

Focus on...

pain

▶ FOCUS HEALTH

**“The wise
man seeks
not pleasure,
but freedom
from pain”**

Aristotle

The pain may be referred to as an “alarm bell” that alerts us when something in our body is not functioning properly. In such cases, one speaks of **useful pain** because the sensation of pain is the *symptom of a pathology*. Before initiating an analgesic therapy is therefore necessary to find the cause of the pain because, eliminating it, we eliminate an important symptom for the diagnosis: many diseases are identified thanks to the location and the type of pain. Once the disease is diagnosed, the pain ceases its function of symptom and becomes a *real disease*. In this case, the **pain** is defined **useless** and must, therefore, be treated promptly.

TYPES OF PAIN

The pain may be:

- **ACUTE**

it appears all of a sudden and has a limited life. It is the “spy” which helps the doctor to make a correct diagnosis, but also the “alarm bell” that requires us to act fairly in case of danger to the body – warns us for example, not to put on the floor a broken foot. In general it decreases spontaneously or after an effective treatment;

- **CHRONIC**

in the past it was defined as chronic a pain that lasted for more than 6 months. Nowadays, this time limit has been outdated and we talk of chronic pain when it persists after the resolution of the cause that generated it.

Chronic pain, due to its durability, can be considered a real disease. In Italy, 1 person out of 4 suffers from chronic pain and about 1 out of 5 of the patients suffers from it for over twenty years. This medical condition affects not only oncologic patients, but is particularly felt by those suffering from arthritis, osteoarthritis, osteoporosis, fibromyalgia (chronic inflammation of the muscles and tissues of the joints), *herpes zoster* (shingles), trigeminal neuralgia, headache/migraine. Often the sufferer thinks he is alone with his illness, fears of not being understood and can no longer lead a normal life. Chronic pain, in fact, has a significant impact on daily life: makes it difficult to carry out domestic activities, affects the ability to work, alters social and family relationship impacting on the emotional state of the people, adversely affects the quality of sleep and sexual

relationships. It is important, therefore, to know that since 2010 in Italy it is recognized “the right of all citizens to be cared for the disease pain”.

THE LAW 38/2010: THE PAIN AS DISEASE

The law 38 of 15 March 2010 is a breakthrough for the treatment of pain because finally recognizes the right of access to palliative care and pain therapy.

Palliative care is the set of diagnostic interventions, treatment and care targeting both the patient and his/her family nucleus, aimed at active and total care of patients in terminal phase of each chronic and evolutive disease. The goal of the law is to ensure the respect for human dignity, the equity in access to care, the quality and appropriateness of care.

The treatment of pain, however, is the branch of medicine that is responsible for diagnosing and treating all forms of pain that may accompany the patient for long periods.

The law 38/2010 stipulates that the first reference for the care of pain is your family doctor. Only in cases where the pain has characteristics of complexity, the patient should be directed primarily towards first level specialist centers (spokes) and then, in the case of highly specialized care, to centers of excellence (hub). This new organizational structure has the objective of reducing access to emergency department for pain conditions and therefore improves the health care service to citizens.

WHEN YOU GO TO THE DOCTOR?

If the pain is mild or the cause is known, the problem can be solved with analgesics or anti-inflammatory. However, if the pain persists, it is always wise to consult your family doctor, remembering to report:

- when it occurred;
- the part affected by pain (where it started and any propagation);
- what was its course (e.g., mild and then stronger and stronger, just strong etc.);
- if it is connected to some event (movements, food, climate, emotions etc.);
- if there are other pains or ailments, such as nausea, dizziness, sweat, asthenia;
- if being at rest it is attenuated or less;
- if putting pressure on the affected part of the pain you feel some relief;
- if it interferes with normal activities (sleeping, eating, working etc.);
- if you have a history of a similar pain.

It must be said, however, that even the best doctor cannot understand the intensity of pain as the one who is suffering from it, and only the patient is able to know if the therapies are effective or not. Therefore, if the condition does not improve despite the treatment, it is necessary talking to your doctor. For a cor-

rect dialogue, may be useful to write down on a daily basis a **diary** of pain crises, how much they have interfered in the activities, in sleep, mood and other important details to define a proper therapeutic solution.

HOW DO YOU MEASURE PAIN?

Pain is a subjective experience, and you might think it is difficult to measure. But it is not. It is true that every patient reacts differently to pain, according to its pain threshold, but it is equally true that can be evaluated, and then measured, the quantity and quality of perceived pain.

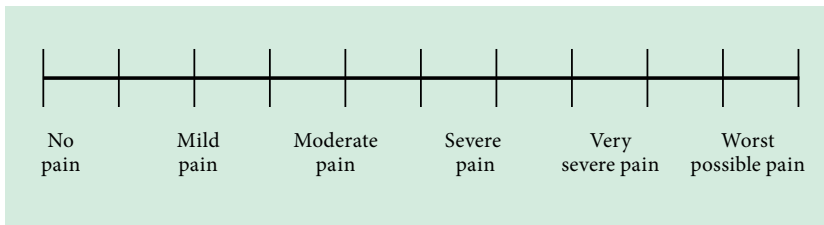
Today there are several validated scales to measure the pain. Among the more common ones, there is the so-called **visual analog scale (VAS)** represented by a line 10 cm long, the ends of which are indicated as points of maximum pain (10) and the absence of pain (0). The measurement is done by simply asking the patient to make a mark on the scale at the degree of pain perceived at that time.

Visual Analog Scale (VAS)



Another very used scale for the measurement of pain is the **verbal quantitative scale (VRS)** based on the choice made by the patient of 1 from 6 descriptive verbal indicators of pain. Typically, it is reused the 10-cm-line VAS, but the patient choice is made easier (and conditioned) from the presence of adjectives that quantify the pain. The patient defines then the pain verbally, using the adjective that considers most appropriate among those proposed.

Verbal quantitative scale (VRS)



A method widely used for the measurement of pain in children, however, is the **scale of facial expressions**, a non-verbal method which consists of drawings of faces with different expressions. Assuming that the smiley face represents the absence of pain while the one crying desperately represents the strong pain, the child is requested to indicate the face that best represents the hurt or the pain he feels at that moment. At each choice corresponds a number ranging from 0 to 5.

Scale of facial expressions



0
No hurt



1
Hurts
little bit



2
Hurts
little more



3
Hurts
seven more



4
Hurts
whole lot



5
Hurts worst

IMPORTANT The pain is a disease that can be cured. Today there are several pain therapies managed by highly specialized doctors. It is possible, therefore, to find help and relief, but only if you are available to talk about this problem and to deal with it as with any other chronic disease.

If you suffer from chronic pain, talk with your doctor and, if necessary, contact a specialized center. The full list of centers of pain therapy is published on the website of the Ministry of Health.

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