

What You Should Know About Pain Relief

Women—coping with menstrual cramps and enduring childbirth—are certainly no strangers to pain. In addition, females are more likely than males to develop certain chronic problems, such as rheumatoid arthritis or interstitial cystitis. Health care professionals now consider pain control so important that many national organizations are publishing statements declaring the evaluation and treatment of this condition as a right for all patients. There is even an entire medical specialty devoted to pain management. The increased focus in this area of treatment may bring much needed relief to the more than 75 million Americans afflicted with pain.

What's Happening When It Hurts?

Pain occurs when special nerve endings in the skin, muscles, joint, and internal organs throughout your body send messages to the spinal cord and brain. Some of these messages are transmitted rapidly to the brain while others travel more slowly. Once a pain message arrives at the brain, it is translated: "Where is the pain?" "How bad is it?" "Is immediate action needed?"

In addition to the nerves, the spinal cord and brain also affect how each individual feels pain. As women who have experienced prepared childbirth know, distractions can make labor hurt less. On the other hand, fear, sleep deprivation, and depression can increase how pain is perceived.

This Patient Handout was prepared by Diane E. Judge, NPN, CNP, using materials from the American Pain Foundation (<http://www.painfoundation.org/>), the Mayo Clinic (www.mayoclinic.com), and the National Institute of Neurologic Disorders and Stroke (<http://www.ninds.nih.gov/>).

Environmental and societal factors also influence how we interpret pain. Some of us learn that it's okay to cry or scream when we're in pain, while others are taught to endure it silently.

There are two types of pain that most of us experience: acute and chronic. Acute pain comes from tissue damage of a specific source, such as an illness, injury, or condition that is temporary and will eventually heal or stop, even if it takes a while. While acute pain has a specific cause, the reasons for chronic pain are less well understood. Scientists think chronic pain is due to activated nerves that keep sending the signal "ouch" even when the condition that originally triggered the message is long gone. Sometimes there is no obvious cause for the chronic pain, such as with fibromyalgia.

Getting Help for Your Pain

Nonprescription pain relievers effectively treat many types of pain, such as headaches, menstrual cramps, muscle aches, and arthritis. When these medications don't work—the sensation is severe, worsening, and/or long lasting,

or if the origin of the persistent problem isn't clear—it's time to see a health care provider. Be upfront and as detailed as possible when discussing this condition with your clinician as to where it hurts, and whether the pain is in one or more places. Describe the discomfort, using a scale of 0 to 10, with 0 meaning no pain at all and 10 representing the worst sensation imaginable. If you've experienced similar pain before, relay what helped and what didn't.

Observing and recording your discomfort level and things that affect it in a pain diary can help you and your health care provider gain control of your discomfort. It can be difficult to provide this information, especially when you are suffering and looking for immediate relief. The more information you can provide, however, the better your clinician can work with you to alleviate your misery.

Treating Acute Pain

Most types of acute pain go away after the cause is gone (e.g., recovering from a broken bone, having an inflamed appendix surgically removed, delivering a baby). While healing is occurring or the source of the problem is resolving, strong and effective medications are available. Pain medications work by a variety of actions. Nonsteroidal anti-inflammatory agents, such as ibuprofen or naproxen, act by decreasing tissue irritation and pain transmission. Others, like narcotics, block pain signals on their way to the brain, or by lowering the ability of the brain and spinal cord to interpret the signals as discomfort. There is good evidence that pain medications works better when you use

them early, rather than waiting for the condition to become unbearable. If you are under medical treatment, it is important that you let your health care provider know how well your relief medication is working.

Treating Chronic, Severe, and Long-Lasting Pain

Chronic pain can be more difficult to treat, but it can be controlled. Whether the source of the problem is known, such as arthritis, fibromyalgia, or cancer, or whether no cause can be found, a variety of drug and nondrug treatments are available. Combining approaches is often more useful than using any one method.

Strong medications like morphine and related drugs may be needed and appropriate to control severe,

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constant, and long-lasting pain. These medications work by changing the way your brain recognizes and notifies you about discomfort. Many women may be concerned about using them, and health care providers may be wary about prescribing them because these drugs can be abused. However, your clinician will discuss the risks, benefits, and safeguards to prevent overuse and abuse of such a prescribed medication.

Neurogenic pain, such as diabetic neuropathy, is caused by damage to nerves. This is often experienced as

an unpleasant burning or stinging sensation. Sometimes a light touch, ordinarily not an unpleasant sensation, feels excruciating to someone with neurogenic pain. Medications for epilepsy and depression have been found to be of some help with neurogenic pain; although no one really knows why these help alleviate the problem, it is believed that they may change the way nerves respond.

Other approaches may be used instead of, or in addition to, medication. Local electrical stimulation with a transcutaneous nerve stimulator (TENS unit) near the pain-causing nerves provides relief for some people. Stimulation with tiny needles implanted in the brain and controlled from outside the body by the patient herself can relieve severe cancer pain. Acupuncture and hypnosis also work for some people, although no one knows exactly how these measures work. Heat or cold, biofeedback, relaxation, therapeutic massage, and meditation are other alternatives used to address pain.

If your regular health care provider cannot offer a range of treatment options, he or she may offer, or you may request, a referral to a specialized pain clinic. In addition to creating a treatment plan specific to your needs, a specialized clinic can offer group support and education for you and your family members. Many university-affiliated hospitals have such facilities.

Money Matters

If you have health insurance, call your insurance company to find out what services are covered and if you need a written referral from your health care provider to see a pain specialist. Some companies pay for "alternative" services such as biofeedback, hypnosis, and massage. If you are not covered by insurance for a particular treatment, find out if the service is available at a local,

Resources

American Pain Foundation

<http://www.painfoundation.org>
Tel: 888-615-PAIN (7246)
410-783-7292

National Foundation for the Treatment of Pain

<http://www.paincare.org>
Tel: 713-862-9332

Office of Communications and Public Liaison

National Institute of Neurological Disorders and Stroke
National Institutes of Health
Bethesda, MD 20892
<http://www.ninds.nih.gov/>

Arthritis Foundation

Tel: 800-283-7800
<http://www.arthritis.org>

publicly funded clinic or hospital. There may be local schools where massage, acupuncture, or biofeedback students will treat you at a low cost or no charge, under the supervision of their instructors. Also, most drug companies have patient assistance programs to provide their drugs at little or no expense to people with low incomes.

Whether or not you have medical insurance, you can also look into participating in research studies on pain. These programs will often provide treatment without charge. The study staff will explain to you in detail what will be involved as well as any possible benefits and harmful outcomes you might experience from the experimental treatment. Be sure you understand what the study entails before signing up.

Remember, you have a right to have your pain taken seriously, evaluated, and treated. Choose to be an active partner with your clinician in selecting the most appropriate treatment option for your discomfort.