

PAIN



Multiple Sclerosis Society
of SA & NT

Pain, in particular the kind of ever-present intractable (difficult, stubborn, hard to control) chronic (persisting for a long time, possibly severe) pain may, for some people, be of low intensity but continually be there; for others it can be intense and come and go perhaps several times a day.

Up until fairly recently, MS was considered to be a painless disease. However, now it seems that over half of people with MS will experience pain at some stage. There are two widely recognised forms of pain in MS:

- **Neuropathic pain** – nerve pain.
- **Musculoskeletal pain** – nociceptive pain.

Some people say that they and their medical advisors often face a real problem in reliably assessing the source and strength of these kinds of pain. Many people are wary of the continuous use of pain killers which often have little effect anyway. Therefore a number of people just simply 'put up' with this highly demoralising symptom. Not

to say that everyone experiences this type of pain but for those who do, it is grossly invasive, wielding enormous influence over their lifestyle and that of their families. There is no doubt that effective treatment can sometimes be difficult to find and it is not unknown for people to hide the true nature of their pain. They put up with it for the sake of their children, partners and family carers and those with a job often manage to keep it from their colleagues at work.

It is also quite important to remember that not all pain experienced by people with MS is due to the MS. It could possibly be due to things such as infections or an accident. Therefore other possible causes of the pain should be thoroughly looked into. No two people will experience pain in the same way. It is best described by the person experiencing it.

How is pain described?

By patients, who find it difficult to describe... Burning or gnawing, like immersion in ice cold water, too painful to touch the skin, disturbs sleep, stabbing, exhausting, throbbing, mind numbing, crushing. Often people find it hard to characterise.

By professionals – A raised sensitivity, unlike any 'expected' pain response, interferes with activities of living, stubborn and hard to control. It is often mistakenly thought to be embellished or over-dramatised. There can be partial irritation or interruption of the central sensory pathways to and from the brain. Descriptions of clinical experience suggest that pain may occur more frequently in older people, those with a long history of MS or with greater levels of disability.

A number of MS symptoms can be classed as 'pain':

- Pins and needles
- Burning sensations
- Tingling
- Numbness
- Tightness, such as the 'MS Hug'
- Stabbing pains
- Sensitive skin

Some people may not describe these suggestions as painful, whereas others will. It is very subjective.

Pain is quite often divided into two categories - Acute and Chronic.

Acute pain is generally described as very intense, sharp or a shooting pain. This can be intermittent and come on very quickly. Equally this can disappear very quickly too. Some types of acute pain can then become chronic.

Chronic pain is traditionally defined as a pain that can last for more than a month. It is sometimes described as a continual pain. The difference to acute pain is that it can onset very slowly. It can fluctuate in severity and sometimes never fully go away.

Pain Management

Management of pain is not necessarily easily solved or successful. Some cases will just never completely go away. After some time the body adapts to learn to tolerate to a certain level. After a while the pain may not seem as bad as originally felt. Treatment will depend on the type of pain and what is causing it. It may be that a drug treatment is

the only answer; it may be that physiotherapy will relieve the pain without the need for any drugs.

A number of factors can make the pain feel a lot worse. This can be anything from the heat, to extreme fatigue or anxiety.

Neuropathic pain can be treated by a number of drug treatments. Sometimes these can be used in a combination if one isn't enough to relieve the symptom.

The list of drugs includes:

- Carbamazepine (Tegretol)
- Gabapentin (Neurontin)
- Amitriptyline (Triptafen)
- Pregabalin (Lyrica)

All of these drugs can be prescribed by a GP, although your Neurologist may wish to get involved.

Treating Acute Neuropathic pain

A condition such as Trigeminal Neuralgia can be common amongst people with MS. This is a very intense, severe stabbing pain, which may also feel like a burning sensation or electric shock that travels down the face.

Normally only one side of the face is affected at a time. The pain travels the pathway of the trigeminal nerve. The pain can be absolutely excruciating and set off

by simply eating, drinking or talking. The onset is sudden and will reduce/disappear over time.

Unfortunately this pain can become chronic.

It can be difficult to treat but all the drugs mentioned above can be tried to help to reduce the severity. In long term cases surgery is a last resort option to cut off the nerve connection to the brain.

Optic Neuritis is another form of acute neuropathic pain. It can feel like a sharp stabbing like pain behind the eyes. For more information on Optic Neuritis and treatment options, refer to **INFO55 Visual Disturbances**.

Another form of acute pain is from **spasms**. This is when a muscle seizes into an extended, outreached position resulting in pain. These are mostly felt in the legs and are usually related to spasticity - muscle stiffness. The main cause of a spasm is the disruption of messages from the brain to the nerves at the bottom of the spinal cord that are used to control the legs. Spasms are sudden and at times can be incredibly painful.

Another type of spasm is a Tonic Spasm, which is a spasm of the arm or leg in an unusual position.

