



UPMC HEALTH *Journal* NORTH



"People no longer have to accept living in pain as they once did."

Doris Cope, MD
UPMC Pain Medicine Program

New treatments offer hope to patients who suffer from chronic pain

Imagine spending every day of your life dealing with chronic pain. Not so long ago, people who found themselves in this situation didn't have many options when it came to reducing or eliminating this persistent condition. But new treatments, as well as a new focus on pain as a medical subspecialty, have given those suffering from chronic pain new hope for the future.

"The medical profession is no longer looking at pain as just a symptom of disease," says Doris Cope, MD, director, UPMC Pain Medicine Program. "We are now looking at pain as a self-perpetuating disease that can be lessened or prevented through different forms of treatment. People no longer have to accept living in pain as they once did."

The UPMC Pain Medicine Program is a multidisciplinary clinical, teaching, and research endeavor created specifically to evaluate and treat pain, disability, and rehabilitation problems. A division of the Department of Anesthesiology at UPMC, the program serves patients through offices at UPMC St. Margaret, Centre Commons in Shadyside, UPMC Montefiore, and Magee-Womens Hospital of UPMC. The center also is planning to expand into Monroeville and possibly northern Pittsburgh this summer.

The UPMC Pain Medicine Program treats patients for an entire range of pain conditions,

including persistent postsurgical pain, chronic back pain, complex regional pain syndrome (reflex sympathetic dystrophy or RSD), fibromyalgia, cancer pain, musculoskeletal injuries, headaches, postherpetic neuralgia, shingles, and cumulative trauma syndromes.

"What we are dealing with is pain that lasts — unremitting pain that can result in severely debilitating conditions," says Dr. Cope. "This type of pain lasts more than several weeks, unlike short-term pain that might be the result of a recent surgery."

The medical community has made great strides in pain management in recent years. Today, patients suffering from chronic pain have many more options, according to Rajani Chuensumran, MD, an anesthesiologist at UPMC Passavant. "There are so many treatments available now, compared to 10 or 15 years ago," she says. "And there are more introduced each year."

Treatments can include somatic and sympathetic nerve blocks, neurolytic blocks, joint injections, pharmacotherapy, and even implantable pain pumps. Noninvasive therapies also are available to patients and include everything from physical and cardiovascular conditioning to stress management, self-hypnosis, and aquatic therapy as well as nutrition and sleep counseling.

UPMC is at the forefront of introducing new pain management treatments through clinical trials and has received national media coverage for its research

into radiofrequency treatments that can be used to better treat pain from degenerative disc disease and injuries such as whiplash.

"What is unique about UPMC is that we offer a very comprehensive program to treat pain," says Dr. Cope. "Unlike some pain centers that simply prescribe pain medicine or give injections, we do a thorough evaluation of the patient to determine what options will best work for him or her. We have specialists, including neurologists, pain rehabilitation experts, interventionalists, and neurosurgical anesthesiologists, who help determine the best course of treatment."

According to Dr. Cope, as people become aware of the options available for pain management, more of them are seeking help at an earlier stage, which is to their benefit. "In the past, we often didn't see patients until it was too late, after their muscles had atrophied and weakened," she said. "Now we're seeing patients earlier, which enables us to prevent some forms of pain through aggressive treatment. And with the new modalities and treatments available, we're having even more success."

A doctor's referral is needed to access services at the UPMC Pain Medicine Program. To reach the program or to find a physician in the northern communities, call 1-800-533-UPMC (8762).

Ask an Expert

Migraine Headaches

Q: I have horrible migraine headaches. What triggers them, and what can I do to treat them?



Barbara E. Fardo, DO
UPMC Passavant

A: Migraine headaches are a type of vascular headache, meaning pain comes from the dilatation of the blood vessels that supply the brain. Migraines cause severe pain, and often nausea, diarrhea, sensitivity to light or sound, light-headedness, or dizziness.

Though experts don't know precisely what causes migraines, there are some known "triggers." Dietary triggers include nitrates and nitrites found in reddened meats (especially hot dogs); phenylethylamines and tyramine found in aged cheeses, red wine, champagne, chocolate, and certain nuts; monosodium glutamate (MSG) found in prepared foods and some Oriental foods; and caffeine or caffeine withdrawal. Fruits, dairy products, and shellfish also can cause migraine headaches.

Environmental triggers can include stress, lack of sleep, skipping meals, weather changes, glaring or flashing lights, and perfumes or other strong odors. Some women may experience menstrual migraines, which occur each month before menstruation.

Mainstays of treatment include maintaining proper sleep habits, preventing headaches through regular exercise and sexual activity, and avoiding triggers. New pain relievers are helping many people with severe migraines find relief. If you think you may be suffering from migraines, see your physician. He or she can help develop an individualized treatment plan for you.

Preventing Diabetes

Q: I have a family history of diabetes, and I am overweight. What are my chances of developing diabetes?

A: Your chances of developing type 2 diabetes are pretty high. In diabetes, genetic defects occur within the cells that produce insulin. If you keep gaining weight, your pancreas won't be able to produce enough insulin, resulting in diabetes.



