

A brief on managing chronic non-malignant pain.

Robertson Shen*

Department of Anesthesiology, University of Medicine and Dentistry, New Jersey Medical School, Newark, USA

Introduction

Chronic non-malignant pain, often referred to as chronic pain, is a pervasive and complex medical condition affecting millions of individuals worldwide. Unlike acute pain, which serves as a warning sign of injury or illness, chronic pain persists beyond the expected healing period and can last for months or even years. This article aims to provide an in-depth analysis of chronic non-malignant pain, its impact on individuals, and evidence-based approaches to its management.

Chronic Non-malignant Pain

Chronic pain can originate from various sources, such as musculoskeletal conditions, neuropathic disorders, fibromyalgia, and other chronic illnesses. It is crucial to differentiate chronic non-malignant pain from cancer-related pain, as the management approaches can differ significantly [1].

Impact of Chronic Pain

Chronic pain can significantly affect an individual's physical, emotional, and social well-being. Persistent pain may lead to reduced physical activity, muscle weakness, and a decline in overall health. The constant discomfort often leads to psychological distress, including anxiety, depression, and a sense of helplessness. Additionally, social isolation and disrupted relationships may result from the inability to participate in activities once enjoyed, leading to a diminished quality of life.

Evidence-based Approaches to Management

Multidisciplinary pain management

A multidisciplinary approach involving a team of healthcare professionals is often the most effective way to manage chronic non-malignant pain. The team may consist of physicians, physical therapists, occupational therapists, psychologists, and pain specialists. Collaboratively, they develop an individualized treatment plan, addressing physical, psychological, and social aspects of pain [2].

Medication management

Pharmacological interventions are commonly used to manage chronic pain. However, cautious prescribing practices are essential to mitigate the risk of dependence, tolerance, and adverse effects. Non-opioid analgesics such as acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs) may be considered as first-line options. Opioids are reserved for

severe cases and should be used judiciously, adhering to strict guidelines and frequent reassessments.

Psychological interventions

Chronic pain is intertwined with emotional experiences, and psychological interventions play a vital role in pain management. Cognitive-behavioral therapy (CBT) can help patients develop coping strategies, modify negative thought patterns, and enhance their ability to manage pain-related stressors. Relaxation techniques, biofeedback, and mindfulness-based therapies are also beneficial in reducing pain perception and improving overall well-being [3].

Physical therapy and exercise

Physical therapy focuses on improving physical function, mobility, and strength. Therapeutic exercises, stretches, and manual techniques are employed to enhance flexibility and reduce pain. A tailored exercise program, which includes low-impact activities like swimming or walking, can help improve physical fitness while minimizing the risk of exacerbating pain.

Complementary and alternative medicine

Complementary and alternative therapies, such as acupuncture, chiropractic care, and massage therapy, have shown promise in alleviating chronic pain for some individuals. While not universally effective, many patients report a reduction in pain and improved quality of life with these approaches [4].

Interventional procedures

For specific chronic pain conditions, interventional procedures may be considered. Examples include nerve blocks, epidural injections, and radiofrequency ablation. These procedures can provide targeted pain relief and are often performed by pain management specialists.

Self-management and education

Empowering patients to take an active role in managing their pain is essential. Education about the nature of chronic pain, its triggers, and coping strategies can help individuals gain a sense of control over their condition. Self-management programs also encourage patients to set realistic goals and make lifestyle modifications to improve overall health [5].

Conclusion

Chronic non-malignant pain is a complex and challenging condition that requires a comprehensive approach to

*Correspondence to: Robertson Shen, Department of Anesthesiology, University of Medicine and Dentistry, New Jersey Medical School, Newark, USA, E-mail: shen_rob98@hotmail.com

Received: 30-Jun-2023, Manuscript No. AAPMT-23-106608; Editor assigned: 03-Jul-2023, PreQC No. AAPMT-23-106608(PQ); Reviewed: 17-Jul-2023, QC No. AAPMT-23-106608;

Revised: 21-Jul-2023, Manuscript No. AAPMT-23-106608(R); Published: 28-Jul-2023, DOI: 10.35841/aapmt-7.4.158

management. By adopting evidence-based strategies, a multidisciplinary team can address the physical, emotional, and social aspects of chronic pain, thereby enhancing patients' quality of life. It is essential for healthcare providers to continuously reassess treatment plans, engage patients in self-management, and maintain a patient-centered focus in their approach to managing chronic non-malignant pain.

References

1. Treede RD, Rief W, Barke A, et al. A classification of chronic pain for ICD-11. *Pain*. 2015;156(6):1003.
2. Wilson M, Roll JM, Corbett C, et al. Empowering patients with persistent pain using an internet-based self-management program. *Pain Manage Nurs*. 2015;16(4):503-14.
3. Brown J, Setnik B, Lee K, et al. Assessment, stratification, and monitoring of the risk for prescription opioid misuse and abuse in the primary care setting. *J Opioid Manag*. 2011;7(6):467-83.
4. Chang YP, Compton P, Almeter P, et al. The Effect of Motivational Interviewing on Prescription Opioid Adherence Among Older Adults With Chronic Pain. *Perspect Psychiatr Care*. 2015;51(3).
5. Hariharan J, Lamb GC, Neuner JM. Long-term opioid contract use for chronic pain management in primary care practice. A five year experience. *J Gen Intern Med*. 2007;22:485-90.