Offering Comfort to Patients With Chronic Nonmalignant Pain
Pain Management: Part 3

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Editor’s Message
Providing Patient-Centered Care for Chronic Nonmalignant Pain

Katherine E. Galluzzi, DO, CMD

Inspire me with love for my art and for Thy creatures....
In the sufferer let me see only the human being.

—Excerpted from “Daily Prayer of a Physician”
(“Prayer of Moses Maimonides”)

Much has changed since the time of Maimonides, yet human experience of pain spans history. Not so long ago, relief of such discomfort was all physicians could offer. Before antibiotics, advances in sanitation, hygiene, nutrition, and development of medical technology that we now take for granted, physicians had little in their armamentarium other than drugs to ease pain of conditions that have been essentially eliminated, such as smallpox and polio.

Although many diseases have been conquered, people continue to suffer from pain. Despite our level of medical sophistication, we occasionally find ourselves struggling to do what physicians have always done, ie, offer comfort. Many reasons exist for this struggle. Physicians face scrutiny from managed care providers, federal agencies, and the public regarding pain management. Forced to select from formulary lists or obliged to obtain preauthorization for prescribed treatments, physicians may find caring for patients with chronic pain time-consuming and frustrating. Certain patients fear the onus of addiction, and, conversely, we sometimes fear litigation or doubt the credibility of our patients who require escalating doses to achieve pain relief.

This supplement to JAOA—The Journal of the American Osteopathic Association is available only online. It offers refreshed contents updating the 2005 print and electronic (http://www.jaoa.org/content/vol105/suppl_4/) versions. Like that issue, this edition approaches the complex subject of persistent pain from several perspectives and draws on the expertise of practicing osteopathic physicians from anesthesiology, family medicine, geriatrics, gynecology, internal medicine, and osteopathic manipulative medicine. Such diversity reflects the variety of our special patients, and caring for them warrants a multidisciplinary approach in our clinical practices.

Based on clinical experience in interventional anesthesiology, Stephen S. Boyajian, DO, provides a detailed view of options available for chronic pain sufferers.

Address correspondence to Katherine E. Galluzzi, DO, CMD, FACOFP dist, Professor and Chair, Department of Geriatric Medicine, Philadelphia College of Osteopathic Medicine, 4190 City Ave, Suite 315, Philadelphia, PA 19131-1633.

Dr Galluzzi is on the speakers bureaus of Pfizer Inc and Purdue Pharma LP.

E-mail: kathering@pcom.edu

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who fail to respond to standard osteopathic and allopathic medical therapy. Loretta L. Mueller, DO, FACOFP, a primary care physician, discusses chronic headache from prophylactic and abortive treatments to acute interventions. Melicien A. Tettambel, DO, FAAO, FACOOG, explores causative factors precipitating pelvic and low back pain in her female patients, and offers osteopathic therapeutic interventions. Melanie C. Barron, DO, and Bernard R. Rubin, DO, MPH, presents a detailed overview of chronic pain associated with osteoarthritis of the knee. Michael L. Kuchera, DO, FAAO, gives a comprehensive overview of pain mechanisms amenable to treatment with osteopathic manipulative modalities. In my article, I have attempted to clarify current thinking about mechanisms for neuropathic pain and the resultant rationale for specific treatment.

These authors discuss chronic pain management options ranging from prevention to osteopathic principles and practice, pharmacologic treatment, and surgical intervention. All osteopathic physicians should approach treatment of patients in pain with competence and empathy, drawing from their training and experience as well as the expertise of colleagues. No osteopathic physician should ever have to say, “I’m sorry, there’s nothing more I can do.” We may never fully eliminate the human experience of pain, but we should always be ready to offer comfort.

* Attributed to 12th century Jewish physician-philosopher-rabbi Moses Maimonides, but probably written by Marcus Herz, a German Physician. Prayer first appeared in print in 1793. (See http://www.jewishvirtuallibrary.org/jsource/quotes/RabbiMaimonides.html.)

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**About the Coordinating Editor of the JAOA’s Online-Only Pain Management Supplement Series**

**Frederick J. Goldstein, PhD, FCP,** brings expertise, experience, enthusiasm, and a dedicated interest in pain management to his role as coordinating editor of this current series of four JAOA supplements on pain management. A member of the JAOA’s Editorial Advisory Board since 1998, Dr Goldstein is professor of clinical pharmacology and coordinator of pharmacology in the Department of Neuroscience, Physiology and Pharmacology at the Philadelphia College of Osteopathic Medicine (PCOM). He is also a clinical research associate in the Department of Anesthesiology at Albert Einstein Medical Center in Philadelphia and a lecturer in pharmacology at the University of Pennsylvania School of Dental Medicine.

Dr Goldstein is a member of the editorial boards of the *Journal of Clinical Pharmacology* and the *Journal of Opioid Management*. He is a reviewer for those publications as well as for the JAOA. Dr Goldstein is a Fellow of the American College of Clinical Pharmacology, and his other societal memberships include the American Society for Pharmacology and Experimental Therapeutics, the International Association for the Study of Pain, and the American Pain Society. He has served as consultant to the Philadelphia Field Office of the Drug Enforcement Administration, the Eastern District of the US Attorney’s Office, and the Pennsylvania Board of Probation and Parole, among other agencies.

Dr Goldstein conducts clinical research designed to improve analgesia after surgery and in patients with cancer.

In 1990, Dr Goldstein received the Lindback Award for Distinguished Teaching from the Philadelphia College of Pharmacy and Science, now the University of the Sciences in Philadelphia. He joined the staff of PCOM in 1993.

Dr Goldstein has no conflicts of interest to disclose.

E-mail: FREDG@pcom.edu