dealing with chronic pain

frequently asked questions

What is chronic pain?

Chronic pain means abnormal pain that continues long after an injury is healed.

What is the opposite of chronic pain?

The opposite is acute pain, which is your body telling you there's an injury.
Example: If you sprain your ankle, the ankle hurts whenever you try to walk on it. When the ankle gets better, the pain goes away. That's acute pain, which is normal.

Why would pain continue and become chronic, if the injury is healed?

The nervous system (nerves, brain, and spinal cord) has changed, so that it keeps sending pain signals. This change can happen when you have had pain for a long time - 6 months to a year.

Is it the same as neuropathic pain?

"Neuro-" means nerve, and "-pathic" means illness. Neuropathy is a disorder of the nerves that can cause chronic pain, chronic burning, chronic numbness, or other abnormal nerve signals.

How does chronic pain affect a person?

It affects everyone differently. It can cause problems with eating, with sleeping, with mood and relationships. Sometimes it goes away over a few years. In other cases, it may last for decades.

Can you make the pain go away?

You can't usually make chronic pain go away. The goal is to control it, so it does not take over your life.

How can you control it?

You have three goals:

1. Reduce your pain level to a level where you are able to work, sleep, take care of yourself, and have good relationships.
   Tools: pain medications, breathing and meditation exercises, acupuncture, and eliminating or controlling other challenges to your health.
2. Minimize disability and maximize how much physical activity you can do.
   Tools: physical therapy, massage, yoga, strengthening and flexibility, optimize nutrition and sleep.
3. Understand and communicate what is happening to you; what is *not* happening to you; and what is possible for you.
   Tools: self-education, then educating friends, family, and care providers about your condition and your pain management program.

about pain medications

What kind of medicines can be used for chronic pain?

There are several large categories of medications that are used for chronic pain conditions:

- Anti-inflammatories, including NSAIDs (non-steroidal anti-inflammatory drugs: examples, ibuprofen/Advil, celecoxib/Celebrex). These reduce pain and longer-term damage caused by inflammation, which is the body's basic response to damage. They must be used with caution, because they can cause stomach ulcers or, in large, long-term doses, heart disease. Analgesic anti-inflammatories that are *not* NSAIDs include acetaminophen/Tylenol, and omega-3 fatty acid supplements from algae oil and fish oil.
- Narcotics, also known as "opioids," because they come from or are based on the opium poppy. Examples: morphine, oxycodone. They mimic the body's own natural pain-relieving and tranquilizing hormones (endorphins). They are tightly controlled by the Drug Enforcement Administration (with restrictions on prescribing them) because of their addictive potential and safety risks.
- Antispasmodics, also known as "muscle relaxers." Examples: cyclobenzaprine/Flexeril, carisoprodol/Soma. These can help with muscle spasms that are caused by nerve malfunction. Some anti-anxiety medicines also have antispasmodic effects. Many are DEA-controlled substances.
- Anticonvulsants, also known as anti-epileptic drugs. Examples: gabapentin/Neurontin, pregabalin/Lyrica. These calm down nerve signal hyperactivity, which reduces neuropathic pain.
- Tricyclic antidepressants. Examples: amitriptyline/Elavil, nortriptyline/Pamelor. These reduce pain sensitivity, and as a side effect, make you sleepy, so they help with pain-related insomnia.

- Medical marijuana, including dronabinol/Marinol, a synthetic version. Compounds in marijuana mimic the body's own natural pain-relieving, muscle-relaxing, and nausea-reducing hormones (endocannabinoids). It is against the law for persons to use this drug if they are not members of the OMMP (Oregon Medical Marijuana Program).

Acetaminophen (Tylenol) and ibuprofen (Advil) don't work for pain.

People often think this because they have not taken these medications properly.
In scientific studies, when people are given a plain white pill and don't know what it is, acetaminophen is found to work as well as narcotic pain relievers do. This is why it is added to so many narcotic pain medications (such as Vicodin and Percocet).
In scientific studies, ibuprofen works just as well for pain as stronger prescription medicines do, with fewer side effects.
Both of these medications, if dosed correctly, are effective for acute, temporary pain, and can also help you safely reduce the amount of stronger pain medications you need to take for chronic pain.

Aren't acetaminophen (Tylenol) and ibuprofen (Advil) dangerous?

Like all drugs, these carry risks.

- All NSAIDs are hard on the kidneys and liver. If you have kidney disease (for example, from high blood pressure) or liver disease (for example, from hepatitis C), you should minimize or avoid NSAIDs. NSAIDs also can cause stomach upset and stomach ulcers, and some can cause heart disease if taken in high doses for a long time. Of all the NSAIDs, ibuprofen is the safest.
- Acetaminophen can be hard on the liver. People who overdose on acetaminophen can suffer permanent liver damage.

Although these medicines carry risks, they are safer than many other pain medications - especially narcotics.

