
Information from your Primary Care Team

Chronic Pain Information for Providers

Pain is both a symptom and an important part of the human condition influenced by several factors (i.e., one's environment, expectations, beliefs or cultural values, mood). It is a complex process that can be changed, enhanced, and/or reinterpreted by a person's experience; there are many ways to view and describe pain as outlined below.

The Many Ways to View Pain

- Biological:** *pain is a signal that the body has been harmed or injured*
- Psychological:** *pain is experienced as emotional suffering*
- Behavioral:** *pain alters the way a person moves & acts*
- Cognitive:** *pain calls for thinking about its meaning, cause, & possible remedies*
- Spiritual :** *pain is a reminder of our mortality*
- Cultural:** *pain is used to test a person's fortitude or to force submission*

The Many Ways to Describe Pain

- Biological:** *feelings of physical discomfort or harm*
- Psychological:** *feelings of fear or anxiety, anger or irritability, depression or sadness, etc.*
- Behavioral:** *urges to withdraw/avoid/flee or ward off/approach/attack*
- Cognitive:** *thoughts focused on the source & location of discomfort*
- Spiritual:** *worries about the future, urges to seek peace, & thoughts about death & dying*
- Cultural:** *there are individual differences in the extent to which some people with pain are stoic about pain, seek treatment for pain, and complain about pain*

Chronic Pain is often accompanied by feelings of depression, anger, anxiety, and isolation. It frequently results in disruption in sleep, fatigue, and decreased involvement in usual activities and self-care. It can also lead to changes in relationships with family and friends.

Chronic Pain Information for Providers (continued)

The Comprehensive Assessment of Pain

In addition to asking about the source, location, & duration of the pain, medical providers will also inquire about the following factors important to understanding the pain:

- description of the pain: aching, shooting, gnawing, tender, throbbing, stabbing, sharp, burning, dull
- frequency of the pain: intermittent, constant, periodic, episodic
- intensity of the pain (0-10 subjective rating scale): now, on the average, at its best or worst (i.e., range from minimum to maximum)
- pattern to the pain: in the a.m. vs. p.m., after activity, while distracted, in certain weather
- factors that make the pain worse: overactivity, underactivity, weather, stress, anxiety, muscle tension
- factors that manage the pain: ice, heat, exercise, rest, relaxation, distraction
- medication that has been helpful: NSAIDS, opioids, herbal remedies
- interventional procedures that have been helpful: spinal blocks, surgery, trigger point injections
- behavioral strategies that have been helpful: rest, relaxation, abdominal breathing, meditation, yoga, biofeedback, imagery, hypnosis, exercise, stretching, pacing, pleasant activities, use of positive or realistic self-talk

Pain Management

Pain is best treated with a combination of medication and non-drug treatments along with general guidelines for healthy living (i.e., good nutrition, moderate exercise and stretching, mental stimulation and diversion, social time with friends and family, etc.)

Psychology of Chronic Pain Management

HELPING PATIENTS GET TO "I CAN!"

- Focus on strengths.
- Identify and challenge negative thought patterns.
- Help pts reframe pain experience and find the blessings.
- Help pts scale down the world to one day at a time.
- Encourage distraction/support (people, music, TV, nature).
- Encourage small (sometimes very small) positive behavioral changes. In between visits, suggest setting small goals to change behavior.
- Encourage exercising/stretching as advised by medical provider(s).

Chronic Pain Information for Providers (continued)

- Promote/teach relaxation training: Progressive muscle relaxation, guided imagery, meditation, massage, heating pads, music, talk radio, TV.
- Remember pt's behavior makes sense to them.
- Validate pt's need to mourn losses and work at redefining oneself.
- Promote self-care ("Little Things Mean A Lot").
- Encourage pleasant activity scheduling.
- Encourage positive self-talk and positive affirmations.

Evidence-Based Interventions for Pain

- Cognitive Behavioral Therapy
- Behavioral Medicine Interventions (e.g., relaxation, pacing, challenging negative thinking, etc.)
- Physical Rehabilitation Services (e.g., conditioning exercises, physical therapy, etc.)
- Medication Treatment (e.g., non-steroidal anti-inflammatory drugs (NSAIDs), narcotic pain killers, etc.)

Pain may be best managed by working with a team of health professionals who target both the mind and the body to minimize the subjective experience of pain

Non-Drug Interventions for Pain

- physical therapy
- progressive muscle relaxation training/biofeedback
- stretching/exercise
- distraction techniques
- guided imagery & meditation
- cognitive coping
- hot/cold application
- Reiki/healing or therapeutic touch
- massage therapy
- acupuncture
- chiropractic services
- reflexology
- aromatherapy
- energy conservation techniques

Chronic Pain Information for Providers (continued)