PART 1: CLASSIFICATION OF CHRONIC PAIN

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CHRONIC PAIN

• AFFECTS APPROXIMATELY 20% OF THE POPULATION
• SEVERELY IMPACTS QUALITY OF LIFE, SOCIAL LIFE, WORKFORCE ACTIVITIES, OVERALL HEALTH
• MOST COMMON PAIN LOCATIONS:
  • LOW BACK
  • HEADACHE
  • NECK PAIN
  • JOINT PAIN
  • GENERALIZED PAIN/FIBROMYALGIA
CHRONIC PAIN

• AN INDIVIDUAL AND SUBJECTIVE EXPERIENCE

• OCCURS DUE TO A VARIETY OF BIOLOGICAL, PSYCHOLOGICAL, AND SOCIAL FACTORS
  • HAVE TO RECOGNIZE AND TREAT ALL OF THESE FACTORS!

• ETIOLOGIES:
  • PERSISTENT POST-SURGICAL PAIN (PPSP)
  • INJURY/ACCIDENT
  • DEGENERATIVE
  • MEDICAL ILLNESS OR TREATMENT
  • IDIOPATHIC
CHRONIC PAIN

DIAGNOSIS: PAIN ASSESSMENT

• HISTORY – OPQRST
  • ONSET
  • PROVOCATION/PALLIATION
  • QUALITY
  • REGION/RADIATION
  • SEVERITY
  • TIMECOURSE

• HISTORY+
  • MEDICATION TRIALS AND RESPONSE
    • ADEQUATE DOSE?
    • ADEQUATE LENGTH OF MEDICATION TRIAL?
  • RELATED CONDITIONS
    • SLEEP
    • FUNCTION
    • MOOD
  • SOCIAL HISTORY
    • SUBSTANCE ABUSE
    • SOCIAL SITUATION
DIAGNOSTIC EVALUATION

• FULL PHYSICAL EXAM
  • BE GENTLE!
  • PAIN BEHAVIORS AND EFFORT
  • NEUROLOGIC AND MUSCULOSKELETAL EXAM
• EVALUATION OF GENERALIZED TENDERNESS
  • GENERALIZED PAIN SYNDROME
  • OPIOID-INDUCED HYPERALGESIA
• PALPATION OF TRIGGER POINTS
DIAGNOSTIC EVALUATION

• CHARACTERIZE TYPES OF PAIN
  • MYOFASCIAL
  • GENERALIZED
  • NEUROPATHIC
  • NOCICEPTIVE – VISCERAL
  • NOCICEPTIVE - SOMATIC
  • MOST PATIENTS WILL HAVE MIXED PAIN TYPES

• TRY TO PUT IT ALL TOGETHER
  • WHY DO THEY HAVE PAIN?
MYOFASCIAL PAIN

• EXTREMELY UNDER-RECOGNIZED!

• NOT THE SAME AS FIBROMYALGIA – REALLY QUITE THE OPPOSITE!

• PAIN RESULTING FROM DISORGANIZED MUSCLE FIBERS
  • TRIGGER POINTS – PAIN RADIATES WITH PALPATION
  • CAN MIMIC RADICULAR PAIN AND BE VERY PAINFUL – MORE THAN “MUSCLE PAIN”
  • POST-SURGICAL
  • DECONDITIONING
  • ALTERED GAIT OR POSITIONING
MYOFASCIAL PAIN

- **GLUTEUS MINIMUS AND MEDIUS TRIGGER POINT REFERRAL PATTERN**
  - **LOOKS LIKE L5 RADICULITIS**

Characteristic referral patterns of trigger points

Simon and Travell’s “Myofascial Pain and Dysfunction: the Trigger Point Manual”
MYOFASCIAL PAIN

• STERNOCLEIDOMASTOID AND TRAPEZIUS TRIGGER POINTS
  • LOOKS LIKE TENSION HEADACHE
  • CAN MIMIC OR PROVOKE MIGRAINE HEADACHE
NEUROPATHIC PAIN

• “PAIN ARISING AS DIRECT CONSEQUENCE OF A LESION OR DISEASE AFFECTING THE SOMATOSENSORY SYSTEM”

• AFFECTS 3-8% OF POPULATION

• CHARACTERISTICS
  • BURNING
  • SHOOTING
  • ELECTRIC
  • LIMITED BENEFIT FROM OPIOIDS
  • MAY OR MAY NOT BE CONFINED TO KNOWN NERVE/NERVE ROOT DISTRIBUTION
NEUROPATHIC PAIN SYNDROMES