Aren't narcotics dangerous?

Narcotics have several dangerous aspects:

- People who take them every day become "**tolerant**" to them, so the high dose a pain patient takes, could kill someone else. If you stop taking a narcotic for a while and your tolerance wears off, but then you start again, you can get sick or die from your "regular" dose.
- People who take them every day become "**dependent**" on them. This means that if you stop taking them suddenly, you go through withdrawal and feel sick for a number of days.
- A side effect called "**hyperalgesia**" can develop, so you become *more* sensitive to pain, no matter how much medicine you take. Then you have to stop using narcotics altogether, and try other means of pain management. We can't predict who this will happen to, or how quickly.
- Narcotics can have multiple unpleasant effects, ranging from nausea to constipation to respiratory depression. They also have multiple pleasant effects: pain relief, improved sleep, and a happy, peaceful mood (euphoria).
- ***We become tolerant to each of these side effects at different rates.*** For example, the side effect of nausea usually wears off very quickly. However, tolerance to constipation develops very, very slowly.
- **Tolerance to euphoria** (the side effect of feeling happy and peaceful) also wears off very quickly, which can give you the impression that the medicine "doesn't work anymore," and your pain has gotten worse. However, actual **tolerance to pain relief alone** develops much more slowly. Non-cancer pain patients usually stay functional at a stable dosage of pain medication for very long periods of time (years), long after the early euphoric "high" is no longer experienced.
- *This difference between physical pain relief and the happy "high" of narcotics often drives addictive-type behavior.* Chronic pain is so closely linked to anxiety and depression, that it can be hard to tell them apart! Patients can find themselves taking higher and higher doses of pain medicine - more than they actually need to control their physical pain alone. It is **extremely** important to treat the psychological difficulties involved in chronic pain and disability, including depression, anxiety, frustration, grief, panic, insomnia, guilt, anger, and isolation - but we do **not** treat these by prescribing narcotics!
- Note: When patients use strong pain medicines for cancer pain at the end of life, they use higher and higher doses because the conditions causing their pain are getting worse, **not** because of tolerance.

How can you tell drug addicts apart from people who are just desperate for pain relief?

- When someone in pain takes pain medicine, their life gets better. They go back to work or school, and take care of themselves and their families.
- When someone with addiction takes pain medicine, their life gets worse. They become obsessed with issues involving the drugs, instead of moving on with their life.

If you have a tendency to get addicted, you can still have your pain treated, but you need help from a pain specialist. If you are triggered by taking your pain medication, and are identified as having addictive behaviors, then you will need help from a pain specialist *and* an addiction-medicine specialist.

My doctor made me take a urine test and sign a contract. Why am I treated like a criminal?

- The field of pain medicine is very new, and current treatment guidelines are very different from older approaches.
- American medicine in general is oriented toward "curing" acute, urgent problems, not "managing" chronic, longterm problems. Chronic management approaches are unfamiliar to lawmakers and enforcement authorities.
- Pain medications do not have a "standard dose," the way other medications, like antibiotics, do.
- Finally, addicts are out there, manipulating doctors, friends, and family members very skillfully and successfully, to get access to drugs. The drugs themselves can be dangerous, causing thousands of overdose deaths per year.

These problems combine to produce a legal environment deeply suspicious of patients who take, and doctors who prescribe, escalating dosages of strong pain medications, for years, to manage an invisible illness, without any apparent "cure." Doctors have the unfortunate task of representing this legal environment to pain patients.

Urine tests and narcotics contracts, which are standard parts of most chronic pain management programs, are designed to prevent addiction and overdose deaths, but they also act to deprive patients of some of their civil rights, and degrade the trust between doctor and patient. This is the reality of our legal system today. However, doctors and patients, working together as voters, activists, educators and organizers, might be able improve it.

Some people quit narcotic pain medicine and never use it again. Does this mean they didn't really have chronic pain to begin with?

It might mean that. It might mean that the person was actually treating their own psychological pain, rather than strictly physical pain, and when their psychological injuries healed, they were able to stop using narcotics. (As previously noted, this is not a safe or appropriate use of pain medication!)

Or it might mean that their pain treatment did its work properly, allowing them to function as well as possible in their daily lives, while their nervous system healed from its chronic pain condition over a long period of time. (We suspect, from studies of "phantom limb" pain after amputation, that eventually the central nervous system "remodels" and stops sending inappropropriate pain signals - although this may take years or decades to occur.) For this reason, it is a good idea to have a periodic "drug holiday," in which you stop using strong pain medicines for a period of time, to see where your body is currently at in its pain condition.

What about withdrawals?

If you are on narcotic pain medicine and are running out early, or want to quit, count your pills and taper off them gradually. Most people who do this have few or no symptoms of withdrawal.

