

Getting pain to get over it

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In persistent pain problems, pain relief is considered too lofty a goal and management focuses, often exclusively, on teaching people how to cope with pain, how to manage their pain and how to increase their activity and functional levels despite their pain. Learning to do this clearly improves lives. However, I contend that it is not the whole story. In this lecture, I will argue that what is now known about the biological mechanisms by which the brain produces pain strongly suggests that pain relief is a viable target for treatment. The guiding principles for this position are: nociception is neither sufficient nor necessary for pain; pain emerges into consciousness according to the brain's evaluation of threat to body tissue; as pain persists, the pain system becomes facilitated and other systems start to dysfunction, ultimately contributing to pain; contributions to the perception of threat can be corrected, the facilitated pain system can be dampened and retrained, and the various secondary dysfunctions can be normalised. Importantly, these principles not only provide a strong supporting rationale for pain management approaches, but they extend those approaches by arguing that pain will slowly decrease as training persists. Moreover, the principles relate to human biology, which makes them as relevant to acute injury as they are to chronic debilitating pain. Remarkably, uptake of these principles among proponents of pain management is not common and conveying these principles to patients less so. Evidence shows that reconceptualising how pain is produced by the human brain improves participation, improves pain and disability and improves response to interdisciplinary rehabilitation. I will propose that, on the basis of these documented effects, if we get pain, and we get our patients to get pain, then getting over pain, is as appropriate a long-term goal as coping with pain is a short-term one.

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