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Restoring Patient Function In Pain Management

Pain assessment and management are an integral part of every practice. In fact, pain is the most common reason that causes individuals to seek health-care. Chronic pain is the most common cause of long-term disability and it is estimated that almost one third of all Americans will experience severe chronic pain at some point in their lives. This program is designed to help every practitioner better understand the different types of pain, and to have a better appreciation of the multi-factorial, evidence-based approach to pain management and prevention of untoward sequelae.

Often the pain assessment and management skills of America's caregivers have been taken for granted, resulting in poor management and even mismanagement of pain. There is a significant and growing body of evidence that suggests that pain is being undertreated, and that persistent pain may lead to chronic central pain long after tissue healing. If not managed properly, the pain itself can become the disease. Several states have initiated legal proceedings against practitioners for inadequate pain management practices, citing departure from standards of care.

Pain is a highly individualized experience. It is not always "the enemy"; it sometimes serves a protective physiologic function. Suffering, on the other hand, although not always dependent upon pain to exist, may be the result of inadequate pain management. Intolerable levels of pain and suffering can lead to immobility and loss of function. The etiology of the pain, and the patient's overall level of wellness, affects pain management decisions.

An understanding of the current physiologic and functional models of the various types of pain and how that affects pain management is necessary in order for the practitioner to adequately manage their patients' pain. Sources of persistent pain range from the acute (e.g., trauma, inflammation) to chronic (e.g., central pain) and may be benign or malignant in nature. It may be nociceptive, psychologic, neurologic or any combination of these in origin. Each will present with a distinct symptoms and diagnostic clues.

There is a growing number of pharmacological choices available to the practitioner, ranging from peripherally acting analgesics (e.g., acetaminophen, NSAIDs, COX-2 inhibitors) to centrally acting analgesics (e.g., tramadol, narcotics, synthetic opioids), and including also anticonvulsant and antidepressive medications. Additionally, there is a whole host of nonpharmacologic pain management measures, some of which have scientific merit, and some of which are not likely to be effective. Combinations of these measures are often more effective than singular measures in managing pain and suffering.

I hope you will enjoy and appreciate this update on the current understanding of pain and its management utilizing various modalities in combination. Together, we can have a substantial impact on the health and quality of life of our patients.

Sincerely,

Gregory B. Holm, PhD, ARNP-C
Editorial Advisor, *CE-TODAY*



To listen to an audio interview with Dr. Holm as he describes approaches to the management and treatment of patients with chronic pain, please insert the companion CEonCD into your CD player or visit www.np.ce-today.com.