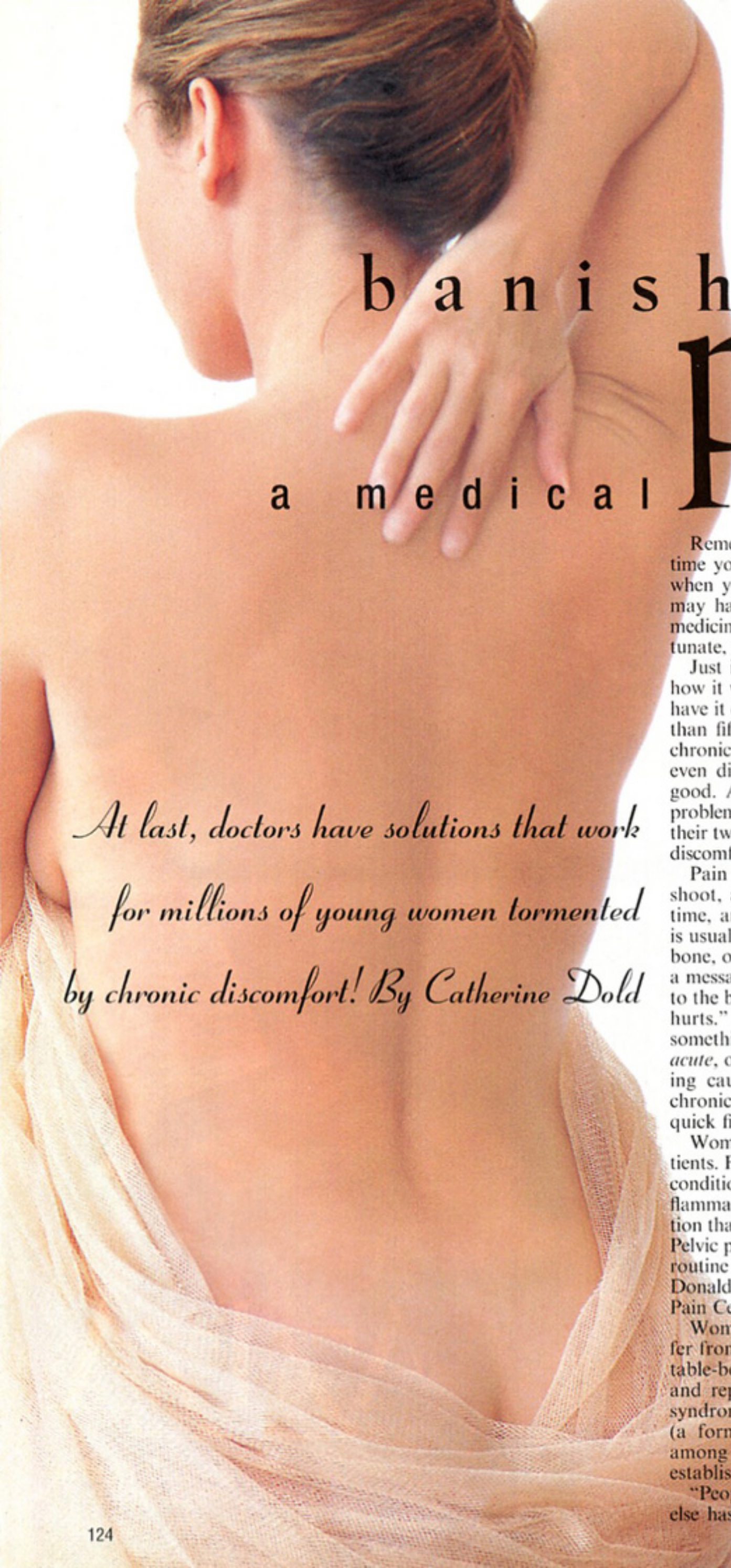

banishing pain: a medical update

At last, doctors have solutions that work for millions of young women tormented by chronic discomfort! By Catherine Dold

Remember your last really bad toothache? Or the time your lower back throbbed with every step? Or when you had particularly nasty cramps? The pain may have left you doubled over, stumbling to the medicine cabinet in search of relief. If you were fortunate, you were able to control it with a few pills.

Just imagine if that pain *never* stopped. Think of how it would feel to wake up with it every morning, have it disrupt your career, family, sex life. For more than fifty million Americans, that's life. They have chronic pain—aches that may vary in intensity or even disappear for a while but never go away for good. And contrary to what you might think, the problem is not limited to the elderly. Many women in their twenties and thirties suffer from extreme chronic discomfort.

Pain can scream, pound, pulse, tingle, throb, shoot, ache, and stab. It can announce itself anytime, anywhere, though the underlying mechanism is usually the same. A part of your body—a muscle, bone, organ, or nerve—is injured or stimulated, and a message zips through the body, up the spinal cord to the brain, which interprets the signal one way: "It hurts." Not all pain is bad. It often alerts us that something is wrong and needs attention or rest. For *acute*, or short-lived, pain, treatment of the underlying cause usually eliminates the discomfort. For chronic, long-lasting pain, however, there is rarely a quick fix.

Women account for 60 percent of chronic-pain patients. For many, the root cause is a lower-abdominal condition, ranging from endometriosis and pelvic inflammatory disease to the rarer vulvodynia, a condition that produces severe pain in the external genitals. Pelvic pain, in fact, is the most common reason, after routine checkups, that women see a gynecologist, says Donald C. Manning, M.D., director of the Women's Pain Center at the University of Virginia.

