



Pain Management for Specific Types of Pain

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Pain management can be simple or complex, depending on the cause of the pain. An example of pain that is typically less complex would be nerve root irritation from a herniated disc with pain radiating down the leg. This condition can often be alleviated with an epidural steroid injection and physical therapy. Sometimes, however, the pain does not go away. This can require a wide variety of skills and techniques to treat the pain. These skills and techniques include:

- Interventional procedures
- Medication management
- Physical therapy or chiropractic therapy
- Psychological counseling and support
- Acupuncture and other alternative therapies; and
- Referral to other medical specialists

All of these skills and services are necessary because pain can involve many aspects of a person's daily life.

Basic types of pain

There are many sources of pain. One way of dividing these sources of pain is to divide them into two groups, nociceptive pain and neuropathic pain. How pain is treated depends in large part upon what type of pain it is.

Nociceptive pain

Examples of nociceptive pain are a cut or a broken bone. Tissue damage or injury initiates signals that are transferred through peripheral nerves to the brain via the spinal cord. Pain signals are modulated throughout the pathways. This is how we become aware that something is hurting.

Neuropathic pain

Neuropathic pain is pain caused by damage or disease that affects the nervous system. Sometimes there is no obvious source of pain, and this pain can occur spontaneously. Classic examples of this pain are shingles and diabetic peripheral neuropathy. It is pain that can

occur after nerves are cut or after a stroke.

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Some medications are considered better for some types of pain compared with others, although factors such as the cause of the pain, genetics, interacting medications or supplements, as well as coexisting conditions, can all impact on how effective a medicine is. Possible treatment options for different types of pain are:

Acute pain: non-opioids, weak opioids, opioids, non-pharmacological treatments such as ice or bioelectric therapy

Chronic pain: non-opioids, weak opioids, opioids, antidepressants, capsaicin cream, non-pharmacological treatments such as bioelectric therapy, radiation therapy

Breakthrough pain: short-acting opioid, non-pharmacological treatments such as acupuncture or relaxation techniques

Bone pain: non-opioids, bisphosphonates, opioids, nutritional supplements, surgery

Nerve pain: antidepressants, anticonvulsants, capsaicin cream, non-pharmacological treatments such as cognitive-behavioral therapy

Phantom pain: non-opioids, antidepressants, anticonvulsants, ketamine, non-pharmacological treatments such as acupuncture or repetitive trans cranial magnetic stimulation (rTMS)

Soft tissue pain: non-opioids, corticosteroids, non-pharmacological treatments such as ice, physiotherapy, or ultrasonography

Referred pain: non-opioids, cold/warm compresses, non-pharmacological treatments such as massage or transcutaneous electrical nerve stimulation (TENS).

Always talk to your doctor about which pain medication is right for you.

Self-management

Self-management of chronic pain has been described as the individual's ability to manage various aspects of their chronic pain. Self-management can include building self-efficacy, monitoring one's own symptoms, goal setting and action planning. It also includes patient-physician shared decision-making, among others. The benefits of self-management vary depending on self-management techniques used. They only have marginal benefits in management of chronic musculoskeletal pain.

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