Pain

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Pain

- **Nociceptive**
  - **Pain sensors conduct signals of potentially damaging stimuli**
  - **Caused by stimulation of nociceptors signaling injury**

- **Neuropathic**
  - **Central** (MS, stroke, spinal cord injury)
  - **Peripheral** (diabetes, metabolic conditions, shingles—herpes zoster and other infections, nutritional deficiencies, toxins, immune disorders and physical trauma to nerve)

Pain

- **Acute**

  - Mobilizing the sympathetic branch of the ANS - less "habituation"

- **Chronic – with & without demonstrated physical pathology**

  - **Less sympathetic arousal**

  - **Persists beyond healing** or longer than 6 months

  - **No well-defined neurological mechanism**

  - **May be categorized as a DSM V Somatic Symptom-Related Disorder**

Pain

Severity	Neuropathic Pain	Nociceptive Pain
+	TCAs & SNRIs	NSAIDs (inflammatory)
+	Pregabalin or Gabapentin	Acetaminophen (not inflammatory)
++	Other anti-epileptics or Tramadol	TCAs or SNRIs
+++	Opioids	Opioids

Pain

Medication	Behavioral Side Effects - Common
TCAs	Sedation, fatigue, urinary retention, dizziness
SNRIs	Insomnia, dizziness, somnolence, fatigue, gastrointestinal complaints
Gabapentin - Pregabilin	Dizziness, somnolence, ataxia, fatigue
Tramadol	Dizziness, somnolence
Opiates	Somnolence, constipation, dizziness, dysphoria, euphoria

Tools for Assessment and Tracking

- **EMR (Electronic Medical Record) Based**

  - **Vital Signs – Pain Scale, BMI**

- **Tools and Questionnaires** – Assessing Pain and Progress

  - See references like**: Hunter, Goodie, Oordt and Dobmeyer (APA, 2010)**

Most Common Goals

- **Increased Physical Activity**

  - **Independently Improves Pain Management**

  - **Reduce BMI (if Appropriate) – Add Dietary Change**

- **Stress Reduction** – CBT, Mindfulness, Breathing Exercises

- **Improved Mood ->** Reduction in Dysphoria (or Depression) & Anxiety

- **Improved Sleep**

- **Smoking Cessation & Reduced Substance Use** (if Appropriate)

National Register of Health Service Psychologists