

# Source Lines



## So, where does it hurt?

With some very rare exceptions, physical pain is a universal experience. Generally, it is something that none of us look forward to. However, pain has its uses, i.e. warning us of actual or potential physical injury.

"Useful" or "helpful" pain is the kind of pain that warns us that we need to take some kind of action to minimize or avoid injury. For example, pain warns us to remove our hand from a hot stove top or to protect a joint or a limb if we have injured it. This is "useful" pain as it helps us protect ourselves. Pain specialists would call this kind of pain "acute pain" (that is, short term) and it is generally fairly easy to treat with painkillers and the appropriate steps to reduce tissue injury and promote healing.

Unfortunately, not all pain serves a useful purpose and chronic pain can be very disabling and depressing.

Some kinds of problems create ongoing pain and in some situations acute pain can become "chronic" (that is, long term). An example of the first might be cancer pain where the cancer cannot be completely removed or cured and an example of the latter would be many cases of lower back pain, where the original injury may appear to have healed but the pain continues. In these cases, the pain has little or no ongoing protective value.

## The Effects of Chronic Pain

The most obvious effect of chronic pain is that it causes distress but it also tends to reduce a person's activity and general function. For example, it may stop a person from taking part in physical activities of their normal daily living at home and at work. It can also interfere with concentration and make people irritable. Because pain and mood are closely related, pain can lead to full-blown depression. As we might expect, reducing the pain can improve depression; more surprisingly, treating the depression can improve the pain.

## Pain Management

Once pain has told us to stop doing whatever may have been causing us harm, it has served its purpose. There is no benefit to pain for its own sake and it is reasonable to get help for it rather than feeling that there is merit in "toughing it out".

Ideally, pain would be completely eliminated with treatment but in reality this is often not possible. Therefore specialists in the field talk about "pain management", by which they mean reducing the pain level as far as possible and helping the person regain function and reduce the extent to which the pain interferes with their life.

A way to think about the management of pain is to divide it into the "three P's" of pain

management:

**Pharmacology**, meaning the use of medications such as painkillers to reduce the level of pain as much as possible.

**Physical methods**, meaning the use of treatments such as heat, cold, physiotherapy, massage, exercise, etc..

**Psychological methods**, meaning the use of techniques such as relaxation training, meditation, hypnotherapy and cognitive behavioural therapy.

**Painkilling medications** range from "simple analgesics" that can be bought over the counter in a drugstore up to stronger analgesics which have to be prescribed by a doctor. For people who experience chronic pain it is more effective to take smaller doses of any painkiller regularly than to take larger doses whenever the pain gets bad. This is because regular use of the medication controls the level of the pain so one does not need larger doses to overcome the pain when it becomes severe.

**Physical methods** of pain control range from simple techniques such as using an ice pack or a heating pad through exercises and stretches that can be taught by a physiotherapist, massage therapist or chiropractor etc., up to techniques that require special equipment such as TENS, a form of mild electrical stimulation to painful areas. Massage and acupuncture have been shown to be effective in relieving certain kinds of pain. Exercise reduces pain due to the release of natural painkillers called "endorphins" and it also strengthens muscles that protect joints, etc.

The use of **psychological methods** does not mean

that the pain is not believed to be "real" or that the pain is "all in the head". (In fact, all pain is "in the head" as this is where all pain messages from our nerves end up!) However, pain very much affects the way we feel and the way we feel very much affects how we experience pain. For example, soldiers who receive battlefield injuries which are sufficiently severe to mean evacuation from the battlefield but which they do not perceive as life-threatening require less morphine than soldiers with injuries they believe to be life-threatening. As noted above, pain and depression are closely related, so treating either one can help the other. Most people with chronic pain feel that pain has taken over their lives and learning ways to take back control from the pain is very helpful.

### How to get help

The place to start is your family doctor and she or he may well be able to provide the help you need. If more help is needed, often the best place to get help with chronic pain is at a specialist **pain clinic** where different professionals all contribute to pain management. Pain clinics usually employ specialists in the "Three Ps" or know experts in these areas who work with them.

In summary, pain can be useful in the short term but is much less useful (and often downright harmful) in the long term. While health professionals cannot always eliminate the pain, they can nearly always help you find ways to reduce the level of pain and reduce the impact it has on your life. There are no medals for "toughing it out" without seeking help.