

Types of Pain, Examples, and Management

Types of Pain & Examples	Typical Description	Nonpharmacologic Treatments and Effective Drug Classes
<p>Treatment based on comprehensive assessment including impact of pain on function. For comprehensive treatment options, refer to the linked documents: Low-Risk Treatments for older adults with chronic/persistent pain and Higher-Risk Treatments for pain.</p>		
<p>Nociceptive: somatic (eg, tissue injury of bones, soft tissue, joints, muscles)</p>		
<p>Arthritis, low-back pain, myofascial pain, bursitis, tendonitis, burn, muscle spasms, contractures</p>	<p>Well localized, constant; aching, stabbing, gnawing, throbbing</p>	<p>Back strengthening exercises (yoga, tai chi), physical therapy, progressive muscle relaxation, massage, heat/cold therapy cognitive behavioral therapy, meditation, guided imagery therapy, TENS, scheduled dose acetaminophen, topical anesthetics/NSAIDs, duloxetine, intraarticular injection, tramadol</p>
<p>Acute postoperative, fracture, bone metastases</p>	<p>Well localized, constant; aching, stabbing, gnawing, throbbing</p>	<p>Scheduled dose acetaminophen limiting to 3000 grams/24 hours, topical anesthetics/NSAIDs, TENS, heat/cold therapy, positioning, ambulation, dexamethasone, opioids</p>
<p>Nociceptive: visceral (eg, tissue injury of visceral organs including heart, lungs, testes, and biliary system)</p>		
<p>Renal colic, gastritis, peptic ulcer, cholecystitis, bowel obstruction, peritonitis, constipation</p>	<p>Diffuse, poorly localized, referred to other sites, intermittent, paroxysmal; dull, colicky, squeezing, deep, cramping; often accompanied by nausea, vomiting, diaphoresis</p>	<p>Treat underlying disease, treat constipation or nausea (eg, medications, diet, increase fluid intake, ambulation), opioids (not for constipation) and nondrug treatments</p>
<p>Neuropathic: peripheral nervous system (eg, injury to nervous system—nerves and spinal cord)</p>		
<p>Cervical or lumbar radiculopathy, postherpetic neuralgia, trigeminal neuralgia, diabetic neuropathy, phantom limb pain, herniated intervertebral disc, drug toxicities</p>	<p>Prolonged, usually constant, but can have paroxysms; sharp, burning, pricking, tingling, pins-and-needles, shooting electric-shock-like; associated with other sensory disturbances, (eg, paresthesias and dysesthesias; allodynia, hyperalgesia), impaired motor function, atrophy, or abnormal deep tendon reflexes</p>	<p>Adjuvant medications such as antidepressants, anticonvulsants, topical anesthetics, opioids, cold therapy, nerve ablations, steroid injections</p>

Nociplastic affecting the muscular skeletal system or Mixed (i.e. pain from altered nociception despite no clear evidence of actual or threatened tissue damage; neurologic dysfunction or combined and uncertain causes most likely greater than 3 months duration)

Myofascial pain syndrome, somatoform pain disorders, fibromyalgia; poststroke; temporomandibular joint dysfunction, tension headache

No identifiable pathologic processes or symptoms out of proportion to identifiable organic pathology; widespread musculoskeletal pain, stiffness, and weakness; fatigue, sleep disturbance; taut bands of muscles and trigger points; sensitivity to sensory stimuli

A combination of Low Risk and Higher Risk Treatments, eg, exercise, physical therapy, cognitive behavioral therapy, counseling, antidepressants, anticonvulsants, antianxiety medications

NOTE: Cancer pain may present with any of the types described above.

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