They usually last for less than 90 seconds. These can occur a number of times throughout the day.

Baclofen and Gabapentin are two of the more common drugs prescribed for relief of spasms. If these are unsuccessful then other drugs, such as Tizanidine, Diazepam or Dantrolene may be prescribed instead.

Treating Chronic Neuropathic Pain.

Spasticity is stiffness of the muscles that most often occurs in the legs and can cause constant pain. For more information on Spasticity and treatment options, refer to **INFO08 Symptoms**

Series - Spasticity.

Paraesthesia/Dysaesthesia is the technical terms for altering sensations. This type of pain is described in many different ways - from burning, pins and needles, tightness, prickling, itching to numbness. Some people describe it as a feeling of ants crawling over the skin. For more information on altered sensations and treatment options, refer to **INFO33**

Symptom Series - Sensory Disturbances.

Musculoskeletal pain

Standard therapies

This type of pain is very different to that of neuropathic pain and is quite often successfully treated by either physiotherapy or exercise. Changes to a person's posture and inputting exercises that can help to strengthen certain muscle groups can help to relieve some amounts of pain.

Every person with MS who experiences musculoskeletal pain should be assessed by a therapist so that the cause can be identified and the best treatment options identified. Physiotherapists and Occupational Therapists may be best for a combined assessment. They can see if any new equipment is required to help improve the muscle function and relieve pain. Something simple like a different type of walking stick can help to improve balance problems which may be impacting on the body and causing postural problems for example.

General painkillers can help with musculoskeletal pain, such as paracetamol or anti-inflammatory drugs such as ibuprofen.

Complementary and Alternative Therapies are often beneficial.

For more information refer to

INFO42 Healthy Living Series Complementary and alternative therapies.

How to treat acute musculoskeletal pain?

Pain caused by general muscle problems such as cramp/spasms occur when the muscle shortens, resulting in a rather uncomfortable cramping. This can be caused by a muscle strain, muscle fatigue, lack of potassium or sodium in the body and things like regular stretching exercises can help. It will also help if you make sure your water intake is balanced with the right amount of potassium and sodium. Bananas are a good source of potassium; eating 1 a day can reduce the risk of a potassium deficiency therefore maybe helping to reduce cramps/spasms.

How to treat chronic musculoskeletal pain?

If immobility is a problem this can result in very painful hips, pelvis, lower back etc. Misalignment of the hips/pelvis can be caused by a lack of mobility. Painkillers may be required and regular exercise can help.

Physiotherapy is best for this to

help keep the body moving and helps to realign the body. If the limbs are stiff due to lack of mobility, pain in muscles, tendons and ligaments can occur.

Treatments such as physiotherapy, massage, heat therapy or ultrasound may help.

Further treatments available

Pain Clinics

If all other treatments offered fail to help reduce the pain, a referral to a specialist Pain Clinic is available by your GP or Neurologist. If the pain is not completely eradicated by various treatments tried, then the goal will be to help reduce it to a level that is bearable and manageable.

Complementary and Alternative Therapies

Some people prefer to try this route of treatment rather than the conventional medicine route. Some conventional drugs have side effects that may not be tolerated, therefore some turn to something less harsh. Please see our **INFO42 Healthy Living Series Complementary and alternative therapies** for more details on specific treatments.

If you are interested in more information

The Society has more information sheets included in the Symptoms Series as well as a Managing MS and a Healthy Living series.

Please see the website for more details.

References

MS Society Australia

Managing Pain for People Living with MS

http://www.mssociety.org.au/documents/managing-pain/ManagingPain_Web.pdf

Multiple Sclerosis Resource Centre (MSRC)

Choices leaflet Pain http://www.msrc.co.uk/downloads/choices_pain.pdf

Multiple Sclerosis International Federation MSIF

MS in Focus Issue 10 Pain and MS

http://www.msif.org/en/resources/msif_resources/msif_publications/ms_in_focus/issue_10_pain/index.html

MS Society of Canada

Living for Today – Managing MS Pain and Pain and MS: Options exist to manage this difficult symptom <http://mssociety.ca/en/help/booklets.htm>

MS Trust

Pain Factsheet

<http://www.msresearchtrust.org.uk/information/publications/factsheets/pain.jsp>

MS Society (UK)

MS Essentials series 17 Pain and Sensory symptoms

http://www.mssociety.org.uk/support_and_services/free_publications/index.html

National MS Society US

Pain The Basic Facts <http://www.nationalmssociety.org/multimedia-library/brochures/managing-specific-issues/index.aspx>

MS Society NZ

MS and Pain <http://www.msnz.org.nz/Document.Doc?id=33>

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MS House, 110 Reservoir Road, MODBURY SA 5092

Phone 8396 0044

Fax: (08) 83 96 0184

Toll Free: 1800 812 311

Email ms@ms.asn.au

Website www.ms.asn.au