

Treating pain as a disease

December 19, 2005

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Every day throughout the state of Illinois, hundreds of patients complain to their primary care physicians about debilitating non-acute pain. While doctors do what they can to relieve their patients' suffering, in many cases, non-acute pain (pain lasting longer than two weeks) defeats standard approaches to treatment.

An evolving approach to managing non-acute pain that is being met with strong success in Illinois and across the country begins with recognition of a fundamental truth: Non-acute pain is best treated using the disease management model of other chronic illnesses.

In the practice of modern pain medicine, non-acute pain is increasingly being viewed as a disease in and of itself, similar to diabetes and cardiovascular disease where an ultimate "cure" is not the goal of the treatment strategy. This approach to pain management has evolved based on the increasing need — consistent with other medical specialties — to effectively and efficiently manage pain symptoms over a "continuum of care" in order to avoid costly medical flare-ups while maximizing the functionality and quality of life for patients.

The costs of pain on society

The financial and social costs of non-acute pain on our society are staggering. Study after study has revealed the scope of non-acute pain as one of our society's most pernicious diseases.

About 20 percent of adults, and 40 percent of elderly Americans suffer from non-acute pain. More than a third of working-age people — 36 percent — miss work due to non-acute pain, and 35 percent of them miss more than 20 days of work per year. In other words, more than one in six people in Illinois miss nearly a month's worth of work each year due to non-acute pain.

A holistic approach

In response to the widespread devastating effects of non-acute pain, a new community-based model for pain care has taken shape. In the 1990s, new methods of caring for populations of patients with painful conditions began to evolve. These methods were based on the underlying concept that non-acute pain, like other diseases or conditions, could not be cured, but could be controlled to allow patients to lead healthier, more productive lives.

At pain management facilities throughout the state of Illinois, disease management approaches are increasingly being used to address non-acute pain and its impact on the community. Treating non-acute pain as a disease requires an integrated, multi-disciplinary approach that includes a combination of medical management, interventional therapies, physical therapy and other rehabilitation methods, elements of behavioral medicine, and ongoing care over the course of the disease process.

The disease management model for effectively addressing non-acute pain reflects the model for managing other diseases in four important ways:

- First, practitioners must place an emphasis on care that reduces suffering and allows patients to function and maximize quality of life, rather than seek a cure.
- Second, the disease management model takes a comprehensive and customized approach to treatment of a wide variety of pain problems, rather than assuming a "one-size-fits-all" solution to every problem.
- Third, treatment must be convenient to patients and close to their homes in order to avoid barriers to access. Non-acute pain is a community-based problem that requires a community-based resource.
- Lastly, the disease management approach to non-acute pain must be fully integrated into the overall fabric of health care in the community for it to be truly effective.

Physician and community awareness a must

Without proper awareness and support of area physicians and patients, modern community-based pain management centers can not adequately connect with the populations who would benefit from a comprehensive approach.

Pain specialists provide education and lifestyle management resources to patients and their families to help them understand their responsibilities in the treatment of non-acute pain. Optimal outcomes depend on the long-term management of the disease. Patient responsibility is a major contributor to ultimate success or failure in the treatment of any disease, and pain is no exception.

Working together, primary care physicians and pain specialists increasingly apply disease management concepts to the problems of non-acute pain, to the betterment of patients and communities. Education and resources are deployed in ways that ensure the right treatments reach the greatest possible number of people in need of relief from pain. The beneficiaries are patients with non-acute pain, their families, Illinois healthcare providers and the communities that support this evolving medical approach.

-Dr. John V. Prunskis is founder and co-medical director of the Illinois Pain Institute.

12/19/05