

Impact of pain management in patients with chronic diseases.

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Abstract

Chronic pain is long standing pain that persists beyond the usual recovery period or occurs along with a chronic health condition, such as arthritis. Chronic pain may be "on" and "off" or continuous. It may affect people to the point that they can't work, eat properly, take part in physical activity, or enjoy life. There are many causes of chronic pain. It may have started from an illness or injury, from which you may have long since recovered from, but pain remained. Or there may be an ongoing cause of pain, such as arthritis or cancer. Many people suffer chronic pain in the absence of any past injury or evidence of illness.

Keywords: Chronic pain, Arthritis, Illness.

Introduction

Chronic pain is a prevalent condition that has significant negative effects on individuals and the healthcare system. Approximately one-third of adults have chronic or persistent pain and the prevalence of chronic pain increases with age. Chronic pain has been linked to limitations in activities of daily living and loss of employment, as well as to increased medical expenditures and poor self-rated health [1].

Although the negative effects of chronic pain have been well described, an increasing number of adults suffer from multiple chronic conditions⁶ and the experience of chronic pain among these patients is not well understood. In particular, we know little about the type and severity of chronic pain experienced by these patients or the strategies they use to manage their pain. Moreover, little is known about the extent to which chronic pain might influence function, perceived health status and ratings of care quality among individuals with other chronic health conditions [2].

Managing the competing demands of multiple chronic health conditions is a significant challenge for many patients and their primary care providers. Chronic pain is of particular concern as a comorbid condition considering its prevalence among older persons, who also tend to have other chronic conditions, and its association with increased disability, poorer health status and decreased quality of life in general. Prior work also suggests that among patients with other chronic illnesses chronic pain is associated with greater reported difficulty performing certain essential self-management activities [3].

Consequently, better understanding how different conditions interact is essential for improving both quality of care and health outcomes for these complex patients. In addition, a thorough understanding of how patients with chronic conditions manage chronic pain is critical for developing

effective strategies to assist patients with managing their different health conditions. The clinical management of long-term non-malignant chronic pain can be challenging. The limited number of pharmacological treatments available only helps a proportion of patients, often resulting in tolerance and side-effects with long-term use. Patients can be left with substantial functional disability and poor quality of life, and with their condition causing substantial health-related economic burden [4].

Clinicians and patients need to appreciate an understanding of chronic pain often being driven by central sensitization and altered descending control of nociceptive input. Failure to understand this can explain why patients, and often clinicians, cannot make sense of chronic-pain conditions that persist in the absence of an ongoing pathology. This can lead to some clinicians labelling pain as '*psychosomatic*', and the patient contesting this in a way that impedes treatment and sours clinical relationships [5].

Conclusion

Although its inclusion in medical research is relatively recent and its interpretation is often variable, quality of life is increasingly being recognized as one of the most important parameters to be measured in the evaluation of medical therapies, including those for pain management. Pain, when it is not effectively treated and relieved, has a detrimental effect on all aspects of quality of life. This negative impact has been found to span every age and every type and source of pain in which it has been studied. Effective analgesic therapy has been shown to improve quality of life by relieving pain. Opioid analgesics, cyclooxygenase (COX)-2 inhibitors (or coxibs), and several adjuvant analgesics for neuropathic pain have been demonstrated to significantly improve quality-of-life scores in patients with pain.

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