



JEFF ENNIS

*Community Editorial Board*

# Maybe that 'grouch' is living with chronic pain

Do you remember that commercial for hair replacement in which the narrator states he is not only the president of the Hair Club, but is also a member?

Well, I am not only a director of a chronic pain management program at a local hospital. I am also a sufferer.

I began life as normal as the next person. By the time I was 45, I was going for my sixth knee surgery after having multiple back surgeries including a multiple-level fusion, about 12 procedures in all.

I have been diagnosed with an unusual disorder that affects the ability of my joints to stay together and an auto-immune disorder that has caused me no end of problems including hospitalizations and having to take some pretty nasty medications.

In brief, I am a bit of a mess. I have pain from head to toe, 24 hours a day, in places that most people could not possibly imagine.

The one useful thing that this pain gives me is a unique insight into chronic pain.

When I write about chronic pain, I am faced with the problem of trying to translate a physical and emotional sensation into words.

Unfortunately, pain does not translate into human language. It does not make the reader truly feel what it is like to live day in and day out with pain.

It is a difficult concept for most people to understand. I once saw a physician about some of my problems. He tried to be empathetic.

He told me that he "had chronic back pain – once."

It turns out that his back hurt him for about six months. If anyone did not understand chronic pain, it was this fellow.

Chronic pain is not a pain that you had – once. It is a pain that you have now and unless some miracle occurs, you will have forever.

It is an unwanted, intimate relationship. Chronic pain is jealous and will interfere with anything that might take your attention away from it. It not only hurts physically, but emotionally. Pain without emotional distress is not pain.

Over the course of 30 years of dealing with chronic pain, I have found ways of coping with it, most of the time.

What is much more difficult to cope with is the accompanying problems with work, friends, family, physicians and insurance companies.

Since pain does not show itself in any obvious, except by a person's behaviour, a person who copes with pain renders it invisible to others.

Ideally, this is how it should be. After all, the pity of others has absolutely no impact on pain. As I tell patients, if whining would help, I would do it all day long. But it doesn't.

What I would appreciate is that if I tell someone that I have pain, my word should be sufficient. I should not have to demonstrate my pain by crying, yelling, limping, complaining or bandaging myself up – what are often referred to as pain behaviours.

The majority of medical training focuses on the treatment of problems that lead to acute pain. Chronic pain is often seen as a failure for the health-care provider. Clinicians can feel worn down by patients with chronic pain.

After all, the sufferer does not get better and does not go away. If a patient with pain is coping well, he is often forgotten about. The louder a patient yells, the more likely she or he will be heard.

It is important for physicians to shift their focus from cure to support and management and to help patients with chronic pain do as much as possible in spite of the pain they feel.

The provision of care should not be contingent on the demonstration of pain behaviours. If a patient is able to

do more in spite of the pain he feels, that is an amazing achievement on the part of the patient. That is coping. Medical care should focus on helping patients cope.

People with chronic pain have limited physical and emotional reserve at the best of time. Stressors can be seen as much bigger problems than they really are. The chronic pain sufferer can react to stress by becoming irritable.

Because pain is difficult to see, friends, family and colleagues can have difficulty understanding why the chronic pain sufferer is "grumpy." The end result is that to avoid upsetting each other, family, friends, and colleagues start avoiding the sufferer while the sufferer avoids them. The end result is that people with chronic pain often feel isolated, alone and are constantly apologizing for their irritable behaviour.

In an ideal world there would be no chronic pain. All medical problems would be curable and pain would disappear. Unfortunately, this is not likely to happen in our lifetimes. Instead, people will continue to develop problems that result in chronic pain.

However, with a bit more encouragement from family, willingness by physicians and insurance companies to believe a report of pain and an effort by the sufferer to manage his own irritability, chronic pain does not have to be such a pain.

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