

Treating Pain

Fact Sheet

TREATING PAIN

Many Americans suffer from chronic pain. The U.S. Centers for Disease Control and Prevention (CDC) reports that one in 10 American adults surveyed said they have suffered pain that has lasted for a year or more.¹ In a recent survey, the American Pain Foundation found that only 48 percent of Americans being treated for pain felt they were getting enough information about ways to manage their pain, and 51 percent of those surveyed felt they had little control over their pain.²

TREATMENTS FOR PAIN

People in pain often try several remedies looking for relief, beginning with over-the-counter pain medications, ice packs and heating pads. When pain persists, people usually go to primary care physicians, who may use diagnostic tools (such as an X-ray) to determine if there has been an injury. If specific causes for pain are not found, physicians may refer patients to a specialist for treatment, or they may prescribe non-steroidal anti-inflammatory drugs (NSAID). Patients might also be referred for physical therapy, transcutaneous electrical nerve stimulation (TENS) or pain counseling.

Pain treatments often proceed in this manner until a remedy is found; however, the array of treatment options can be overwhelming, and patients with persistent pain may become discouraged and even depressed during this process.

PAIN MANAGEMENT SPECIALISTS

At any point in the treatment process, primary care physicians might refer patients to pain management specialists or to interventional pain physicians (a relatively new and growing specialty). In addition to a medical degree, these physicians have at least one year of medical training in pain management and are qualified to develop comprehensive pain management programs that employ a full range of chronic pain therapies.

PAIN TREATMENT REGIMEN

Physicians generally follow a treatment regimen when dealing with pain patients. Elliot Krames, M.D., a leading interventional pain physician, was one of the first to recognize that pain should be treated in a progressive order, similar to other diseases. Dr. Krames published an example of a recommended sequence of pain treatments in 1999.³

The order in which treatments are administered varies according to patients' conditions and responses to previous therapies; more than one treatment can be given at a time. The diagram below exemplifies the types of treatments patients may receive:



SURGERY OR SPINAL CORD STIMULATION

During the course of treatment, physicians may recommend surgery, repeat surgery or spinal cord stimulation (SCS). Spinal cord stimulators are FDA-approved devices for treating chronic, intractable pain of the trunk and limbs, as well as pain associated with failed back surgery syndrome (FBSS). Similar to a cardiac pacemaker, implanted neurostimulation devices use mild electrical pulses (from leads selectively placed near the spinal cord) to interrupt pain signals to the brain.

Physicians vary in their views about when to pursue surgery in relation to other pain treatments. For example, after an unsuccessful surgery for low back pain, some doctors may recommend a second surgery while others may prescribe SCS.⁴ Recent studies have shown that SCS decreases low back pain associated with FBSS, with 60 to 80 percent of patients achieving effective pain relief.⁵

Patients should talk with their physicians about the different types of treatments, the sequence of pain treatments and their doctors' views about how to treat pain. Patients also may want to consider working with an interventional pain physician to develop a program of pain treatment.

PATIENT RESOURCES

People suffering from pain should talk with a physician about their symptoms. Information on how to locate a physician who treats pain can be found at www.PowerOverYourPain.com. More information about pain is available from the National Pain Foundation (www.nationalpainfoundation.org), the American Chronic Pain Association (www.theacpa.org) and the American Pain Foundation (www.painfoundation.org).

FOR ADDITIONAL INFORMATION FOR PATIENTS OR JOURNALISTS:

- www.PowerOverYourPain.com
- www.NationalPainFoundation.org
- www.theapca.org
- www.PainFoundation.org

Sources:

- 1 U.S. Department of Health and Human Services, Centers for Disease Control, National Center for Health Statistics Web site. New report finds pain affects millions of Americans [news release]. November 15, 2006. Available at: <http://www.cdc.gov/nchs/pressroom/06facts/hus06.htm>. Accessed May 23, 2007.
- 2 Voices of Chronic Pain, survey conducted by American Pain Foundation, May 2006. Available at: <http://www.painfoundation.org/Voices/VoicesSurveyFactSheet.pdf>. Accessed June 11, 2007.
- 3 Krames E. Spinal cord stimulation: indications, mechanism of action, and efficacy. *Current Review of Pain*. 1999; 3:419-426.
- 4 North RB, Kidd DH, Farrokhi F, Piantadosi SA. Spinal cord stimulation versus repeated lumbosacral spine surgery for chronic pain: a randomized, controlled trial [abstract]. *Neurosurgery*. Jan 2005;56(4):98-107. Available at: http://www.ncbi.nlm.nih.gov/sites/entrez?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15617591.
- 5 Lee AW, Pilitsis JG. Spinal cord stimulation: indications and outcomes [abstract]. *Neurosurg Focus*. 2006 Dec 15;21(6):E3. Taken from: PubMed. Available at: http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list_uids=17341047&query_hl=2&itool=pubmed_docsum. Accessed April 25, 2007.