



Pain Pain, Go Away

Physical pain (acute or chronic) is an unpleasant feeling or a sense of discomfort that results from things like cancer, arthritis, a broken leg, or surgery. Pain is usually considered chronic if it lasts more than three to six months or if it continues after an injury has healed (Ramage-Morin & Gilmour, 2010).

Acute pain comes on quickly, can be intense, and is often unexpected. It normally lasts several days but can last up to 3 months as healing occurs. Acute pain is important because it makes us aware of the severity of our injury. This can motivate us to get the care we need to heal. For example, painful sprains are often treated with rest, ice, compression, and elevation (R.I.C.E). Unfortunately, 20% of unmanaged acute pain develops into chronic pain (Canadian Pain Coalition [CPC], 2010).

Eleven percent of people under 60 years of age report chronic pain. Since chronic pain increases with age it's not surprising that 25% to 40% of those over 60 years of age report chronic pain.

What are some common causes?

About one-third of Canadians aged 12 to 44 years with chronic pain said their pain is a result of back problems (Ramage-Morin & Gilmour, 2010). However, for those of all ages that report chronic pain, most have chronic health issues like arthritis or rheumatism, fibromyalgia, diabetes, migraine headaches, or cancer (CPC, 2010, Health Canada and Canadian Population Health Initiative [CPHI], 2003).

What is the impact of chronic pain?

Chronic pain changes the way people live, work, and play. This can mean that they have difficulty caring for their home, running errands, playing sports, sleeping, or being social with friends and family (CPC, 2010).

In a chronic pain study of over 130 000 Canadians, aged 12 to 44 years, comparing individuals with a long-term physical or mental condition or health issues like back problems, arthritis, diabetes, depression, panic disorder, and other chronic health conditions to those without chronic pain it was reported that:

Of those with chronic pain:

- About 60% limited their activities.
- About 40% expressed stress at work.
- About 70% worked at a job in the previous week.
- About 6.5% were absent from work the previous week.


Of those without chronic pain:

- About 7% limited their activities.
- About 30% expressed stress at work.
- About 80% worked at a job in the previous week.
- About 7.5% were absent from work the previous week (Ramage-Morin & Gilmour, 2010).

Financial impact of pain on health care and workplaces

The CPC (2010) reports that each year chronic pain costs Canadians more than \$6 billion in healthcare expenses. That's more than is spent on cancer, heart disease, and HIV combined.

The estimated \$37 billion per year that pain costs workplaces in job loss, sick time, and productivity loss is significantly more than the \$24 billion per year that tobacco, alcohol, and illegal drugs costs workplaces in job loss, sick time, and productivity loss (Canadian Centre on Substance Abuse, 2006).



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Tolerance: When a higher dose of an opioid medication is needed to get the same pain relief felt at the beginning of the opioid treatment.

Dependency: Where a person has developed tolerance to an opioid and also experiences unpleasant withdrawal symptoms when they stop taking the drug.

Addiction: Where a person continues to use their opioid medicine despite obvious harm. Also, they crave the drug and have a compulsive need to use it.

Managing chronic pain (Portenoy, 2007).

A combination of treatment methods can help manage chronic pain:

- Physical methods (e.g., physical or occupational therapy).
- Psychological methods (e.g., relaxation or distraction techniques, hypnosis, guided imagery).
- Pain relief medications (i.e., ibuprofen, salicylates, acetaminophen, and opioids).

Pain relief medications are used by many people to manage pain. Medicines such as ibuprofen (e.g., Motrin®), salicylates (e.g., Aspirin®) and acetaminophen (e.g., Tylenol®) can help reduce minor aches and pains. However, there are concerns with using these medications for chronic pain. Continued use of medications can possibly lead to side effects such as stomach problems (e.g., abdominal pain, ulcers) or liver poisoning. If you've been taking over-the-counter pain relievers on a regular basis, talk to your health care provider (HCP) for other options.

Note: If your pain doesn't decrease after 48 hours of taking medication, see your HCP.

Opioids (i.e., narcotics) are a group of prescription pain medications that help relieve acute and chronic pain that's moderate to severe. You, your doctor, or other HCP may feel nervous about starting prescription pain medication because of the risk of tolerance, dependency, and addiction.

Managing muscle or joint pain

Non-medication options should always be the first line of treatment for dealing with minor muscle or joint pain. For more serious conditions, talk to your doctor or HCP before starting pain relief treatment. Depending on your circumstances, the following suggestions may be useful for you:

- Change your activity level and avoid heavy lifting, climbing, and jogging. Avoid activities that make the symptoms worse. Avoid or limit bed rest. Walk and move regularly.
- Visit a chiropractor, physical therapist, or registered massage therapist. They will help you with stretching and strengthening exercises. They may also use or recommend hot and cold packs, spinal manipulation, traction, massage, ultrasound, and joint support items such as braces for the affected area.
- If feelings of depression, anxiety, or sleep problems develop, psychological treatments like biofeedback, therapy, and counselling may help. In addition, for some types of pain, taking antidepressant medications may help (Atlas, 2010, Portenoy, 2007).

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