



Chronic Pain: Here's What You Need to Know

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Pain Management

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Pain is unpleasant enough, but what happens when it won't go away? Know your options.

We all experience pain. It's the body's way of alerting us to an issue in the body or teaching us the limits of our capabilities. (As it turns out, we can't touch fire!) However, when pain doesn't fade in a reasonable amount of time after an injury, or when a clear stimulus cannot be identified, you may be facing a case of chronic pain.

Any recurrent and persistent pain that continues for more than six to 12 weeks is considered chronic. In some cases, chronic pain can last for years or throughout a person's life. Left untreated, chronic pain can significantly decrease a person's overall quality of life.

Treatment usually begins by focusing on resolving the pain, especially if the cause of the pain is known. If that doesn't work, the focus shifts to decreasing the pain and managing it. If the pain seems like it can't be cured, reducing it enough to

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being is the ultimate goal.

Dealing with chronic pain might seem overwhelming, but with both the right care from medical professionals and proper self-management, it is possible to live with the issue. In order to find your best care and management techniques, it's critical to communicate the nature of your pain to your primary doctor, who will then be able to recommend a specialist if necessary.

Diagnosing chronic pain

A chronic pain diagnosis may include an assessment of pain severity, which is determined by pain intensity, distress related to pain, and whether and how much functioning is impaired. Psychosocial and preexisting medical factors also may weigh into chronic pain diagnoses.

The risk factors for chronic pain are numerous and can be biological, environmental or both. Most long-term pain is caused by either an injury or an underlying health condition. However, other risk factors include:

- Genetics
- Repeated surgeries
- Stress and mood disorders
- Advanced age
- Previous injuries
- Substance use/abuse
- Social issues, including loneliness, poverty and poor access to care
- Prolonged exposure to opioid medications

Because your doctor cannot physically feel or measure your pain, it's important to pay close attention to your everyday experiences and communicate openly and honestly about what you're feeling.

The individual elements of chronic pain

Clinically, chronic pain can be divided into seven groups:

1. **Chronic primary pain** occurs when the chronic pain is itself the disease rather than a symptom of an underlying condition.
2. **Chronic cancer pain** is caused by cancer or cancer treatment. While many forms of chronic pain stabilize, cancer pain may progress with time.
3. **Chronic post-traumatic/post-surgical pain** are types of pain that continue past the normal healing time after surgery or other injuries, for reasons that seem to be related to the surgery or injury.
4. **Chronic neuropathic pain** is caused by diseases or conditions of the nervous system.

5. **Chronic headache/orofacial (mouth and face) pain** involves headaches or orofacial pain that happen for a minimum of 50 percent of days over the course of three months.
6. **Chronic visceral pain** originates from the internal organs of the head and neck as well as the abdominal, thoracic and pelvic cavities.
7. **Chronic musculoskeletal pain** is persistent and recurrent pain that has its source in bone, joint, muscle or other soft-tissue diseases.

The International Association for the Study of Pain (IASP) has an extensive resource dedicated to breaking down pain and its many manifestations.

What it looks like & how to treat it

Pain expresses itself uniquely in each individual. For this reason, no simple, all-encompassing treatment plan for managing or eliminating chronic pain exists.

The most effective way to handle each individual's pain is usually through a combination of therapy types. This is true even if the source of the pain is unknown.

To identify the treatment plan best suited for you, assess and share your symptoms with your doctor if you are experiencing any of the following:

- Lower back pain
- Joint pain
- Headaches
- Achy muscles
- Burning or tingling sensations
- Sharp pains

If more than one of these symptoms are affecting your life, some more general practices apply for managing chronic pain as a whole. You can self-manage your pain with assistive devices and technologies, diet changes, muscle-strengthening classes and other exercise programs, stress-relieving activities such as meditation, and quality sleep.

Restorative therapies, which focus on keeping muscles and joints limber, can also work wonders for managing chronic pain. Options for restorative therapy include chiropractic care, osteopathic medicine, physical therapy, regular massages, aquatic therapy, stretching programs such as Pilates or yoga, and kinesiology tape.

Alternative options

It is also becoming more popular to seek out alternative treatments, such as art therapy, acupuncture, cupping, floatation therapy, reiki and hypnosis (not all of which have been shown by studies to be effective at pain management, but individual responses may vary).

Alternative therapy is popular when other options have been exhausted but a patient is not yet willing to undergo surgery and/or use medications with potentially dangerous side effects.

Other alternative treatments include noninvasive interventions and procedures, such as electrical nerve stimulation, high-frequency impulse therapy, cold therapy and ultrasound therapy, among many more.

Medications & more

Sometimes, more serious options can become necessary to improve your quality of life. Medications such as opioid analgesics, benzodiazepines, corticosteroids and muscle relaxants may be prescribed, depending on the pain's source and severity. Surgery and other invasive interventions are typically the final options if nothing else works to ease the pain, but it must be noted that pain may persist despite surgical intervention.

Some people may also apply to clinical trials to find adequate treatment. These are research studies that use cutting-edge therapies not yet available to the public. While this manner of therapy might be regarded as somewhat of a wildcard and may have unknown risks and side effects, many people try this option, especially if nothing else is working.

Chronic pain outlook

A multidisciplinary and multimodal approach is often most effective for managing chronic pain, combining various treatments to each individual's needs.

For instance, a person with chronic back pain might use a combination of medication, regular physical therapy that incorporates patient education, alternative therapy and self-management techniques to reduce the impact of the pain on their well-being. For example, a patient may find coping strategies for anxiety and reframe their relationship with pain by engaging in activities such as meditation. It is also important to participate in support groups, share progress and setbacks with loved ones, and address issues such as poor sleep.

If each of these treatment plans reduces the pain by 10 to 20 percent, that's a lot of pain reduction, which is, ultimately, why the multi-treatment path is such a strong option.

chronic pain

genetics

stress

mental health

getting older

substance abuse & addiction

opioids

alternative treatments

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