Pain Management in SA family practice

Prof. CL Odendaal, *Pain Control Unit, Universitas Hospital, Bloemfontein.*

Chronic pain is a human tragedy. It is a common and serious problem that causes distress to patients and careers, is a burden on healthcare professionals and National Health Service resources, and results in significant lost productivity. In a World Health Organisation (WHO) survey, 22% of primary care patients reported chronic pain.[1] In a recent postal questionnaire study in Scotland, the overall prevalence of chronic pain was 53.8%.

There are many definitions of pain. The International Association for the Study of Pain (IASP) defines pain as

"An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage. Pain is always subjective."

Chronic pain may be defined as pain that lasts beyond the usual course of the acute disease or expected time of healing. Pain is generally considered to be chronic after it has been present for 3-6 months. It may be continuous or intermittent, and can continue indefinitely. Chronic pain differs from acute pain in several ways.

The evaluation of pain should begin with a thorough history and clinical examination. Initially, evidence for a biomedical cause for the pain should be sought. A chronic pain history can be difficult to elicit. Chronic pain can exist without objective evidence of tissue injury. Pain is the ultimate subjective experience. Currently, there is no objective measurement of pain. Clinicians are entirely dependent upon the self-report of patients and upon our observations of patients and facial expressions in both the adult and the child. This can lead to doubts or difficulties in interpretation. Some patients may superficially appear not to be in pain; others may deny it because of courage, reluctance to complain or embarrassment. It is therefore both important and helpful to look for and ask about indirect markers of the impact of pain.

The goal of therapy should be to reduce pain-related disability. Pain is entirely subjective; pain-related disability is quantifiable. Intuitively, patients (and many doctors) expect psychological well-being and physical functioning to improve as a natural consequence of pain reduction. This is rarely the case unless all aspects of the patient's suffering are managed simultaneously.

Management of these psychological/ behavioural problems is essential. Primary care clinicians without specialist knowledge of psychology can achieve a great deal. The causes of pain and other symptoms (if known) should be explained. This helps dispel fear and helps patients to feel believed. Increasing patient insight into their condition and its related symptoms helps with concordance. Reassurance about the safety of planned physical activity can help to overcome inappropriate pain behaviour.

In partnership with the patient, the healthcare team should discuss treatment options and devise an appropriate plan. Realistic goals should be set and patient expectations should be moderated sensitively. If they are too low, patients may become despondent, if they are too high, they will be disappointed when they are not achieved. Patient's attention must be moved away from pain and pain relief towards maintenance and improvement of daily functioning. Complete freedom from pain may not be an achievable goal. However, effective pain management can usually lead to improved symptoms and functionality. Education and support are critical in helping patients to cope, especially if symptoms are not relieved. Patients should be encouraged to be as active and independent as possible and to take an active role in all pain management decisions.

In addition to these general measures, specific psychological treatments (e.g. cognitive-behavioural therapy) may be indicated. Cognitive-behavioural therapy aims to change patterns of negative thoughts and encourage more positive thoughts, emotions and actions. Other behavioural methods include relaxation techniques (e.g. meditation), biofeedback and hypnosis.

I hope that the articles appearing in this publication will give some insight intp the world of pain, specifically in the world of the child

References

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