Pain management is an especially challenging area of medicine for several reasons. The Institute of Medicine (IOM) recently published a study on pain as a public health problem at the request of National Institutes of Health (NIH) through the Department of Health and Human Services (HHS) as required by The 2010 Patient Protection and Affordable Care Act.

The IOM calls pain “a national challenge” and estimates that 100 million adults in the United States experience chronic nonmalignant pain that is beyond the normal course of an acute illness or injury.1 Chronic pain affects more adults than those with heart disease, cancer and diabetes combined and costs the U.S. an estimated $635 billion each year in medical treatment and impediments to productivity and quality of life.1 Studies and recent literature show that pain is frequently identified as a significant reason that patients seek or require medical treatment, including nearly half of all patients that visit primary care practitioners.2,3 In the past decade, the fastest growing drug problem in the country is abuse of opioid pain prescriptions, surpassing cocaine and heroin combined for drug-related deaths.4 The nation’s medical community has voiced concerns about the overall safety and appropriateness of prescribing opioids. At the same time, pain is reportedly under treated and under diagnosed in primary care patients who legitimately need pain medication.5 In many instances, patients have limited, inconsistent or no options for better pain control. In addition, primary care physicians, specialists and other health care providers face obstacles with managing and monitoring prescription opioid use in certain patients.

**Ahead of the Curve:**

**Pain Specialists Offer Innovative Pain Management and Risk Reduction Techniques**

Pain management specialists provide physicians with multimodal and interventional evaluation and treatment options for patients who are more challenging or for pain that may not be controlled with medications or specifically opioid medications.

Pain specialists often have subspecialty interests in problematic areas such as back and neck pain and disorders stemming from musculoskeletal sources, nerve pain from degenerative discs and bones, spinal stenosis and nerve compression.

**Author’s Profile and Pain Practice Information**

Dan-Thuy V. Tran, MD, is an anesthesiologist and pain management specialist. She is director of pain management at Monmouth Medical Center and director of Monmouth Pain Care. Dr. Tran is board-certified in anesthesiology and pain management. She is a member of the American Society of Anesthesiologists, New Jersey State Society of Anesthesiologists, American Pain Society and American Society of Interventional Pain Physicians.

Dr. Tran and the Monmouth Pain Care staff work to improve every patient’s function and quality of life. The staff includes an advanced practice nurse certified in pain management.
Pain specialists spend more time exclusively working on pain management and have more input on the plan of care. Effective pain management offers ways to reduce risk to both patients and health care providers. Drugs such as nerve pain agents and anti-inflammatory agents incorporate varied and often better methods of pain control while reducing risk.

Patients that are not under care specifically for pain may use opioids that are titrated to a higher dosage causing increased risk as opposed to those receiving customized medication regimens to improve outcomes. Pain specialists also use interventional techniques such as initiating opioid contracts and working with patients on pill counting. Risk reduction methods include urine drug testing which can be otherwise cumbersome or costly in other medical settings. These interventions add an extra layer of safety that other practitioners may not have the time or experience to implement.

In addition to multimodal approaches to pain care, pain specialists have significant experience working with other specialists to coordinate multidisciplinary care. For example, pain specialists may proactively refer patients to physical therapists or to medical or surgical services to target pain from those aspects. Pain specialists also offer patients a seamless transition from inpatient to outpatient care.

Health care practitioners challenged by successfully treating or managing acute or chronic pain in certain patients should consider collaborating with a pain specialist for the latest treatments for acute exacerbations of pain as well as management of persistent malignant and nonmalignant pain.

1Institute of Medicine of the National Academies. Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research. Washington, DC: Institute of Medicine of the National Academies; June 29, 2011.