

Don't take pain lying down

Pain has a way of getting our attention. It is an important signal when we have an injury or illness that needs attention. But chronic pain persists even after we've attended to the problem. Chronic pain can be triggered by an injury, an infection, or an illness. Everyone expects a sprain or infection to hurt, but changes in the nervous system can cause pain to persist even after healing. Sometimes the trigger for chronic pain is unknown. This is called idiopathic or psychogenic pain. And sometimes, the injury or illness is ongoing, but the pain is doing more harm than good. Arthritis or fibromyalgia sufferers may be doing everything to care for their illness, yet pain lingers. Scientists have found that in chronic pain, signals continue to fire in the nervous system longer than is beneficial. It appears that the brain can even become sensitized to pay too much attention to pain signals.

Currently, there is a lot of discussion of the use of pain medications called opiates. Sedating medications such as opiates are tightly controlled to prevent abuse. While they are valuable medications, there are side effects and risk of developing a tolerance. And not everyone gets good relief from these medications. Opiates remain an important part of pain relief, but many people want to minimize their need for them.

As scientists learn more about chronic pain, options for managing the pain continue to widen. Treatment of pain can include medication ranging from anti-inflammatory medications to opiate pain relievers. Acupuncture, TENS units, or even surgery are sometimes options for pain management. Physical therapy can provide exercise and activity prescriptions, heat/cold treatments, and ultrasound, which can reduce levels of pain and increase the ability to function.

In addition, there are psychological strategies to help with pain management. Some people receive relief from placebos. This is not because the pain is "all in the head"—it is because placebos are one way of tapping the power of the mind. Pain management can include any of the following strategies.

Coping skills for pain include distraction and self-talk. People actually feel pain less if they become absorbed in an interesting activity. Changing how one talks and thinks about pain can help if the person emphasizes the temporary, limited, and external aspects of suffering. For example, Natasha and Boris both are having serious back pain today. Natasha tells herself, "I hurt all over (global)—it's never going to end (long term), this is my life now because I didn't stay in shape (internal cause, self-blame)." Boris hurts just as much, but tells himself, "This is a bad day (temporary). I know the pain is radiating from my back (limited). It's probably worse today because of the weather (external cause)." Can you guess who has a better day?

Interestingly, thoughts about causes of pain can help or hurt coping. While blaming oneself for pain feels bad, believing there is action to take to help with the pain makes a person feel better. So Natasha starts to feel more hopeful as soon as she goes on the Internet to try to find some new ideas. She learns that "scaling the pain" is a term for rating today's pain on a 1-10 scale. This helps

her remember that there are better and worse days. She shifts focus towards surviving the worse days to thrive on the better days.

Learning about pain management can include education on stress management, because tension and unhappiness are linked in an ugly dance with pain. Pain can cause us to tense our muscles, and muscle tension can increase many types of pain. Also, brain chemicals like endorphins and dopamine can reduce pain, and we create more of these chemicals when we are enjoying ourselves. Biofeedback measures our body state and tells us whether we are tense or relaxed to help us increase our control of our bodies. Biofeedback has a good track record for reducing tension headaches and some other types of pain. Relaxation techniques use a variety of exercises to accomplish the same thing. Certain patterns of breathing, muscle relaxation, or mental imagery can help us change our mood, relax our body and improve our body chemistry. I was convinced of the connection between stress and pain when I learned that antidepressants are sometimes used to manage pain, and that depression increases the level of pain experienced.

Several other strategies for managing pain may use the same biochemical processes for their effectiveness. Exercise can boost endorphin levels, as well as improving our mobility. Social support can improve endorphins, help with relaxation, or serve as a way to get outside ourselves and distract from pain. Skilled massage also appears to trigger helpful physical processes.

For practical purposes, anyone dealing with pain should start with a medical doctor. Diagnosis and treatment start with a medical exam. Doctors also can help with decisions about pain medication and make referrals for physical therapy or other services. Learning and coping don't stop there, though. The American Chronic Pain Association (www.acpa.org) has some great resources on their web site to learn about holistic pain management. Medical resources, such as WebMD or an organization specific to your condition, give specifics about managing each illness. The American Pain Society has links to many specific sites on their web page, www.americanpainsociety.org. Brief counseling may be useful in improving self-talk or reducing anxiety and depression. Support groups can be a source of encouragement as well as information about resources. Not all pain can be eliminated. But there are many options for improving quality of life.

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