If you have chronic pain, you’ve probably scored it from 1 to 10 on the happy-sad face continuum. Is your pain mild, moderate or excruciating? Is it inconvenient or incapacitating? While not all pain can be cured, most pain can be managed so it interferes less with daily life. Read on to learn more about neuropathic and musculoskeletal pain.

Neuropathic Pain

About 8 percent of the population suffers from neuropathic pain, which is caused by a disease or injury to the nervous system—the intricate network of nerve cells and fibers that transmit messages between parts of the body. The disease or injury causes pain centers to receive the wrong signals from the damaged nerve fibers.

Neuropathy can result from many conditions, including alcoholism, unmanaged diabetes, cancer treatments, shingles, spinal nerve compression, stroke, and multiple sclerosis. The symptoms include burning, shooting, tingling, stabbing or electrical shock-like pain. It can include numbness, “pins and needles,” and other sensations that are difficult to describe. Pain can occur spontaneously or can be caused by cold, heat, gentle pressure on the skin or other stimuli that is not usually considered painful. People with neuropathic pain often have difficulty sleeping, which can lead to fatigue, and for some, depression.

To diagnose neuropathy, healthcare providers will take a medical history, ask about known or suspected nerve injuries and perform a neurologic exam. As with all types of pain, treatment for neuropathy often involves several approaches from medical to self-care. First, it is important to rule out any underlying disease that can be treated, for example, getting diabetes under control or treating a tumor that is pressing on a nerve.

Commonly prescribed medications include anti-seizure drugs and antidepressants, even when seizures or depression aren’t present. These drugs act at different places in the body’s pain pathways, help promote sleep and may resolve some neuropathic pain. Topical patches, ointments, and transcutaneous nerve stimulation (TENS) may provide temporary relief.

Narcotic or opioid pain medications can cause physical dependence and are generally tried only when all other treatment options have failed.

Self-care strategies can help decrease pain over time, for example:

- A warm bath. Warm water increases blood flow and can
Foot care. For those with foot neuropathy, the nerve pain may cause a lack of sensation so it’s important to check for injuries and infections.

Movement. Exercise triggers the release of endorphins—natural painkillers—and promotes blood flow to legs/feet.

Sleep. Develop good sleep habits by limiting caffeine after 12 pm, winding down with relaxing music or candles, and allowing for eight hours of sleep.

Musculoskeletal Pain

As adults age, it is common to have periodic aches and pains. However, persistent pain is not a normal part of aging and is worth discussing with your provider. Persistent pain is common among older adults who also suffer from conditions such as arthritis or cancer.

Musculoskeletal pain affects the bones, spine, joints, muscles, bursae, tendons, ligaments or some combination. Sports injuries, falls, joint degeneration, back injuries, and overuse can cause musculoskeletal pain. It can be acute, such as with a direct blow to a muscle, or it can be long-lasting.

Bone pain occurs most commonly with injuries, and is deep, penetrating or dull. With bone pain, providers will seek to determine if the pain is due to a fracture or tumor. Generally less intense than bone pain, muscle pain can be caused by overuse, loss of blood flow, injury, infection, tumor or autoimmune reaction. It may include cramps and muscle spasms. Joint pain can be the result of diseases or due to injury. The stiff, achy feeling can worsen when the joints are moved.

Testing for Musculoskeletal Pain

To diagnose musculoskeletal pain, providers will perform an exam and take a medical history to learn what factors affect the level of pain. Depending upon symptoms, these tests may be ordered:

- Blood tests can confirm conditions like rheumatoid arthritis and Lyme disease.
- Joint fluid tests can help diagnose conditions such as gout.
- X-rays provide details about bones.
- MRIs examine soft tissues (muscles, ligaments, tendons and cartilage).
- CT scans offer detailed information about bones, soft tissues and blood vessels.

Fibromyalgia may involve pain and tenderness in multiple locations such as muscles, tendons and ligaments. Another musculoskeletal disorder, Carpal Tunnel Syndrome, is caused by compressed nerves.

Treatment for musculoskeletal pain is best accomplished by treating its cause and will vary depending upon the location of pain. Sufferers report that a combination approach is key. Treatment options include:

- Resting the affected area, such as immobilizing a joint with a splint to allow healing.
- Applying heat or cold.
- Physical or occupational therapy which may involve stretching, strengthening and conditioning exercises.
- Prescription and over-the-counter pain relievers, including ibuprofen, muscle relaxers, steroid injections, and those mentioned on page 1.
- Counseling, acupuncture, massage and chiropractic care.

Musculoskeletal pain can also disrupt sleep so the self-care measures mentioned above may help.

Need More Info?

If you or someone in your family struggles with any kind of chronic pain, your KnovaSolutions nurse is a source for additional information and support. Let us know how we can help — 800/355-0885.

The information contained in this newsletter is for general, educational purposes. It should not be considered a replacement for consultation with your healthcare provider. If you have concerns about your health, please contact your healthcare provider.