About chronic pain

Chronic pain is not in your imagination. Real changes take place in the brain to cause chronic pain. Take a brief look at the causes, diagnosis and treatment of chronic pain.

Acute pain is an uncomfortable sensation, such as a burning stinging or an ache. But it has a purpose. The mug is hot, so you withdraw your hand. Your head hurts, so you rest. A pain that comes on rather suddenly warns you of impending injury or reminds you to take care of yourself. On the other hand, chronic pain has no purpose. Chronic pain could be considered a disease in and of itself.

Pain is considered chronic if it lasts for three months or longer. And, it’s not just about physical discomfort. Often emotional pain, like depression or low self-esteem, goes hand-in-hand with chronic pain. Chronic pain can also trigger:
• Sleep problems
• Disability
• Trouble walking

What’s going on when you have chronic pain?

Nerve signals keep on firing even after the original cause of pain, such as an injury or infection, is healed. Over time, there are permanent changes in the brain and spinal cord where pain signals begin. These changes make new connections between nerves that can create ongoing painful sensations.

What conditions are associated with chronic pain?

Injury, cancer, arthritis. These are commonly linked with chronic pain. Any disease that damages the nervous system, such as diabetes or multiple sclerosis, can cause neurogenic pain. This is a form of chronic pain that is often described as burning or a pins and needles feeling. There is a long list of other conditions that are associated with chronic pain. Some of these are:
• Back pain, which could come from arthritis of the spine or spinal stenosis
• Headaches from migraines, cluster or tension headaches
• Sciatica: nerve pain that results in pain in the buttocks and down a leg
• Fibromyalgia, pain in trigger points located within muscles.

The doctor visit for chronic pain

Be prepared to give details about your pain. Tell your doctor when the pain began, what it feels like, how long it lasts and where it occurs. Point to areas on your body where you have pain. Pain is a unique experience for everyone. Common ways to describe pain may include:
• Sharp or dull
• Burning
• Shooting, as in down an arm or leg
• Pins and needles

Your doctor may do a neurological examination to figure out if there is a problem that starts in the brain or spinal cord. The exam tests muscle strength, reflexes and sensation. But, no single test can measure the intensity of your pain. Diagnosing the cause of chronic pain is a many-stepped process.
Imaging tests including a CT or MRI may be done to look for diseases of the brain, spinal cord or other parts of the body. Your doctor may do electrodiagnostic procedures, such as:

- **Electromyography (EMG).** Thin needles are inserted into a muscle. You contract the muscle and the doctor looks at signals on the EMG machine to determine the muscle’s ability to respond to nerves.
- **Nerve conduction studies.** Adhesive patches with electrodes are placed on the skin. A small electrical impulse is sent to a nerve and you feel a slight shock. Nerve signal speed is then measured. Abnormal results indicate some kind of nerve damage.

### How is chronic pain treated?

Chronic pain is often resistant to a single type of treatment. A combination of medications and therapies often work the best.

- **Drug treatments:**
  - **Pain relievers.** These common stand-bys include aspirin, acetaminophen (Tylenol) and non-steroidal anti-inflammatory drugs or NSAIDs such as ibuprofen or naproxen. But sometimes these pain relievers are not enough to control pain. Aspirin should not be taken by anyone under 20 years of age because of the risk of a serious condition called Reye's syndrome. NSAIDs may not be right for you if you have a history of ulcers or kidney or liver disease or take certain other medicines. Ask your doctor what over-the-counter pain reliever is right for you.
  - **Opioid drugs.** These drugs, such as morphine and codeine, are very strong and can be addicting. If prescribed, they are carefully monitored.
  - **Antidepressants and anti-seizure medication.** Certain types of these drugs are effective against chronic pain.

- **Non-drug treatments include:**
  - **Physical therapy.** This involves physical techniques, such as manipulation and exercise to help restore your ability to move and perform daily functions.
  - **Acupuncture.** This treatment is an ancient Chinese healing technique that uses tiny needles inserted under the skin in precise locations.
  - **Biofeedback.** This is often used for chronic headache and back pain. In biofeedback you become aware of a bodily function, such as heart rate, skin temperature or muscle tension through the use of an electronic device. Then you learn to control how your body responds and translate that response to help control pain.
  - **Chiropractic care.** This is often used for neck or back pain. This is a hands-on approach that uses manipulation to address structural problems that may be contributing to chronic pain.

### What is the goal of treatment?

Treatment may not eliminate chronic pain completely. The goal then may be to alleviate the pain enough so that you can live a normal, productive life.
9 Ways to take back your life: Living well with chronic pain

Chronic pain doesn’t have to take over your life. Here are ways you can take control.

If you think there’s not much you can do to cope with your chronic pain, think again. You may not be able to stop it, but you can take steps to take back your life.

