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MANAGING ACUTE AND CHRONIC PAIN

Dictionary definitions can't capture the true experience of pain. "Unpleasant feeling caused by injury or disease" just doesn't express the sensation of breaking a bone, for example.

Pain is a valuable message, however: part of the body's natural defense system. When damaged tissue signals the brain that something has gone wrong, pain alerts us to protect ourselves from further harm. People who can't feel pain (a rare medical condition called congenital analgia) usually die young, because they injure themselves repeatedly without knowing it.

Fortunately, modern medicine has a substantial arsenal to treat acute pain. Powerful medications calm continuing pain messages while the body recovers from the trauma that initially triggered them. Strong prescription painkillers do carry risks: some are potentially addictive. And illegal "street" use has stigmatized certain prescription pain medications. These factors have led some doctors, erring on the side of caution, to undertreat even relatively manageable episodes of acute pain.

Chronic pain, on the other hand, almost always goes undertreated. Chronic pain, once defined as pain lasting more than six months, is now more commonly referred to as the "disease of pain." It can take many forms. One is pain that persists--either constantly or intermittently--past the point normally associated with a specific injury. Another is pain associated with a long-term illness, such as rheumatoid arthritis or cancer, which often affects much of the body.

Modern medicine manages acute pain more effectively than it addresses chronic pain. Patients living with chronic pain often have complex medical conditions, with a number

of symptoms that don't lend themselves to simple solutions. Doctors often become frustrated by conditions they can't "fix." Insurance models reward high-tech tests and procedures, not extended office visits and supportive therapies. Some of the most beneficial treatments for chronic pain, such as therapeutic massage, are not covered by insurance at all.

The physical and psychological consequences of untreated chronic pain can be severe. Persistent pain interferes with many aspects of daily life, reducing one's ability to function at work and at home. Chronic pain frequently disturbs sleep, disrupts concentration, increases fatigue and can even weaken the immune system.

By creating a constant state of biochemical stress on the body, chronic pain greatly increases the risk of depression and anxiety. Social isolation increases as pain forces a patient to curtail activities. Pain puts pressure on personal relationships. Even well-meaning friends and family struggle to understand why a loved one seems withdrawn, even angry.

A 2006 CDC report found that pain is prevalent in America: "One in four U.S. adults say they suffered a day-long bout of pain in the past month, and one in ten say the pain lasted a year or more." Despite the widespread nature of the problem, pain management is a medical subspecialty still in its

infancy. But the field has grown in recent years, propelled in part by plucky patients determined to improve their quality of life.

The leading edge of pain management combines mind and body approaches. Traditional techniques--medication, physical therapy, even surgery--are not abandoned. But such interventions cannot cure all pain. Because the brain is the processing center for all pain messages, the "state of the brain" affects how pain is perceived. Depression, anxiety and stress--which the pain itself may have set in motion--can therefore magnify the intensity of physical pain.

Innovative pain management emphasizes strategies that bolster positive brain chemistry. Cognitive behavioral therapy focuses on replacing negative thought and behavior patterns with constructive ones. Relaxation response is an easy and effective stress-reduction technique. Moderate exercise, tailored to the patient's condition, doses the brain with endorphins, the body's own natural pain relievers.

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All of the techniques try to help someone living with chronic pain regain a sense of control. The physical state of pain may never go away entirely, but the goal is to minimize or eliminate the psychological state of suffering that pain creates.

Resources

>> **Margaret A. Caudill, MD, Managing Pain Before It Manages You.** [New York: Guilford Press, 2001.] Comprehensive program for living with chronic pain. Practical exercises focus on setting goals and solving problems.

>> **www.everybody.co.nz.** New Zealand-based health site delivers patient information clearly and concisely. Click on "pain" for an extensive index of pain-related conditions; each entry thoroughly explains diagnostic and treatment essentials.

>> **www.fmaware.org.** Thorough, patient-centered site of the National Fibromyalgia Association.

>> **www.mbmi.org/basics/mstress_RAW.asp.** Simple stretches you can do at your desk to prevent pain and stiffness.

