

# PAIN SYNDROMES CAN BE RECOGNISED AND TAMED

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Functional pain syndromes differ, not only by which organ system they encompass, but also by the intensity of pain and disruption. Unfortunately, they often affect also the psychological state of an individual, as the patient doesn't have an explanation of them. Due to this, the quality of his life is often endangered. About pain syndromes we talked to Rok Ljubič, chairman of the society of patients with functional and pain syndromes.



Rok Ljubič

## How are functional and pain syndromes defined by experts?

Functional and pain syndromes are syndromes which cause different symptoms. They can appear in structures of musculoskeletal system, here it is about so-called somatic pain, which is felt in spine or lower extremities. They can also appear in inner structures of organism and there it is about so-called visceral pain, which affects for example digestive tract, urinary tract or reproductive tract with women. A syndrome actually means a whole of unpleasant symptoms, which originate in different body structures, most often pain is present, which is described by patients as numb, stabbing, deep, burning, spastic and alike. This pain can become also chronic. With different tests, it often isn't possible to find organic or anatomic irregularities, which could explain the patient's symptoms. Then we suspect functional or pain syndrome, meaning that there is a disturbance in a function of operation of a certain structure, where usually pain is present.

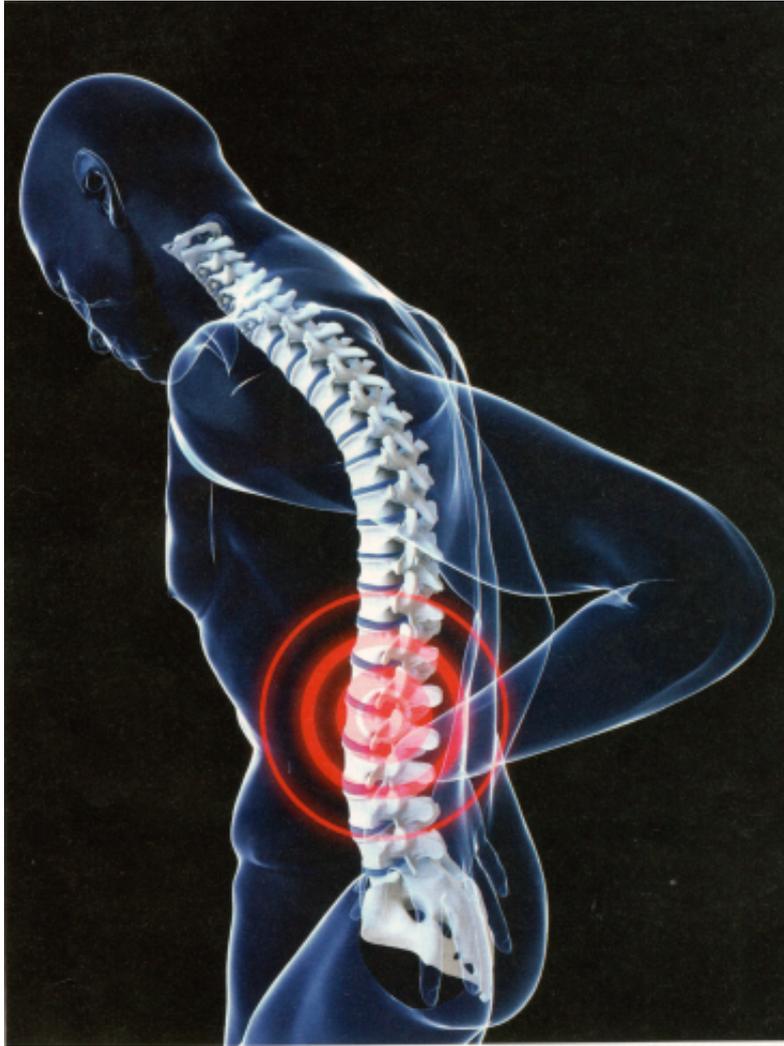
Even though acute pain is useful, due to its function of protection and alarm, when something is wrong, chronic pain doesn't have this function anymore and is damaging for an individual. In such case we talk about pain as a disease, that is functional pain syndrome, and as such it has to be dealt with and treated, as, for example, diabetes is treated.