• PERIPHERAL NEUROPATHY
• PHANTOM LIMB PAIN
• POST-HERPETIC NEURALGIA
• MULTIPLE SCLEROSIS PAIN
• POST-SURGICAL NEUROPATHIC PAIN
• POST-INJURY NEUROPATHIC PAIN
• CHRONIC RADICULOPATHY
• COMPLEX REGIONAL PAIN SYNDROME
GENERALIZED PAIN SYNDROMES

• WIDESPREAD PAIN THROUGHOUT THE BODY
  • NOT MULTIPLE LOCATIONS BUT CONTINUOUS IN JOINTS, SOFT TISSUE, ETC

• VARIABLE QUALITY, USUALLY NO INCITING EVENT

• DIFFUSE TENDERNESS TO PALPATION THROUGHOUT BODY ON EXAM
  • ABSENCE OF SIGNIFICANT TRIGGER POINTS

• ASSOCIATED WITH DEPRESSION, POOR SLEEP

• THOUGHT DUE TO CENTRAL SENSITIZATION
FIBROMYALGIA

• SPECIFIC DIAGNOSIS WITHIN “GENERALIZED PAIN STATES”

• SPECIFIC DIAGNOSTIC CRITERIA
  • INCORPORATES SLEEP, COGNITIVE SYMPTOMS, OTHER SOMATIC SYMPTOMS INTO DIAGNOSIS

• NOT THE SAME AS MYOFASCIAL PAIN

• AFFECTS 2-4% OF THE POPULATION, FEMALE PREDOMINANCE

• OFTEN BEGINS IN MIDDLE ADULTHOOD
Fibromyalgia is a very specific diagnosis, many patients should instead be diagnosed with generalized pain.

Initially developed as a research tool not meant for clinical diagnosis.

<table>
<thead>
<tr>
<th>Table 1: ACR clinical diagnostic criteria for fibromyalgia.\textsuperscript{13}</th>
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<tbody>
<tr>
<td>1. Widespread pain index (WPI)\textsuperscript{†} $\geq 7$ and symptom severity (SS)\textsuperscript{‡} score $\geq 5$ or WPI from 3 to 6 and SS score $\geq 9$</td>
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<tr>
<td>2. Symptoms present for $\geq 3$ months</td>
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<td>3. No other explanation for pain</td>
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\textsuperscript{†} The WPI is a questionnaire that assesses pain extent and distribution across 19 body areas.

\textsuperscript{‡} The SS scale is a 4-item scale that assesses fatigue, cognitive difficulties, “waking unrefreshed,” and somatic symptoms.
NOCICEPTIVE VISCERAL PAIN

• PAIN RESULTING FROM THORACIC, ABDOMINAL OR PELVIC VISCERA
  • DISTENSION, ISCHEMIA, INFLAMMATION
• POORLY LOCALIZED
• DULL, ACHING, PRESSURE, SQUEEZING
• NOT PARTICULARLY MOVEMENT-RELATED
• REFERRED TO SUPERFICIAL STRUCTURES
  • DIAPHRAGM → SHOULDER
  • ANGINA → LEFT NECK/ARM
VISCERAL PAIN

- REFERRED TO SUPERFICIAL STRUCTURES
  - DIAPHRAGM → SHOULDER
  - ANGINA → LEFT NECK/ARM
- CHRONIC ABDOMINAL AND PELVIC PAIN
- CANCER PAIN

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<tr>
<th>Origin of Pain</th>
<th>Site of Referred Pain</th>
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<tbody>
<tr>
<td>Appendicitis</td>
<td>Umbilical region</td>
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<tr>
<td>Angina pectoris</td>
<td>Arm, jaw</td>
</tr>
<tr>
<td>Aortic aneurysm</td>
<td>Back</td>
</tr>
<tr>
<td>Pleuritis</td>
<td>Shoulder</td>
</tr>
<tr>
<td>Cholecystitis</td>
<td>Right shoulder/scapular area</td>
</tr>
<tr>
<td>Gastroesophageal reflux</td>
<td>Chest</td>
</tr>
<tr>
<td>Urinary tract Infection</td>
<td>Back, abdomen</td>
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NOCICEPTIVE SOMATIC PAIN

- ARISES FROM DAMAGE OR INJURY TO BONE, JOINT, MUSCLE, SKIN OR CONNECTIVE TISSUE
  - “MECHANICAL” PAIN
- WELL-LOCALIZED
- INTENSE ACHE, THROBBING, SHARP, STABBING, PINPRICK
- BONY PAIN
  - METASTASES, FRACTURES
  - DEGENERATIVE SPINE DISEASE
- JOINT PAIN
  - OSTEOARTHRITIS
THANK YOU!

• QUESTIONS OR COMMENTS?