

# Chronic Pain

# DECONSTRUCTED

By Kinneret Globerman

Chronic pain is a silent, worldwide epidemic. The Chronic Pain Association of Canada claims that there are millions of Canadians who endure chronic pain (18 per cent having severe chronic pain), while the Canadian Pain coalition cites an estimation of one in five Canadians.

Scary statistics indeed, especially when you consider the enormous drain on the medical system and the colossal expense incurred. It's no wonder, then, that Ottawa physiatrist Dr. Hillel Finestone has seen his practice swell over the years. Indeed, The Ottawa Hospital Rehabilitation Centre and the Elisabeth Bruyère Centre where Dr. Finestone practises have long waiting lists for patients seeking relief.

As a doctor of physical medicine and rehabilitation, Dr. Finestone recognizes that chronic pain is a complex issue, requiring an interdisciplinary approach. Psychiatry, therefore, enlists the help of other health professionals — orthotists, physiotherapists, occupational therapists, psychologists, dieticians, social workers, to name a few — to help patients cope with chronic pain.

Dr. Finestone takes this interdisciplinary approach one step further. He adds an holistic element, strongly believing that understanding the mind/body connection is crucial to healing, specifically when it comes to musculoskeletal pain.

“Knowing about the psychological and social factors seems to be intrinsic to [the patient's] recovery,” says the doctor. “Counselling is a component of the healing process. You need to go to the root causes of pain.”

This, he feels, can have a profound effect on treatment. While the mind/body connection is not universally accepted by the mainstream medical community, Dr. Finestone feels that appreciating that connection would enable doctors to better help their patients.

Mining for the body's truth to understand those components has rendered the doctor a keen pain detective. Not all pain has obvious causes.

He uses the example of fibromyalgia patients. While their pain cannot be identified through concrete means (X-rays, for example), their pain is as real to them as

that of a migraine sufferer, yet the migraine sufferer does not have to prove she is suffering from a headache.

“When you cry, there may be 20,000 reasons why,” he explains. “You could have won the lottery. Maybe you ate raw onions. Or were cold. It's the same for fibromyalgia; there are many different components to it.”

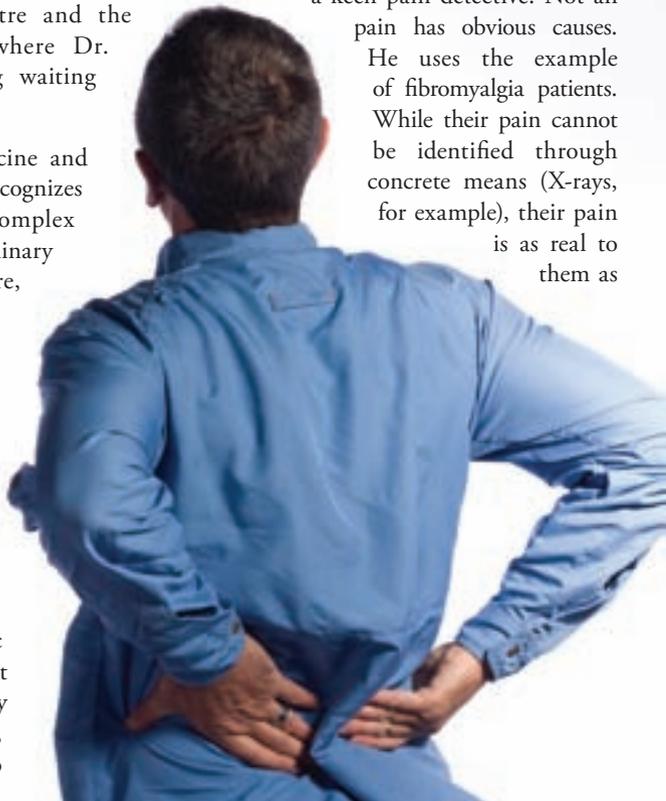
Dr. Finestone appreciates that the medical system and the manner in which mental health is delivered do not allow for the time and resources required to embrace the mind/body connection in adequately treating chronic pain sufferers. “We need more of a medical model that will map specifically how to go about this...to use it as part of a chronic pain treatment approach,” he says.

In the meantime, the doctor is hoping his recently published book *The Pain Detective: Every Ache Tells A Story* will provide patients and doctors alike with a diagnostic tool. If patients can figure out their personal pain

risk factors, they might better be able to help themselves and their doctors get to the root of the pain trigger. Dr. Finestone's diagnostic approach is to query patients about their past and recent histories, this experiential examination as relevant to his full understanding of the condition as is the physical examination that follows. The book provides case studies which illustrate the strong mind/body connection and offers a diagnostic tool.

“The message to the patient is: It's not in your head. It's in your muscles and ligaments and spinal cord and brain, but your head can make these tissues be painful structures so don't dismiss your head, either. Don't give up. Try to get the care you need.

“The message to the doctor: Don't dismiss the psychological factors and then blame the patients' pain on them. We need to become more interested in the psychological and social factors affecting our patients to become better at treating their pain.” **HWO**



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