



A REVIEW ON RECENT ADVANCES IN MANAGEMENT OF CHRONIC PAIN IN WOMEN

Gynaecology

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ABSTRACT

This review article focuses on different aspects of chronic pain in women. Chronic pain is more common in women. Millions of women around the world suffer from chronic pain but many of them remain untreated. Pain especially chronic pain exerts several effects on individual and social life, mental and somatic health, cost loading on community funding base. The aim of this review was to investigate the prevalence and demographic risk factors of chronic pain in women.

KEYWORDS

Introduction:

Chronic pain is considered as a more important problem in new modern community and among certain groups are more likely to have affected by chronic pain. Chronic pain is a common problem which is associated with high economic costs and lower quality of life. Most types of chronic pain occur more frequently in women. Every day, millions of women around the world suffer from chronic pain but they usually remain untreated. Although, women living in pain have left without proper treatment in many countries. The findings suggested that changes in hormonal levels may be well play a role in modulating severity of chronic pain. Women are more sensitive to pain and have lower pain thresholds rather than men. Currently, available therapies yield limited success in treating such pain, suggesting the need for new insight into underlying mechanism(s). Chronic pain is a debilitating condition which correlates with high social cost in terms of productivity, economic impact and quality of life?.

Definition and types of chronic pain in women

Before we discuss about treatment of pain, we should know what type of pain referred as chronic pain. Pain that continues 6 months after an induced damage and beyond the normal course of an acute illness or an acceptable time of comparable injury for healing, it is correlated with chronic pathologic processes which cause continuous or intermittent pain over months or years, it may observed in the presence or lack of clear pathologies; and may not be curable by routine pain control methods; and definite treatment may never occur. Type of chronic pain are usually classified as either neuropathic or nociceptive, it is a debilitating condition that exerts a high social cost in terms of work, economic effect and quality of life. Many people do not know that certain type of pain are more common in women rather than men (e.g. fibromyalgia, is a disease which defined by chronic extended pain and it is more prevalent in women by 80 to 90% of diagnosed female cases. We could say some conditions which disproportionately involve women include irritable bowel syndrome (IBS), rheumatoid arthritis, osteoarthritis, temporomandibular joint disorder (TMJ), chronic pelvic pain and migraine headache. .

مطالب در مورد میزان شیوع ورده سنی درگیر گذاشته شود. ناقص و توضیح بیشتر که بارنگ دیگر اضافه شود. از مجله دکتر خاکی هم فرانس آورده شود

The risk factors for chronic pain:

The various type of pain can be result in several type of responds, it means different symptoms in male or female. Chronic pain is considered as a resistant condition to opioid administration. This matter suggested that endogenous opioid system may be accounts for occurrence of pain. Women suffer from depression much more. However, it can induced comorbid disease, it actually acts as risk

factor. A variety of demographic risk factors were evaluated about correlation with chronic pain. Therefore, it was observed significant association with elder, female gender, lower levels of completed education, and in person without private health insurance; but it is not surprising that obtaining some benefits from disability or unemployment due to health reasons, weak self-rated health and strong level of psychological distress. The several studies hormonal differences have possible role in pain experience. It seems that estrogen level could have effect on experience of pain. Women could scenes pain sooner than men and they can receive to maximum pain threshold over pre menstruation period. This event suggested that lowering of estrogen levels may be induce more vulnerability to pain. .

The chronic pain Epidemic:

The effects of chronic pain on quality of life is problematic issue and it is usually considered as a public health crisis. Pain is a common event in all communities. It is a predictable result of injury or disease. Pain has main impacts on economic, social aspects and quality of life. The most of pain classifications may be observed in developing countries more than developed countries. In these countries, women affect by pain more than usual, probably due such reasons as mestratation, pregnancy and labor, cancers of genitalia (e.g. cervix cancer). The mortality of mothers is much more in developing countirs, approximately 0.5 million women loss their life in pregnancy and delivery periods.

