Chronic pain, physical activity, and the role of internist in management

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For decades, many countries have seemed powerless to curb excessive health care spending and improve the quality of care. Pain is a very frequent complaint in all societies. There is a vicious cycle involving pain and inactivity and this vicious cycle should be interrupted for better outcome in pain management. Exercise is an available option for nearly all patients. In addition to increasing pain threshold, it also increases the quality of life and survival and decreases burden of disease and costs of treatment in the chronic pain population. It causes reduced symptoms of depression and anxiety, increased bone density, improved flexibility and range of motion, increased muscle tone, strength, mass and glycogen, improved coordination and balance, improved mental status, improved weight control, and decreased body fat percentage. This can be translated into less injury, better physical and psychological health and higher pain threshold.

And there are many associated medical conditions in those who suffer chronic pain. Cardiovascular, neurological, genitourinary, gastrointestinal, skeletal, and integumentory systems are among many systems involved in the chronic pain syndrome. Many patients suffer from endocrinological, metabolic, rhematological conditions; likewise, many patients have vitamin or mineral deficiencies. Besides, the patients who have chronic pain are among multiple drug users and the interactions between those drugs and also the impact of the drug combination on the organ systems should be stressed by an internist expert in these areas.