WHAT IS PAIN?

Pain is the body’s way of telling us that something is wrong. If we place our hand too close to a fire, for example, a signal flashes from nerves in the distressed area of the hand to a part of the spinal cord where cells called pain receptors are located. These pain receptors send the signal along different tracks in the spinal cord to the brain, where the message of pain is registered.

Pain evokes emotion. Sudden, short-lived pain can cause anxiety; constant, unrelenting pain can leave us seriously depressed. Because of the emotional aspect of pain, treatment may involve much more than common painkillers, particularly for those in constant distress.

HOW DO YOU TREAT ACUTE PAIN?

Because this type of pain is often the result of a specific trauma or infection, your doctor’s first goal is to eliminate the underlying cause, if at all possible. To relieve the pain while other measures take effect, he or she will draw on a wide array of analgesics, including:

- Aspirin, buffered or plain
- Acetaminophen
- Nonsteroidal anti-inflammatory drugs (NSAIDs)
- Tranquilizers
- Muscle relaxants
- Local anesthetics, applied to the surface or injected
- Opioid analgesics

The choice of analgesics varies according to the severity of the pain and the stage of the healing process. Consider, for example, a fracture. The pain of a fracture results from muscle, nerve, and soft-tissue damage. When the bone is first being set, pain relieving measures vary with the severity of the injury. They can range all the way from general anesthesia to use of a local anesthetic and an opioid analgesic such as meperidine or oxycodone. A muscle relaxant may be used to help stretch muscles and make it easier to set the bone.

As the fracture heals, painkillers containing codeine are gradually replaced by milder pain relievers such as aspirin or NSAIDs. Aspirin usually provides sufficient pain relief for strains and sprains. However, if the strain is chronic and doesn’t respond to local heat application, muscle relaxants may be necessary.

Likewise, the intense pain typically following surgery and childbirth is treated initially with morphine-based analgesics administered intravenously, intramuscularly, or epidurally. These measures may be followed with an intravenous PCA (patient-controlled analgesia) if necessary.

COMMON TYPES OF PAIN

For purposes of treatment, doctors divide pain into the following three basic types:

- **ACUTE PAIN** - usually temporary and often the result of injury. Causes of acute pain range from surgery, fractures, infections, and burns to natural events such as childbirth.
- **CHRONIC PAIN** - pain that persists for more than three to six months and threatens to disrupt the patient’s normal activities. Chronic pain is associated with a wide range of long-lasting and permanent disorders, including:
  - Lower back problems, slipped disks, and sciatica
  - Arthritis, tendinitis, and bursitis
  - Sickle-cell anemia and hemophilia
  - Nerve damage caused by diabetes, kidney failure, and many other problems
- **CANCER PAIN** - can result from the tumor itself or from the surgery, radiation, and chemotherapy used during treatment.

Pain Facts

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analgesia), then oral pain relievers, and finally milder aspirin and acetaminophen compounds.

Treatment for other forms of acute pain varies with the cause. Depending on the severity, pain from burns is treated with anything from aspirin to opioid-based pain relievers. Though pain occurs with most bacterial infections, the first line of treatment is to cure the infection with antibiotics. Analgesics are given only for specific conditions—in the treatment of certain skin infections, for example. The treatment of viral infections ranges from acetaminophen for the head and muscle aches of the flu to codeine compounds for the uncomfortable itching and pain of shingles.

**HOW DO YOU TREAT CHRONIC PAIN?**
A medical specialty known as pain management has emerged in recent years to help people learn to live with chronic pain. Pain management practice employs a wide range of therapies and medications. Non-medication therapies may include:
- exercise
- deep-muscle relaxation training
- massage
- biofeedback
- cognitive therapy for pain control
- transcutaneous electrical nerve stimulation (TENS)
- neural blockade
- steroid therapy
- diet counseling

Because chronic pain usually affects a person’s psychological well-being and his or her relationships, individual, group, and family therapy are also advised in most cases.

The full spectrum of analgesics and muscle relaxants used for acute pain are prescribed for chronic pain. In addition, certain other classes of drugs include:
- antidepressants
- anticonvulsants
- topical analgesics

These have also been found to be effective for some individuals suffering from long-term pain.

**HOW DO YOU TREAT CANCER PAIN?**
To meet the needs of those with chronic cancer pain, doctors are using a variety of advanced techniques. A skin patch can supply a continuous dose of fentanyl for 72 hours. Medications can also be delivered through home intravenous infusion systems or implanted epidural catheters.

Despite all these advances, there’s still no perfect solution for pain. Many of the current medications have side effects ranging from gastric to the potential of addiction. Nevertheless, there’s no denying we now have more ways of providing effective control of pain than could be imagined just a few decades ago.

Adapted with permission from the PDR Family Guide to Prescription Drugs®.

**TIPS TO HELP YOU MANAGE CHRONIC PAIN:**
- Get started on an exercise program.
- Set pain management goals and follow through on them.
- Check your progress.
- Write yourself a contract.
- Plan each day.
- Keep your environment healthful and stay positive.
- Seek and accept support.
- Work as a team with your caregivers.
- Prepare for difficult situations.
- Reward yourself.

**PAIN SCALE**

**FOR MORE INFORMATION:**
TALK TO YOUR PHYSICIAN OR VISIT PAINKNOWLEDGE.ORG

WRITE OR CALL THE FOLLOWING ORGANIZATIONS FOR MORE INFORMATION:

**American Pain Foundation**
201 North Charles Street, Suite 710
Baltimore, MD 21201-4111
Phone: 888-615-PAIN (7246)
Web site: http://www.painfoundation.org

**American Pain Society**
4700 W. Lake Avenue
Glenview, IL 60025
Phone: 847-375-4715
Web Address: http://www.ampainsoc.org