Chronic pain

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Chronic pain is a type of pain that lasts beyond the normal healing time and lacks the normal sense of nociceptive warning. This usually means continuous periods of pain that exceed three to six months in duration. It usually does not respond to treatments and is accompanied by psychological disorders. [1][2][3]

This conceptualization of chronic pain arises as a result of the differentiation between acute pain and chronic pain, which is one of the most common classifications. The Spanish Pain Society (SED) proposed the following definitions in 2020: acute pain is pain that is present until the moment the region heals, without the pain lasting over time. If, on the other hand, the pain exceeds three months (depending on the injury and the region), this pain would be considered chronic pain, which in itself would constitute a disease. [4]

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Classification

There is no single way to classify chronic pain, a debate that has been (and is) going on for some time. Among the first to classify pain were authors such as Bonica in 1953 in his manual "The Management of Pain". This author made an initial differentiation between normal pain and abnormal pain in terms of duration and physiology, in such a way that normal pain became abnormal or pathological when it ceased to have functionality and adaptability. [5] [6][7]This duality in pain is also shared by other authors such as Sternbach and Pilowski in the 80s, who differentiate between acute pain and chronic pain, the latter being the one that persists once the wound has healed. Finally, in the 90s, chronic pain was proposed as a disease. This conceptualization was accepted by the majority of the scientific community, although there are still sectors that do not share this approach. [5][6]

Today, the classification of pain remains complex. As just mentioned, there are various classification methods proposed by different entities and organizations. [1][8][4][7]Of the most practical and informative classifications, the one proposed by the (SED) and the one proposed by the International Classification of Diseases (ICD-11) stand out. [1][4][8]

The classification of chronic pain can be done by anatomical location, origin (oncological and non-oncological), by system (neuropathic, non-neuropathic), by cause (traumatic, non-traumatic). Based on all of these possibilities, experts classify chronic pain into seven types:[1]

Primary chronic pain
Chronic pain of oncological origin
Chronic post-surgical or post-traumatic pain
Chronic neuropathic pain
Headache and chronic orofacial pain
Chronic visceral pain
Chronic musculoskeletal pain

Primary chronic pain

Primary chronic pain is pain that affects one or more anatomical regions persistently or recurrently for more than three months, associated with a relevant emotional disorder or that produces some recognizable degree of disability, and that cannot be included in other classifications of pain. [1]

a) Rheumatoid.

b) Vascular. Related to an alteration in blood flow due to obstructive pathology or spastic vessel.

c) Pain disorder, a psychiatric illness.

Chronic pain of oncological origin

Main article: Cancer pain

It is common in tumors and bone metastases. It may be due to the malignant process, antineoplastic therapy, or other causes:

a) Pain caused by the tumor. It is due to infiltration or compression on certain structures (bones, plexuses, roots, peripheral nerves, viscera).

b) Pain caused as a result of therapy (post-surgery, post-chemotherapy, post-radiotherapy).

Chronic post-surgical or post-traumatic pain

Traumatology. Its origin is mechanical.

Chronic neuropathic pain

Main article: Neuropathic pain

Chronic neuropathic pain can be spontaneous or secondary to an acute injury; Its most important characteristics are an exaggerated response to a painful stimulus (hyperalgesia) or an abnormal painful response to non-painful stimuli (allodynia). It extends over the territory of one or more nerves and is diagnosed with imaging, biopsy, or neurophysiological tests. [1]

Headache and chronic orofacial pain

Main article: Headache

Chronic headache and orofacial pain are defined as headache or orofacial pain on more than 50% of the days for at least 3 continuous months. The most common origin is temporomandibular joint disorders. [1]

Management

Main article: Pain management

Overview

Pain management is a branch of medicine that uses an interdisciplinary approach. The combined knowledge of various medical professions and allied health professions is used to ease pain and improve the quality of life of those living with pain.[1] The typical pain management team includes medical practitioners (particularly anesthesiologists), rehabilitation psychologists, physiotherapists, occupational therapists, physician assistants, and nurse practitioners.[2] Acute pain usually resolves with the efforts of one practitioner; however, the management of chronic pain frequently requires the coordinated efforts of a treatment team.[3][4][5]

A multimodal treatment approach is essential for better pain control and outcomes, as well as minimizing the need for high-risk treatments such as opioid medications. Managing comorbid depression and anxiety is critical in reducing chronic pain.[6][7] Patients with chronic pain should be carefully monitored for severe depression and any suicidal thoughts and plans.[6][8] Periodic referral of the patient to the doctor for physical examination and to check the effectiveness of treatment too is necessary, and the rapid and correct treatment and management of chronic pain can prevent the occurrence of potential negative consequences on the patient's life and increase in healthcare costs.[6]

