Pain 101: An Introduction to Chronic Pain & Pain Management
What is Pain?

The International Association for the Study of Pain defines pain as follows:

*Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.*

Within this general description, it is important to distinguish between two basic types of pain: **acute** and **chronic**.

**Acute pain**

Acute pain usually results from disease, inflammation, or injury to tissues. This type of pain generally comes on suddenly, for example, after trauma or surgery, and may be accompanied by anxiety or emotional distress.

The cause of acute pain can usually be diagnosed and treated, and the pain is self-limiting, that is, it is confined to a given period of time and severity. In some rare instances, it can become chronic.

**Chronic pain**

Pain is usually described as chronic if it lasts six months or longer. Chronic pain lasts beyond what would be the time for normal healing for an injury, disease, or surgery.

It is important to note that the difference between acute and chronic pain is a matter of duration, not severity. As noted on the WebMD website, “chronic pain can be mild or excruciating, episodic or continuous, merely inconvenient or totally incapacitating.”

Another unfortunate truth about pain is that individuals who suffer from chronic pain are far from alone:

- According to the American Pain Foundation (APF), it is estimated that more than 76 million American adults have experienced pain that lasted for more than 24 hours.
- 42 percent (almost 32 million) of those 76 million adults report having had pain that endured for a year or longer.
- A National Institute of Health Statistics (NIHS) survey indicated that lower back pain is the most common type of chronic pain, followed by severe/migraine headaches and neck pain.
- The APF identifies back pain as the leading cause of disability among American adults under the age of 45.
- The APF has also reported that adults who suffer from lower back pain are more than four times as likely to experience "serious psychological distress" as are individuals who do not suffer from this type of chronic pain.

Because chronic pain endures for such an extended period of time, pain management issues can have significant impact on the lives of those who suffer from it. However, as will be discussed later in this
document, appropriate treatment can allow chronic pain patients can learn to manage, control, and reduce their pain.

**Causes of Chronic Pain**

Pain can be caused by a single cause or a combination of causes. While each type of pain has its own origins, the following are some possible causes:

- Aging
- Nerve damage
- Improperly healed injuries
- Overweight
- Congenital conditions
- Diseases such as arthritis, cancer and multiple sclerosis

Pain can occur in any diseased or traumatized tissue or organ that has nerve endings. It can also occur in the nerves themselves if they become damaged, irritated, or otherwise compromised.

The following are among the more common causes/origins of chronic pain:

- **Cutaneous Pain** - Pain that originates in skin and is triggered by pain receptors just below surface of skin.

- **Somatic Pain** - Pain that originates in bones, tendons, ligaments, nerves.

- **Visceral Pain** - Pain that originates from internal organs ("viscera"). Pain that is "visceral" in nature is often "referred pain". Referred pain refers to the situation when pain occurs in one place (i.e., heart) but is felt elsewhere (i.e., arm or hand).

- **Phantom Limb Pain** - The condition in which an amputee continues to feel pain in a limb that no longer exists.

- **Neuropathic Pain** - Pain that exists due to disease to the nerve tissue itself (e.g., myelination disease) or because of injury to a nerve. There might not be true pain, a smoking gun that one can point to, but the brain interprets it as being pain even though there is no real cause.

**Chronic Pain & Substance Abuse**

For many people, physical pain (especially chronic pain) acts as a primary trigger for addictive behaviors. While some people may seek solace via alcohol or illegal drugs, many others start with properly prescribed medications, then develop a dependency that leads them to acquire and use these medications in improper (and, in some cases, illegal) ways.

In a society in which unregulated Internet pharmacies have made acquiring prescription drugs as easy as ordering from an online catalog, it may come as little surprise that thousands of suffering Americans are attempting to self-medicate their pain away.
However, as many have discovered, taking highly addictive medications without the advice or supervision of a health care provider can cause many more problems than it solves.

A Jan. 4, 2008, article on the ABC News website referred to painkiller abuse as "America's stealth addiction." Citing statistics provided by the Department of Health and Human Services (DHHS), writer Russell Goldman noted that in 2005 the estimated number of people who used prescription painkillers for nonmedical reasons (5.2 million) was more than double the estimated 2.4 million individuals who used cocaine.

Though not all of these off-label or recreational uses of prescription painkillers can be attributed to struggles with chronic pain, evidence indicates that many individuals develop dependency after using the drugs for legitimate purposes.

