

# dealing with chronic pain

## *frequently asked questions*

### *What is chronic pain?*

Chronic pain means abnormal pain that continues after an injury is healed.

### *What is the opposite of chronic pain?*

The opposite is acute pain, which is your body telling you there's an injury. Example: If you sprain your ankle, the ankle hurts whenever you try to walk on it. When the ankle gets better, the pain goes away. That's acute pain, which is normal.

### *Why would pain continue and become chronic, if the injury is healed?*

The nervous system (nerves, brain, and spinal cord) has changed, so that it keeps sending pain signals. This change can happen when you have had pain for a long time - 6 months to a year.

### *Is it the same as neuropathic pain?*

"Neuro-" means nerve, and "-pathic" means illness. Neuropathy is a disorder of the nerves that can cause chronic pain, chronic burning, chronic numbness, or other abnormal nerve signals.

### *How does chronic pain affect a person?*

It affects everyone differently. It can cause problems with eating, with sleeping, with mood and relationships. Sometimes it goes away over a few years. In other cases, it may last for decades.

### *Can you make the pain go away?*

You can't usually make chronic pain go away. The goal is to control it, so it does not take over your life.

### *How can you control it?*

You have three goals:

1. Reduce your pain level to a level where you are able to work, sleep, take care of yourself, and have good relationships.  
Tools: pain medications, breathing and meditation exercises, acupuncture, and eliminating or controlling other challenges to your health.
2. Minimize disability and maximize how much physical activity you can do.  
Tools: physical therapy, massage, yoga, strengthening and flexibility, optimize nutrition and sleep.
3. Understand and communicate what is happening to you; what is *not* happening to you; and what is possible for you.  
Tools: self-education, then educating friends, family, and care providers about your condition and your pain management program.

### *Will I get addicted to painkillers?*

Drugs aren't addictive - people are! If you have a tendency to get addicted, you *can* still have your pain treated, but you may need special help to avoid letting drugs dominate your life. If you do *not* tend to get addicted to other substances or activities, you are not likely to get addicted to pain medicine.

### *How can you tell addicts from people who just have a lot of pain?*

When someone in pain takes pain medicine, their life gets better. They go back to work or school, and take care of themselves and their families. When someone with addiction takes pain medicine, their life gets worse. The drugs are bad for them.

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### *Aren't narcotics dangerous?*

Narcotics *can* have dangerous side effects. People who take them every day become "tolerant" to them, so higher doses have smaller effects. The high dose a pain patient takes, could kill someone else. If you stop taking a narcotic for a while and the tolerance wears off, then you start again, you can get sick or die from your regular dose.

### *Does tolerance go on forever, so you finally just take pills all day long?*

No. Most pain patients eventually find a dose that enables them to function, and stay at that dosage for years at a time. However, sometimes "hyperalgesia" develops, so you become *more* sensitive to pain, no matter how much medicine you take. Then you have to stop using narcotics and try something else.

### *What about withdrawals?*

If you suddenly stop taking narcotics, you will feel sick for 3-7 days. It is a lot like having the flu (without a fever). It is not dangerous, and does not cause seizures or hallucinations. It is nothing to be afraid of. You can treat the symptoms with over-the-counter or home remedies, or just wait it out.

Note: This is *NOT* true of alcohol, or sleep/anxiety medicines like Valium, Clonazepam, or Xanax. Cold-turkey withdrawal from those substances can be very dangerous.

### *What about medical marijuana?*

- Medical marijuana for treatment of chronic pain is legal, through the OMMP (Oregon Medical Marijuana Program). This program started in 1998. Marijuana use by people outside the OMMP, even if they are sick or have pain, is still against the law.
- Marijuana has not been found to have bad interactions with other medicines. It does not seem to interact with heart medicine, blood thinners, insulin, birth control, antidepressants, etc.
- Marijuana helps with chronic pain, chronic nausea and weight loss, muscle spasms, seizures, and glaucoma (eye pressure disease). A doctor has to show that you have one of these problems.
- Marijuana is safe to take along with narcotic pain medicines. It can help you cut down on how many narcotics you need to function.
- You do not have to smoke it. You can vaporize it, put it in baked goods, or make oil capsules.
- "Marinol" is a capsule form of marijuana oil, made by a drug company, that has legal since 1986. It costs \$200-800 per month, depending how much is used.
- Medical marijuana is free to all OMMP members, by law. Growers can ask for help with the cost of supplies, but can't ask payment for their labor. Marijuana may not be sold by anyone in Oregon. The reason we don't have dispensaries (drugstores for marijuana) is so sick people and pain patients - *not* profiteers - can continue to be the owners of the OMMP.

### *My doctor won't see me if I use medical marijuana. Why is this?*

National laws say that using marijuana is illegal in the United States. This contradicts state laws in 14 states that say it *is* legal. Before 2009, Federal police would arrest doctors who followed the state laws.

However, In October 2009, the Federal government stopped doing this. Your doctor might not know about this decision, might not believe it's true, or might disagree with it. (see this site for the memo: <http://www.justice.gov/opa/documents/medical-marijuana.pdf>).

Some doctors don't know that medical marijuana is safer than many other pain medicines. Since it's not made by a drug company, there are few scientific studies, and no fancy magazine advertisements or free samples. Most doctors just don't know as much about it, as about other medicines.

As more patients safely use it, and the government stops prosecuting it, we'll start to have better scientific information about it, and doctors will feel more confident in using it, to help with chronic pain.