

# IOWA PAIN MANAGEMENT INITIATIVE

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## **You Don't Have to Live in Pain** *September is National Pain Awareness Month*

September 1, 2006 (Your city, Iowa) -- Persistent pain is significantly under-treated and incredibly misunderstood — by many health care professionals, most of the decision makers in Washington, DC, and even by those closest to you — your family members and friends. In 2000, Congress declared 2000-2010 the Decade of Pain Control and Research to make pain a national health priority. Through this declaration, leading pain organizations who pushed for this declaration, including the American Academy of Pain Medicine, the American Headache Society, and the American Pain Society, hoped that public attention and funding for research would be focused on this serious public health issue that affects 75 million Americans.

Name of your organization is part of the Iowa Pain Management Initiative. Our purpose is to educate all Iowans about pain management and to encourage all those in pain to talk to their doctors about it.

Approximately 75 million Americans suffer with pain. Forty-two percent of these pain sufferers are in such severe pain that they cannot work and 63% are unable to engage in routine activities of daily living. Two out of three older Americans say that pain prevents them from engaging in routine activities such as cooking, housework, hobbies, and gardening. Four in ten people with chronic pain do not go to the doctor because they believe that nothing can be done to treat it. This is one of the common myths about pain. The general public has a poor understanding of pain and its treatment. In this article, we will address a number of the myths about pain and its management.

Determine which myths you think are most at issue in your community and use those for your article

Myth #1: You should just “tough it out” with pain. In fact, recent research indicates that unrelieved acute pain can lead to the development of chronic pain. Acute pain is usually associated with an unpleasant event that stimulates the nervous system to produce the sensation of pain. Examples of such events would be a surgical incision, labor pain, or a heart attack. Chronic pain persists beyond the expected time of healing—such as ongoing back pain. Chronic pain is the most common cause of long-term disability, partially or completely disabling approximately 50 million people each year in the US.

Research shows that people become increasingly more sensitive to a painful situation the longer it goes on. If pain is not relieved, it can lead to a lowered pain threshold. As pain continues, nerve fibers that normally aren't involved in pain perception begin to cause normally non-painful situations, like touch or vibration, to cause pain. As a result, the body becomes resistant to its own natural painkillers. So there is a window of opportunity for rapid pain treatment to avoid the development of chronic pain.

Myth #2: If you start taking pain medications, you'll continually have to take higher and higher doses to achieve pain relief. Although there may be an initial period in taking a new medication when it is necessary to keep increasing the dose to achieve pain relief, most people will reach a “right” dose and will not need to continue increasing dosages. In fact, when pain is controlled, doses can sometimes be gradually lowered without losing pain control.

Myth #3: Pain is an unavoidable part of getting old. Unfortunately, because so many people believe this myth, they don't consult their health care providers for options to decrease or eliminate their pain. There are many treatments available besides medications, including massage therapy, meditation, acupuncture, music

therapy, yoga and a host of other integrative therapies. By incorporating some simple changes into their daily routines, pain sufferers can often reduce the pain they feel.

**Myth #4:** Infants can't feel pain. The part of the brain and nervous system that allows you to feel pain is fully developed at birth, although it may not be fully functional in premature infants. In one review of medical charts of 180 children between 6 months and 10 years of age, researchers found that 65% of children younger than 2 went without pain medication. Some speculate that this is due to very young children not being able to tell caregivers about their pain. It is important that babies and young children receive appropriate pain relief for any type of painful procedure, such as circumcision.

**Myth #5:** Narcotics such as morphine are addictive and should be a treatment of last resort. Addiction to narcotics is rare (less than 1% of patients) and usually occurs in patients who have a prior history of drug abuse. When narcotics are properly prescribed and monitored for pain relief, there should be little concern about addiction.

**Myth #6:** If a person can sleep, he can't be in pain. Prolonged pain can exhaust the body to the point where sleep occurs, even though the pain continues. Signs that a sleeping or comatose person may be in pain include moaning, labored breathing, and restlessness.

**Myth #7:** Increasing pain is always a sign that an illness is getting worse. Pain levels can go up and down for many reasons. While increased pain doesn't necessarily mean an illness is getting worse, it's important to check with your health care provider when this happens. It may simply mean that medication levels or other treatments need to be changed.

Myth #8: You should wait until pain gets bad before taking medication for it. It can often require less medication to control pain if it is taken on a scheduled basis, not waiting for pain to reach a high level. In fact, it often takes much higher doses of medication to get pain under control once it has reached a high level, than it would take to simply control the pain on an ongoing basis.

Myth #9: If a person doesn't show outward signs of it, she can't be experiencing much pain. Each person is different in the way he or she feels and exhibits pain. The fact that someone doesn't moan, clench her teeth, or show restlessness doesn't mean she isn't experiencing a high degree of pain. A person's pain is what she perceives it to be and cannot be judged by anyone else.

Myth #10: My doctor should just know when I am in pain. Pain is a very subjective experience. You need to tell your health care provider, with as much detail as possible, what your experience of pain includes—is it sharp, aching, dull, constant, intermittent? Do certain activities/movements make it worse? Only with complete and specific information can your health care provider prescribe the appropriate treatment to manage your pain.

***Add comments from local pain management experts here***

Additional resources on pain management may be found at:

***Add local resources here***

The National Pain Foundation  
[www.nationalpainfoundation.org](http://www.nationalpainfoundation.org)

The Mayo Clinic  
[www.mayoclinic.com](http://www.mayoclinic.com)

The American Chronic Pain Association  
[www.theacpa.org](http://www.theacpa.org)

The American Academy of Pain Management  
[www.aapainmanage.org](http://www.aapainmanage.org)

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