

A Patient's Guide to Pain Management

Introduction:

Research recently done in the United States shows that pain is under-reported and therefore under-treated. The V.A. realizes that veterans may have very little experience in reporting pain and may need further education to help report pain and have it treated. This booklet is designed to give you and your family some basic knowledge about pain and how the doctors and staff at the VA Palo Alto Health Care System can help.

What is Pain?

Pain is formally defined as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage”. Informally, most people know pain as a feeling of hurt or strong discomfort.

Pain is not fully understood. We do know that an injury triggers the release of certain “pain” chemicals and causes other physical responses. Pain sensations travel through the central nervous system.

All patients have the right to appropriate assessment and management of pain.

What is the VA's commitment?

You can expect:

- Your reports of pain to be believed
- Information about pain and pain relief measures.
- Access to different types of pain specialists (as appropriate), through your primary care provider.

Types of pain:

Pain can be divided into three basic types:

- Acute (from injury or surgery) pain lasts a short time (hours, days, weeks) or until the injury heals. Acute pain usually has a clear cause.
- Cancer-related pain. This can be from a tumor pressing on a bone, nerves or any part of the body. It may be from cancer treatments or surgery.
- Chronic (long-lasting) non-malignant pain - lasts beyond the time it takes to heal from an injury or continuing pain from a chronic disease. Chronic pain can come from conditions such as arthritis, diabetes, nerve damage and others. Sometimes the cause is unknown.

Acute and Cancer-related pain can be reduced to an acceptable level with medications in most patients. Chronic non-malignant pain, however, might not be relieved to a level that is acceptable to you or your loved ones with medication alone. The goal of treatment for chronic non-malignant pain is to help the patient be as active and pain-free as possible and to provide tools to better cope with pain. It is our belief that ALL patients have the right to complete pain assessment, and to be tried on all medicines that may be useful. These medicines may

include antidepressants, anti-seizure medicines, NSAIDs, other medicine specific for the pain, and narcotics, when appropriate.

Not all types of medication are right for every pain problem. Narcotics are not useful for many pain problems. Medication may be used along with physical medicine and psychological approaches. We believe that ALL patients can be helped to cope better with their pain when they actively participate in their own treatment.

Is pain affecting your life?

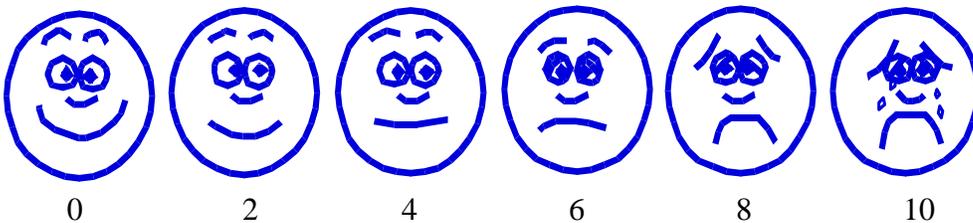
Pain can change many things about your life:

1. Mood and overall emotional outlook.
2. Family relationships.
3. Sleep patterns.
4. Eating habits.
5. Work habits and personal finances.
6. Ability to work.
7. Stability of personal finances.
8. Family relationships.
9. Recovery time after surgery.

How will I report my pain?

Most patients are used to having their “vital signs” taken (temperature, pulse, respiration and blood pressure). We have added a question about pain as the “fifth vital sign”.

People feel pain in different ways. Pain from an injury or physical condition varies, depending on the circumstances, the person’s mood, the real or believed cause of pain, and many other factors. For an example, one person may feel severe pain while another feels only slight pain from the same injury. Rating your pain helps your health care provider better understand your pain. You will be shown a pain scale at each Ambulatory Care Clinic visit, on admission to the hospital and as appropriate.



Zero or a happy face means you are feeling no pain and ten on the scale and a crying face means the worst imaginable pain. There is no score higher than 10.

You will be asked to describe what your pain feels like.

There are many words you may use to describe your pain. Below is a list. You may use others words to describe your pain.

aching	flickering	tingling	wretched
penetrating	quivering	itchy	blinding
pressure	pulsing	smarting	annoying
stabbing	beating	stinging	troublesome
tender	pounding	dull	miserable
tiring	jumping	sore	intense
numb	flashing	hurting	spreading
dull	pricking	heavy	radiating
cramps	boring	tender	piercing
throbbing	drilling	taut	tight
gnawing	lancinating	rasping	drawing
burning	cutting	splitting	tearing
miserable	lacerating	sickening	cool
radiating	pinching	suffocating	cold
deep	pressing	fearful	freezing
shooting	crushing	frightful	nauseating
sharp	tugging	terrifying	agonizing
exhausting	pulling	punishing	dreadful
nagging	wrenching	grueling	torturing
unbearable	hot	cruel	
squeezing	scalding	vicious	
electrical	searing	killing	

How long does the pain last?

- brief
- momentary
- transient
- rhythmic
- periodic
- intermittent
- continuous
- steady
- constant

What else can you tell us about your pain?

- When did the pain start?
- What happened that started the pain?
- Is this pain new or different?
- Is the pain always there?
- Does the pain come and go? (break through pain)
- What makes the pain better?
- What makes the pain worse?

Some people are afraid of telling us about pain because of:

- Having been a Prisoner of War.
- Being thought of as a “weakling”, “complainer”, or “bad” patient.
- Not wanting to distract the physician’s attention from the main disease.
- Beliefs that pain signals a worsening of a condition.
- Fear of drugs used to treat pain.
- Past history of substance abuse.

How can you get your best pain relief?