Sometimes, medication and surgeries may not be enough to cure pain. You may feel like chronic pain, pain that hasn’t gone away for months or even years has taken over your life and your personality. It’s little wonder that people with chronic pain often become depressed and anxious. They may dwell on all that they have lost: mobility, freedom and sense of self.

If this is you, it’s time to take control of your life. Here’s how:

1. **Find a doctor you like and are comfortable with.** You should be able to ask your doctor anything, and you should feel confident in your doctor’s abilities and skill.

2. **Put together a health care team.** You are the maestro. This is your life and your body. Only you can judge the severity of your pain and how it is affecting your life. Your team, such as a pain specialist and a primary care doctor, should be working with you and communicating with each other.

3. **Take a step back and look at your life.** How much time do you spend thinking and talking about your pain? What hobbies or activities did you do before your pain developed or got worse? What would you like to be doing? How do you spend your days?

4. **Exercise.** It may seem like the last thing you want to do. You’re in pain, so you don’t want to move much because it might get worse. Look at it this way: If you don’t exercise, you could be hurting your health and may actually make your pain worse. Exercise helps build your immune system, strengthen your heart and lungs and make you stronger. It can even improve your self-esteem and take your mind off your pain. Talk to your doctor first and get advice on the types of exercise that are best for you.

5. **Relax your mind and your body.** Try yoga or deep breathing to help you feel less anxious. Stress can cause your muscles to tense up without you realizing it. That can make your pain worse as well.

6. **Care for your mental health.** Chronic pain can cut deeply into your life. It can lead to loss of relationships with family and friends, loss of employment, loss of quality time, loss of finances and loss of self. These are overwhelming experiences that build slowly over time. Because of these things, you may be more likely to develop clinical depression with hallmark symptoms that can include sleep problems and anxiety. Such symptoms can certainly make your chronic pain feel worse - whether physically or emotionally. Pay attention to what your body and mind are telling you. If you think you may be depressed, talk to your doctor right away. By getting treated, you will be able to cope better and take better care of yourself.

7. **Identify your feelings of helplessness.** How much do you depend on others to help you? How do you view your pain? How much does it affect your life? How can you assert more independence? How does your chronic pain affect your family and friends? Does it take away from their lives as well? Therapy can help you and your family identify feelings and behaviors. It may even help you build bridges over many obstacles to your happiness.

8. **Change your behavior.** Your bad habits may take away the focus from your pain. In the long run, though, they are hurting your health: not getting enough sleep, choosing unhealthy foods that are high in fat and calories, smoking, using recreational drugs, not exercising and drinking too much alcohol. Remember, these are bad coping devices, not treatments to cure or relieve your pain. Look at your daily behaviors. Choose carrots over candy. Focus on lightening up a meal. Find healthy ways to relieve stress. Make changes slowly. It may take many months for your changes to take hold. So be patient.

9. **Join a support group.** Pain is a very unique experience. It can also be very isolating and lonely. Talking with others who also feel chronic pain will give you an outlet and add to your support system.
7 Tips for talking to your doctor about pain

Be your own pain advocate. Here are seven tips for talking to your doctor about pain.

By Louis Neipris, M.D., Staff Writer, myOptumHealth

Make the most of the time you spend with your doctor to get the care you need. Be your own pain expert to get the most out of your office visit.

Here are seven tips to help you effectively talk about your painful condition. Being accurate and specific about your pain will help you get the best diagnosis and treatment. These tips are helpful if you have fibromyalgia, arthritis or other chronic pain conditions:

1. **Choose your words to describe pain.** Here are some examples:
   - Sharp
   - Stabbing
   - Tugging
   - Burning
   - Tender
   - Stiff
   - Dull
   - Deep pain
   - Achy
   - Pressure

2. **Rate your pain on a scale of 0 to 10, with 0 being no pain at all and 10 being the worst pain ever.**

3. **Tell your doctor when the pain is at its worst:**
   - In the morning when you wake up
   - During the day after activity
   - In the evening before you go to sleep
   - At night (interfering with sleep)

4. **Describe other symptoms beside the pain.**
   - Flu-like symptoms: tired, achy feeling all over the body
   - Nodules on your hands or elsewhere
   - Rashes

5. **Describe the location of pain.**
   Be very specific. Point to a specific location or more than one area on your body. Keep track of pain by marking an “x” on a simple outline drawing of the body. Take the picture with you to the doctor as a visual reminder.

6. **Describe how your symptoms limit your daily activities.**
   Here is a scale from 0 to 4, with a description of each number.
   - 0. You have pain, but you are fully active. The pain does not limit your activity.
   - 1. You can do light work or sedentary work (office work) but can’t do anything strenuous.
   - 2. You can walk around and take care of yourself, but can’t do any work activities or strenuous activity.
   - 3. Your pain is starting to limit your ability to take care of yourself. You need some help with even the most basic things like dressing, bathing or cooking.
   - 4. You are completely disabled. You need help to take care of your basic needs.

