Towards non-suffering pain – a call for better non-pharmacological interventions in chronic pain management

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A pain doctor saw a patient in pain and asked: “How can I help you? The patient replied: “I want pain no more?” “You have to be realistic”, the doctor reminded. “Then, make me less suffering”, the patient responded. This is the actual position where doctors and patients may find themselves when treating chronic pain management - to reduce the suffering from pain rather than to achieve an unrealistic pain-free state. Pain can be separated into a sensory component (objective) and an emotional component (subjective). The former one, an analogy to vision or olfaction, is about the location and quality information of the pain; the latter one is close to what may be considered “suffering from pain” and is related to emotion, values and motion planning. These two aspects of pain are processed in different parts of the brain (Treede, et al., 1999), and therefore respond differently to various therapeutic options. Pain emotions, such as fear of pain and re-injury are often more disabling than pain sensation itself (Vlaeyen and Linton, 2000). Unfortunately, current chronic pain management is inefficient in reducing pain suffering – relying too much on the pharmacological options (e.g., NSAIDs, opioids, anti-depressants, anti-convulsants, etc.) to reduce pain intensity yet too little on the non-pharmacological options (e.g., cognitive behavioral therapy, meditation, patient education and support group) to reduce pain suffering. A rare disease called “sensory-limbic disconnection syndrome” (Berthier, et al., 1988) might point out a way to a satisfactory management of chronic pain. Patients suffering this disease are in a condition of “pain asymbolia”, in which pain is perceived, but does not cause suffering. “They smile upon feeling their pain and they cooperatively put forth their hands for painful stimulation” (Berthier, et al., 1988). Removing the suffering component of pain might be what we can do first for chronic pain patients, as pain sensation is beneficial in a way that it warns against potential tissue damage.

How can we do better? Doctors need to learn more about pain, and patients need to be more disciplined and cooperative.

1. Change your mind sets, Doc! Only clear understandings of pain will lead to the destination of satisfactory pain control. Doctors need to apply current understandings of pain, especially those about pain emotion and its modulation, in developing treatment protocols.

2. Choose the right tool for your work. Typical pain medicine, especially NSAIDs and opioids are good at reducing the pain intensity but are very weak in removing the “suffering” aspect of pain. These medicines frequently solve one problem but often
create other problems, such as, mood disorders, sleep disorders and other severe side effects. Non-pharmacological options, as mentioned above, have very limited effects on pain intensity itself, but moderate effects on pain emotions.

3. Patient education is a treatment! To educate patients about the realistic goal in the treatment, to explain a treatment protocol, and to help living a healthier life style help in reducing suffering from pain. So do other non-pharmacological treatments.

4. Foster a hope collectively. Although critical, non-pharmacological treatments do not work for every patient. This may be dependent upon the degree of belief by both the treating physician and the patient. If a belief in treatment is absent, then pain emotions, such as anxiety, frustration, etc. persist leaving the patient suffering from pain.

References


Bio

Dr. Keith Wu was an Anesthesiologist in China from 2000 to 2004. Later he did his PhD in mechanisms of osteoarthritis pain under the supervision of Dr. James Henry at McMaster University. In 2010, he started his postdoc research in Dr. Karen Davis’s pain imaging lab at Toronto Western Hospital. His current research is about the neural mechanism of pain and fatigue in ankylosing spondylitis patients. He is also the clinical research coordinator for Wasser Pain Management Centre at Mount Sinai Hospital. He wants to pursuit a career in clinical pain management.