

Understanding Your Pain Session – Acute and Chronic Pain

This information sheet summarises the key information presented during the Understanding Your Pain session at the Ipswich Hospital Pain Management Unit.

Acute and chronic pain

Acute pain is usually characterised by:

- being short-term (lasts less than three months);
- pain nerves switch on, and when the body heals, they switch off. Pain system works 'normally';
- pain is a signal that something is wrong in the body – therefore pain messages are useful;
- pain variations are usually as a result of improvements or deteriorations in the underlying condition;
- pain results from ongoing damage or harm in the body;
- few 'knock-on' effects, which do not usually cause problems;
- usually simple to understand and treat;
- pain relief medication works well;
- provoked by injury or disease; and
- it is well understood by family, friends and professionals.

Chronic pain is usually characterised by:

- being long-term (lasts more than three months);
- pain nerves switch on – but do not switch off – and the pain system becomes over-sensitive;
- pain does not result from continuing damage or harm, but from the over-sensitive nervous system;
- pain variations are caused by physical, psychological and environmental factors which influence the pain system;
- pain does not usually mean that there is something wrong in the body – therefore pain messages are not helpful;
- many 'knock-on' effects, which can cause further problems and pain;
- more complex to understand and treat;
- pain relief medication is often not enough;
- precise cause not always known; and
- it is not well understood by family and friends, or by some professionals.

Short-term (or acute) pain

Our nervous system is made up of the brain, the spinal cord, and the nerves. Our pain system is part of our nervous system, and is very complex. When you injure your body, messages are carried to your brain via your nervous system and then interpreted by your brain. When this happens you become aware of pain.

Pain has a very important function – it helps you to remove yourself from danger and limit your normal activities to allow healing to take place. Once your body has healed, you can gradually return to normal activities.

This is how our bodies normally work when experiencing an acute or short-term pain (like a cut, broken bone, sore throat or toothache). In these circumstances the amount of pain that you are in is closely related to the amount that your body has been injured.

During your treatment up until now you may have found that your pain has been viewed as similar to an acute injury pain (such as a sprained ankle or cut to your hand). Medical professionals will have looked for signs of physical damage in your body associated with the pain that you are experiencing.



Long-term (chronic) pain

Advances in pain science show that acute pain is not the only type of pain. Sometimes pain continues for a longer period of time, and this type of pain is called chronic pain. When we have chronic pain, our pain system works in a different way than when we have acute pain.

In some cases, chronic pain can develop without any injury, so there is no tissue damage involved. In others the pain goes on long after tissue healing should have occurred. In either case, resting and reducing activity does not help to relieve the pain.

In chronic pain, at the point of injury, disease, surgery or illness, the pain nerves switch themselves on. There is then a chemical or hormonal release in the body (although doctors are not sure why this happens). This chemical release causes the pain nerves to stay switched on and for the nervous system to become over-sensitive. This means that you keep feeling pain, but without any further damage happening to the body. The problem is the pain itself. So, although chronic pain hurts (often a very great deal) and the pain is very real, it does not mean that there is ongoing damage being done to your body.

Long-lasting pain affects most areas of someone's life. Some of these changes may be physical, for example posture, how we move, how strong we are. Some of these changes can be to how we feel, such as changes to our mood, and some of the changes can be to how we behave, such as what we do in our spare time and through the day. All of these changes can impact on how we manage the pain.

Produced by:

The Ipswich Hospital NHS Trust

Heath Road, Ipswich, Suffolk IP4 5PD

Hospital switchboard: 01473 712233

www.ipswichhospital.nhs.uk

Issue 2: June 2018 Review date: May 2021

© The Ipswich Hospital NHS Trust, 2015-2018. All rights reserved. Not to be reproduced in whole, or in part, without the permission of the copyright owner.