The physiology basis of chronic pain

Chronic pain results in a remarkable anatomical and functional reorganization of brain structures and networks. Chronic pain can be a sustained such as sensory disorders which occur in the process of current peripheral pathology (e.g., chronic inflammation), or sometimes it is a autonomous event that it can be start without trigger. The basic breakthrough in our acknowledgement of chronic pain mechanisms has been suggested main stem of some studies, we will explain them as follow: it is a main reason of high sensitivity and abnormal response to sensory afferent fiber inputs. Afferent fiber mediated chronic pain is a one of presentation of structural alterations in the dorsal horn.

On the other hand, we can demonstrated chronic pain by abnormal sensitivity, which is consequences of pain induction in response to activation of low-threshold mechanoreceptors. Normal afferent fibers generate innocuous sensations. Three distinct processes in spinal cord can be considered responsible for significant change of sensory processing in the somatosensory system: higher excitability, lower inhibition and structural reorganization. The all of these events have

been occur and can act separately or together with each other in wide range of chronic inflammatory and neuropathic pain disorders. The unravelling of the cellular mechanisms with both involvement could suggest the potential for new therapeutic strategies. These methods result in reduction of functional synaptic plasticity, prevention of central atrophic and regenerative responses to damaged neurons, and they show capacity of the adult nervous system for maladaptive modification.

Chronic pain could induce spontaneous or provoked. In most chronic pain processes, spontaneous pain may be observed, so it is occasionally symptoms of denervation syndromes. In these syndromes, sensory channel from peripheral area to CNS is disrupted (e.g. anesthesia dolorosa, phantom limb pain and brachial plexus avulsion injuries)—.

Prolonged pain modifies gray matter, chronic pain induces the changes in core and pathology-specific gray matter in extended networks. Common changes were seen in the prefrontal regions, anterior insula, cingulate cortex, basal ganglia, thalamus, periaqueductal gray, post- and pre-central gyri and inferior parietal lobule. The surveys about ion channels of pain pathways are ongoing. This matter is especially true about ion channels of peripheral sensory neurons in dorsal root ganglia (DRG), this region is currently referred to have exclusively sets of these channels. Furthermore, both spinal and supraspinal levels play important role in pain modulation. T-type calcium channel activity is higher in afferent pain fibers in some of chronic pain conditions.

Treatment

Currently, pain medication methods are main basis for treatment of chronic pain. The pharmacological therapy are usually associated with lower efficacy, probably the most patients who suffer of chronic pain, did not continue prescribed treatments. For ideal treatment, combination of therapy methods (i.e. multimodal treatment) involve physical therapy, biofeedback, cognitive therapy, medication, exercise, spinal manipulation, and more. The clinicians will administer or prefer some combination of methods for pain management in patient with chronic pain. Therefore, drugs such as non-steroidal anti-inflammatory drugs (NSAIDs), opioids, acetaminophen, and anticonvulsants could be administer. However, acupuncture is one of alternative medicine which is applied for treatment of chronic pain. The selection of patients with chronic pain is associated with curing by an operant conditioning program. The ideal treatment program is regulated for reduction of drug administration and association with painful activities, increasing of exercise capacity, walking and general activity level. The remarkable developments in treatment of chronic pain correlates with identification and resolving of its various issues. The important point is here, the patients were damaged dramatically (89), for example, the mood of patients were affected (e.g. by depression) (90). We know that application of anti-depressant drugs could relief chronic pain (93). This chronic condition is associated with high cost of health care. More than of one half of patients who affect by chronic pain, usually consume analgesic drug, 5, 12–14. These drug act as anti-inflammatory factors in most conditions and smaller population use antidepressants, anticonvulsants, and opioids, or various non-pharmacological approaches, for instances, exercise, relaxation, physiotherapy, massage, transcutaneous electrical nerve stimulation, or acupuncture. 12, 14. One study reported 28% of patients with severe pain do not give any analgesic.

Conclusion:

Women are more sensitive pain and have lower pain thresholds. The findings suggest that changes in hormonal estrogen levels may well play a role in modulating the severity of chronic pain. There are many therapies available for patients with chronic pain, but these are not always effective. Pain management in patients requires a multidimensional approach to preserve and improve quality of life. Unfortunately, pain management has lower importance in developing countries especially among females. However, it seems worldwide knowledge about pain and its effect on economic aspect, is a beneficial view. Women will obtain health, higher quality of life and good sensation by giving modern health care.

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