

Saul and Saul, LLC

CONSULTING PSYCHOLOGISTS: TUCK T. SAUL, PhD & SUZANNE C. SAUL, PhD

CERTIFIED COACH: TUCK T. SAUL, PhD

LIVING WITH CHRONIC PAIN

Most people with chronic pain have a less than adequate understanding of the nature of their pain condition and its treatment possibilities. They are focused only on pain elimination, and consider medication(s) as the one and only way to get rid of their pain. If a person is told that pain elimination may not be possible, and the goal will need to be the management of the pain (i.e. reducing the pain intensity from a 7 or 8 on a 10-point pain scale to 4 or 5), shock and disbelief are often experienced. The person will go through a grief process and need time to come to terms with this new reality. Anger, anxiety, depression often set in. An optimistic person may become a pessimist and not be able to see a positive future.

Treating chronic pain is complex and difficult. How a person experiences pain is very individualized. However, we know that pain always has a psychological component! Just recently, brain imaging has found that not only the pain center, but also the mood and sleep centers, register a response upon experiencing physical pain. We know what can make the pain worse, such as:

1. Having a lot of tension and stress in one's life.
2. Being depressed and anxious.
3. Negative thinking/forecasting -believing that one's life will only become worse.
4. Focusing one's attention on the pain and how badly one feels. All normal responses to injury and pain, but counterproductive to achieving a level of control over the pain.

Pain management is hard work. Pain management strategies can temporarily intensify pain before relief begins to settle in. For example, having to get off all pain medication(s) in order to implement pain treatment strategies or the time it takes in order to change one's attitude and beliefs about one's pain. Understanding pain, knowing the pain treatment strategies besides medication, cultivating the right attitude and expectations are all ways to make pain management easier to accomplish. The other need-to-know items that make a difference in dealing with pain include the following:

1. Needing to accept one will have up and down days.
2. Realizing that the pain intensity doesn't remain exactly the same over time.
3. Needing to have a fallback plan for those times when you have a flare-up in pain.
4. Recognizing that what you do about your pain is as beneficial as anything that is done to or for you.

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Recognize that chronic pain create specific neural pathways in our brain. Management of pain means having to reprogram our brain... establishing healthier pathways by thinking and doing things differently - repeatedly.

Passive Treatments of Chronic Pain

| <u>Treatment</u> | <u>Description</u> | <u>Positive Aspects</u> | <u>Negative Aspects</u> |
|--|---|--|--|
| Heat & Cold | Hot packs or ice | Good temporary relief | Risk of freezing or burning skin |
| Massage | Performed by a massage therapist | Good short-term benefit | May not be covered by insurance |
| Ultrasound | Deep-heat treatment performed by a physical therapist | Temporary benefit to relax muscles | Short-lived benefits |
| Transcutaneous Electrical Nerve Stimulation (TENS) | Portable unit with electrodes using a 9-volt battery; stimulates nerve endings to block the pain signal | Minimal adverse effects; can be adjusted by patients and used at home. | Effectiveness is lost over time; the unit can be difficult to put on alone. |
| Hypnosis | Relaxation induction techniques | Pain relief and decreased anxiety for some suggestible patients | Induction technique not helpful for some patients; effects sometimes short-lived |
| Acupuncture | Thin needles placed in specific areas of the body | Adequate pain relief in some cases; potential relaxing effect | Often not covered by insurance; some risk if not performed properly |
| Nerve Blocks | Injections of local anesthetic, with or without steroid, often by an anesthesiologist | May decrease pain and improve sleep, function, and mood | Injections sometimes painful; complications possible |

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|--------------------------|--|---|--|
| Medications | Various medications and/or combinations of pain drugs available (i.e. narcotics to antidepressants to anticonvulsants to muscle relaxers | May decrease pain and improve sleep, function, and mood | Have different short and long-term adverse effects; may lead to physical and/or psychological dependence |
| Implantable Devices | Spinal cord stimulator, with electrode lead inserted into the spine and connected to a battery-powered receiver; morphine pump, an implanted chamber sending the drug through a catheter to the pain site. | Both units helpful in relieving pain | Both units expensive; periodic service is needed; long-term efficacy not assured |
| Neurosurgical Treatments | Nerves surgically severed, removed, or ablated by a neurosurgeon | Pain relief | Considerable residual effects and recurrence of pain possible |

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