
- Causes low self-esteem, depression, anger
- Interferes with daily activities / living

Special Cases

• NEUROPATHIC PAIN

• Due to a direct injury to a nerve.

- Nerves continue to send pain messages to the brain, even though the injury is not there anymore.
- Sharp, "lightning"-like, stabbing, burning, cold, numbness, tingling, weakness.
- Travels along a path from spine to arms/hands or legs/feet

Special cases

• FIBROMYALGIA

- Chronic disorder
- Widespread musculoskeletal pain, fatigue & multiple tender points
- Associated Symptoms: sleep disturbance, depression / anxiety, "foggy mind", irritable bowel syndrome

Chronic Pain Cycle



Chronic Pain Cycle





- Pain Assessment:
 - Often underrated.
 - Involves your doctor taking a good history from the patient.
 - Can affect multiple domains including: sensory, physiological, behavioural, mental well-being

• Definitions:

- Pain Threshold
- Pain Tolerance



" It's my knee, Doctor. It's still giving me problems."

• SENSORY:

- Numeric Rating Scale
- Visual FACES Scal
- Pain Diary



Approach to Chronic F

• Answer: Use a "pain diary" to help explain.

- Where is the pain?
- How often?
- How bad is it (scale from 1 to 10)?
- What the pain feels like (sharp, dull, ache, constant, comes & goes)?
- What makes it better or worse?
- What medications you have taken?



	MEDICATION		PAIN LEVEL/ACTIVITY		SIDE EFFECTS
DAY Date	WHAT Prescribed Medication Dose	WHEN Time Taken	PAIN SCORE Level (1 lowest - 10 highest)	DAILY ACTIVITY	Constipation (C) Nausea (N) Vomiting (V) Other (O)



• PHYSIOLOGICAL:

- Body's automatic responses Heart Rate, Blood Pressure.
- Sweating, clammy skin.
- Nausea, vomiting.
- Shortness of breath / Difficulty breathing.
- Numbness & weakness.
- Increased sensitivity (touch, temperature).

General feeling of being unwell.

BEHAVIOURAL / MENTAL WELL-BEING:

- Mood Changes
 - Low mood, irritability, anxiety
 - Mental fog & confusion due to poor sleep / living with unending pain.
- Sleep Changes
 - Pain can cause insomnia or lack of restful sleep
- Fatigue

Due to poor sleep / lack of sleep & living with daily pain

GOALS

• ACUTE PAIN:

• Eliminate pain

Prevent progression to chronic pain

Goals

• CHRONIC PAIN

- Pain Reduction not elimination
- Improved Function
- Improved Sleep
- Improved Mood
- Reconditioning

Chronic Pain Cycle



Tools of Treatment

- Medications
- Body
- Mind





- Question: What over-the-counter medications are best?
- **Answer:** First, ask your doctor which one is right for you. The medication may have a negative impact on your liver or kidneys or interact with other medications you are taking.

- Non Steroidal Anti-Inflammatories (NSAIDs)
 - Act on the brain & nerves
 - Decrease inflammation
 - Decrease pain
 - Decrease fever
 - CAUTION: Stomach, Kidneys

• Examples: Ibuprofen (Advil, Motrin), Aspirin, Celecoxib

- Acetaminophen
 - Acts on the brain
 - Decreases fever
 - CAUTION: Liver
 - Example: Tylenol



- Muscle Relaxants
 - Act on the brain
 - Decrease muscles spasm
 - CAUTION: Drowsiness, Watch out for combination pills

Prescription

- Anti-Inflammatories
- Anti-Depressants
- Anti-Seizure
- Narcotics/Opioids



- Question: Can I get addicted to pain killers?
- **Answer:** Tylenol & anti-inflammatories do not cause addiction but opioids can. Addiction to opioids is rare in older adults.
- **Question:** Why did my doctor prescribe anti-depressants for my pain? I am not depressed!
- **Answer:** Research has shown some evidence that antidepressants can relieve some types of chronic pain, especially neuropathic pain.

How to take your Pain medications

- 1. As your doctor told you to!
- 2. If you take medications on an as needed basis, take them just when the pain starts
 - If you wait too long, you will be using the medication to catch up to the pain.
 - This is very difficult since the cycle of pain has already begun.
 - Catching pain early is the best way to prevent it from getting bad.

Chronic Pain Cycle



• Exercise





- Massage
- Heat / Cold Therapy
- Hydrotherapy
- Therapeutic Touch

- Occupational Therapy
 - How to pace yourself
 - How to do ordinary tasks differently so you won't hurt yourself
 - How to adapt yourself & your surroundings to your abilities (walkers, banisters, special chairs)

- Physical Therapy
 - Exercises to strengthen important muscles
 - Hands on therapy for pain relief & training of muscle groups
 - Posture correction
 - Advice on fitness & activity management

The Pain Cycle



• Relaxation

• Breathe



Relaxation

- Guided Imagery
 - Relaxation followed by visualization of mental image/peaceful scene
- Mindful Meditation
 - Focus on specific object or on specific process (eg breathing patterns

Mind

- Biofeedback Training
- Behavioural Modification
- Stress management
- Hypnotherapy/Hypnosis

RESOURCES

- Canadian Pain Coalition (<u>www.canadianpaincoalition.ca</u>)
- The British Pain Society (<u>www.britishpainsociety.org</u>)
 - Great patient information

Resources

HILLEL M. FINESTONE, M.D.

The Pain Detective Every Ache Tells a Story

Understanding How Stress and Emotional Hurt Become Chronic Physical Pain