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| TYPE OF CHONIC PAIN | DESCRIPTION | LEVEL I TREATMENT |
| *Nociceptive Pain* | *Tissue damage* |  |
| Musculoskeletal | - Somatic pain  - Skeletal muscle v. myofascial pain | 1. Determine the severity of pain-related disability. 2. *Physical rehabilitation:* Determine pt’s baseline fitness level. Incorportates gentle graded strength training, cardiovascular exercise, flexibility, and balance. Body mechanics, aquatic therapy, and modalities such as ice, heat, and massage may also be used. 3. *Behavior management:* strategies to reduce depression or stress (learning relaxation techniques, body scan, cognitive behavior therapy, treating chemical dependency, learning anger management strategies, and incorporating biofeedback training.) PAIN AND WELLNESSS GROUP!! 4. Pharmacotherapy with tricyclic antidepressants, such as a low dose of nortriptyline |
| Inflammatory | -Can be somatic or visceral  -Post-op, autoimmune, infection | 1. Treat underlying systemic process when possible 2. NSAIDs 3. Consider above plus antidepressants |
| Mechanical/ Compressive | - Aggravated pain during activity and temporary relief during rest.  - Degeneration of disks or facets, or osteoporosis with compression fractures.  - History of trauma, radiologic evidence of anatomical abnormalities | 1. Diagnostic imaging: Xray, DT, MRI, bone density as needed 2. NSAIDs 3. Noradrenergic or noradrenergic-serotonergic antidepressants 4. Opioids should be considered only in patients who do not respond to conservative treatment. 5. Manipulative therapy, within the context of interdisciplinary treatment, Osteopathic assessment and treatment may be considered in certain patients. |
| *Neuropathic Pain* | - **Nerve damage, or abnormal nerve response**  -Decribed as a burning or shooting/stabbing pain  - Signs and Symptoms: Post-stroke, DM, numbness in the pain territory, (allodynia) sensitivity to a non-noxious stimulus (e.g., light touching, rubbing), or coolness of the skin in pain territory.  *- eg, diabetic neuropathy, trigeminal neuralgia, thalamic pain syndrome, sciatica, postherpetic neuralgia +/- finbromyalgia* | 1. *Anti-seizure:* include gabapentin (Neurontin) and pregabalin (Lyrica). 2. *Anti-seizure part 2* (e.g., carbamazepine [Tegretol], topiramate [Topamax], lamotrigine [Lamictal], oxcarbazepine [Trileptal], tiagabine [Gabitril]) and   *Tricyclic antidepressants* (e.g., amitriptyline, nortriptyline [Pamelor], desipramine [Norpramin], imipramine [Tofranil]).   1. *Antidepresants:* Duloxetine (Cymbalta) and venlafaxine (Effexor) have also been shown to be effective in patients with diabetic neuropathic pain and fibromyalgia. 2. *Corticosteroids*: short-term control of neuropathic radicular pain caused by tumor edema, tumor invading bone, and acute or subacute disk herniation. |

**Resources:**

* Pain and Wellness Group, Meditation/breathing CD available through clinic.
* *Emerging Solutions in Pain:* <http://www.emergingsolutionsinpain.com/>
  + Many tools to help evaluate, initiate and monitor pain and opioid treatment/abuse risk
* AAFP: Lambert, M et al. **Practice Guidelines ICSI Releases Guideline on Chronic Pain Assessment and Management.** *Am Fam Physician.* 2010 Aug 15;82(4):434-439.
* Painedu.org
  + Screener and Opioid Assessment for Patients with Pain
  + Lynch, MF et al. **The pharmacotherapy of chronic pain: a review.** Pain Res Manag. 2006 Spring;11(1):11-38.
* Diet and Relaxation Tools: http://integrativemedicine.arizona.edu/resources.html

*Local activities:* Pain and Wellness Group, here at CCRMC!!!! Martinez team sports (<http://www.cityofmartinez.org/depts/recreation/sports/commorgs.asp>), Rankin Aquatic Center