



American Pain Foundation

S e p t e m b e r i s

National Pain Awareness Month



PAIN BASICS

At its best, pain is the body's natural alarm system, alerting us to injury (or further injury if already injured). It prompts us to stop a harmful behavior or seek medical attention. For example, lifting too much weight might result in a piercing pain in a person's back. Worsening abdominal pain may be a sign of appendicitis or other serious infection. Pain also triggers inflammation, which directs healing cells to the area of injury. The experience of pain also beckons the injured person to rest, promoting healing.

At its worst, unrelenting pain robs people of their livelihood and well being. When pain persists, it is often a sign that the body's alert system has broken down. In other words, pain signals remain active. Over time, this heightened response may:

- Harm nerves, blood vessels and organs
- Suppress immune function
- Result in excessive inflammation
- Delay healing

Since the brain remembers pain, pain may be imprinted into the nerve tissue and continue to send pain sensations even in the absence of painful stimuli.

Acute Pain occurs suddenly due to illness, inflammation, injury or surgery. It has a short duration that subsides when the injured tissue heals. The cause of the pain can usually be diagnosed and treated.

Chronic Pain is pain that lasts long enough (after normal healing or for at least three months), or is intense enough, to affect a person's normal activities and well-being. Failure to treat acute pain promptly and appropriately at the time of injury, during initial medical and surgical care or at the time of transition to community-based care, contributes to the development of chronic pain syndromes.

With chronic pain, pain signals may remain active in the nervous system for weeks, months or even years. Unlike acute pain, chronic pain has no value or benefit; it is a disease in its own right. It can also be

especially challenging to treat.

Chronic Pain-Brain Connection

New research is unraveling how chronic activation of the biological pathways transmitting pain is associated with structural and chemical changes in the brain. A recent study suggests that constant pain signals can result in mental rewiring that affects the frontal cortex, the area of the brain mainly associated with emotion and attention. According to researchers, this provides the first objective proof of brain disturbances in patients with chronic pain that is unrelated to the sensation of physical pain.

PAIN ASSESSMENT

Timely access to quality pain management is the best way to minimize the suffering and disability often associated with undertreated pain and to avoid additional problems. Science is revealing the role of unrelieved acute pain in the development of chronic, persistent pain.

Most hospitals, nursing homes and other healthcare facilities are now required to assess and treat pain. To correctly diagnose pain, a healthcare professional will:

- Perform a thorough physical exam
- Complete a pain assessment
- Ask detailed questions about medical history and lifestyle
- Order blood work, X-rays, electrical tests to detect nerve damage, or other diagnostic and lab tests

EFFECTS OF UNRELIEVED CHRONIC PAIN ON PHYSICAL AND MENTAL HEALTH

If untreated, pain can have serious physiological, psychological and social consequences. It can:

- Limit the ability to work, sleep, exercise or perform everyday tasks
- Reduce mobility
- Impair strength
- Diminish appetite
- Make it difficult to recover from injury or infection by weakening the immune system

COMMON NON-DRUG OPTIONS FOR PAIN RELIEF

- Stress management techniques (e.g., meditation, deep breathing and relaxation exercises)
- Massage
- Application of heat or cold, including heating pads or ice packs
- Acupuncture
- Visualization
- Physical therapy, including stretching or exercise
- Hypnotherapy
- Psychological/spiritual counseling
- Biofeedback
- Transcutaneous electrical nerve stimulation, also known as TENS

- Aggravate other health problems
- Lead to depression and/or anxiety, which often worsen pain sensations
- Make it difficult to concentrate or reason
- Place added strain on relationships and interfere with intimacy
- Result in a loss of self-esteem and independence

TREATING PAIN

Pain treatment needs to be individualized and in most cases, requires a team of providers as well as social support from family and friends. Most often, an integrative approach is needed to provide pain relief, which includes a combination of treatment options; this also encourages patients to actively participate in self-care. Treatment options may include:

- Anti-inflammatory medicines, opioids or other classes of drugs
- Psychosocial interventions (cognitive-behavioral counseling, guided imagery)
- Rehabilitative approaches (exercise, application of heat/cold, myofascial release, occupational therapy, etc.)
- Complementary alternative medicine (massage, acupuncture, hypnosis)
- Injection or infusion therapies
- Implantable devices/surgical procedures

New treatments under investigation are aimed at the physical, psychological and environmental components of chronic pain. Research is also examining the role of genetic predisposition and the immune system in mitigating pain signals.

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MEDICATIONS & PAIN MANAGEMENT

Medications play an important role in the treatment of pain. There are three major classes of medications for pain control:

- **Non-opioids:** non-steroidal anti-inflammatory drugs (NSAIDs) and acetaminophen
- **Opioids:** morphine, oxycodone, methadone, codeine and fentanyl
- **Adjuvant analgesics:** a loose term referring to the many medications originally used to treat conditions other than pain, but now also used to help relieve specific pain problems including some antidepressants and anticonvulsants.

Drugs that have no direct pain-relieving properties may also be prescribed as part of a pain management plan. These include medications to treat insomnia, anxiety, depression and muscle spasms, and can help a great deal in the overall management of pain in some persons.

WHAT IS CAM?

