

Chronic Pain

Chapter 10

Evolution of Pain

- **17th century- Descartes's “Specificity Theory”**
 - Linear sensory projection system
 - Transmission of pain via neural pathways
 - Assumptions (similar to biomedical view):
 - Pain is identifiable
 - Pain is localized
 - Pain is treatable
- **19th century- morphine and aspirin became used for the treatment of pain**
- **20th century- pain was defined as “unpleasant sensory and emotional experience associated with actual or potential tissue damage”**

<http://www.iasp-pain.org/>



Decade of Pain

- 2001-2010 “Decade of Pain Control and Research”
- Pain affects 76.2 Americans
- 80% of all patients
- 41% of adults in developed countries experience chronic pain
- Chronic pain is a disease “in its own right”
- Difficult to *measure* and *define*



Defining of Pain

- Pain is a good thing, right?
- Asymptomatic illnesses can be a challenge
- Pain can be a symptom of an illness
- Persisting post-treatment is chronic pain (3-6 months)

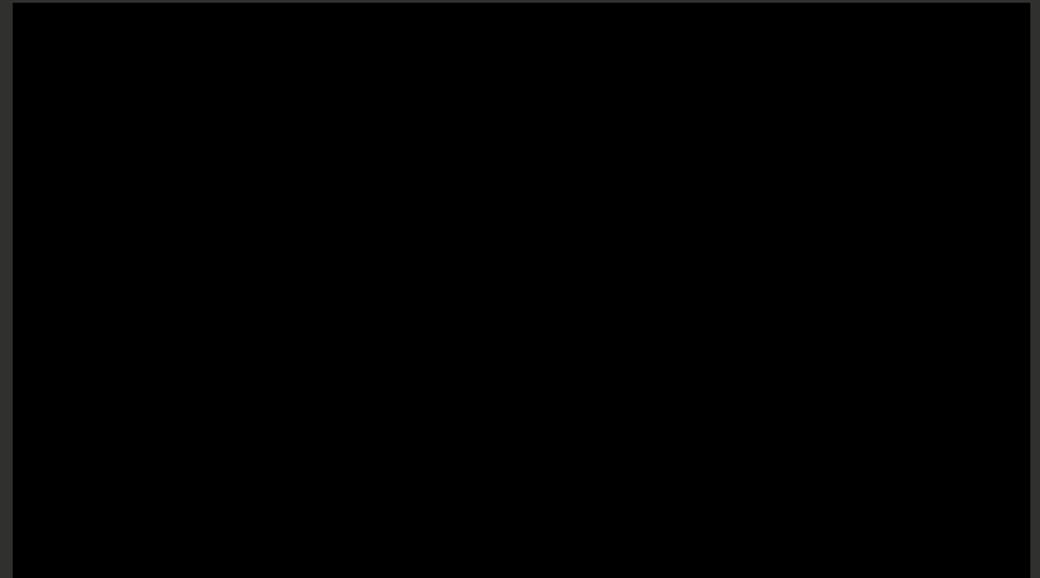


Categories of Pain

- **Nociceptive pain (disease or damage to tissues)**
 - Visceral (affecting major organs)
 - Somatic (affecting bones, joints, muscles—in R.A. this is chronic)
- **Neuropathic pain**
 - Malfunction of our nervous system via lesions to somatosensory system
- **Combination pain**
 - Both—for example, migraine headaches

Pain Perception: It's personal

- Pain is multidimensional and subjective
 - That is one reason why psychologists are so concerned with pain
- Gate Control Theory:
 - Dorsal horns– nuclei that make up our somatosensory system and interpret our emotional/psychological state to regulate pain signal transmission



Individual Determinants of Pain

- Genetic factors: red-heads have greater sensitivity to pain
- Gender (bio): evolution/child-birth (opioid centers of the brain)
- Gender (social): women are “allowed” more expression of sensations (which makes a difference!)
- Personality: high emotional reactivity and depressed states=greater unpleasantness in response to pain
- Race/ethnicity: African Americans report for interference with work/job functions.

Also treatment disparities stemming from patient/provider relations:



Measuring Pain

- Pain is interactive:
 - Painful stimulus x body
 - Individual characteristic x pain
 - Coping x pain
 - Social prescriptions of pain expression x pain
- [McGill Pain Questionnaire](#)
- Behavioral observations: what does pain look like?



Pain Management and Pain Elimination

- Psychologists help patients deal with feelings of loss or depression when unable to resume activities that were once enjoyed
- Exercise Therapy: physical therapists and occupational therapists
- Psychotherapies:
 - Cognitive Behavioral Therapy
 - Biofeedback/Stress management
 - Emotional disclosure
- Coping strategies
- Social Support

Providing care for someone with chronic pain

1. Learning about pain management

Take an active role in helping to manage your loved one's pain.

2. Caring for a person with pain

This includes making sure that your loved one receives proper pain assessment and ensuring your loved one is following the treatment plan laid out in conjunction with a health care provider.

3. Caring for yourself

Being a family caregiver can be a demanding job. Some days, you may feel like you can do anything, and others, you may not be sure how you'll get through the day. To be an effective caregiver for someone else, you must first take care of yourself. Make sure to get enough rest, eat right, and exercise.

4. Advocating for all people in pain

Advocating has meant establishing The Bob Woodruff Foundation (www.remind.org) and talking widely about caregiving for a loved one in chronic pain. For you, advocating may mean contacting your elected officials to lobby for federal funds. Please visit the Caregiver Corner section at PartnersAgainstPain.com where you can download a helpful brochure and learn more.

Adapted from http://www.huffingtonpost.com/lee-woodruff/caring-for-a-loved-one-wi_b_846186.html