## Can you name an example?

An example can be a patient with pain and disruption in abdominal cavity. It is about visceral pain - disruption and pain in digestive tract - when a patient complains about having cramps, nausea, bloating, stomach ache, either constipation or

diarrhoea. Due to such problems many people visit a general practitioner and different specialists. Many times it isn't possible to find organic disease to be able to explain the patient's problems. Apart from minimal atypical irregularities, such as a very light inflammation or a very light hyperaemia/redness - which cannot explain the patient's problems, all diagnostics, which is looking for organic disruption, including ultra-sound, gastroscopy, colonoscopy, testing for different allergens and intolerances, is usually negative. If this unpleasant symptoms last for a while then we talk about functional pain syndrome, such as syndrome of irritable bowel, functional stomach dyspepsia and others. Symptoms, described by the patient, are a result of disorder in functioning of a digestive system. If we consider only the main functional and pain disturbances in a digestive system, then we can see that symptoms can be a result of motility disruptions (disruption of pushing contents through digestive tract), sensitivity disruptions (usually it is about too sensitive of a digestive tract) and disruptions in co-operation of a central nerve system and enteric nerve system - so-called little brain which we have in a stomach. An important role in this co-operation has also a psychological state of an individual, even though studies are unanimous that psychological factors are not a cause of functional pain syndromes.

Patients encounter similar problems also when we talk about other systems, not only a digestive one. There is also a chronic pelvic pain syndrome, which causes numerous unpleasant kinds of pain and problems, depending on a source of pain: digestive tract, urinary tract, reproductive tract with women, musculofascial system, nerves and other structures.



Despite the fact, that these disruptions cause very unpleasant symptoms, I have to stress that they don't cause permanent damage and as such aren't dangerous in a way of threatening one's life, but are nevertheless to be treated. Awareness is a first step towards treatment of such patients.

#### How do we respond to somatic pain?

When we talk about functional or pain syndromes in musculoskeletal system most often pain is the one, which brings one to see a doctor and not a disruption, as it is many times in case of visceral pain. Unfortunately also here it is often impossible to find a tangible background, causing pain and dysfunction. Pain is most often localised to certain parts of the body, such as lumbar spine, cervical spine, pain in legs or arms, a significant part of the population suffers also

from pain syndromes all over the body, such as fibromyalgia. Even though pain is reflected also in musculoskeletal system, we know today that they are a result of abnormalities mostly in central nerve and endocrine system, in a sense of hypersensitivity, which produces functional/pain syndrome.

#### How many people suffer from this sort of syndromes in Slovenia and worldwide? Is this a disease of a modern world?

A lot of people suffer from functional and pain syndromes, and as we know a huge part of patients, who visit general practitioners and then also specialists, don't get a diagnosis of an organic disease despite unpleasant problems and wide diagnostics.

Of course I have to emphasize that functional and pain syndromes differ very much among themselves. There

are such that cause mild to moderate symptoms and others that really ruin the quality of one's life. Even though these syndromes are more common in modern world than they were in the past, we would be mistaken to think that they are a result of a modern way of life, in a sense of either insufficient nutrition or bigger psychological stress of modern life.

Today, there is a better understanding and knowledge of such syndromes and thus they are easier to identify. Although the final result of such syndromes are functional and pain symptoms, this is most often - beside psychological and nutritional - also a result of other factors, among which are a genetic code, environmental factors, presence of past injuries, infections and alike.

#### How has it even come to a discovery/ diagnose of syndromes and how it differs from all other already known diseases?

Basic scientists have been, for years, dealing with researching different functional and pain syndromes. In recent years there has been a shift, so today we are more aware of the importance of diagnosing and treating these syndromes. Big progress is a fact that today we don't concentrate so much only on structure, where symptoms come from, but more on nerve system, especially central one. These changes are the ones, that are important for generating symptoms.

Several times I have been discussing with the eminent professor dr. Clifford Woolf from Harvard University in Boston, who is the founder of central sensitization phenomena. This phenomena explains how the central nerve system changes, mainly in the direction of too big of a sensitivity and how now also these changes generate symptoms, which are called functional or pain syndrome, be it functional or pain disruption in musculoskeletal system or inner organs. This understanding and knowledge is today used also for diagnostic and therapeutic purposes.

