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**How Pain Serves as Your Body's Warning Signal**

**By Vicki Rackner MD**

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Pain is like the warning lights on your car's dashboard. It alerts you to something that needs investigation. Pain serves an important function. It's your body's way of saying, "Pay attention."

We all avoid pain. You wouldn't knowingly slam your thumb in the car door or touch a hot stove. It's human nature to avoid situations that cause pain, and we do what we can to rid ourselves of the pain as soon as possible — such as taking an aspirin for a minor headache.

When your pain is severe enough, or worrisome enough — or lasts long enough — you find yourself in your doctor's office. Then, ideally, you and your doctor figure out what's causing the pain and fix the underlying cause. The most satisfying encounters for both you and your doctor occur when the pain points to a clear diagnosis; you're treated and the disease is cured. A good example is a cough and pain in the chest when taking a deep breath leading to the diagnosis of pneumonia that is cured with antibiotics. But not all pain is solved that easily.

Each of us tolerates pain differently — even pain from the same cause. Surprisingly, the patient who would complain the most bitterly when we injected a local anesthetic that tended to burn a little was not the frail 80-year-old grandmother, it was the strapping 25-year-old body builder who said he "wasn't afraid of nothin." Those are also the patients most likely to faint when blood was taken.

## How Pain Serves as Your Body's Warning Signal

As a surgeon, I did many "lumps and bumps" operations. Depending on the patient's tolerance for pain, I could perform the procedure in my office or in the operating room, where, among other things, sedation was available. It usually was clear whether a procedure could be done in the office or required the support of the operating room staff.

Then there were the judgment calls. It could go either way. If I looked at the top of a patient's head and saw orange or red, the patient would go to the operating room. My experience supports the thinking that redheads are more sensitive to pain.

How do you get pain to move from "pay attention" to "problem fixed?"

Your doctor needs help from you when your "pain light" flashes on. There is no way your doctor can measure your pain. Sure we can check your heart rate, which tends to beat faster if you're in pain, or your blood pressure, which also rises. Clues like a fever or a high white blood cell count that can point to the cause of the pain; they don't measure your experience of the pain.

Only you know what your pain feels like.

Sometimes the cause of the pain can be identified before the doctor even sees you. The broken bone on an X-ray, abnormal blood thyroid level or malignant prostate cells on a pathology slide speak for themselves. Sometimes tests will show what is not causing the pain: a normal EKG usually means that your chest pain is not from a heart attack, and a normal breast exam, mammogram and breast ultrasound suggest that breast pain is not caused by breast cancer.

No test can exclude a medical condition with 100 percent certainty. Or in medical lingo, tests can have "false negatives" — meaning you have the condition even though the test says you don't. This is another reason you want your doctor to perform a complete evaluation, and not just make a diagnosis over the telephone.

Sometimes there are measurable findings that explain the cause of the pain, but we do not know why. We doctors even have fancy ways of saying, "We have no idea what's causing it."

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My patient Paul was in a panic when he read about his "idiopathic pancreatitis" in his medical record. This means that he had inflammation of his pancreas that we could see on a CAT scan, yet we don't know why his pancreas became inflamed. The two most common causes of pancreatitis are gallstones and alcohol use. Paul didn't have gallstones and he never drank. He was not at risk for numbers of other uncommon causes of pancreatitis. So why the pain?

The good news for Paul is that there was a way of explaining what was happening, and the diagnosis guided treatment. The bad news for him is that in the absence of knowing why he got pancreatitis, there was very little we could tell him to prevent further attacks. Ask anyone who's had a bout of pancreatitis and they will tell you that's not something they ever want to go through again.

It's easy to lose sight of the fact that pain is there to serve you. Pain is not the problem. Finding out what's causing the pain is the challenge.

The key for you and your doctor is to eliminate the pain, but not ignore the message the pain is bringing. You might get medication to treat heartburn and your pain will go away, but you may overlook the stress at work that's causing the heartburn. It's like putting tape over the dashboard in your car so you won't get distracted by the flashing red trouble lights.

What do you do when you have pain that can't be explained by a lab test or X-ray or any changes your doctor can see or feel or hear when examining you? This can be a frustrating situation, both for you and your doctor. If you have ever had a headache or backache or the heartache of depression, you are most likely nodding your head.

My advice is to become a medical detective. Find things to measure and describe with numbers and keep a log. Here are some measures to write down:

- Rate your pain on a scale from 1 to 10 (10 is the worst ever)
- Duration of episode (minutes/hours)
- Number of episodes per day
- Amount of sleep
- Stress level (1 to 10)
- Medication taken that day

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You might have hunches about what's causing the pain or making it better. It might be what you eat, or your physical activity or the weather. This can become part of your log and a springboard for discussion with your doctor.

The next time you experience pain, listen to the voice that tells you that pain is the enemy. Then remind yourself that your pain is also your friend.

It's there to draw your attention to an important message if you will only listen.

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me of publication by sending an email with a copy of your publication to: <mailto:DrRackner@medicalbridges.com>

Vicki Rackner, MD, president of Medical Bridges, is a board-certified surgeon who left the operating room to help employees become active participants in their health care. She is a consultant, speaker and author of the *\*Personal Health Journal\**, and author of the lead story for *\*Chicken Soup for the Breast Cancer Soul.\** Dr. Rackner can be reached at <http://www.MedicalBridges.com> or (425) 451-3777.

### **Heart Attack Warning Signs**

#### **By News Canada**

(NC)—Heart disease is a leading cause of death for Canadian men and women.<sup>1</sup> Chest pain (a classic symptom of angina or heart attack) occurs when not enough blood is reaching the heart muscles due to the narrowing of the heart's coronary arteries or complete blockage of these arteries. Learn the signs of a heart attack and the steps to take if you or a loved one experience these signs:

Uncomfortable pressure, fullness, squeezing or pain in the centre of the chest that lasts more than a few minutes, or goes away and comes back  
Pain that spreads to the shoulders, neck or arms  
Chest discomfort with lightheadness, fainting, sweating, nausea or shortness of breath  
Atypical chest pain, stomach or abdominal pain; nausea or dizziness  
Shortness of breath and difficulty breathing  
Unexplained anxiety, weakness or fatigue

Not all of these signs occur in every attack. Sometimes they go away and return. If any occur, get help

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fast.

If you or someone else is having heart attack warning signs, call 911 or your local emergency number immediately.

Speak to your doctor to determine your level of risk and to discuss what measures you can take to reduce the risk of heart attack.

1 Selected leading causes of death by sex, Canada, 1997. Statistics Canada. [www.statscan.ca](http://www.statscan.ca) (November 22, 2002).

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