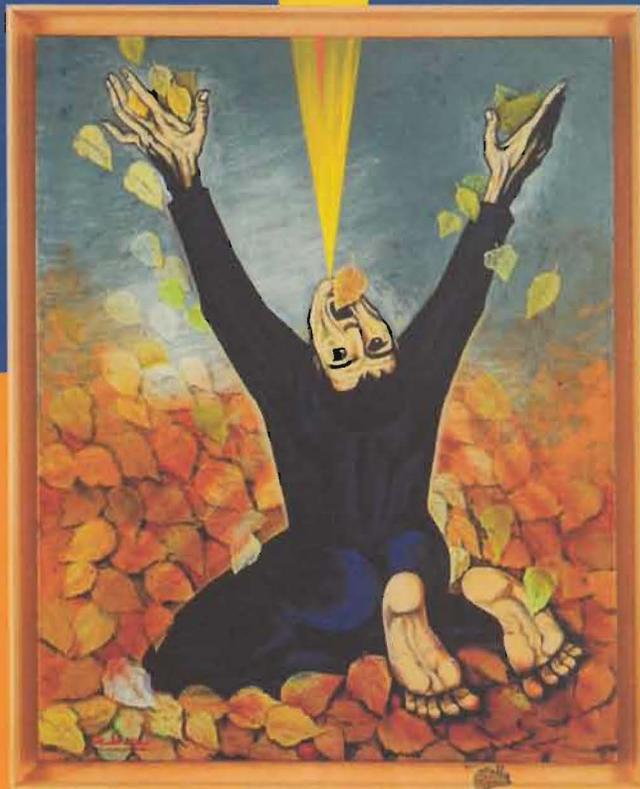


"Don't Suffer in Silence"



**INFORMATION ON
CHRONIC PAIN FOR PATIENTS**



Compiled for EFIC by:
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About the Artist:

Baruch Elron: "Don't Suffer in Silence"

Baruch Elron is a well-known figure in the art scene in Israel. He recently underwent amputation of a leg and knows chronic pain personally. In this painting, titled "Sharp Pain", Elron uses autumn colours to express defoliation of body and spirit due to unremitting phantom limb pain, with the scream helping him to share his suffering with his surroundings. The painting was selected from among 250 submissions at a competition jointly sponsored by the Israeli pharmaceutical company Rafa Laboratories Ltd. and the Israel Pain Association at its annual meeting in Haifa 11/2000. The piece has become well known amongst researchers, physicians and other caregivers in the field of pain as well as the public at large since it was selected by the European Federation of IASP Chapters (EFIC) as a central illustration for the 1st European Week Against Pain (Oct. 8- 13, 2001), to express the idea: "Don't Suffer in Silence. The painting also graces the home page of EFIC's web site www.EFIC.org and serves as a banner for EFIC's overall initiative "Europe Against Pain".



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Introduction

This booklet has been written to help you understand the nature of chronic pain and to assist you to find the best advice and treatment. You are not alone in suffering chronic pain. Everybody experiences short term pain from time to time, but there are surprisingly many people, like yourself, who have experienced pain over a long period with little or no relief.

Over the last decade or so there have been many advances in the world of medicine. Unfortunately, there are still no specific 'cures' for many types of chronic pain. We do, however, have several treatments which may offer partial relief (and in some cases complete relief), and certain treatments which are only available from health professionals who have particular skills in the treatment of chronic pain.

Pain is a complex individual experience with sensory, emotional and social aspects. It is important to understand that no two people will experience the same pain in the same way. This is because the messages that pain gives to our brain may not be interpreted by one person in the same way as another person, and because our individual experience of life colours the way we experience and express our pain.

We intend that this short booklet be of some help to you in understanding the nature of your pain problem, and hope that it may aid in your search for a measure of relief.

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Why am I in pain?

This is a question frequently asked by people who suffer pain, and one that is sometimes not so easy to answer. We know that pain is usually a warning from the body that something is wrong. But sometimes the warning system itself fails and issues an alert that is unneeded, or that is out of proportion. Indeed, a pain alarm is sometimes sounded when there is no actual illness or injury at all.