CAM (Complementary and Alternative Medicine) includes a diverse group of healing systems, practices and products that are not part of conventional medicine. Examples of CAM therapies include acupuncture, massage, meditation, hypnosis, yoga and herbal therapies. These approaches are increasingly used to help manage pain and related issues (e.g., depression, anxiety, fatigue) and enhance patients' quality of life. NCCAM, one of 27 institutes and centers designated by the

National Institutes of Health, is the lead agency for scientific research on CAM and groups these therapies into four areas.

Many CAM practices are gentle methods that tend to have fewer side effects, which is part of their appeal to patients. Patients also use these therapies to help alleviate the associated stress, depression and insomnia that can accompany and worsen pain sensations.

Some CAM practices, such as acupuncture, massage and chiropractic care require the practitioner to be licensed. It's important to research and find a CAM practitioner who is certified, willing and equipped to coordinate with other members of the patient's health team, and has experience working with patients with chronic pain.

When tailored to the individual patient, non-drug approaches to pain management can help:

- Allow patients to take an active role in managing their pain, thereby, improving patient satisfaction
- Address the physical, emotional and spiritual needs of patients
- Reduce pain and manage related symptoms (e.g., pain and anxiety, depression, insomnia, fatigue)
- Enhance the effectiveness and minimize adverse effects of medications
- Reduce costs by reducing doctor visits and reliance on medications
- Improve functioning and the ability to perform activities of daily living
- Enhance wellness and quality of life ■

ECONOMIC AND WORKPLACE BURDEN OF PAIN

- The annual cost of chronic pain in the US, including healthcare expenses, lost income, and lost productivity, is estimated to be \$100 billion.* However, more recent studies have indicated that costs associated with low back pain alone are an estimated \$85.9 billion.* The total cost of arthritis—the nation's leading cause of disability—is estimated at \$128 billion.*
- Undertreated pain drives up the cost of healthcare because it extends lengths of stay in hospitals, increases ER visits and results in unplanned clinic visits.
- Pain is the second leading cause of medically related work absenteeism, resulting in more than 50 million lost workdays each year.*
- Lost productive time due to headache, arthritis, back pain and other musculoskeletal conditions is estimated to cost \$61.2 billion per year.*
 - » Headache was the most common (5.4%) pain condition resulting in lost productive time. It was followed by back pain (3.2%), arthritis pain (2.0%), and other musculoskeletal pain (2.0%).
 - » Most (76%) of the pain-related lost productive time was in the form of reduced performance occurring while the employees were at work, rather than absenteeism.
 - » Workers who experienced lost productive time from a pain condition lost an average of 4.6 hours per week.

*2008 Statistics

Fresh Pears are a Healthy Choice!

Pears have no cholesterol, sodium or saturated fat. They offer a natural, quick source of energy. A pear is a nutrient dense food, providing more nutrients per calorie. Carbohydrates make up 98% of the energy provided by a pear and are helpful in weight reduction.

Fresh pears offer dietary fiber, which contains no calories and is a necessary element of a healthy diet, helping to sustain blood sugar levels and promoting regularity. High fiber diets may also help reduce the risk of colon cancer and can help reduce serum cholesterol.

Fresh pears offer potassium—210 mg in a medium size pear. Potassium is necessary for maintaining heartbeat, muscle contraction, nerve transmission, as well as carbohydrate and protein metabolism.

One fresh medium size pear provides 7 mg, or 10% of the RDA for Vitamin C. As one of the antioxidant vitamins, Vitamin C is essential for normal metabolism and tissue repair, helping prevent free radical damage.



from the Centers for Disease Control and Prevention (CDC)

Baked Pears with Lemon Sauce

Ingredients

- 4 pears (medium-sized), peeled
- 3 Tbsp. water
- 1 Tbsp. honey
- 2 whole cloves
- 2 tsp. cornstarch (for Lemon Sauce)
- 3/4 cup skim milk, divided (for Lemon Sauce)
- 1 cinnamon stick (for Lemon Sauce)
- 1/2 tsp. grated lemon rind (for Lemon Sauce)
- 3 Tbsp. lemon juice (for Lemon Sauce)
- 1 Tbsp. honey (for Lemon Sauce)

Directions

Cut pears in half lengthwise and remove cores. Arrange pears, cut side up, in a glass baking dish. Combine water, honey and cloves and pour over pears. Cover and bake at 350° for 25 to 30 minutes. Serve warm pears with 1/4-cup chilled lemon sauce.

To make Lemon Sauce, combine cornstarch and 1/4-cup milk in a small saucepan, stirring until blended. Add remaining 1/2-cup milk and cinnamon. Simmer over medium heat 6 to 8 minutes, stirring constantly, until mixture is thickened. Reduce heat and stir in remaining ingredients until well blended. Remove from heat and cool to room temperature. Cover and refrigerate 3 hours or until thoroughly chilled. Remove cinnamon stick before serving. Makes 4 servings.

Per serving: Calories 154, Fat 1 g, Calories from Fat 5%, Cholesterol 1 mg, Fiber 6 g, Sodium: 27 mg. ■

The information contained in this newsletter is meant to raise health awareness and is not intended to replace the advice of your healthcare provider.

USI Insurance

312 Elm Street, 24th Floor • Cincinnati, Ohio 45202
Telephone: (513) 852-6300 • Fax: (513) 852-6424
Toll Free: (877) 778-7469 • <http://cincinnati.usi.biz>