Definition: **pain management** from *The Penguin Dictionary of Psychology*

Literally, the managing of PAIN. A variety of techniques are used including various analgesic drugs, nerve blocks and a host of more psychologically oriented procedures such as biofeedback, hypnosis, relaxation therapy and imagery.

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Summary Article: **Pain Management**
From *Encyclopedia of Human Services & Diversity*

More than one-third of Americans suffer from chronic pain. Their medical care, lost work, and disability benefits cost about $100 billion annually. Chronic pain is associated with illness and injury, and patients often develop co-occurring disorders of depression, anxiety, and addiction. As 76 million baby boomers approach old age, issues associated with chronic pain and its management will increase the demand on human service providers.

**The Nature of Pain**

Pain is an unpleasant sensory experience associated with actual or potential tissue damage. Acute pain usually subsides when the site of a trauma heals. Persistent pain is associated with medical conditions such as cancer, neuropathy, and arthritis. Pain can also be associated with treatments such as chemoTherapy and physical Therapy. The assessment of pain relies heavily on the report of the patient. Pain can be perceived as pressure, aching, or burning. A pain assessment includes evaluation of the etiology of the pain, its location in the body, the physiological system that is affected, the frequency and duration of painful episodes, and the patient’s rating of its intensity.

How pain is experienced, expressed, and treated differs among races, ethnicities, and cultures, placing some minorities at risk for inadequate treatment. Generally, African Americans, Native Americans, and Asians receive less-intensive pain treatment than Caucasians. African Americans use prayer to cope with pain, while Caucasians are more likely to ignore the pain. It is difficult to determine if the discrepancy in treatment is caused by a difference in how the patient perceives and reports the pain or if it is a result of misattributions by health care providers. Some research suggests that health care providers who speak the same language as the pain patient are more likely to match their objective assessment of a patient’s pain to the patient’s subjective report.

**Treatment of Chronic Pain**

Since the 1980s, when the use of opioids to treat pain came into question, pain management has emerged as a medical specialty. Advances in medical technology have increased treatment options for patients who enter pain management programs when physicians fail to treat conditions underlying the pain, do not believe the pain is as great as the patient is reporting, or suspect that the patient is drug seeking.

Interdisciplinary pain management teams may include physicians, counselors, nurse practitioners, physical and occupational therapists, and providers of massoTherapy and acupuncture. Effective pain management is individualized and multimodal to include medication, physical Therapy, exercise, and application of ice or heat. Procedures associated with pain reduction include injections to block the perception of pain, massage, and acupuncture.

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Massotherapy helps to manage pain by decreasing inflammation. Eastern cultures use acupuncture, a method of placing small pins in the patient’s skin, to regulate the flow of energy. Physical therapy builds strength and mobility. Psychological treatments include biofeedback, cognitive therapy, life management training, and support groups.

The World Health Organization (WHO) has developed guidelines to determine the appropriate medications for each type of pain and the correct dosages for the intensity of pain. Opioids are effective in managing pain but are highly addicting and can impair cognitive and motor functions. If the patient states that a medication relieves pain but the physician does not assess improvement in functioning, assessment for substance abuse is indicated. Some aging baby boomers were recreational drug users in their youth, putting them at high risk for abuse and addiction as they age.

In almost half of the United States, cannabis is legal for pain management. Most medical marijuana comes in pill form. In some states, it is legal to grow and smoke marijuana for medical use. Advocates for legalizing medical marijuana argue that it is effective in managing pain with a reduced risk of addiction. Opponents caution that extended use of marijuana causes amotivational disorder, which has the potential to interfere with the patient’s participation in other therapies that support treatment goals of better physical, cognitive, and social functioning. In most people, marijuana increases appetite. The subsequent weight gain has the potential to burden the musculoskeletal system and ultimately worsen the pain.

An effective pain management program incorporates psychological services that address issues of loss, grief, depression, anxiety, stress, family dynamics, and coping with the pain itself. Biofeedback is a method by which a patient gains awareness of the body and control of his or her pain. The therapist teaches the patient techniques to decrease the perception of pain using a connection to a biofeedback machine that provides auditory or visual feedback. Hypnosis is a pain management method that alters consciousness to change the perception of pain. Relaxation training can assist a patient in decreasing muscle tension that is often associated with headaches and backaches.

Because pain interferes with serotonin production, even localized pain can diminish a patient’s sense of well-being. Pain patients often lose the ability to work, play sports, do household tasks, or be intimate because of limitations in bending, lifting, or mobility. Counseling can assist these patients in identifying and grieving the losses associated with pain. Pain is invisible to others. Some families and friends are not supportive. Others overaccommodate the pain patient, creating secondary gains and inadvertently creating learned helplessness. Family therapy can help families to rework their roles. Addiction counseling addresses dependence upon pain medications. Self-help groups are a strong adjunct to pain management programs. Groups may be dedicated to pain management or to an underlying condition such as cancer, lupus, fibromyalgia, or arthritis. Cognitive-behavioral therapy can empower a chronic pain patient to redistribute time and energy, mobilize resources, and reestablish a sense of self-worth.

See Also: Assistive Technology; Disabled Clients; Quality of Life, Measurement of

Further Readings

- International Association for the Study of Pain. “Culture and Pain.” Pain Clinical Updates, v. 10/5


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