



# An 8-Step Approach to Chronic Pain Management

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For those with a functional gastrointestinal/motility disorder, pain is often one of several overlapping unpleasant symptoms. One difficulty in assessing pain in these conditions is that pain in the internal (visceral) organs is often less clear-cut in its location and quality compared with joint or muscle pain.

What causes the pain? There is no conclusive answer to this question. Gut specific causes are currently being investigated, as well as changes in the nervous system that regulates pain transmission or modulation.

## **Pain transmission and modulation**

Although much remains to be known, research over the past three decades has revealed key information about pain and our bodies' response, and this has led to improved treatment in many areas. Although the pain transmission system was once thought to operate like an old-time telegraph (messages input at one end and arrive at the other), we now know that the system is much more like a powerful computer. In order to enable our body to have the best information when it is needed, signals coming in are highly modulated. This means pain signals from specific areas can be amplified, suppressed, or altered in quality in the spinal cord or brain.

The description of our own built-in pain modulation system (called the gate control theory) by Drs. Melzack and Wall in 1965 and the subsequent discovery of internal opiate-type chemicals (such as the endorphins) were major first steps in a fuller understanding of pain control within the body. More recently, many more parts of this complex system have been uncovered, as well as new chemical transmitters and interactions between pain modulation and other parts of our sensory and emotional brain systems.

## **Pain and threat**

We have known for a long time that pain is not a simple sensation and that it is intimately linked with our inborn emotional systems for detecting and responding to threat. In this way it is closely tied to the same fear or "fight or flight" system that responds to external threats. But pain is

unique in that it always has a negative emotional quality (unpleasantness) and is closely associated with emotions of fear and anxiety.

Some of the brain circuits underlying this pain-fear cycle have recently been made clear using functional brain imaging. Connections between the emotional and pain systems may also account for the often successful use of anti-anxiety and anti-depression medications to treat chronic pain.

## **Chronic pain management**

In chronic pain we have strong evidence that our pain modulation system is not working well. Instead of suppression, the system may be over sensitized so that even normal sensations trigger pain transmission and suffering. As a result of the pain, patients may also have increased levels of anxiety and depression, decreased quality of life, fear of further pain and disability, sleep loss, and withdrawal from social and pleasurable activities. Both ancient and modern medicine has evolved a variety of ways to help cope with chronic pain and maybe even return the system to more normal functioning.

## **Putting together a pain management program**

If you have chronic pain it is important to develop a pain management plan that works for you. Some recommended elements include:

1. Understand your pain problem. Try to separate hurt from harm. The pain you experience is real, but the cause may be a heightened sensitivity of the nervous system and not increasing damage to some part of your body (even though it feels that way).
2. Maintain a cooperative but not dependent relationship with your doctors. Doctors have a difficult time treating chronic pain and may feel frustrated as well. Be honest and assertive with your doctors, but also let them know you understand they cannot perform miracles and that chronic pain management is a team effort.
3. Use medications wisely, as directed by your physician.
4. Don't be afraid to acknowledge your emotional response to pain, be it fear, anger, or depression. Seek out psychological help if needed. Remember that the best chronic pain treatment should include both mental and physical elements.

5. Use active and positive coping strategies as much as possible. Passive strategies lead to increasing helplessness and dependence.
6. Seek support when needed but stay in control. Family, friends, and health care professionals are all important resources for you, but often they are not sure how best to help. Let all the important people in your life know that you appreciate their support and that you will ask them directly when you need their help or just someone to talk to.
7. Remember that new knowledge and treatments are coming so stay in touch. Pain is a rapidly expanding area of research. New technologies in functional brain imaging and molecular biology are generating, for the first time, detailed portraits of our brains in action and the biochemistry of pain transmission. There is no doubt that improved pain treatments will not be far behind.
8. If your pain problem continues to be unmanageable, you can contact a pain specialty clinic. Be aware that many practitioners (medical and chiropractic) may call their own practice a "pain clinic." However, a true pain management clinic provides comprehensive care by including multiple medical specialties such as anesthesiology, neurology, psychology and rehabilitation. Many of the best pain programs are located in university medical centers. Your primary care doctor should be able to refer you to a good one.

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*This article is adapted from the IFFGD publication, Understanding and Managing Chronic Pain (#140) by Bruce Naliboff, Ph.D.*

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