In her article on the website of the National Pain Foundation, Dr. Jennifer P. Schneider writes that chronic pain is "notoriously under-treated," and that the most common reasons patients gave for changing doctors included "too much pain," and "the belief that the doctor didn't take their pain seriously enough."

Various experts cite the following as signs that the proper use of pain-killing medication has morphed into dependency or addiction:

- Needing increasingly larger doses to achieve the same level of comfort
- Undergoing changes in personality and withdrawing from family, friends, and social situations one previously enjoyed
- Expressing a need for continued medication long after the injury for which the drugs were initially prescribed has healed
- "Doctor shopping," going online, or taking other steps to get more pain medication than was originally prescribed
- Experiencing blackouts, memory loss, or forgetfulness

Many pain patients have been "pre-wired" to suffer from chronic pain because of events in their lives that occurred long before the injury or event that produced the initial pain. The following are among the most common risk factors that indicate a predisposition toward chronic pain:

- A personal or familial history of addiction
- The occurrence of significant trauma early in life
- The existence of a co-occurring psychiatric disorder
- A history of having been placed on opiates at an early age

Though it is common for pain patients to be described, or to describe themselves, as having become "addicted" to certain substances while attempting to ease their chronic suffering (and while some individuals do, indeed, develop addictions as a result of self-medicating), chronic pain and addiction do not always go hand-in-hand.

“We treat chronic pain patients and we treat addicts who suffer from chronic pain," one pain specialist said, noting that an improper understanding of the clinical definition of addiction results in widespread
misuse of the term. “Ninety percent of chronic pain patients are actually what the literature refers to as ‘pseudo-addicts,’” he said.

Whether addicted or merely dependent, pain patients who participate in an effective program will learn that the substances they are using to ease their discomfort are likely having the opposite. Most of these patients are likely to discover that their suffering subsides significantly following an initial detoxification process.

**Chronic Pain Treatment**

As indicated earlier in this document, the good news about chronic pain is that it can be effectively treated. Whether pain is caused by physical, psycho-emotional, chemical, nutritional, behavioral or environmental factors, effective treatment requires a combination of medical and psychological interventions.

Treatment for chronic pain may include one or more of the following techniques:

- Acupuncture
- Medication
- Psychotherapy (Cognitive-Behavioral Therapy)
- Biofeedback
- Exercise
- Electrical Stimulation
- Relaxation Exercises
- Chiropractic Care

Many treatment facilities within CRC Health Group’s nationwide network offer specialized programs for pain management. Beginning with a thorough musculoskeletal and neurological exam, pain specialists determine the origin and nature of the pain, and develop an individualized treatment plan.

Essential components of treatment may include medical consultations and care, physical therapy, sensory integration, dialectical behavior therapy, trigger point therapy, acupuncture, hydrotherapy, nutrition counseling, manual therapies, and other integrative therapies.

With appropriate treatment, chronic pain patients can learn to manage, control and reduce their pain. As self-awareness, mood, sleep and physical ability improve, the patient’s quality of life returns, restoring hope for an active and productive future.

An effective chronic pain program should include many or all of the following elements and objectives:

- Helping patients return to normal daily activities and resume the most functional, independent, productive lifestyle possible
- Increasing physical strength, stamina and flexibility
- Reducing or eliminating the use of pain medications
- Minimizing pain behaviors
- Learning stress management techniques
• Returning to work, as applicable
• Resuming recreational activities
• Improving interpersonal relationships
• Reducing reliance on healthcare professionals, with improved ability to self-manage chronic pain

At Sierra Tucson, a residential recovery program in Tucson, Arizona, treatment professionals take a holistic approach to treating chronic pain that aims to restore function and improve a patient’s quality of life. By focusing on the mind, body, and spirit, patients with chronic pain can learn to accept their pain and find fulfillment in life again.

“They may still experience pain every day, but it doesn’t have to ruin their lives,” said Jami Parrish, a unit therapist in Sierra Tucson’s Pain Management Program. Sierra Tucson runs the only inpatient pain program in Arizona that is accredited by the American Academy of Pain Management.

In many cases, though, getting treatment for chronic pain and/or co-occurring addiction is a matter of overcoming misconceptions about the true nature of the problem.

As one doctor who specializes in pain management has noted, one of the first steps in the treatment of chronic pain is to acknowledge that what the patient is experiencing is real. “Our patients come here angry and frustrated," this doctor noted. Many chronic pain patients have been told that their conditions are “all in their heads," or that they are exaggerating their symptoms in order to acquire prescription drugs, he added.