CHECKLIST: OH, MY ACHING HEAD!

Everyone gets occasional headaches, but frequent episodes merit medical evaluation. A complete list of possible headache causes might induce a headache itself. Here is an overview of some common causes:

> **Tension headache.** Mild-to-moderate pain or pressure, usually steady (not throbbing), on both sides of the head. Often rooted in tense head or neck muscles, and triggered by stress. The most common kind.

> **Migraine.** Moderate-to-severe pain, often throbbing and accompanied by nausea and sensitivity to light. More common in women than men.

> **Hormonal.** Fluctuating levels trigger headaches at specific points during the menstrual cycle, for some women.

> **Rebound headache.** Overuse of pain medication can actually trigger chronic daily headaches.

> **Caffeine withdrawal.** A regular coffee drinker who suddenly stops may suffer headaches for several days. Tapering

caffeine intake, rather than quitting suddenly, reduces this risk.

Sinus congestion, eyestrain, hangover--the list goes on. Anyone serious about overcoming repeated headaches should keep a symptom journal. Detailed information about specific symptoms and triggers will help a doctor diagnose the root cause. Treatments have vastly improved in recent years for the most debilitating type of headache: migraine. Daily medications prevent onset and effective drugs stop incipient attacks.

All persistent pain should be medically evaluated, even something that seems as commonplace as frequent headaches. Self-medicating for prolonged periods can be extremely dangerous. Recent studies have demonstrated that even everyday over-the-counter pain medications--aspirin, ibuprofen and especially acetaminophen (Tylenol)--can cause serious side effects, including organ failure and death. There is also a risk of overlooking an underlying disease. Headaches may be a symptom of another illness that requires treatment.

LIKE THE TIN MAN AFTER A RAINSTORM

Achy muscles and joints are common sources of pain. Sometimes, isolating the cause isn't difficult. Simple examples include temporary soreness after vigorous exercise or stiffness after prolonged sitting in an uncomfortable chair. Solutions are usually simple as well: rest, a hot bath, remembering to take stretch breaks, investing in a more supportive chair.

Osteoarthritis--the degeneration of aging or injured joints--is an example of a far more serious condition. But patients generally get an accurate diagnosis, and extensive research means treatment options continue to expand.

A painful condition that often gets misdiagnosed, however, is fibromyalgia (FM). The American College of Rheumatology estimates that 2-4% of the population may have the disease, which causes widespread pain throughout the body. Muscles feel tender without any noticeable signs of inflammation or injury. Pain often migrates to different areas, and waxes and wanes in intensity. Frequently, pain leads a patient to restrict activity severely, which can create a cycle of increased stiffness and further pain. On bad days, the body can feel as creaky as the Tin Man after a rainstorm.

Other symptoms usually accompany the muscle pain, including sleep disturbances, fatigue and cognitive dysfunction. Fibromyalgia

often occurs along with another serious systemic illness. As many as 25% of lupus patients also have FM; prevalence estimates in chronic fatigue syndrome (CFS) patients range between 37-70%.

Fibromyalgia, lupus and CFS share other disturbing hallmarks: no known cause, no single definitive diagnostic test and no known cure. All three illnesses hit women especially hard, as is the case with many rheumatic and autoimmune diseases. FM may occur up to ten times more often in women than men.

For fibromyalgia patients, symptom management is the key to improving quality of life. Long-term use of pain medication is generally ineffective. Low-dose antidepressants, however, often improve brain chemistry by moderating pain and sleep cycles. Gentle exercise, such as swimming or yoga, is essential--like WD-40 for the Tin Man. Support groups allow patients to swap tips, offer encouragement and counterattack the potential isolation of living in chronic pain. After all, even the Yellow Brick Road was too scary to travel alone.



LIVING WITH PAIN

6 Second Summary:

- >Chronic pain affects millions of Americans, yet often receives inadequate treatment with conventional medicine.
- >Cutting-edge pain management techniques focus on the mind-body connection.
- >Suffering can always be reduced, even when a physical cure is not possible.

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