

What is chronic pain?

Definitions.

According to the definition of the IASP(International Association for the Study of Pain) chronic pain is an unpleasant feeling or an emotional experience, with real or possible tissue damage or described in terms of it. The duration is more than six months. There is a discussion about the duration. In the Chronic Pain report of the Counsel of quality and care (1) they speak of three months. (This report can be downloaded by a link in the literature index).

Pain is a sensation, an unpleasant feeling which is difficult to define. Dr. A.M.E. Vrancken graduated on the investigation of the essence of that feeling (2). 235 pages of a quest to that feeling, from a feeling of powerlessness. An answer is not found. Both patient and doctor remains with the painful feeling of powerlessness. When you search in Word for illustrations of pain you will find 23 pictures showing pain. The illustrations can be divided into four groups:

1. Illustrations of diseases with pain
2. Illustrations of face expressions and positions of pain
3. Illustrations of events which lead to pain
4. Imagination of psychic pain

They all are pictures of concrete situations where there is pain.

Pain is linked to emotions: "Soul pain, heart pain but also to visible or measurable causes. We look for visibility. Nothing seems to be as unbearable as invisible emotions and feelings experienced. As if they are not there and the patient is swanking. Beside this there is the fear. "Pain does not come from nothing. It is a signal of something that goes wrong and if you cannot find what is going wrong this causes disturbance. What is it that the doctors do not see?

Pain is defined as : "If it hurts" and besides behaviour it is not visible without clear present reasons.

And precisely because of this invisibility chronic pain is a problem for patient and doctor. The first one wants to be reassured and get rid of his pain. The second one wants to get rid of his complaining patient and of his feeling of not functioning well. This is a symbiosis leading to endless circles, meditation and care consumption.

When this process lasts longer than six months it is "chronic pain" according to the IASP definition. According to the other definitions when longer than three months.

SUBDIVISION

Chronic pain exists of two groups:

1. Continuing pain with a known disease, for instance rheumatic disease.
2. Continuing pain without a known substratum, which means that there is not found a cause of the pain. There are no deviations found. The second kind is relatively rare, even though the report does not tell how many people it concerns to be rare and how this has been measured. For a scientific investigation in 1980 in a general practice of 3000 patients there could be easily found 65 people having this disease. That is at least 2% of the practice. According to a NIPO test in 1996 18% of the Dutch people suffers from chronic pain. Now if 2% has chronic pain without findable deviations and a known cause, then it still is 10% of all chronic pain patients, So what is rare?

PREVENTION AND TREATMENT.

Treating chronic pain with a known cause is difficult as it is.

"From a large variety of medicamental, instrumental, invasive, fysiotherapeutical and psychological treatments it becomes clear that there is not one effective remedy for pain. Especially for chronic pain.

The effectivity of many ways of treatment has not been proved scientifically, especially not the effectivity with respect to the results on a long term.

On the NWOsite of 01-04-2000 investigations by the University of Maastricht and the VU are mentioned.: "There is no scientific base for treatment of chronic pain."(4).

In the Counsel report of Chronic Pain we read: "Compared to other chronic diseases chronic pain often occurs. Not everybody with chronic pain is being treated, there is a great variety of treatments and relatively many patients experience the treatment as inadequate".

The treatment of patients who have chronic pain without findable deviations and cause is even more difficult. The result is, that there is too much treatment (3). When you "google" under the term "chronic pain" you get 4.5 million hits in 1/3 of a second. Most hits are about treatment methods and persons and institutions producing reasons to let them treat the pain. A giga market. When you limit the search to "chronic pain treatment" then you only find 600.000 results.

The chronic pain report (1) puts it in a different way: "Most popular are massages, physiotherapy and acupuncture. This is remarkable as well, because these therapies are insufficiently effective to the greater part of people with chronic pain".

OPINIONS ABOUT CHRONIC PAIN.

That same report also says : "Pain is multidimensional by nature: pain and emotions are not to be separated." That is undoubtedly true. But the consequence is that chronic pain without findable deviations the visible and findable emotions become the guide to a further treatment and are often seen as cause.

Consequence and cause are being mixed up.

And then we have doctors with poor knowledge of chronic pain and we have a great lack of scientific knowledge(1) that play a part. And there is a way out for this.

Since Freud there has been a tendency to explain everything which cannot be made visible by modern medical possibilities from psycho-emotional processing. That knife cuts on one side. The doctor has an escape from his/her impotence and the patient feels stigmatized, it is not the doctor's fault but his/hers.

But patients are not stupid. Like the pictures above show, they know that there must be something which causes the pain, something that is not just their imagination. And they want to know that.

In the present current opinions the IASP definition says: there must have been something(ever) that has caused the pain, physically, but the disease is over. (We do not see it any more) and the alarm unfortunately keeps going off. This going off is a discharge of cells in certain brain cores in which pain sensation originates. Emotional cores are nearby and emotions have an influence on experiencing pain.

The Health Counsel(3) says: "Chronic pain, generally seen as pain that exists longer than six months, as a rule has lost its signal function and in many cases it can be considered pain disease itself. This chronic pain syndrome means serious and often underestimated suffering for the patient and leads to unnecessary, even damaging treatment".

So it is not life threatening and we cannot take it away completely. You have to learn to deal with it.

Thirty years ago it was ":learn to live with it" for it was not told how often.

Today there are multidisciplinary centres in which general practitioners work together with physiotherapists and psychologists in order to ease the pain on one hand and on the other hand to try to deal with it.

DIAGNOSTICS AND HISTORIC DEVELOPMENTS.

But the essential bottleneck remains, it has remained for more than a hundred years: it is a diagnosis by exclusion, a diagnosis concluded because nothing is found which is in fact reversing the medical starting point; a probability diagnosis is being made on base of concluded findings and not on the absence of findings.

Yet investigators did not sit still since 1898 as to investigating the pain field. A great deal of publications has appeared and a great deal of phenomena described belonging to chronic pain.

It is amazing though that this knowledge especially is to be found with physiotherapists and in the so-called "complementary field" with doctors who use supplementary techniques (also called alternative medical science).

It is not clear why this happens to be so. What is clear is that more than ten years old is called obsolete and not useful (any more), no longer executed according to today's standards and values.

The results of those investigations are not being taught in the education of the new doctors generation. They are taught in some physiotherapy educations. Thus a gap grows between now and the past. Scientific investigation today is not as free as it was in the past. An investigation must be based upon the position of today's science with a small step ahead. This leaves no place for reevaluation of forgotten investigation results.

The subsidizing institutions cannot go to their responsible chiefs with these things and even wealthy investigators cannot follow their scientific interests because modern legal procedures seriously prevent them from doing so.

This summary does not intend to be complete but gives insight in the complex combined action which has led to practical stagnation of the scientific investigation of chronic pain, in spite of the great economic interest coming along with this. The classic hole in the bucket, money for investigation is only given when it has been proved that investigation can give solace. And yes, that takes money.

In the course of this year forgotten results of investigations will be brought to your attention on this site. Perhaps someone will get an idea.

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