Chronic Pain Syndromes

By Daniel P. Greenfield, MD, MPH, MS

“Pain...is the most common symptom that leads patients to seek medical advice and treatment...”

“...[T]he most important lesson to remember about pain is that it hurts, whatever its cause.”

As the above points suggest, this issue of CNS Spectrums focuses on chronic pain syndromes (CPS), in support of the journal’s mission to provide psychiatrists and neurologists with a complete editorial package that will enhance and increase their understanding of neuropsychiatry. Included is an overview of CPS; a discussion of several subtypes and categories of CPS from the perspective of neuropsychiatric diagnosis, treatment, and management; a presentation and discussion of an often particularly problematic type of CPS (headache); a review of psychiatric, psychological, and psychodynamic aspects of chronic pain; a review of treatment and management of CPS, emphasizing pharmacotherapeutic approaches; and finally, a recapitulation of practical diagnostic and therapeutic points, which summarizes the salient aspects of CPS described in this volume.

In addition to primary care physicians, practicing neurologists, psychiatrists, and psychologists—whether alone or as members of multidisciplinary teams of health professionals in hospital- or rehabilitation center-based settings—are also called upon to evaluate and treat patients with CPS (especially after it has become a condition unto itself, regardless of etiology). Therefore, the articles in this issue of CNS Spectrums emphasize practical clinical aspects in the diagnosis and management of CPS, as well as psychiatric and neuropsychiatric issues and factors that can complicate and confuse the management of this often difficult-to-treat condition.

For orientation, the authors distinguish between acute and chronic pain. Acute pain has been defined in this context as the “...unpleasant experience associated primarily with descriptions of actual or presumed tissue damage...in terms of the stimuli that arouse it, the responses made to it, and the cognitive and affective variables that influenced its perception.” Chronic pain may be defined in a number of ways, including time course, pathophysiology, response to treatment, and other such parameters. For current practical purposes, however, the authors in this issue define chronic pain according to Bonica, who wrote that chronic pain is “...pain which persists beyond the usual course of an acute disease...or is associated with a chronic pathologic process that causes continuous pain.”

Chronic pain syndromes can be further distinguished as either chronic benign pain (CBP) or chronic malignant pain (CMP) syndromes. In CBP syndromes, actual tissue damage exists, produces active nociceptive (pain) stimulation, and is not progressive. In CMP syndromes, actual tissue damage is occurring or intermittently occurring, and is progressive, as in the case of brain tumors (which may cause headache pain by virtue of increased intracranial pressure, meningeal irritation, or cranial-nerve involvement).

Dr. Klein and I describe the nature and scope of several CBP syndromes, including epidemiologic and public health considerations of fibromyalgia, arthritides, musculoskeletal and back syndromes, and reflex sympathetic dystrophy syndrome. We also discuss psychiatric and neuropsychiatric treatment approaches. Dr. Hartharan and I review the diagnosis and classifications of headaches. We discuss epidemiologic and public health considerations, and clinical spectrum and treatment considerations of several types of headaches, emphasizing the chronic daily type. Dr. Landolfi reviews the pathophysiology, diagnoses, identification of clinical spectrums, and management of CMP syndromes. Through the extensive use of tables, he provides a comprehensive overview of the wide range of CMP syndromes. In the article entitled “Psychiatric Aspects of Chronic Pain,” I present and discuss psychiatric and psychological factors that influence and affect—often adversely—a patient’s psychiatric/neuropsychiatric condition with regard to CPS. I also review somatization, secondary gain, factitious disorders, and conversion. Dr. Narcessian and I conclude this issue with a brief overview of nonpharmacologic approaches and modalities for the management of CPS and a more extensive and detailed presentation and discussion of pharmacotherapeutic approaches.

REFERENCES

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