Pain can be friend or foe. The most common cause of pain is when the body detects tissue injury or some sort of disease. For common aches and pains the intensity roughly matches the physical disorder. If the pain is relieved by common pain killers, it is a safe bet that it will go away on its own in a matter of hours or days. If the pain is alarmingly severe, it's a good idea to seek medical help as soon as possible. Some people have recurring pains, like headaches or menstrual cramps, that they have learned to recognize as non-threatening, if unpleasant. When the pain alarm rings loud, especially when you're not sure why, the alarm system is doing its job...take it seriously.

Simple injuries can become inflamed or infected, and this tends to prolong the pain. Deep tissue injuries like a sprained ankle, also tend to last days or weeks rather than hours. Simple pain killers, like aspirin, are usually safe and effective against these pains. However, when taken for weeks at time these medications carry an accumulating risk of serious side effects, particularly stomach and intestinal troubles. Safer alternatives are available, and you should consult your doctor.

The biggest problem is with pains that should go away but don't. There is no specific time after which a short term pain becomes chronic. This depends on the specific condition. A simple rule of thumb is that if the pain has lasted a lot longer than you had expected it to at the outset, then you may have a chronic pain problem.

Chronic pain sometimes means that there is a persistent tissue disorder, such as arthritis. However, sometimes it results from a disorder in the pain alarm system itself. This can happen, for example, if there has been injury to the nerves...like a noisy telephone line. Some medical conditions are frequent causes of nerve pain, sugar diabetes, for example, or shingles. Surgery, particularly in the chest area, or amputation of a body part, may leave you with persistent burning and electric shock-like pain.

The amount of pain that different people have following seemingly identical injuries can vary a great deal. One person may suffer greatly, while another does not even need minor pain relievers. A particularly distressing, yet not uncommon situation, is when a seemingly minor injury, perhaps just a paper cut, leads to severe persistent pain. We do not know for sure why this happens. Some people appear to be predisposed to pain while others seem to be immune. In part these individual differences may reflect upbringing or cultural traditions. However, there are more and more indications that pain response may also be affected by our genes. And we have no control over our genes of course.

There is more to chronic pain than just hurting !

The actual pain we feel is bad enough. But when you live with pain for a long time things can go from bad to worse. Pain frequently limits the ability to work, to enjoy oneself and even to take care of oneself. Many people with chronic pain leave their jobs, adding a financial burden. As time drags on without relief, people tend to turn inward and get depressed. They may appear self-absorbed to family, friends and other carers which only increases loneliness and social isolation. When pain and disability appear to be out of proportion to injury, a frequent event with chronic pain, carers may withdraw, feeling that they are being taken advantage of. What began as a medical problem frequently develops into a problem that engulfs the sufferer and everyone around.

Chronic pain deserves special attention as a disease in its own right

It is quite logical to assume that by repairing the injury that caused our pain, or curing the precipitating disease, the pain will automatically wear off. Spine surgery for the removal of a herniated disc can sometimes resolve back pain problems. However, what if it does not? And what about pain conditions where nothing can be done to fix the problem that caused the pain, or where no problem can be found? In this all-too-common situation treating and eliminating pain takes over as the first goal. But when even this cannot be done, or can only be partly done, there still remain things that can be done to improve the overall quality of life for the person suffering pain..

A few examples of painful conditions where not much can be done about eliminating causes of pain are:

Headaches and migraine

After performing examinations and analysis to exclude the possibility that something terrible is wrong within the skull, all that remains to be done is to treat the pain.

Back pain associated with advancing age

Surgery is rarely advocated and the only remedy is managing the pain.

Arthritic pain

The joints are worn, deformed or inflamed and often cannot be healed. Pain control then becomes the main object of treatment rather than joint repair.

Pain following injury

Whiplash, bone fractures, torn nerves, muscle strain or persistent pain following surgery... the cause of pain may be clear, but much of the time the only real assistance that can be given is to ease the pain.

There are a number of specific diseases which are often associated with pain, for example: *diabetes, blood vessel problems, shingles* and most types of *cancer*. It is becoming increasingly clear that two diseases may lurk in each of these conditions: the parent disease and the disease of chronic pain itself. Many times treatment may bring the parent disease under control, or even cure it completely, while the chronic pain disease just goes on and on. Sometimes both diseases persist for months or years. But it is a mistake to think that if the parent disease cannot be cured, neither can the pain. **Management of the disease chronic pain requires the specialized knowledge of physicians trained in this discipline, just as special expertise may be essential for the successful management of the parent disease.**

Where can I get help and advice?

