

Understanding and Managing Long-term Pain

Information for People in Pain

TASTER VERSION



THE BRITISH PAIN SOCIETY

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Why you should read this booklet

We all know what pain is. We have all suffered from it. Sometimes we hardly notice it. Sometimes it may be unbearable. Usually it goes away on its own but, at other times, it may need treatment. Unfortunately, there are times when it doesn't go away at all, becoming long-term pain. (Health professionals often use the terms 'chronic pain' or 'persistent pain'.)

There are many different causes of long-term pain and we do not know them all yet. The aim of this booklet is to help you make sense of long-term pain, understand the difficulties associated with it and how it can best be managed. We do not specifically cover pain caused by cancer, but much of what is described can also apply to cancer pain.

Whether your pain is recent or long-term, severe or less severe, this booklet explores the best ways of managing it. We look at what pain is, what can be done about it, who can help you with it and how you can help yourself.



The aim of this booklet is to help you understand the difficulties associated with long-term pain and how it can best be managed.

Why doesn't my pain go away ?

Some pain is easy to understand because there is an obvious injury such as a cut or a bruise. Other pains are less obvious. For example, you cannot see the pain of appendicitis, but anyone who has had it will tell you that it is real enough.

Health professionals use different terms for different types of pain.

- Short-term pain, such as when you suffer a sprained ankle, is called 'acute' pain.
- Long-term pain, such as back pain that persists for months or years, is called 'chronic' pain.
- Pain that comes and goes, like a headache, is called 'recurrent' pain.

It is not unusual to have more than one sort of pain or to have pain in several places

Pain is defined by the International Association for the Study of Pain (IASP) as *“an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage”* (www.iasp-pain.org).

The definition is important because it links emotion and past experience to the sensory event. This means that the only way of deciding whether someone has pain is by asking them or picking up clues from the way they behave.

Many acute pains are a useful alarm signal that something is wrong. Most minor pains get better on their own or with simple treatment. Others may be a sign of something more serious, as with a broken leg. This pain is helpful because it means that you get treatment and rest your leg until the break has had a chance to heal. Long-term pain, on the other hand, appears to serve no useful purpose and has a huge impact on the lives of many people.

Why doesn't my pain go away?

Pain can be experienced in any part of your body and involve a number of different mechanisms:-

- The pain most commonly felt when pain mechanisms are 'switched on' is technically known as 'nociceptive pain'.
- When body tissues are injured, inflammatory changes can occur leading to 'inflammatory pain'.
- If sensory nerves are damaged and malfunction the result is nerve pain or 'neuropathic pain'.
- When our internal organs are affected we may experience 'visceral pain'.
- It is possible to have pains involving more than one mechanism. These are referred to as 'mixed pains'.



Normally, when we feel pain, signals travel from part of the body along particular nerve fibres via the spinal cord to the brain. However, in some cases (for example, pain after a stroke) damage to the brain or to the spinal cord can cause pain to be felt in parts of the body which are not actually damaged. This type of neuropathic pain (see above) can be likened to a faulty burglar alarm—the alarm is sounding but there is no intruder.

Pain signals are initially processed in the spinal cord and then in the brain where there are connections with centres associated with anxiety, emotions, sleep, appetite and memory. This creates a very personal experience of pain for each person.

The brain sends signals back to the spinal cord which can, in turn, reduce or increase the pain further. Nerve endings and parts of the spinal cord and brain can become over-sensitised as a result of constant pain input.

Why doesn't my pain go away?

One reason is a process called 'central sensitization'. This is a type of 'learning' by nerve cells in your spinal cord and brain which means that the pain does not go away even if the original cause is discovered and treated. It may result in pain experience that seems out of proportion to the initial injury.

In simple terms the body's warning system becomes more sensitive, producing an increased feeling of pain even though there may no longer be any continuing damage to the body. This can lead to a long-term and challenging problem. You and the healthcare professionals need to work together with skill, time and patience to improve things.

Although medical technology is improving all the time, some pain is very complicated. It may involve so many factors that we may never be able to find the precise cause with X-rays, scans or laboratory tests. However, not knowing the cause of the pain does not mean it does not exist and the problems it creates are also very real.

Only the person in pain can really say how painful something is. Because pain is always personal, no two people experience it the same way. This can make it very difficult to define and to treat.

Unfortunately, there is more to long-term pain than simply hurting. This is unpleasant enough by itself, but when it continues for a long time it can affect every part of your life and how you cope with it. It may affect your ability to work, your relationships with family and friends, your activity levels and your sleep. All of this may become overwhelming at times and can cause a vicious circle of increasing pain and distress.

Pain is never 'just in the mind' or 'just in the body'. It is a complicated mixture of signals from the body and how the brain interprets them. You know your pain, even though it cannot be seen. The challenge for you and those treating you is to understand the complicated nature of long-term pain and the best way to manage it.



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