MISTAKES MADE BY CHRONIC PAIN PATIENTS

A guide for chronic pain patients to help them avoid pitfalls and mistakes and become part of the team in helping to restore a better quality of life for themselves.

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There is no doubt that entering the world of chronic pain is a confusing and difficult process. Often patients do not understand the basics of pain management approaches to long-term care. However, helping patients to become aware of various potential problems and mistakes ahead of time, will allow them to respond differently and learn how to become part of the pain management team. This guide is intended for the physician to give to their patients as they start treatment for their chronic pain problems. Knowledge is power and helps to reduce what may appear to the health care providers as 'resistance' on the part of the patient.

FOR THE CHRONIC PAIN PATIENT

There is no question that for you, the person living in chronic pain, life is very difficult and exhausting. In fact, the Greek philosopher Aristotle is reported to have said "Pain upsets and destroys the person who feels it." However, there are some very important factors that you have to think about relative to learning how to cope and manage your chronic pain. Note that some of these ideas are restated in different ways to help you think about them and how they may help or hinder your progress in pain management treatment.

Mistakes and Pitfalls

- **Pain medications should not be used to totally block all of one's pain.** Many times patients want to 'chase their pain' with more and more pain medications only to find that the medications are no longer as effective—even at higher dosages. Medications are helpful but it all depends on how we use them and what we expect from them.

- **Not understanding that pain medications will typically help with only about 50-60 percent of the pain.**
You have to employ other active self-care techniques to help you manage the pain over time. You should not just rely on your pain medications—or keep hoping that you can continue to increase it and finally block it. That won't happen. So you have to learn to live with a certain amount of pain and accept this fact of life.

- **Using pain medication to 'do more' and 'get through events or projects.'**
All this will do is to insure that you will crash and have more problems later. It is critical that you learn to pace yourself and your activities by accepting that you are limited and now have to make adjustments. This is particularly true of patients who have just had surgery, or physical therapy, or even biofeedback techniques. They tend to move too fast in getting back to doing more activities, chores at home, returning to work too soon, and feel they can be their old selves only to end up feeling even worse. In other words, they cause a flare-up in pain and then panic while feeling they have to try even harder. One has to recognize that it is a new start in life—not one that is expected or desired, but one that is forced upon chronic pain patients.

- **Taking medications any time that pain is felt.**
Medications are best taken on a time-contingent basis—in other words, regular by the clock—if you are to have the best results. Take them as prescribed not just when you feel you need them.

- **Taking more pain medication at times of pain flare-ups and then running out of medications later.**
After a while, you will have more pain because your body will depend on the medications being there to handle the difficult times. A 'Rebound Effect' will occur whereby you will have more pain if you don't take more pain medications. If you keep increasing medications to get through many bad times, there is a likelihood of more and more flare-ups in pain over time.

- **Waiting till the last moment to get your physician to fill your prescription and then getting upset because it is not done right away or on time.**
This will only increase the tensions between you and your health care providers. Have a regular plan for how you handle getting refills. Don't wait until Friday, the weekends, or the evenings, etc.

- **Wanting everything to be the way it used to be prior to the injury, pain, or problem.**
Everything has changed now and you have to work on grieving over your past abilities and then moving on to find ways of living with your capabilities as they are now, pacing activities, and being more realistic about what you can and cannot do.

- **Trying to get everything done when feeling good because you know you will feel bad later.**
This insures that you will have even more bad times and many ups and downs with your pain problems.

- **Forgetting to take breaks every twenty minutes, to change positions, do something different, or just to rest.**
It is easy for time to get away from you and have a few hours pass since you have moved or slowed down.

- **Thinking that your physicians will always understand your pain and be available to you when you need him/her.**
You are the only one who will really understand your pain problem and your needs. You can communicate them to your health care providers, but it is up to you to work out a realistic plan that will work for you and them. They are not omniscient.

- **Thinking that one thing will work to solve it all.**
In pain management, as in other types of care, it is usually many things that you have to do to manage problems over time. You have to learn active self-care pain management skills. This is also like learning a new language. It helps to work with a pain management professional such as a pain management psychologist. You can be taught new active self-care skills as part of cognitive behavioral therapy techniques that focus on practical things that can work in every day life.

- **Thinking that it will all get better "if I push hard enough and work to get back to where I was before."**
This is a major mistake. You can improve and be more functional, but now some things have changed and you have to learn an entirely new way of handling things.

- **Do not avoid getting help from a behavioral pain specialist like a psychologist or clinical social worker who specializes in pain management.**
These professionals can help you to learn active pain management skills and techniques. There are many things you can learn that can help you to manage and reduce your pain. The more you think that relief only comes in the form of a pill, the more problems you are going to have over time.

