

Chronic pain? Doctor knows how to fight it

October 14 2011, By Jane Glenn Haas

There are several "gifts" we start receiving after age 50. Unfortunately, one of them could be chronic pain.

Some 116 million Americans suffer from some form of won't-go-away physical misery.

"It's more common as we get older," says Dr. Standiford Helm of Pacific Coast [Pain](#) Management Center in Laguna Hills, Calif. "One way to avoid it," he jokes, "is to stay 18."

When stopping the clock or going back in time is not an option, Helm is concerned that patients have access to correct and effective pain-relief procedures. As an interventional pain-management representative on the Carrier Advisory Committee for Medicare in California, he has published and lectured extensively on the topic. He's also worked with FBI and [Drug Enforcement Administration](#) agents to assist them in discriminating between practitioners prescribing for a legitimate purpose and those supplying medications for abuse.

He recently answered questions about [chronic pain](#).

Q: Do most people really need a pain specialist? Won't the regular physician know their case and be better able to prescribe the correct medicine?

A: As I read the literature, officially, the American Society of Interventional Pain Physicians and the North American

Neuromodulation Society know the physicians with formal training and certification in pain management. Those with formal training most often have a background in physiatry ([rehabilitation medicine](#)) or anesthesiology. But today there are also nurses, physician assistants and other nonphysician health-care providers who are performing these treatments, and there is concern they could prescribe inappropriate or, at worst, risky medications and treatments.

Q: What do you recommend?

A: Since many doctors say they specialize in pain, the society says patients should talk to their doctors about their qualifications. The general questions revolve around how long he or she has practiced [pain management](#), what certification does the person possess and what training does he or she possess.

Q: There are only so many medications, however?

A: The whole reason to do any of this assessment is to allow you to function better at work or playing with grandkids or whatever. All medications don't work on all people, and we can't always predict the outcome.

Then we must take into consideration what the patient's desires are. If they don't want an epidural injection for pain relief, for example, well, we can explain the reason for recommending it but it's their right to reject it.

Q: What's the most common back pain?

A: Scoliosis or degeneration of the spine that gets worse as we age. And the best way to avoid its full impact is exercise.

When we're young, we work out because we want to, and when we're older we must work out because of degeneration of the spine.

We should be doing some type of exercise - low-impact exercise - including ones that strengthen and stretch. Look for something you enjoy, like yoga.

Q: Are there activities we do when we are younger that would prevent this type of pain in middle age?

A: Well, look at gymnasts, basketball players, football players. But I wouldn't tell you not to do that, because most people are having so much fun doing these activities.

And the formal studies haven't really shown a good relationship between activities in our youth and problems later on.

Pain relief is a practice that has really evolved in recent years. Look at President John Kennedy. He had trigger point injections for back pain. Today there are so many other sources of relief, from epidural steroids to stimulators.

There's no reason for anyone to try and be a hero about this type of pain. Tylenol is fine if it works. The important thing is for a patient to know the doctor understands how to treat pain.

Q: You list criteria for the doctor to meet?

A: The physician must be trained and credentialed to a hospital. If a hospital accepts the physician in terms of pain treatment, there is credibility.

The physician should be certified by or be a board member of a pain-

relief group.

The practice evolves over time for most of us, so there may be other types of specialties the physician also practices.

Q: Can you get rid of all pain people suffer?

A: Even if we can't get rid of all the pain, we believe we can support these patients and give them the ability to live a better life.

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