7. **Keep a pain log.**
   Track your pain for a few days before seeing your doctor. In the pain log, keep track of items 1 through 6. Also, note what medications, both prescription and over-the-counter, you took to relieve the pain and whether they helped. Include any herbal preparations. Also note any complementary treatments, like a massage, a warm bath or meditation. And note if these provided any relief.
Fibromyalgia: Coping with chronic pain

Fibromyalgia may never go away completely, but treatment and good self-care can reduce the symptoms.

Fibromyalgia is a chronic illness that may cause aches, pains and extreme fatigue. The symptoms are similar to those caused by arthritis, but unlike arthritis, it doesn’t cause damage to the joints and muscles.

Anyone can get fibromyalgia, but those most commonly affected are:

- Women in their 20s and 30s
- People who have a disease that affects the joints, such as rheumatoid arthritis, lupus or ankylosing spondylitis

Fibromyalgia tends to get worse at times and better at others. It may never go away completely, but you can feel better with treatment.

What causes it?

Doctors aren’t sure what causes fibromyalgia, but they think it’s related to a problem with how the body processes pain signals. Studies have found that people with fibromyalgia may have abnormal levels of a chemical called substance P in their spinal fluid. Substance P helps carry pain signals to and from the brain. Having too much of it may cause the body to overreact to pain signals.

Fibromyalgia is often brought on by an injury, an infection or stress. It seems to run in families, so the tendency to get it may be at least partly inherited (genetic).

What are the symptoms?

The most common symptoms of fibromyalgia are:

- **Tenderness.** One of the key features of fibromyalgia is the presence of specific “tender points” on the neck, shoulders, arms, legs, back and hips. Even light pressure on these points may be painful.

- **Pain.** The pain is widespread and affects different parts of your body at different times. Your muscles and joints may throb, ache or burn. You may feel stiff when you wake up in the morning.

- **Fatigue.** You may feel so exhausted that you have trouble getting through the day.

- **Sleep problems.** You may have trouble getting enough deep, restorative sleep.

Fibromyalgia may cause other symptoms, too. These include irritable bowel syndrome, headaches, restless legs syndrome, trouble thinking or remembering (sometimes called “fibro fog”), anxiety and depression.

How is it diagnosed?

People sometimes live with the pain and fatigue for some time before they are diagnosed with fibromyalgia. Its symptoms are similar to those of many other conditions and it often occurs along with other diseases. Doctors usually have to rule out these diseases before fibromyalgia can be pinpointed.

Doctors rely on a physical exam and a history of symptoms to diagnose it. You may be diagnosed with fibromyalgia if you have:

- Widespread pain for at least three months and
- Pain or tenderness at 11 out of 18 specific “tender points”

There are no blood tests or x-rays that can diagnose fibromyalgia, but a doctor might do these tests to help rule out another problem that causes similar symptoms.

How is it treated?

Fibromyalgia is a frustrating condition that can be hard to diagnose and treat. Many people benefit from a combination of medical treatment and self-care strategies.

Medicines may help with your symptoms. Medicines that doctors often prescribe include:

- **Pain relievers.** Over-the-counter pain relievers, such as acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) help some people. Others need stronger prescription medicines, such as tramadol (Ultram).

- **Antidepressants,** such as amitriptyline (Elavil, Endep), fluoxetine (Prozac) and venlafaxine (Effexor). These medicines may help with any sleep problems as well as pain and fatigue.

- **Medicine for nerve pain** called pregabalin (Lyrica) or gabapentin (Neurontin).

- **Medicines for specific symptoms,** such as muscle relaxants and headache remedies.
Your doctor may also suggest other treatments, such as therapeutic massage, physical therapy and counseling. A type of counseling called cognitive-behavioral therapy may help you learn ways to cope with your illness.

Good self-care is vital in managing fibromyalgia. To do your best:

- **Get daily exercise.** It may be hard to think of exercising when you have no energy and you hurt all over. But exercise is probably the best thing you can do for yourself. Start slowly and do more as you feel able. Try a 15-minute walk, swim or bike ride, then do some stretching. Over time, exercise can reduce pain and stiffness. Always check with your doctor before you increase your activity.

- **Practice good sleep habits.** Go to bed and get up at the same time every day. Make sure your bedroom is quiet, dark and at a comfortable temperature. Avoid caffeine and alcohol before bedtime. Try not to nap during the day.

- **Find ways to reduce stress.** Look for ways to simplify your schedule. Make some time each day to relax. Try meditation or deep breathing.

- **Learn more about fibromyalgia.** Organizations such as the National Fibromyalgia Association have lots of information. Sharing what you learn with family, friends and coworkers can help them understand more about your illness.