In the first instance if pain is not relieved by simple pain killers, or persists for much longer than you think it should under the circumstances, you should seek advice from your local family doctor. Your doctor may prescribe medicines or other treatments for further pain relief. If this is not successful he or she may suggest referral to a pain specialist or a pain relief clinic. Pain clinics have been set up over the past few years specifically to meet the needs of people who suffer chronic pain. Here patients meet with health professionals who have a specialist's understanding of the problems encountered by people who experience intense unrelieved pain.

Some pain clinics offer coordinated treatment by a team of health professionals that may include physiotherapists, nurses, counsellors and/or psychologists in addition to medical doctors. This multi-disciplinary approach has evolved because it is increasingly being recognised that chronic pain has a serious effect on many different aspects of the life of the sufferer. In these circumstances a combination of treatments is often the most effective route to improved well-being. Some pain clinics are run single handed by medical doctors. However, even where resources are scarce, the staff will recognise that pain is a complex issue involving physical problems as well as human feelings, and will be able to suggest additional health care providers capable of helping with your treatment.

Sometimes pain clinics run special programmes to help people to get their life back on track, and to help them to live in a more active and productive manner, even if there is no immediate way of resolving the pain itself.

What treatments may be offered to me?

There is a wide variety of treatments available for the control of pain. Some treatments work for some people but not for others. This is because pain is an individual experience.

Medication:

Pain killers range from weak to strong. In addition, you may be prescribed pain medicine according to the specific type of pain you have. For example, pain due to nerve damage frequently has a peculiar shooting, burning or electric shock-like character. This type of pain may respond to drugs which are not effective for other types of pain. Medicines used for conditions such as depression may also be used for the relief of pain. Recourse to these drugs does not mean that your doctor thinks that the pain is "all in your head".

Drugs can be given in many ways, and they sometimes have unwanted side effects. Your pain specialist may want to discuss with you the best way for you. A general rule for pain management using medicines is to prescribe them in established intervals, rather than only after pain has appeared, and in low doses, in order to maintain continuous pain relief with minimal side effects. Follow-up visits to the physician will be dedicated to adjusting the dosage of your medications or to replacing them with others until the most satisfactory results are obtained. In certain pain conditions the only truly effective remedy is opioids. Used appropriately, paying strict attention to the instructions of your pain doctor, these drugs are safe, and pose no danger of uncontrolled addiction.

Injections:

Some drugs have a more pronounced effect if injected close to the site generating the pain or along the course of the nerves that conduct the painful sensation. Sometimes there is a need to leave a plastic tube (catheter) in the area for

followup administration of the medicine. In conditions requiring prolonged pain management, the catheter may be connected to a small pump and the complete device implanted under the skin.

Electrical Stimulation:

Pain sensation in certain areas can be reduced with the use of electrical stimulation. Some stimulation devices work well if applied on the skin. Other more sophisticated devices have their effect when applied more directly to the nervous system, for example, when the stimulation is applied close to the spinal cord or even directly to the brain. Normally these more invasive procedures are performed only if other, simpler methods have failed to relieve the pain.

Additional things that can be done:

There are several painful conditions where an approach involving interruption of the conduction of pain signals along the nervous system might be considered. In general, damage to the nervous system is not recommended. However, sometimes abnormalities such as tumors and deformed joints may cause uncontrolled pain that can be relieved by blocking nerves. There are sophisticated ways to reach the responsible nerve with a needle, guided by fluoroscopy or tomography (X rays), and to perform a temporary or a permanent partial interruption of the pain conduction pathway.

Physiotherapy:

Controlled movement and exercise of painful body parts often helps you to restore function to stiff joints and muscles. Activity and pain control go hand in hand, with combined implications for your mobility and quality of life.

Pain management programmes:

Some pain clinics provide special programmes lasting two to four weeks during which the patient is taught how to cope with his/her pain, and to restore quality of life and activity even if pain itself is not completely relieved. These programmes are more common in the United States, but are also coming to Europe.