As of 2024, the patient is encouraged to play a major role in the management of their pain.[9]

Medications
Various non-opioid medicines are initially recommended to treat chronic pain, depending on whether the pain is due to tissue damage or is neuropathic.[10][11]

Some people with chronic pain may benefit from opioid treatment while others can be harmed by it.[12][13]

People with non-cancer pain who have not been helped by non-opioid medicines might be recommended to try opioids if there is no history of substance use disorder and no current mental illness.[14]

A 2023 review said that future chronic pain diagnosis and treatment would be more personalized and precision based.[15]

Nonopioids
Initially recommended efforts are non-opioid based therapies.[14] Non-opioid treatment of chronic pain with pharmaceutical medicines might include acetaminophen (paracetamol)[16] or NSAIDs.[17]

Various other nonopioid medicines can be used, depending on whether the pain is a result of tissue damage or is neuropathic (pain caused by a damaged or dysfunctional nervous system).

There is limited evidence that cancer pain or chronic pain from tissue damage as a result of a conditions (e.g. rheumatoid arthritis) is best treated with opioids.

For neuropathic pain other drugs may be more effective than opioids,[10][11][18][19] such as tricyclic antidepressants,[20] serotonin-norepinephrine reuptake inhibitors,[21] and anticonvulsants.[21]

Some atypical antipsychotics, such as olanzapine, may also be effective, but the evidence to support this is in very early stages.[22] In women with chronic pain, hormonal medications such as oral contraceptive pills ("the pill") might be helpful.[23] When there is no evidence of a single best fit, doctors may need to look for a treatment that works for the individual person.[20]

Nefopam may be used when common alternatives are contraindicated or ineffective, or as an add-on therapy. However it is associated with adverse drug reactions and is toxic in overdose.[24]

Opioids
In those who have not benefited from other measures and have no history of either mental illness or substance use disorder treatment with opioids may be tried.[14] If significant benefit does not occur it is recommended that they be stopped.[14] In those on opioids, stopping or decreasing their use may improve outcomes including pain.[25]

Some people with chronic pain benefit from opioid treatment and others do not; some are harmed by the treatment.[12] Possible harms include reduced sex hormone production, hypogonadism, infertility, impaired immune system, falls and fractures in older adults, neonatal abstinence syndrome, heart problems, sleep-disordered breathing, physical dependence, addiction, abuse, and overdose.[26][27]

It is difficult for doctors to predict who will use opioids just for pain management and who will go on to develop an

addiction. It is also challenging for doctors to know which patients ask for opioids because they are living with an opioid addiction. Withholding, interrupting or withdrawing opioid treatment in people who benefit from it can cause harm.[12]

Psychological treatments

Psychological treatments, including cognitive behavioral therapy[28][29] and acceptance and commitment therapy[30][31] can be helpful for improving quality of life and reducing pain interference. Brief mindfulness-based treatment approaches have been used, but they are not yet recommended as a first-line treatment.[32] The effectiveness of mindfulness-based pain management (MBPM) has been supported by a range of studies.[33][34][35]

Among older adults psychological interventions can help reduce pain and improve self-efficacy for pain management.[36] Psychological treatments have also been shown to be effective in children and teens with chronic headache or mixed chronic pain conditions.[37]

Exercise

While exercise has been offered as a method to lessen chronic pain and there is some evidence of benefit, this evidence is tentative.[38] For people living with chronic pain, exercise results in few side effects.[38]

Other interventions

Interventional pain management may be appropriate, including techniques such as trigger point injections, neurolytic blocks, and radiotherapy. While there is no high quality evidence to support ultrasound, it has been found to have a small effect on improving function in non-specific chronic low back pain.[39]

Chronic Pain and COVID-19

COVID-19 has disrupted the lives of many people, causing significant physical, psychological, and socioeconomic impacts on the general population. [9] The social distancing practices that define the response to the pandemic alter familiar patterns of social interaction, creating the conditions for what some psychologists describe as a period of collective mourning. [10] People with chronic pain tend to embody an ambiguous status, sometimes expressing that their type of suffering places them between and outside of conventional medicine. [11] With a large proportion of the world's population enduring prolonged periods of social isolation and distress, one study found that people with chronic pain from COVID-19 experienced more empathy towards their suffering during the pandemic. [9]

Epidemiology

Chronic pain of non-oncological origin is the most frequent cause of disability in the world. The prevalence, according to different studies, varies between 8 and 45% in the general population, and between 10 and 15% in primary care consultations. The prevalence increases with age. 88% of patients with chronic pain suffer from a chronic disease. Between 20 and 50% of them suffer concomitantly from depression. [12]

See also

WHO Analgesic Ladder (Pain Treatment))

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External links

Chronic pain Article on chronic pain of emotional origin