• **FACT SHEET No. 1**

Treating People With Joint Pain

Pain in the joints affects millions of people worldwide. There are many different types of joint pain—pain related to osteoarthritis, pain after traumatic injury, pain after joint surgery, pain related to inflammatory joint disorders such as rheumatoid arthritis and psoriatic arthritis, and pain related to crystal deposition in the joints such as gout or chrondrocalcinosis.

Depending on the individual, pain might be felt in the joint or in the muscles around the joint. The pain may be diffuse and constant, or it may occur at rest or while moving, depending on the cause. Despite the wide range of conditions and symptoms, different types of joint pain might share similar underlying mechanisms, manifestations, and potential treatments.

Why Pain in the Joints?

In creating the Global Year Against Pain in the Joints campaign, an IASP task force identified several important issues:

- Treatment for joint pain is often inadequate.
- Joint pain is associated with loss of function, and treatment should focus not only on pain but also on activity and function.
- Medications are sometimes unsafe, and rehabilitation and physical therapy are essential.
- Chronic joint pain can be manageable, but patients might continue to suffer.

IASP brings together scientists, clinicians, health-care providers, and policymakers to stimulate and support the study of pain and translate that knowledge into improved pain relief worldwide.

- A person's joint pain often bears little relationship to what the joint looks like on x-rays or scans, and this makes joint pain especially challenging to understand. Even when the source of the joint pain is identifiable, this might not fully explain the severity of the pain.

In addition to the suffering and discomfort associated with joint pain, the problem can exact substantial financial and other costs. These include high medical expenses, lost work days, and diminished quality and productivity in people's work and personal lives. Aging populations, sedentary lifestyles, and an increasing propensity toward obesity all mean that the problem of joint pain is likely to continue unabated worldwide.

Many people with osteoarthritis live with pain for years. This document explains what pain is and how the brain senses pain. It also describes some common conditions that can cause pain in and around joints, as well as the different methods for helping people control long-term (chronic) pain.

What Is Pain?

Pain is a protective mechanism that alerts the brain when damage has occurred. But pain isn't just a sensation, it is a personal experience. It has emotional effects too, making us feel upset or distressed. Pain may continue when the damage seems to have gone. This is a feature of some chronic pain syndromes.

Pain may be caused by a physical injury or damage to body tissues, chemicals produced by inflammation, or damage to the nerves or nerve endings. The most common causes of chronic pain in joints are osteoarthritis, rheumatoid arthritis, spondyloarthritis and psoriatic arthritis, systemic diseases, and crystal deposition disease, also known as chondrocalcinosis or pseudogout.

Pain severity can be affected by a number of factors. For example: the extent to which one concentrates on the pain; the ability to enjoy various activities that can take one's mind off the pain and make it more manageable; unhappy feelings, anxieties, or depression, which can worsen pain; and prescription drugs, which can have a direct effect on the brain, chemically reducing the impact of pain.

How Is Joint Pain Treated?

A number of approaches are available to help manage pain, including various drug therapies, physiotherapy, and exercise:

- Painkilling drugs, ranging from paracetamol to codeine and, only in few cases, up to stronger options such as oxycodone, slow-release morphine, or patches containing fentanyl or buprenorphine

- Non-steroidal anti-inflammatory drugs (NSAIDs) and coxibs, which are painkillers and have anti-inflammatory effects
- Corticosteroids, often called steroids for short, given mostly by injection
- Drugs for nerve pain and chronic pain syndromes
- Tricyclic antidepressants (for example, amitriptyline or dosulepin), which improve sleep and help the brain control sensations from the upper body and limbs
- Gabapentin, carbamazepine, and pregabalin help control some types of pain, especially when there is nerve damage
- Transcutaneous Electrical Nerve Stimulation (TENS) can help ease pain, though evidence on its effectiveness is mixed (A TENS machine is a small electronic device that sends pulses to nerve endings via pads placed on the skin. TENS produces a tingling sensation and is thought to alter pain messages sent to the brain.)
- Other pain-relief treatments and therapies include a heating pad or hot-water bottle and technologies such as ultrasound, laser, or interferential treatment
- In all cases, individually tailored exercise programs are essential and contribute to regained strength and function
- In some cases, surgery can be effective, but individuals should always discuss this option with doctors in light of the intensity of their pain and the extent of their disability

Unfortunately, for some people pain is long lasting, doesn't respond fully to drugs or physical treatments, and cannot be cured by surgery. In such cases, it is worth thinking about lifestyle changes, such as learning to rest sensibly (but not giving up all exercise), avoiding certain activities, asking for help, or using gadgets and home adaptations. A doctor, physical therapist, social worker, or occupational therapist can offer expert help and advice with these changes.

For a small minority of people, pain can be severe and disabling. This can result in a vicious cycle of pain, anxiety, depression, and deteriorating physical fitness. People affected in this way should be referred to a pain-management clinic to learn new ways to cope with pain.

References

This Fact Sheet was prepared in partnership with Arthritis Research UK and is based on its patient information leaflet, "Self-Help and Daily Living: Pain and Arthritis." Special thanks are due to David A. Walsh, Carmel Barrett, and Belinda Wadsworth.

www.arthritisresearchuk.org/arthritis-information/arthritis-and-daily-life/pain-and-arthritis/pain-and-arthritis.aspx

Living with long-term pain, www.arthritisresearchuk.org/arthritis-information/arthritis-and-daily-life/pain-and-arthritis/pain-report.aspx

About the International Association for the Study of Pain®

IASP is the leading professional forum for science, practice, and education in the field of pain. Membership is open to all professionals involved in research, diagnosis, or treatment of pain. IASP has more than 7,000 members in 133 countries, 90 national chapters, and 20 Special Interest Groups.

Plan to join your colleagues at the 16th World Congress on Pain, September 26-30, 2016, in Yokohama, Japan.

As part of the Global Year Against Pain in the Joints, IASP offers a series of 20 Fact Sheets that cover specific topics related to joint pain. These documents have been translated into multiple languages and are available for free download. Visit www.iasp-pain.org/globalyear for more information.

International Association for the Study of Pain IASP Working together for pain relief

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