6. PROBLEMS IN PAIN MANAGEMENT AND SUGGESTED SOLUTIONS

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During the past 25 years there has been a surge of interest in setting up pain clinics where patients with complex chronic pain can be examined and assessed with a promise of treatment. Because one person cannot encompass all the techniques and procedures that can be applied to the problem, such a clinic should be interdisciplinary and provide a well-integrated approach to pain problems. The effectiveness of interdisciplinary pain clinics and pain centers in management of patients with chronic, intractable pain is now well documented.\cite{1-6} The most promising approaches to treatment have come out of interdisciplinary pain centers such as the one established at the University of North Carolina (UNC), whose evolution, organization, and function have been previously addressed.\cite{7-9}

In 1972 we reported some problems that jeopardize the development and continued existence of pain centers.\cite{10} One purpose of this chapter is to identify problems inherent in organizing a pain center and to provide a critical appraisal of problems affecting the field of pain management in general and those who manage it. A second purpose is to introduce caution, not pessimism, by focusing on the consequences of each problem as they relate to the future development of pain centers and to discuss some ways to approach the problems. Some practical guidelines for pain evaluation and treatment are offered along the way. Within such a framework, the task of treating chronic pain can be made more easily manageable for any newly formed group.
The pain experience

In the last 30 years significant advancement has been made in the understanding and management of pain. However, pain is one of the most subjective complex human experiences, one whose complete understanding is elusive. The term pain is used here to refer to “an unpleasant sensory and emotional experience typically associated with actual or potential tissue damage or described in terms of such damage.”[11]

There is no general agreement among the experts in the field about the nature of the pain experience, classification of chronic pain states, underlying etiologies, pain mechanisms, or ways to manage pain. However, interest in the management of pain patients has increased significantly. Even though the role of tissue injury as a generator of pain is still emphasized in various neurophysiologic laboratories, pain in the absence of appropriate organic damage is very common in actual medical practice. The nature of psychological, social, ethnocultural, cognitive, environmental, and biochemical stimuli is not fully understood; mechanisms by which these stimuli cause pain are unknown. Attempts to understand all the known aspects of personhood and their relationship to illness and suffering present problems of phenomenal complexity and magnitude.

“Chronic” pain: an ambiguous generalization

Description of pain as acute or chronic has its share of problems. Pain associated with an acute disease, traumatic injury, or inflammation is termed acute pain, whereas chronic pain is arbitrarily defined as that which lasts longer than six months or beyond the normal course of the disease or injury.[12-13] Acute pain is generally characterized by a “well-defined temporal pattern of pain onset, subjective and objective physical signs, and hyperactivity of the autonomic nervous system.”[14] Acute pain is largely self-limiting or, if accurately diagnosed early and properly managed, does not constitute a serious, long-term problem.

To patients, all pain is unpleasant whether acute or chronic, and relief of subjective symptoms is more meaningful than judgments by clinicians and researchers. The term chronic has many meanings. Often patients associate the word with hopeless, incurable conditions, and interpretation of this term varies widely even among pain managers. In the absence of data on the normal healing time for disease processes that cause pain, the term chronic pain does not suggest a specific duration to pain physicians.

The term chronic can be confusing when it is used to describe etiology or pain mechanism. To some physicians it may mean that the pain is persistent and ongoing with no clearcut, underlying etiology; psychological problems are perceived as the basis of pain that resists conventional medical and surgical treatments. To other physicians, chronic pain appears due to a heterogeneous group of syndromes with diverse etiologies.

Chronic pain can be represented in a broad spectrum (figure 6–1). Representa-