

## Boomer Pain Booming

**As America's baby boomers age and more of them develop chronic illnesses, pain management will continue to be an important facet of health care. If you are fighting pain, tell your doctor. There are many treatments that can give you relief, and others are still being developed.**

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WebMD Feature

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Baby boomers are getting older, and effective pain treatment is becoming more important all the time -- no coincidence there.

Just take a quick look around at your doctor's office. Chances are pretty good you'll find a pain chart produced by the Joint Commission of Accreditation of Health Care Organizations, or JCAHCO. The chart, a requirement for an office or other health facility to win JCAHCO accreditation, helps patients rate their pain for the doctor on a scale of 1 to 10.

OK, you say, after doctors ask you where it hurts, they'll follow up by asking how much -- what's the big deal? Experts say it's part of a movement toward recognizing and treating a patient's pain more aggressively. That's good news for the aging American population.

"Consumers have often had low expectations for pain treatment, but that is changing as a large portion of our population, the baby boom generation, moves into the years where chronic pain from such sources as arthritis and low-back pain is so very common," says James N. Campbel, MD, professor of neurosurgery at the Johns Hopkins University School of Medicine and director of the Blaustein Pain Treatment Center of the Johns Hopkins Hospital, both in Baltimore.

"Having terrible pain is not good for people. It influences all aspects of life: mood, concentration, motor performance, sleep, social relations. New evidence indicates that pain affects the immune system such that **cancer cells appear to grow faster when there is pain.** Being a stoic and putting up with severe pain is not necessarily good for patients."

### Changing How We Think About Pain

"The JCAHCO standards mandate monitoring of pain," says Russel Portenoy, MD, a pain specialist at Beth Israel Hospital in New York City. "Gradually, doctors will learn that they must listen to the patient and take complaints of pain seriously. Pain is on the map now, thanks in part to the pain guidelines and thanks in part also to research that shows pain is more of a stand-alone illness than we ever thought it was. Attitudes are changing radically."

Arthritis and low-back pain take an enormous toll on those over 50. The American Society of Anesthesiologists puts it into perspective:

- Low-back pain disables 5 million people in the U.S. and forces people to lose 93 million work days each year.
- There are 66 million Americans with arthritis. One-third of them have to restrict their daily activities because of pain.

Campbel says that for people 50 and older, the best pain management approaches for arthritis and low-back pain start with the idea that pain should be treated according to the intensity and duration of pain, patient expectations, and patient tolerance.

If pain is severe and sudden, then it might be appropriate to try to control it with an anti-inflammatory drug, such as Advil, Motrin or Aleve, he says. But over the long term, anti-inflammatory drugs induce stomach irritation, which may lead to bleeding. The newer type of anti-inflammatory drugs called Cox-2 inhibitors — Celebrex and Bextra -- may lessen the risk of stomach irritation. New studies show that [Celebrex and Bextra](#), as well as [Aleve](#), may increase the risk of heart attack and stroke, so people should consult carefully with their doctor before taking any anti-inflammatory medicine. If anti-inflammatory drugs do not work and pain is severe or even disabling, then use of narcotic painkillers should be considered, he says.

### **New Treatment Options**

There are many new pain treatments under development, Portenoy says. These include disease-specific treatments, such as procedures that treat compression fractures of the spine to relieve back pain. New drugs called sodium-channel blockers specific for pain cells are under development, as are chemicals isolated from plants, such as hot peppers, that could reduce inflammatory pain that occurs when people have diseases like arthritis.

For the kinds of severe pain often seen in cancer patients, there are new, more specific narcotic or morphine-like pain medications under development, says Patrick W. Mantyh, PhD, a research scientist at the Minneapolis Veterans Administration Medical Center and a neuroscientist at the University of Minnesota.

"These new, synthetic opioids may have fewer side effects than the kinds of drugs we now use to fight cancer pain and other severe pain," says Mantyh. "There are numerous other potential targets, as signaling in the pain system has many distinguishing molecular features that might make good drug targets."

But many pain specialists stress that they already have many good treatment options for pain. A big part of the chronic pain problem in the U.S. comes from reluctance on the part of patients to discuss pain.

"That's a big reason for the new pain-treatment mandates," says Mantyh. "It isn't that we can't effectively treat pain in most patients. It's that many patients are way too willing to suffer quietly, not knowing that help is available -- that there is no need to suffer sometimes."

It appears that the writing is on the wall, or at least the pain chart is on the wall, when it comes to dealing with chronic pain in America, no matter what your age.

"The charts are bringing pain out of the closet," says Campbel. "When patients and doctors can discuss the existence of pain, then they can work together to make a person's quality of life much, much better."

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