Psychological support:

Because pain can have a psychological effect on the lives of people, and affect communication and relationships, you may be offered this type of support as a supplement to medical treatment. Sometimes talking to a professional counsellor or psychologist can help a person to cope better with the negative effect that pain can have on mobility, social life, and relationships. Relaxation or bio-feedback are two examples of methods used by some psychologists to help people cope with pain.

Complementary therapies:

In addition to the accepted medical treatments, there are many other types of treatments aimed at the relief of chronic pain that help some people. For example, chiropractors and osteopaths manipulate joints, and in selective cases people can be helped by them. The same is true of Chinese traditional healing methods such as acupuncture. If you wish to try one of these don't be shy to speak to your pain specialist. He/she will most probably be able to advise on the complementary therapies most suitable for your pain problem.

Whatever options are offered to you, or that you decide to try, it is best not to continue if the treatment makes the pain symptoms worse.

Are there some things I could do to help myself ?

There are some things you could do to help yourself. Most important, don't give up hope or the will to go on. New ideas and discoveries are constantly being made and shared by pain doctors on a world-wide basis. Pain specialists in Europe meet frequently to discuss new treatments and approaches for helping people in pain.

Maintaining physical and mental activity is important. Try to take some daily exercise if at all possible. Walking or swimming has been found to be particularly helpful by many people. Learn to pace yourself. And when you do have a period of pain relief, don't overdo the physical activity. Wear sensible footwear that won't put a strain on your posture. Good posture helps.

Try to maintain your social activities especially by keeping in touch with family and friends. If you feel you have to give up an activity that you particularly enjoy, either temporarily or permanently, then do try to replace it with something equally stimulating or mentally engaging.

If you are employed and doing heavy work, then explain to your employer the issues you face. You may ask to be redeployed for a time to some lighter activity and so avoid failure and the risk of losing your job.

The experience of chronic pain affects not only the sufferer but also the people around, especially the close family. Try to share your negative feelings with the health professionals and save the good moments to share with your family and friends.

Mastering 'the system'----- patience, and communication between the health professional and patient

It is frequently difficult to pin-point the exact cause of the pain, and even when there is a specific diagnosis, different patients may react differently to medications. Your doctor may want to try a number of treatments in the hope of success. This doesn't mean that he's "just guessing". Sometimes treatments don't work initially, but need to be tried for a period of weeks for the effect to build up, and for the potential for relief to be assessed. In other cases medications work at first but then their effect fades. A consistent, systematic trial of the various options is more likely to pay off for you than jumping from doctor to doctor.

It may take time for health professionals and patients to develop trust, and not everybody gets on well with each other all of the time. You have probably been through a lot already. Sometimes people feel frustrated and angry because their pain is persistent. Health professionals feel equally frustrated because their wish for success in treating pain is not always met. Not everybody has well developed communication skills and sometimes misunderstandings occur. Try to develop an honest relationship with the health professionals who are working with you. They are there because they do believe you; they accept that you are in pain and wish to help you.

Try not to seek advice from too many sources. You will find that you then get conflicting advice and this can be confusing. Doctors, like everybody else, have their favourite ways of doing things. Some may have had special training in certain techniques. If a pain doctor feels you might benefit from a treatment he or she does not carry out, you may be referred to another specialist. Equally so, if you feel you might benefit from some special treatment do take the opportunity to discuss this possibility with your doctor. Some people with chronic pain come to their wits end searching for a

solution and are willing to "try anything". There are unscrupulous predators waiting to take advantage of this situation. In some cases people spend a lot of money without any realistic prospect of success. And no matter how bad your pain is, the wrong treatment could make it worse. Try to stay with the advice the pain clinic doctor gives you, especially in relation to taking medication.

Finally, take pleasure and comfort from the small things in life, and the moments, hours, days, and weeks that you may have free from pain.

Good luck to you !

About EFIC



EFIC, is the European Federation of IASP Chapters. (IASP, the International Association for the Study of Pain).

EFIC is a multi-disciplinary professional organization in the field of pain science and medicine, and consists of health professionals from a wide variety of backgrounds including medicine, nursing, physiotherapy, psychology and other healthcare professions across Europe.

EFIC promotes advances in pain research, education, clinical management of pain, and professional advances and practice related to pain.

EFIC aims specifically to create a forum in Europe for collaboration on issues relating to pain and to enhance communication between professionals at a European level.

For further information on EFIC consult

<http://www.EFIC.org>

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