- **Thinking that you can't have a life if you continue in pain.**
Many people have pain and go on with their lives. You can too even though it may not be easy. It requires positive and realistic, thinking. Those who do better have been found to have accepted their pain and limitations but nevertheless have decided to refocus and live life even with their limitations.

- **Allowing fear to rule your life.**
Fear results in more anxiety and avoiding doing anything for fear that you will have more pain. This has been found to lead to even more disability and even more limitations over time. The center of the brain that controls pain is also the same center where your moods (anxiety and depression) are controlled. One can set off the other so you will need help dealing with this issue.

- **Not understanding that increasing pain medications may lead to more pain in the long run.**
It is important to know that pain medications can have a rebound effect. The body becomes dependent on them and when you 'run low' you will have greater pain. For example, research with headache patients shows that stopping pain medications will result in a 75% reduction in pain after three months. At first, things might get worse but over time things will get better.

Points to Consider

- **It helps to understand your patterns and how, when, and where, your problems impact your life.**
Once you start to become an active part of the process, learn the patterns, and explore different ways of helping yourself, then you will know you are on the right journey. Ask yourself what emotions or fears come up at times that may make things worse? Also ask what tasks caused the problems. Maybe even noting that the pain is not evident until the day after doing an activity. Is there a time in the week or month when things are worse? Do setbacks happen when you push to do things, emotionally or physically? You will find, if you are honest with yourself, that there are many more questions that you can ask yourself about the life patterns you experience.

- **Remember that stress goes to the weakest identifiable part of the body.**
If it is your blood pressure, it will go to that system. If it is your gut then it will go to that area. If you are injured, or had surgery, then it will go to that area. Remember, your body is 'an equal opportunity employment host.'

- **In a crisis, we humans tend to regress to previous levels of emotional functioning and can feel sicker and more emotionally drained than we had ever thought possible.**
It is important to not panic at these times. Research on crisis intervention theory points to the fact that we will return to our previous level of stability and reduced fear over time. The goal is to help in achieving that functioning by becoming aware of how we think, our fears, and our panic.

- **It helps to know that progress can take time—more time than you may expect.**
We can't rush recovery. Let go of the 'magical TV belief' that everything will be solved in a short span and the patient can go home the next day without any problems.

- **The cure is inside of you.**
You just have to start to observe and pay attention. Work with your team, but also remember to become an active part of that team.

Summary

These are just a few ideas to consider. For chronic pain—and, in particular, chronic intractable pain—there is no magical cure. That is dreaming the impossible dream. You, as the patient, have to be part of the team of specialists that help you to gain control over your own pain and improve your quality of life. You will have to learn many new things and ways of helping yourself over time. Pain medications can be helpful but they are not the total answer. You have to be part of the helping team. ■

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(laparoscopic) can also be tried. This is implanted surgically either by a cervical or thoracic approach. The cervical approach will avoid bilateral thoracotomy. Although a thoracoscopic approach has been reported, laparoscopic intramuscular pacing of the inferior surface of the diaphragm has been mentioned as well.[6-7]

Another challenging issue in our case was the cervical facet pain. The patient had bilateral cervical facet dysfunction. The pain relief with the facet joint injection confirmed this. We used a minimal volume of local anesthetic (0.5ml) and lidocaine to reduce the risk of accidental spill into the somatic nerve root C3-C5 rootlets.[8-9]

The C3-C5 ventral ramie contributes to the diaphragmatic nerve supply. Spread of local anesthetic during facet injection (due to large volume of local anesthetic use) could lead to phrenic nerve weakness and severe respiratory compromise on the ipsilateral side. There could also be epidural spread with similar consequences. For the same reason we elected to inject the same side of PNP initially. After we had a favorable response, we performed a similar procedure to the contralateral side.

Using fluoroscopic guidance and a low volume of local anesthetic is vital. We also elected to use lidocaine as a diagnostic/therapeutic test, so that if a spill from the facet joint does occur, at least the phrenic nerve weakness will be short lived (2-4 hours).[8-9] Misplacement of the needle into the epidural sleeve, subdural or subarachnoid injection especially in this case could lead to dire consequences. This patient had excellent pain relief with only local anesthetic/steroid injection to the cervical facet. This confirmed the pain generator and also provided the patient with long-term pain relief.

Summary

We reviewed a challenging case of acute phrenic nerve palsy due to DM combined with traumatic cervical facet dysfunction. These responded to combined interventional and conservative therapies. ■

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