

## Chronic Pain Management

Everyone experiences pain at times. Often, pain is short-lived, or acute, and results from an injury or infection. Acute pain is useful in that it points to problems in the body, and it usually disappears within a reasonable amount of time as the body heals.

Sometimes, though, pain continues for months or even years. This long-term pain, known as chronic pain, serves no useful purpose. And the longer chronic pain lasts, the more it can interfere with your daily life.

The experience of chronic pain varies from person to person. Some people feel the pain constantly; others find that their pain comes and goes. For some, the pain is caused by a known condition, such as arthritis or cancer, whereas others never learn the exact cause of their pain.

Living with chronic pain can be frustrating, but your pain doesn't have to rule your life. By taking an active role in the recovery process, working with your health care providers to explore all your options, and seeking support from others, you can take control.

### How will my doctor evaluate the source of my pain?

Your doctor's arsenal of tests may include a physical examination, blood tests, and X-rays. Some diagnostic tests include:

- **Computed tomography (toe-mah-gruh-fee) (CT) or computed axial tomography (CAT) scan.** These scans use X-rays and computers to produce an image of a cross-section of your body. You will lie on a table that moves through a large, donut-shaped scanning device.
- **Magnetic resonance (reh-zuh-nehns) imaging (MRI).** Clear pictures of the body are produced using a large magnet, radio waves, and a computer.

- **Discography (diss-kah-gruh-fee).** People who are considering surgery are usually encouraged to go for a discography test, which uses a contrast dye that is injected into the spinal disc that is thought to be causing back pain.
- **Myelograms (my-ehl-oh-grahm).** Similar to discography, a myelogram procedure uses a contrast dye that is injected into the spinal canal to enhance the diagnostic ability of an X-ray. This test is used to identify nerve compression caused by herniated discs or fractures.
- **Electromyography (ih-lehk-troh-my-uh-grah-fee) (EMG).** Doctors use very fine needles that are inserted into muscles and measure the muscle's response to signals from the brain or spinal cord.
- **Bone scan.** This diagnostic test is used to identify specific areas of irregular bone metabolism or abnormal blood flow, using a small amount of radioactive material injected into the bloodstream. Scanned images appear on a computer.
- **Ultrasound imaging.** Ultrasound scanning, or sonography, uses high-frequency sound waves to obtain images inside the body.

### What treatments are available?

Your doctor will initially recommend drugs that cause the fewest side effects and increase doses or change medication as needed. Treatment options include, but are not limited to:

- **Nonprescription.** Your doctor may prescribe aspirin to address your pain from arthritis. Acetaminophen (uh-see-tuh-mihn-oh-fihn) is an over the counter (OTC) drug you may want to use to address your mild pain. You may also want to explore the use of capsaicin, which is used to make certain topical

## PATIENT INFORMATION

analgesic creams.

- **Alpha<sub>2</sub>-delta ligand.** Pregabalin is a drug in this class used to treat pain caused by nerve damage due to diabetes or shingles infection as well as the pain in people with fibromyalgia.
- **Benzodiazepine (behn-zoh-dy-ah-zeh-peen).** This class of drugs may help treat muscle spasms.
- **Beta-blockers.** Your doctor may prescribe this class of drugs to head off migraines before they develop, including timolol maleate and propranolol.
- **Ergot alkaloids (ehr-got ahl-kah-loids).** This class of medicine can be used to stop a migraine.
- **Nonsteroidal (non-stuh-roid-uhl) anti-inflammatory drugs (NSAIDS).** You may be able to relieve your pain with an OTC drug, such as naproxen, or your doctor may prescribe a stronger NSAID, such as celecoxib.
- **Opioids (oh-pee-oids).** If your pain does not respond to OTC drugs, your doctor may prescribe a short course of stronger painkillers in this class such as codeine, fentanyl, oxycodone, or hydrocodone. These drugs have a high potential for addiction, so they should be used for the shortest time possible.
- **Serotonin (sehr-uh-toh-nihn) and norepinephrine (nohr-eh-pihn-eh-frihn) reuptake inhibitors.** Duloxetine is a drug in this class that may be prescribed if OTC drugs do not resolve your pain.
- **Triptans, also known as selective 5-HT-1B receptor agonists.** This class of drugs shrink the blood vessels in the brain, which may relieve pain by reducing pressure from inflammation that can occur with cluster headaches.

### What can I do to cope?

In addition to taking OTC or prescribed medications, you may need to make adjustments to your lifestyle, such as:

- **Getting enough sleep.** Going to bed and waking up at the same time, even on the weekends, may help your body get used to a regular sleep time.
- **Exercising.** Aerobic exercise such as swimming, stationary cycling, and walking can help build your strength and can produce a positive outcome with your health.
- **Avoiding caffeine after 3.** If you stop eating or drinking anything with caffeine, such as coffee, tea, cola, and chocolate, early enough in the day, you may sleep better at night.
- **Scheduling your day.** Planning your day so that you are most active when you have the most energy may be helpful.

For more information, please visit the website of the American Chronic Pain Association at [www.theacpa.org](http://www.theacpa.org).

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