

Hospital Authority Multidisciplinary Task Force on Pain Management

Frequently asked questions about chronic pain

1. *What is chronic pain?*

Chronic pain is usually defined as persistent pain longer than three months.

2. *What proportion of Hong Kong population has chronic pain?*

In a local survey published in 2002, the 10.8% of Hong Kong population complained of pain longer than 3 months in the 12 months prior to the survey.[1]

3. *What are the most common types of severe pain?*

The most common types of severe pain in local population are headache, joint pain, back pain and muscle pain.[1] In another survey the most common types of pain that are seen at a regional pain centre are musculoskeletal pain (46%) and neuropathic pain (27%).[2]

4. *How does chronic pain affect a person with the pain?*

Local surveys [1] [3] [4] have found that;

- Daily life and activities were affected in 70% of patients with chronic pain
- Work was affected in 38% of patients, many had to take sick leave
- 71% of chronic pain patients had either anxiety, depression or both
- 47% of patients had moderate to severe anxiety
- 43% of patients had moderate to severe depression
- Mood and sleep are also affected

- Quality of life in chronic pain patients is severely impaired when compared to normal population
- Many patients also have low self efficacy

5. *What is the cause of chronic pain? If there is no cause found, does it mean my pain is not real?*

When a patient sees a doctor for his pain, the doctor will examine the patient and rule out any serious medical conditions that may cause the pain. Sometimes an investigation may be necessary. However, in many cases, no abnormality in examination and investigation is found, and no obvious cause is detected. This *does not* mean that there is no underlying pathology and that the pain is not real. In these cases, the pain may be caused by abnormality that is not detectable by the examination and investigations. Some of these cases may be due to underlying pathology in the muscles and ligaments, or abnormality in the pain transmission pathway in the nervous system. In the Western countries, there is a trend to consider chronic pain as a disease in its own right like asthma and diabetes mellitus. It is a chronic condition that requires a change in lifestyle and sometimes medication to control the condition.

6. *Do all patients with chronic pain require radiological examination?*

No, many serious causes can be detected from history of the pain and by clinical examination. The doctor will know whether an investigation is required after his assessment of the patient.

7. *Are there any factors that may influence the pain?*

Psychological factors such as mood, low self-efficacy, preoccupation with the pain, and environmental factors such as family tensions, job insecurities, financial problem, litigation issues have been found to affect the patient's experience about the pain and how he/she responds and deals with it. A clinical psychologist will be able to help reduce the influence of these factors on the pain condition. A psychiatrist will help the treatment of depression. Psychological / psychiatric referral does not mean the pain is psychological or the patient is insane.

8. Which doctor should I go to if I have chronic pain?

Most chronic pain conditions can be managed by family physicians and other specialists. Intractable chronic pain with complex issues should be evaluated and managed more appropriately at a multidisciplinary pain clinic.

9. Should I avoid any activity and exercise if my pain is persistent because the activity may cause further damage?

No, if your doctor has not found any serious cause for your pain, you should keep active as activity will not cause any harm. There is evidence that activity will prevent your pain condition from becoming worse. During activity however, your pain may feel a bit worse but it is essential that you do not avoid activity.

10. Is there any pain relief medication that is effective in treating my pain?

Yes, there are some pain relief medications that may be helpful. However most of these medications have side effects and in some pain conditions, they may not be effective. It is usually not advisable to be on too many medications.

11. What are my therapeutic options?

There are other therapeutic options for chronic pain such as interventional therapy including nerve blocks but usually they are of short term benefit only. Physiotherapy may be helpful and regular physical exercise is important in maintaining normal musculoskeletal and cardiovascular functions. Learning how to manage and adapt to the chronic pain condition is also an effective strategy in the long run.

12. Do acupuncture and other traditional Chinese medicine methods help?

Some patients have claimed that these methods help relieve their pain temporarily. There is at present no strong evidence that these methods are effective in treating chronic pain conditions.

13. What should I do if I continue to have pain despite the treatment I received?

It is *NOT* uncommon not to respond to various pain treatment modalities including physiotherapy, medications and different types of interventional therapies. Your pain condition is usually not getting any worse. If your doctor had excluded any treatable medical conditions that may cause the pain, and you continue to have persistent pain, you should learn how to manage your pain and live a healthy, happy and productive life. Cognitive behavioural strategies coupled with integrated exercise regimen have been found to be effective in restoring the function, mood and quality of life of patients with chronic pain who have been disabled by the pain. With this therapy, you will learn how to use coping strategies to adapt your activities and lifestyle to your pain condition so that you can live a normal life that is not severely impaired by your pain.

Reference:

1. Ng JKF, et al. Prevalence of common chronic pain in Hong Kong adults. Clin Journal Pain 2002 (August);18:275-281.
2. Chen PP, et al. Out-patient chronic pain service in Hong Kong: prospective study. HKMJ 2004 (June);10:150-155.
3. S Lee, et al. A prospective evaluation of health related quality of life in Chinese patients with chronic non-cancer pain. Hong Kong Medical J 2005 (June);11(3):174-80.
4. Wong SHS, et al. Profile of Chinese chronic pain patients attending multidisciplinary pain clinics in Hong Kong. Presented at 11th World Congress on Pain, Sydney 21-26 Aug 2005.