

Coping With Chronic Pain: Mistaken Beliefs Can Hurt You

Helen, Audrey, and Joe are discussing some of their health problems over lunch one day at the local senior center. “The arthritis in my hips really gives me a lot of pain,” says Helen, “but I guess I have to learn to live with it; after all, I am getting older.” “Have you tried taking some of those over-the-counter pills?” asks Joe. “They might help and you don’t have to worry about them as much as you would with prescription ones.” Audrey shares, “My doctor wants me to take an antidepressant for the nerve pain in my feet. He must think the pain is all in my head.”

Do these comments sound familiar? They contain frequent misperceptions about chronic pain. Let’s examine them.

Frequent Misperceptions about Chronic Pain

1. Pain is a natural part of getting older. While chronic pain does become more common as we age, it is not caused by age. It is seen more often in seniors because the diseases that are responsible for pain—arthritis, stroke, shingles, cancer, fibromyalgia, and others—are more frequent.

Chronic pain is a complex situation. Sometimes it is hard to determine the cause. It can interfere with numerous functions of daily living—working, eating, sleeping, household activities, and recreation. Concentration becomes more difficult. Chronic pain can lead to anxiety, irritability or depression. The person with the pain may become isolated, compounding an already difficult situation.

2. Non-prescription drugs are safe and need no monitoring. Pain is frequently treated with drugs using a ‘start low and go slow’ approach. While non-prescription medications are preferred if they provide pain relief, they still must be monitored carefully for adverse effects. Aspirin, ibuprofen, and naproxen are relatively safe, but can irritate the stomach and increase risk of bleeding. Acetaminophen is safer than most analgesics but, if used in large amounts of more than 12 regular-strength or 8 extra-strength tablets in a single day for a long period of time, may damage the liver or kidneys. It is important to keep your physician informed of everything you are taking, especially since seniors process medications differently from younger people.

3. Pain is “all in your head”. Pain is very real to the person who experiences it, even if the physician can’t identify a reason for it, or the pain is not readily apparent to others. If your doctor prescribes an antidepressant for your pain, it might be because research has shown that some antidepressants are effective against certain types of persistent pain, especially pain caused by injury or disease of nerves. But also remember that chronic pain can wreak havoc with one’s

emotions and an antidepressant may help with coping. Always discuss with your doctor why the medications are being used.

Some pointers for dealing with chronic pain:

- Treat the pain, no matter what your age
- Keep a 'pain diary' to help you explain the pain to your doctor (where, when, how much, what it feels like, what helps and what makes it worse)
- Use a variety of treatments for pain. Exercise, meditation, and complementary therapies may also offer relief.

For more information, check these resources:

- www.theacpa.org, American Chronic Pain Association.
- www.healthinaging.org/public_education/eldercare/11.xml, The AGS Foundation for Health in Aging, *Eldercare At Home*, Chapter 11
- Twww.arthritis.org, Arthritis Foundation

###