Preface

Yes, You Can Manage Chronic Pain

Many readers may be aware of the frequently quoted estimated number of American adults who experience chronic pain annually—a staggering estimate of 100 million people! Many of you may also recognize that this number exceeds the number of American adults who are treated for diabetes, cardiovascular diseases, and cancer COMBINED on an annual basis. I wish that someone could then explain the rationale underlying why so few American medical schools require or even offer significant undergraduate medical education in pain management and why so few graduate medical education programs truly train their residents in pain management!

The truth is that “pain” is the number one reason a person seeks medical attention. Although acute pain may be considered in many instances an expected consequence of a medical condition or procedure, chronic pain is never a welcome condition and, in fact, chronic pain is associated with unwelcome anatomic and physiologic changes in a person’s peripheral and/or central nervous system. All too often this not only results in the experience of ongoing pain itself but also in the loss of function and impaired quality of life. How tragic it is then that more health care providers are not typically adequately trained: to recognize the mechanisms and types of chronic pain, to institute means to prevent acute pain from becoming chronic, to appropriately diagnose chronic painful conditions, to institute a multimodal patient-centered treatment program, and to recognize that chronic pain is a chronic disease that requires ongoing management, re-evaluation, and monitoring to optimize outcomes.

I am so pleased to serve as guest editor for this issue of Medical Clinics of North America. I hope that the reader will appreciate this issue as a comprehensive group of related articles that emphasize the need to understand, to the fullest extent possible, the mechanism(s) of a person’s chronic pain, as well as the varied medical conditions associated with chronic pain and the multiple ways in which individuals with chronic pain can be treated. I apologize to the reader for not including even more topics, but I was informed that there were space limits! The reader of this issue will see the

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richness of the science underlying the mechanisms of chronic pain in addition to the numerous evidence-based medical and nonmedical therapies that we can offer to our patients. I am grateful to every author in this issue, whose outstanding contributions will interest you and I have no doubt further stimulate your interest in the young and rapidly growing medical subspecialty of pain management. As you read this issue, please become empowered and enthusiastic about managing chronic pain in your practice—aiding in the relief of suffering is the foundation of being a health care provider—and please remember, “Yes, you can manage chronic pain.”

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