If you suddenly stop taking narcotics "cold turkey," you will feel sick for 3-7 days (longer for methadone). It is like having a bad flu. Although it is unpleasant, it is not medically dangerous. It does not cause seizures or hallucinations. It does not cause heart attack or stroke. It is nothing to be afraid of.

Note: This is NOT true of alcohol, or sedatives like Valium, Clonazepam, or Xanax. Cold-turkey withdrawal from those substances, if used daily at high doses, can be very dangerous, and should be supervised by a physician.

What about medical marijuana?

- Medical marijuana for treatment of chronic pain is legal, through the OMMP (Oregon Medical Marijuana Program). This program started in 1998.
- Marijuana has not been found to have bad interactions with other medicines. It does not seem to interact with heart medicine, blood thinners, insulin, birth control, antibiotics, antidepressants, etc.
- Marijuana reduces pain and muscle spasms. It appears to be safe to take alongside narcotic and other pain medicines, and can help you cut down on how many medications you need.
- You do not have to smoke it. You can vaporize it, put it in baked goods, or make tinctures or oil capsules.
- "Marinol" is a capsule form of marijuana oil, made by a drug company, that has legal since 1986. It costs $200-800 per month, depending how much is used, and insurance usually won't pay for it.

- Medical marijuana is free to all OMMP members, by law. Growers can ask for help with the cost of supplies, but can't ask payment for their labor. Marijuana may not be sold by anyone in Oregon. The reason we don't have dispensaries (drugstores for marijuana) is so sick people and pain patients - *not* profiteers - can continue to be the owners of the OMMP.

My doctor won't see me if I use medical marijuana. Why is this?

National laws say that using marijuana as a medication is illegal in the United States. This contradicts state laws in 14 states that say it *is* legal. Before 2009, Federal police would arrest doctors who followed the state laws.

However, In October 2009, the Federal government stopped doing this. Your doctor might not know about this decision, might not believe it's true, or might disagree with it.
(See http://www.justice.gov/opa/documents/medical-marijuana.pdf to read, or print and share, the memo.)

Some doctors don't know that medical marijuana is safer than many other pain medicines. Since it's not made by a drug company, there are few scientific studies, and no fancy magazine advertisements or free samples. Most doctors just don't know much about it, compared to other medicines.

As more patients safely use it, and the government stops prosecuting them, we'll start to have better scientific information about it, and doctors will feel more confident in using it, to help with chronic pain. Patients need to "come out" to their doctors and let them know what treatments are useful for managing their chronic pain.

What about treatments that are not drugs?

Most patients use combinations of medications and other treatments at various times, in various ways, throughout their lives. These therapies can help patients to eliminate, or use just a bare minimum of, medication.

- Body-mind: biofeedback, reiki, hypnosis and self-hypnosis, meditation and prayer.
- Movement: physical therapy, pool therapy, yoga, t'ai chi.
- Manual therapy: osteopathy, chiropractic, craniosacral, massage.
- Acupuncture.
- Electrotherapy, including TENS (transcutaneous electrical nerve stimulation) and surgically implanted spinal-cord stimulation.
- Trigger-point, spinal, and joint injections of anti-inflammatories and/or local anesthetics.
- Surgery. Note: Surgery is usually less effective for chronic pain than it is for acute injury.

Why should I take an antidepressant or see a psychiatrist if I have chronic pain?

Most people who have chronic pain have suffered an injury that has changed their life. They may have difficulty working at a job, caring for their homes and families, and enjoying physical and social activities. They may have severe financial problems related to their medical condition. They are also dealing with having an "invisible illness," which isolates them from others who are pain-free and do not understand.

On top of these realities, chronic pain itself has "ripple effects" that go beyond pain itself. Normal pain acts as a warning system, and chronic pain is like having an emergency "red alert" going off in the nervous system, over and over again, every day. The body responds by being ready for "fight or flight" on a long-term basis, which interferes with sleep, concentration, appetite, energy, sexuality, and mood. It also interferes with blood pressure, body weight, hormones, and the immune system. A person with chronic pain is a person under chronic stress.

People with chronic stress may become depressed and anxious without even knowing it. Symptoms go beyond sadness and nervousness to include irritability, frustration, loss of interest, restlessness, impatience, exhaustion, loneliness, and feelings of guilt or shame. Depression and anxiety also make a person more sensitive to pain. However, *treating* depression and anxiety can reduce the amount of pain a person experiences, and the amount of pain medicine a person needs.

It's important to take a multi-focused approach to chronic pain, including stress reduction, which may involve using antidepressants, focused psychotherapy, and support groups. It may also be helpful to get an evaluation by a psychiatrist or psychologist, to help construct the safest and most effective treatment plan.

The goal of chronic pain management is not to make the pain go away, since that may be impossible. However, an individualized plan can help make the *suffering* go away - so you are able to accomplish your own personal goals, to the best of your ability, in spite of chronic pain.