

Did you know that Pain can HURT you?

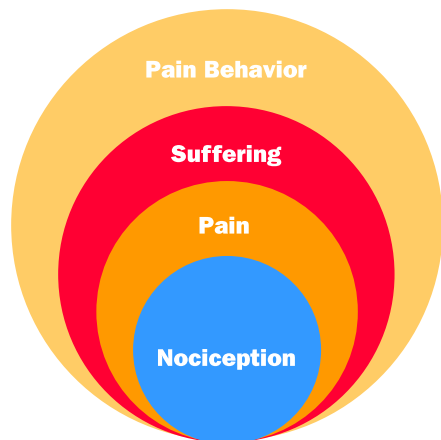
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You know that pain **warns you**
and **teaches you**
and **makes you ready to fight or flee,**
but did you know that it can actually **hurt you more than the "ouch?"**

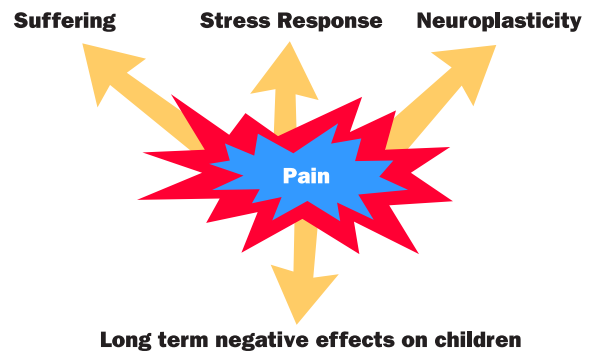
Pain is a natural and necessary response of our body to harmful or potentially harmful stimuli in our environment and we rely on it to help us survive. However, after the warning, it can cause some unwanted and unneeded havoc in our bodies!

Understanding that pain can hurt your patient can help YOU to become a better pain management advocate!

It has long been recorded that pain has many dimensions to its experience (as represented here in a model created by John D. Loeser) but can we definitively tie pain to suffering and other adverse effects?



Consider some of the areas in which pain can hurt you and the research that supports the claim!



PAIN INDUCES THE STRESS RESPONSE:

The stress response has a myriad of effects on the body, several of which can impact negatively on a patient's overall well being. The sympathetic "fight or flight" response of the body is activated when a person has an onset of injury and pain. The stress response is a very well documented physiological event. Its effects can include:

- Increased work of the heart
- Increased glucose secretion and decreased insulin levels
- Perpetuation of local inflammatory responses
- Inhibition of the immune response

Immunosuppression increases the risk of postoperative infections, while analgesia and neural blockade appear to improve white cell function. A series of sobering experiments in animals with tumors has demonstrated that pain increases the risk of metastasis.

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PAIN CAUSES SUFFERING:

Suffering is commonly described as an emotional response to something that threatens one's identity as a person. Pain and suffering are not synonymous. However, severe pain and especially prolonged pain can lead to or increase suffering. Suffering relates to an integrated interpretation of one's future expectations, symptoms, and personal experiences. Eric Cassell states that "The information on which the assessment of suffering is based is subjective," which means that the diagnosis of suffering is often missed. He states that care providers need to learn the skills of empathetic attentiveness and nondiscursive thinking to be able to help relieve a patient's suffering. It is incumbent upon all providers to treat suffering if at all possible.

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PAIN CAN CAUSE NEUROPLASTICITY RESULTING IN CONTINUING PAIN:

The evidence is very clear now that persistent noxious stimuli can cause neuronal hyperexcitability and lead to the development and maintenance of chronic pain states. In general, the more intense and long lasting the noxious stimulus is, the greater becomes the risk for long-term changes in the central nervous system. Examples of such conditions include post-herpetic neuralgia, phantom limb pain, painful diabetic neuropathy and complex regional pain syndrome. Early and aggressive pain management therapy can help to avoid or attenuate potential neuroplasticity.

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Carr DB, Goudas LC. Acute pain. *The Lancet* 1999 12 June; 353(9169):2051-2058.

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A PAINFUL EXPERIENCE CAN CAUSE LASTING PAIN BEHAVIORS IN CHILDREN:

Babies experience stress and pain. For a long time, it was debated whether or not newborns experienced pain. There is no longer a debate; they do. Even a fetus demonstrates a stress response to intrauterine needling. Of additional concern is the fact that babies can demonstrate a lasting effect from a painful experience such as circumcision performed without anesthesia or analgesia. There is no need to allow such events to occur. There are safe and effective ways to attenuate pain in babies and children.

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AS A HEALTH CARE PROVIDER, YOU HAVE IT IN YOUR POWER TO ADVOCATE FOR EXCELLENCE IN PAIN MANAGEMENT FOR YOUR PATIENTS AND BE BACKED BY IMPORTANT AND COMPELLING EVIDENCE.



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