



Pain: What Women Should Know

Most women experience pain at some point—menstrual cramps, headaches, backaches, possibly arthritis. Although most pain can be greatly eased with appropriate medical care, much of it goes untreated, under treated or improperly treated. It is not unusual for a woman with chronic pain to be told by her health care professional to “learn to live with it.” But you needn’t. The key to easing pain symptoms is finding a treatment strategy that fits your lifestyle and relieves your pain.

Pain Basics

Pain results from a series of exchanges involving your peripheral nerves, a network of nerves in your body, spinal cord and brain. Most pain serves a purpose. It warns your brain that something is wrong.

Pain is classified into three major types: **acute pain** (temporary pain); **chronic pain** (any constant form of pain); and **cancer pain** (pain caused by cancer-related diseases or treatments).

Pain triggered by broken bones and pulled muscles is acute pain; this kind of pain increases blood pressure, heart rate and rapid breathing but eventually goes away as the injury that caused it heals.

Chronic pain doesn’t go away. Pain caused by arthritis and other chronic conditions can interfere with daily life at all levels. Without the right care, it often gets worse, can lead to extreme fatigue and, eventually, to depression and insomnia. About 30 to 50 percent of people with cancer experience pain while undergoing treatment, and 70 to 90 percent of people with advanced cancer experience pain. Cancer pain can be successfully treated in most cases.

Women and Chronic Pain

Conditions that cause chronic pain are more common in women than in men. Men and women also respond differently to both pain and pain medications for reasons not completely understood.

Common causes of chronic pain for women include:

- **Migraine.** About one in five women report having migraine headaches. Hormonal changes may be a trigger. Women’s migraines often occur at ovulation and near menstruation. During pregnancy, some women find that their migraines stop, while other women may experience their first migraine. The same is true following menopause.
- **Menstrual pain.** Menstrual pain severe enough to interfere with daily activities is known as dysmenorrhea. It is the most common gynecologic problem among menstruating women. There are two types: primary and secondary dysmenorrhea. Primary dysmenorrhea usually starts with the onset of menstruation. Symptoms are severe and frequent menstrual cramping. Secondary dysmenorrhea is caused by a medical condition, such as endometriosis. This type of menstrual pain usually starts after a woman has been menstruating for awhile.
- **Arthritis.** Women are at higher risk of arthritis-related conditions or joint inflammation than are men. For example, osteoarthritis, rheumatoid arthritis and lupus occur much more often in women than in men. Researchers believe that female hormones may play a role in these conditions.
- **Fibromyalgia.** A condition that causes fatigue and pain in the muscles, joints, ligaments and tendons, fibromyalgia

Resources

American Chronic Pain Association

PO Box 850
Rocklin, CA 95677-0850
Toll-free: 800-533-3231
www.theacpa.org
Support and education for people with chronic pain; online pain management resources.

American Pain Foundation

201 N. Charles Street, Suite 710
Baltimore, MD 21201-4111
Toll-free: 1-888-615-7246
www.painfoundation.org
Online resources for people with pain, their families and caregivers.

National Foundation for the Treatment of Pain

1330 Skyline Drive, Suite 21
Monterey, CA 93940
831-655-8812
www.paincare.org
Online information and referrals to pain specialists and centers.

National Headache Foundation

820 N. Orleans, Suite 217
Chicago, IL 60610
Toll-free: 1-888-643-5552
www.headaches.org
Online information on latest headache causes and treatments.

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Questions to Ask

If you suffer from a condition that causes pain, the American Pain Foundation recommends that you raise the following issues with your health care professional.

- If you're worried about medications or other treatments, ask.
- If your treatment is not working, insist that your pain be reassessed and new treatments offered.
- Ask about ways to relax and cope with pain. Your pain may feel worse if you are stressed, depressed or anxious.
- Ask about non-drug, non-surgical treatments, including relaxation therapy, acupuncture, cold or heat applications and other techniques.
- If you're having surgery, ask for a complete pain management plan before the operation.
- If you are not satisfied with your cancer pain treatment, ask your local hospice for a referral to a pain specialist or visit the American Academy of Pain Medicine's Web site, www.painmed.org, for a listing of pain specialists by region.

affects women up to 10 times more frequently than men; its causes are not well understood.

Managing Pain

The goal of pain management is to lessen your sense of suffering and, ideally, lower the pain sensation itself. Pain can be a lonely experience, especially when laboratory tests and physical exams don't pinpoint a cause. People may doubt your pain is real. Pain management uses a variety of skills to help you control your pain and enjoy your life again.

Medical Approaches

Each person responds differently to medications and needs different amounts or different types. Talk with your health care professional about your pain medications—both over-the-counter as well as prescription medications—and their associated risks and benefits.

Some of the most commonly used pain medications are:

- **Acetaminophen.** Many over-the-counter and prescription pain medicines contain acetaminophen. It relieves pain by raising your body's overall pain threshold.
- **Nonsteroidal anti-inflammatory drugs (NSAIDs).** Examples include aspirin, ibuprofen and naproxen sodium. These medications relieve pain by reducing inflammation (swelling). They can cause stomach upset. If you need to take an NSAID, you might have less stomach upset if you take it with food or milk.
- **COX-2 inhibitors.** These newer class of anti-inflammatory analgesic medications are useful for acute and chronic pain. They often cause less stomach upset and gastrointestinal problems than the

more traditional NSAIDs; discuss other possible side effects with your health care professional or pharmacist.

- **Narcotics.** Some people suffer needlessly because they fear becoming addicted to narcotic medications. But for many people, these drugs can be an important part of therapy. Discuss your concerns with your health care professional or pharmacist.
- **Anti-convulsants, anti-depressants.** Drugs that are used to prevent seizures (anti-convulsants) and others used to battle depression (anti-depressants) can also help relieve chronic pain in many people.

Lifestyle Approaches

Chronic pain and stress are partners. Stress worsens the pain, and the pain triggers stress signals to the brain. One way to break the cycle can be to use relaxation techniques such as meditation and deep breathing. Complementary and alternative medicine treatments, such as acupuncture, acupressure and therapeutic massage, are frequently recommended in combination with traditional medical treatments for pain relief. Therapeutic heat devices, for example, have been used for centuries to relieve pain, especially joint pain. Heating pads and hot compresses are easily available, inexpensive and generally safe. In addition, ice pads and ice massage can be of significant value in reducing soft tissue pain and spasms.

It is important that you discuss complementary techniques with your health care professional before trying them.

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