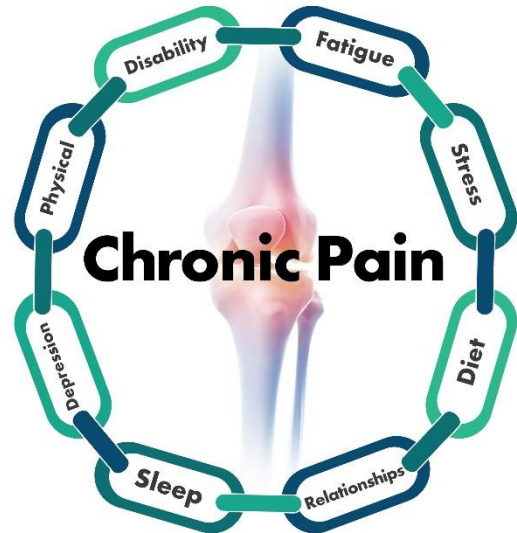


Chronic Pain

Overview

One in every five Australians suffer from chronic pain. Whether it is the slice of a paper cut, the crack of a broken bone, the throb of a headache or an ache that niggles in your back, pain serves an important purpose. It warns us when we are injured or when something is not quite right. Pain is a subjective topic and a patient's experience of pain can involve all kinds of social, emotional and physiological factors, all of which make pain a highly complex biological phenomenon.



Causes

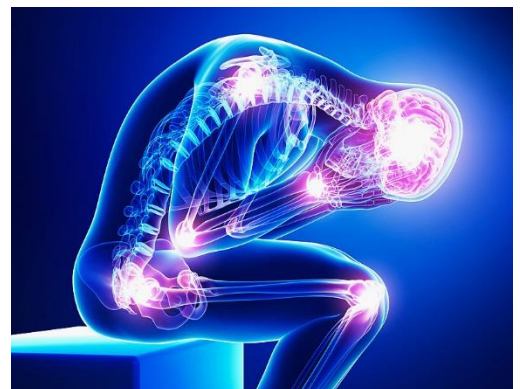
Acute pain is a normal sensation that serves as part of a protective mechanism. Chronic pain, on the other hand, appears to have no real purpose. Chronic pain can be defined as any pain that persists for a long period of time, for more than three to six months, or long after the expected healing time for an injury or illness. Pain can even develop when there has been no sign of injury or illness. Chronic pain stimuli can cause sensitisation of the nervous system, meaning pain or discomfort due to a resolving issue which should be mild is perceived as significant pain. Because of the diverse aetiology of chronic pain, it can be linked to a vast range of factors or conditions.

Ageing – causes degeneration and associated pain, including conditions such as arthritis	Infection or disease – Such as human immunodeficiency virus, multiple sclerosis or diabetes.
Injury or trauma – any injury can lead to chronic pain, such as a herniated disc.	Surgery – post surgery pain may develop into chronic pain.
Cancer pain – any type of cancer can cause considerable chronic pain.	Conditions of the nervous system – such as sciatica and shingles.
Muscle pain – conditions such as fibromyalgia are linked to chronic pain.	Headache – headache pain can become chronic in certain cases.

Symptoms and Diagnosis

Although it can be related to other conditions, chronic pain is recognised as a condition in its own right. There is often an ongoing psychological aspect to chronic pain, and this combined with the complex aetiology and subjectivity associated with pain can make chronic pain a very difficult condition to diagnose and treat.

The very nature of chronic pain syndrome means the symptoms, aside from ongoing pain, are the side effects of that pain, so a patient may be irritable, have difficulty concentrating, display signs of depression, and have trouble sleeping.



The overall effects of chronic pain are often very intrusive on the patient's daily life. Social and environmental factors, as well as the causative factor can influence how an individual patient is affected by chronic pain. This means chronic pain can appear out of proportion to the related causative factor.

There are no tests to measure pain, and it will not show on imaging such as x-rays. Because of this, diagnosis is not a simple task. The doctor will first conduct an interview to gather a detailed medical history, before gaining consent and proceeding to a physical examination to assess a patient based on their presentation. Following this examination, a range of tests can be done to build a clinical picture of the patient's overall condition. These include blood tests, electromyograms and nerve conduction studies to look for irregularities in the nerves or muscles, and imaging to check for injury or disease internally. Nerve blocks may also be conducted to turn off certain nerves temporarily in order to see if the pain continues or stops.



Treatment

There is no definitive cure for chronic pain however, it is widely accepted that management should be holistic involving all aspects of the patient's life. The Australian Pain Management Association refers to a model of assessment and management known as the biopsychosocial model.

Biological	Assess the physical body for changes or injury.
Psychological	The aspects of anxiety and stress should be addressed.
Social	Aspects of the social situation and home/work environment should be considered.

Initial treatment will focus on increasing quality of life by promoting sleep, rest and equipping the patient with stress management techniques. Basic factors, such as having a balanced diet, and participating in regular exercise, need to be included in the treatment plan as these elements will improve mental health. A psychiatrist or psychologist will often be involved in treatment, to assist the patient in overcoming associated depression or anxiety, as emotions can be overwhelming when combined with a condition like chronic pain. Analgesics or pain relieving medication is often prescribed, depending on the type of pain the patient is suffering from. Many patients also find alternative therapies such as acupuncture, meditation or aromatherapy a great help.



Another treatment option is pain management programmes. These programmes are rehabilitation based multidisciplinary programmes involving a group of clinicians including nurses, physiotherapists, psychologists et cetera led by a pain medicine specialist. The aim of these programmes is not to cure the chronic pain rather they are aimed at assisting patients in bringing their chronic pain under control.

Prognosis

Prognosis has been shown to be greatly affected by the attitude of the patient, and even that of the patient's partner. Poor prognosis is often related to depression, involvement in litigation, the patient having to continually prove they are sick to receive attention, insurance cover or disability benefits, which can mean the treatments are less effective.

LexiMed Consultants

- ⌘ **Dr Leigh Atkinson**
Neurosurgeon
- ⌘ **Dr Malcolm Wright**
Physician
- ⌘ **Dr Matthew Rickard**
Physician
- ⌘ **Dr Jan Paul Rotinen Diaz**
Rehabilitation Physician
- ⌘ **Dr Jim Rodney**
Psychiatrist
- ⌘ **Dr Donald Grant**
Psychiatrist
- ⌘ **Dr James Wright**
Psychiatrist
- ⌘ **Dr David Shooter**
Orthopaedic Surgeon

Reference:

<https://www.painmanagement.org.au/>