Women make up the majority of those who suffer from nongynecological pain, too, including irritable-bowel syndrome, backache, headache, sports and repetitive-strain injury (such as carpal-tunnel syndrome), restless-leg syndrome, and fibromyalgia (a form of widespread soft-tissue pain common among women). After a tour through the medical establishment, many wind up at a pain clinic.

"People come to a clinic like ours because no one else has been able to diagnose their problem," says

(continued on 128)

Richard Siegfried, M.D., director of the Pain Management Center at Columbia Presbyterian Medical Center, in New York City. "Frankly, often their problem is not diagnosable, but we try to manage the pain as well as we can. For the vast majority of patients, we can provide some relief."

How is pain being treated today? Doctors now have a wide variety of options.

Most interstitial-cystitis patients can't have intercourse without pain . . .

• **Nonprescription drugs.** If you believe the advertisements, over-the-counter drugs can relieve every ache imaginable. In fact, they *are* effective, but you'll get better results if you know how they differ. Aspirin and ibuprofen help reduce inflammation, the cause of pain associated with muscle and connective-tissue strains, such as those that occur in athletic injuries. (Ibuprofen, by the way, is *the* drug of choice for menstrual cramps.) Acetaminophen doesn't relieve inflammation but has fewer side effects (e.g., stomach irritation, clotting, and kidney problems) than the other medications.

• **Prescription drugs.** Tricyclic antidepressants, such as Elavil, may affect not only your mood but your ability to feel pain. They are used primarily for discomfort caused by nerve damage, says Dr. Siegfried, as well as headaches and lower-back pain. Anticonvulsant drugs, which control seizures, may be helpful in convincing a damaged nerve to stop firing. Doctors are also excited about a newly available drug, tramodol, which has been used in Europe for more than a decade. It has some of the best properties of narcotics and antidepressants but with fewer side effects.

• **Narcotics.** One of the most controversial issues in pain control today is the use of opioid drugs, such as morphine. While they are unsurpassed at providing temporary relief, doctors are split over whether they should be used for chronic pain. Some say the risk of addiction is too high. "We can count patients in the hundreds who have gotten into difficulty with narcotics here," says Jeffrey D. Rome, M.D., medical director of the Mayo Clinic Pain Management Program in Rochester, Minnesota. Others say that while pain patients might become physically dependent on the drugs, few become psychologically addicted. Narcotics mask pain without providing a high, they say, and when a patient is comfortable, she doesn't crave the drug. Doug Ventura, a member of the National Chronic Pain Outreach Association of Bethesda, Maryland, swears life would be impossible without narcotics. A former police officer, who injured his back making an arrest, Ventura says morphine "has given me my life back. It allows me to be a father to my five-year-old son."

• **Nerve blocks.** Injections of local anesthetic or steroid drugs directly into sore areas can provide quick relief but are rarely used as a long-term treatment. Too often, the pain just finds another route to the brain. More commonly, they are used to help diagnose the origin of pain or to provide temporary relief so other therapies, such as exercise, can be attempted. At the Women's Pain Center, however, Dr. Manning has found one innovative use for local anesthetic. A patient was having severe pain during sex, and Manning discovered that after childbirth, a tear in her cervix had healed but entrapped a nerve. The pain surfaced only during intercourse, so Dr. Manning suggested she use an anesthetic cream in a diaphragm. *Voilà!* No more pain . . . and a happy couple.

• **"Alternative" medicine.** Methods such as acupuncture and acupressure are "a viable alternative for many people," says Dr. Siegfried. "Some respond very well." Included in the alternative repertoire are biofeedback, through which patients learn to control their physiological responses (such as heart rate and blood pressure) to pain, and hypnosis and relaxation therapy, which involve blocking the perception of pain by focusing on something else. "To reduce my pain, I picture myself lying on the beach with the warm sun relaxing me," says one patient.

• **Ultrasound.** No one is quite sure how it works, but one theory is that it warms inner tissues and improves circulation and relaxation.

• **TENS.** Transcutaneous electrical nerve stimulation is one of the most popular methods of controlling pain today. The "little black box," which transmits a mild electrical current to the skin, is considered a godsend by some patients. The current blocks or masks the pain message and produces a mild tingling sensation. A similar technique known as "deep brain stimulation" is more experimental. A wire implanted in the brain is believed to block pain signals and possibly cause the release of some of the body's own chemical painkillers.

• **Exercise/physical therapy.** Exercise is the treatment of choice for many pain conditions. Whereas doctors once advised bed rest for, say, back pain, they now often suggest moving around, even if activity causes an initial increase in pain. Muscle weakness is the most common cause of back problems; exercise strengthens muscles, improves circulation, and stimulates release of natural painkilling endorphins. The regimen needn't be rigorous; just walking or swimming might work wonders. At the Mayo Clinic pain program, says Dr. Rome, the focus is on reconditioning—gaining physical strength and stamina.

. . . yet only recently have doctors begun to take the disease seriously.

• **Surgery.** Though most physicians consider surgery a last resort, many pain patients, frustrated by the failure of other therapies, are eager to get on with it. An operation may involve excising an obvious source of pain, such as an ovarian cyst, cutting or relieving pressure on a nerve, removing or repairing damaged cartilage, or numerous other procedures. As many who suffer from back pain will attest, however, surgery often does not work. One study found that only 1 percent of back problems are helped by surgery.

• **Prevention.** The best way to deal with chronic pain is to avoid it in the first place. Exercise regularly to keep your body in good condition. "The better shape you are in, the better your body can protect itself and heal from injuries," advises Dr. Siegfried. "You'll be well prepared for any physical insult that might occur."