- Tell the medical staff if you have pain. Describe your pain as best you can.
- Tell the medical staff about any personal, cultural, spiritual and ethnic beliefs about pain and pain management.
- Ask your doctor or nurse what to expect regarding pain and pain management.
- Talk about pain relief choices with your doctor and nurses.
- Work with your doctor and nurse to develop a pain management plan.
- Follow through with the treatment recommended.
- In cases of acute and cancer-related pain, ask for pain relief when pain first begins.
- Help your doctor and nurses assess your pain.
- Tell your doctor and nurse if your pain is not relieved.
- Tell your doctor or nurse about any worries you have about taking medicines.
- Understand possible side effects of medicines.
- Maintain a healthy life-style:
 - No alcohol
 - Stop smoking
 - Exercise
 - No illegal drugs
 - Weight management
 - Stress management
 - Anger management
 - Sleeping well

What About Medication?

MEDICATION is only a very small part of the various methods for controlling pain. In some circumstances it will be a part of the treatment plan. Many patients are worried that they will become addicted if they take certain kinds of pain medication. To help you understand the meaning of physical dependence, tolerance and addiction please read the following definitions:

- **Physical dependence:** feeling bad when the medication is suddenly stopped.
- **Tolerance:** needing more medication to get the same feeling from the medication.
- **Addiction** to pain medicine: using medicine for something besides pain relief. Using medicine when it doesn't give pain relief, being harmed (physically or emotionally) by the use of the pain medicine.

Take the medicine only as ordered. Please ask how to control common side effects when they occur, how much pain relief to expect and how the medicine works.

Many people believe if they get enough opioid (narcotic) medicine, all of their pain will stop. Unfortunately, this is not true. There are many pains which narcotics may help a small amount, but not a lot. Narcotics work better than any other medicine for some pain. When this is true, narcotics can be used without causing addiction. We believe that the opioids may even cause pain.

Many drugs that are used to treat other illnesses can also treat some kinds of pain. Seizure medicines, antidepressant medicines, and some heart medicines can also help some kinds of pain. For some kinds of pain, these medicines work better than opioids.

What About Nerve Blocks?

Many people, some doctors included, believe all pain can be stopped if the right nerve is killed. Unfortunately, this is not true. Nerve killing shots can be done very rarely. Nerve killing blocks do not work very long and usually the pain comes back worse.

Can Exercise Help?

Some pain is helped most with maintaining a good exercise program. If this is true, you will be referred to the Physical Medicine and Rehabilitation clinic or physical therapy.

Resources:

General Medical Clinic functions as the coordinating clinic in evaluation and management of pain syndromes by:

- Implementing recommended diagnostic and treatment plans.
- Assessing the efficacy of these treatment plans.
- Requesting input from specialty clinics when needed.

The following Specialty Clinics require an MD referral:

Addiction Treatment Services can help patients who have substance abuse issues or alcohol dependence along with chronic pain.

Behavioral Medicine Clinic provides brief, focused help for patients with chronic pain complaints. This may include relaxation training, stress-reduction, biofeedback, anger management and sleep suggestions. Short-term individual psychotherapy is also available.

Neurosurgery Clinic's primary role is to evaluate patients who may benefit from an operation. The clinic also sees patients for postoperative follow-up care.

Orthopedic Surgery Clinic's primary function is to evaluate patients with acute and chronic musculoskeletal diseases and injuries. Both surgical and nonsurgical problems are seen.

Pain Clinic is limited in the number of patients they can see. Patients with cancer and established nerve pain are seen first. The clinic is designed to do a thorough pain assessment. They will then help make a treatment plan. Their goal is to relieve as much pain as possible and to help the patient become as functional as possible, while relieving as much pain as possible. They recognize that not all pain can be eliminated. They believe that all patients can have less pain if they actively participate in their rehabilitation. Pain clinic may do local injections or diagnostic nerve blocks. Rarely, nerve-killing injections can be done.

Physical Medicine and Rehabilitation Service perform diagnostic evaluations and treatment for musculoskeletal or nerve pain. A variety of diagnostic tests can be done. Treatment includes physical and occupational therapy for strengthening exercises, nerve stimulation, and other therapies. They work with patients on establishing a home treatment program customized for their needs and limitations. They prescribe braces,

splints, optional orthotics and mobility aids. They also provide therapeutic injections and nerve blocks.

Vascular Surgery Clinic assesses for and treats pain from decreased blood flow to an arm or leg. They treat conditions caused by low blood flow that surgery will help.

On-Line Resources:

The VA Palo Alto Health Care System naturally cannot monitor what is on the Internet. We do know that many of our patients use the Internet for information and support. The following sites were felt, at the time of this publication, to offer reasonable information that our patients might be able to use. We do not specifically endorse any of these sites.

American Chronic Pain Association

<http://www.theacpa.org>

Supports education and self-help groups that teach positive ways for patients and their families to deal with pain.

American Pain Foundation

<http://painfoundation.org>

Online resource center for people with pain, families, friends, caregivers, the media, legislators, and the general public.

North American Chronic Pain Association of Canada

<http://www.chronicpaincanada.org>

Self-help organization dedicating support to people in chronic pain and assisting them in living life to the fullest. Membership includes quarterly newsletter, library of pain related books, videos, tapes, journals.

National Fibromyalgia Association

<http://www.fmaware.org/site/PageServer?pagename=fibromyalgia>

The National Fibromyalgia Association is a 501(c) 3 nonprofit organization whose mission is: *To develop and execute programs dedicated to improving the quality of life for people with fibromyalgia.*