Pain will propel most people to a doctor's office faster than just about any other complaint. But doctors can't measure pain objectively the way they can blood pressure or cholesterol levels. So when pain doesn't respond to treatment, physicians and patients often accept it wrongly as a symptom that must be lived with.

That confusion is lifting, however, thanks to the pain chart you'll now find in your doctor's office. The chart, produced by the Joint Commission on Accreditation of Healthcare Organizations helps patients rate their pain on a scale of 1 to 10 and allows for more effective treatment, especially among baby boomers.
"Patients have low expectations for pain treatment;' says Dr. James Campbell, director of the Pain Treatment Center at Johns Hopkins Hospital in Baltimore. "But that is changing as more of the population moves into the years where chronic pain from arthritis and other sources becomes more common."

**Defining Pain**

Campbell says that for people 50 and older, the best management approaches for arthritis and back pain, which together afflict some 70 million, should start according to intensity and duration. "Having constant pain is not good; he says. "It influences all aspects of life including mood, motor performance, sleep and social relations.'

But surveys indicate that fewer than 26% of those battling moderate to severe pain are referred to the proper specialists. This doesn't mean other doctors can't treat pain effectively, but the complexity of diagnosis and treatment can be a difficult task.

Dr. Russell Portenoy, pain specialist at Beth Israel Hospital in New York City, says, "Doctors must learn to listen to the patient and take complaints of pain seriously before pulling out the prescription pad for narcotic meds." Too many rely solely on pills and ignore lifestyle changes-like exercise and losing weight-that can alleviate pain in the joints and back.

*Chronic* pain is generally defined as persistent pain (everyday aches don't count). Examples include daily migraines or pain that continues after an injury heals. (Pain signals can keep firing in the brain for weeks, months, even years.) There may be an ongoing cause like cancer or infection. But some suffer pain in the absence of any past injury or body damage.

"What can you do to decide what's best for you? Find out what treatment options are available as well as their side effects-and choose the one that suits you best. Don't just assume that your doctor or anyone else will take care of it. And if current treatment isn't controlling your pain, say so. Increasingly, pain experts are convinced that prompt treatment is imperative to prevent chronic pain from becoming irreversible. Pain that can lead to abuse of alcohol or other substances that dull the sensation. Certainly, it's better to let your doctor prescribe a medicine instead of doing it yourself."

The medicines that will help you the most depend on what type of pain you have and how long it lasts. To this end, researchers have developed trans dermal patches or implant devices that let painkillers do their work in lower doses with fewer side effects. Even pills have been improved so that they last for longer periods, Hahn says.

There also are new drugs for old pains. Migraines, for example, can now be treated quickly and effectively with nasal sprays containing triptans, and Cox-2 inhibitors have been shown to reduce arthritis pain without causing stomach distress. Even for people who are ill with cancer, pain medications can be tailored to allow them to live out their lives comfortably.

**Some Alternatives**

Other strategies for treating chronic pain may be as simple as massage or ice packs to relieve inflammation in areas of the body, or stretching exercises to maintain strength, flexibility and mobility. Nerve stimulation that applies brief electrical pulses to the skin is another form of physical therapy for chronic pain.

Even counseling may help if it focuses on psychological factors that can contribute to chronic pain such as stress, anxiety or depression. By eavesdropping on electrical activity in the brain, researchers found that spouses made the patients' pain feel three times worse simply by mentioning it-while distractions helped to lessen the pain.
Other alternative therapies used to reduce chronic pain and promote relaxation include acupuncture, biofeedback, chiropractic care, guided imagery, homeopathy, meditation, naturopathy and yoga. In each case, try to find practitioners who are certified by their national organization.

Self-hypnosis also has proved to be a medically solid method for alleviating pain. In one study, patients undergoing surgery who used self-hypnosis needed less pain medications and recovered faster than those who did not.

Even the National Institutes of Health

Sources of Information
A number of government and private organizations offer a variety of services and information that can help those afflicted with chronic pain.
American Chronic Pain Association
Box 850
Rocklin, CA 95677
(916) 632-0922
www.theacpa.org
American Pain Society 4700W. Lake Ave. Glenview, IL 60025
(847) 375-4715
www.ampainsoc.org
National Institute of Neurologic Disorders and Stroke
Box 5801
Bethesda, MD 20804
1-800-352-9424
www.ninds.nih.gov
American Pain Foundation 111 S. Calvert St.
Baltimore, MD 21202
1-888-615-7246 www.painfoundation.org
reports that hypnosis can be effective in treating chronic cancer pain. Dr. Bruce Eimer, a Philadelphia psychologist, suggests going to a certified hypnotherapist first for a lesson in self-hypnosis.

Yoga, on the other hand, seems to boost the production of endorphins neurotransmitters that suppress pain sensations. It also improves physical flexibility, so the body can operate more smoothly. In a study at the Cleveland Clinic, those who practiced yoga three times a week had lower pain severity and less need for medication, along with a boost in mood.