The difference between functional/pain syndromes and organic diseases is mostly in the fact, that first of

these do not cause permanent and physical changes in a certain organ system, while the others bring patients also to irreversible changes, even though clinical picture and symptoms are often very much alike. The difference is of course also in diagnostics, since functional/pain syndromes cannot be diagnosed on the basis of tests, which look for organic disruption. But more specific functional tests can perceive also certain functional and pain disruption.

### Since when has your society been active and who does it unite?

Our society has been active since September 2012 and probably differs a little bit from others, mainly for integrating not only people who need such help and have their own experience with such syndromes, but also doctors specialists. We believe that together, with our strength, we can do and achieve more. I am proud to be a founder and a chairman of such a society and also happy for our project to be supported by medical discipline. I wouldn't want to leave out anyone, so let me mention that we were supported also by the president of European federation of IASP, prof. Dr. Hans G. Kress, who is also a Head of the Clinic for pain treatment at University Clinical Centre in Vienna.

### How can someone suspect his diagnosis to be functional or pain syndrome?

A patient, having similar pain that has been described so far, cannot by himself suspect that it is about functional or pain syndrome, I assume he isn't medically educated. Symptoms are telling him that something is wrong and something is not working. I myself can tell you, on the basis of my own experience, that it is very difficult to imagine having such pain or disruption, without anatomic or organic irregularities being present. Only when a patient does some diagnostic tests, which do not reveal the background of pain, a doctor can become suspicious in a

direction of functional pain syndrome. Indeed, patients nowadays know a lot, they search for explanation on internet, but it happens often that they are afraid of medical discipline to have missed something, they have difficulties to realise that in most cases it is in fact about functional and pain disruption per se.

Let me point out here also the danger of disinformation, since there are many untrustworthy webpages on internet. For this reason is the aim of our society also to make broader professional and non-professional public aware of the importance of recognition and treatment of such syndromes, which will lead to a faster correct diagnosis and will also aid in more effective treatment.

I would like to say that our mission is in line with the mission of the European Pain Federation (EFIC), which, together with the International Association for the Study of Pain (IASP) proclaimed the period from last October to this October as a Global year against visceral pain. Resolutions of these associations have showed that most of chronic pain and disruptions in different body systems are not a result of organic diseases but a result of functional and pain syndromes. This way chances for patients are the best, without a doubt.

### At the beginning, where can a patient turn to?

At the very beginning, every patient of course goes to a general practitioner, which is entirely correct. If, together with a specialist, they cannot find some more serious organic disease, then it is necessary to think of a functional pain syndrome. Some doctors know how to listen to such patients, others unfortunately don't. By all means I recommend to these patients to approach our society. Together we have a lot of experience in this area and, without a doubt, we will be able to help many.

### Is there any prescriptive therapy for pain syndromes?

Of course, there are many therapies, being used for such syndromes. Certainly, in-depth understanding is very important. Therapies, important for such syndromes, must, apart from having an influence on peripheral nerve system, necessarily take into account also a central nerve system, including a mental condition of an individual. There are quite a few approaches, being used for such syndromes and their common goal is to achieve, directly or indirectly, reducing of a sensitivity of a nerve system, where pain and disruption are produced. In general, treatment is divided into pharmacological treatment with medicine and non-pharmacological one, such as acupuncture, electroacupuncture, pulsed electromagnetic stimulation, pulsed radiofrequency stimulation, dry needling and manual therapy, for example physiotherapy for muscular fascial pain. Only with in-depth understanding we can understand the background of an individual patient and this way, treat him more effectively. These syndromes can be many times treated very well and efficiently also with the help of some of the alternative methods of treatment, having pulse electromagnetic stimulation in my mind. Even though, in my opinion, we should be very cautious with the alternative methods of treatment, I would like to stress that we shouldn't equal them all. 15 years ago acupuncture was a part of alternative medicine, but in recent years numerous official researches, especially in the field of neurophysiology and neurobiology of pain, have showed and revealed how and why acupuncture can help and it helps also many with the pain syndrome. Similar story takes place also with pulse electromagnetic stimulation and foreign studies have already been showing why this therapy has positive effects on functional and pain syndromes. However, success of these therapies can be even bigger, if they are carried out by someone who understands functional and pain syndromes in-depth.