Vijay Bahl, MD
UPMC St. Margaret

A diabetes diagnosis normally is made if a patient has high blood sugar (more than 126 mg/dl from a fasting glucose test). Unfortunately, many patients aren't tested until they have symptoms, like extreme thirst, frequent urination, blurry vision, and weight loss. These symptoms signal advanced diabetes. Experts have found there is a prediabetic state that occurs 10 to 15 years before this time. Those at risk should have a yearly blood glucose test, which can show elevated glucose levels early, when it's still possible to prevent damage to the heart, eyes, and vascular system.

If you have three of the following symptoms, then you have metabolic syndrome, which is a good indicator that you're at risk for diabetes.

- waist circumference of more than 40 inches in men and more than 35 inches in women
- hypertension
- low levels of HDL (good cholesterol)
- high levels of triglycerides
- impaired fasting glucose (fasting glucose level between 100-126 mg/dl)

Even if you don't have metabolic syndrome, your risk factors indicate that you should see your doctor to be tested for diabetes. Early detection can help you avoid major health problems.

If you need assistance in finding a physician, call 1-800-533-UPMC (8762) Monday through Friday from 9 a.m. to 5 p.m.

Upcoming Events

Smoking Cessation Course

Tuesdays, beginning May 3, Noon to 1 p.m.
UPMC Passavant Cranberry, 2nd Floor Conference Room

Mondays, beginning May 16, 7:30 to 9 p.m.
UPMC Passavant, Dining Room 2

If you're ready to quit smoking, this seven-session course can be a great help. The first session is an orientation to the course. Fee: \$25. Free parking is offered at both locations.

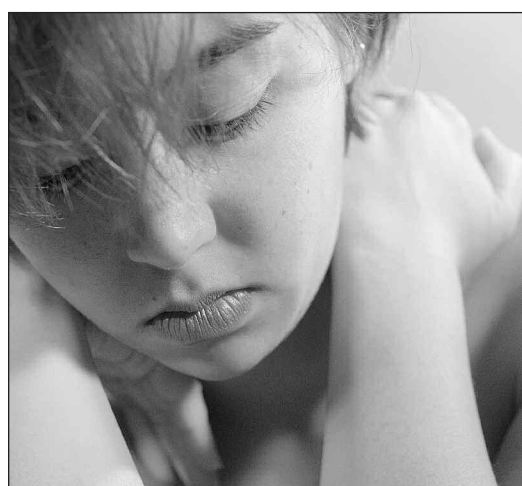
Call 1-800-533-UPMC (8762) for more details or to register.

To search a database of UPMC-sponsored classes and events, visit <http://classesandevents.upmc.com>.

UPMC Health Journal North is a health information initiative dedicated to informing and educating the community about the latest medical advances. Each month, specialists from UPMC Passavant, UPMC Passavant Cranberry, and UPMC St. Margaret share medical news, research, and breakthrough findings.

Not your typical aches and pains

Fibromyalgia patients benefit from better sleep, new medications



Because fibromyalgia often can masquerade as other musculoskeletal conditions, it is sometimes difficult to diagnose.

For most people, a good night's sleep can help to heal aching muscles. But for those who suffer from fibromyalgia, morning rarely brings relief from the pain.

"Fibromyalgia is a condition where patients have painful muscles and joints and tend to have erratic sleep patterns as well," says Angela M. Stupi, MD, a rheumatologist at UPMC Passavant. "Patients often say that they toss and turn all night and, in the morning, they feel like they've been hit by a truck."

A musculoskeletal pain disorder that tends to affect more women than men, fibromyalgia has long puzzled physicians. Even today, the exact cause of fibromyalgia remains a mystery. According to Thaddeus Osial Jr., MD, a rheumatologist at UPMC St. Margaret, symptoms include deep muscular aching, pain and stiffness, and extreme fatigue. "Patients often suffer from associated syndromes as well, including irritable bowel syndrome, chronic headaches, and temporomandibular joint dysfunction syndrome (TMJ), or jaw-related head and face pain," he says.

Because fibromyalgia often can masquerade as other musculoskeletal conditions, it is sometimes difficult to diagnose. "We take a detailed history and also do a physical exam to distinguish if a patient has true inflammatory arthritis with joint swelling, or if their joints are tender and stiff, but

not swollen," says Dr. Stupi. Fibromyalgia patients also tend to have 18 classic "trigger" areas that are not found with other forms of arthritis, and they have negative laboratory results for rheumatoid arthritis or lupus.

"Because the majority of fibromyalgia patients have difficulty sleeping, one of the first things we do is treat them with amitriptyline, an antidepressant, which can help to place them in a better sleep state," says Dr. Stupi. "Deeper sleep gives the muscles a chance to recover. We have also begun prescribing duloxetine (Cymbalta®), a new antidepressant that we've found to be very effective in providing patients with more energy and improved well-being." Dr. Stupi says that other drugs currently are being tested in clinical trials that could help fibromyalgia patients in the future.

Trigger point injections often are used to treat pain, and exercise is highly recommended. Most important in the treatment of fibromyalgia, however, is finding a physician who understands the disease. "Patients with fibromyalgia need support. They need to know that their doctor believes in the diagnosis," says Dr. Stupi. "At UPMC, we have experts in this field."

To find a physician in the northern communities who treats fibromyalgia, call 1-800-533-UPMC (8762).