Dear colleague,
this material has been developed in an effort to help you
as a caregiver to explain persistent pain and thereby help
to initiate the right treatment in agreement with the patient.
To be clear, of course, many details have been spared. After
having drawn and explained the “brain pain booklet” for my
patients on a piece of paper for many years, it is my strong
belief that this document can be very helpful.

This information is accompanied by a drawing block to be used in the consultation with
your patient. It can be used to explain both pharmacological and non-pharmacological
interventions. Please ask for further print samples if required!

Dr Karsten Ahlbeck MD Phd DNAPM
Head of Department Multidisciplinary Pain Unit
Capio St. Görans Hospital Stockholm, Sweden

References
4 Tracey I, Bushnell MC. How neuroimaging studies have challenged us to rethink chronic pain as a disease? J Pain 2009; 10: 1119-1120.

Please find more tools to enhance the communication between patient and caregiver:

WWW.CHANGE-PAIN.COM
We have an entry system that sends pain signals to the brain. These signals are switched deep in the brain, an automated process that you do not control.

Brain areas where the changeover of signals takes place normally have other functions; these can be suppressed due to the constant inflow of pain signals. Persistent pain can induce depressed mood, fatigue, reduced activity, decreased libido, and lead to disability.

The body also has a descending system that acts as a "pain filter", a way to filter out pain which has no meaningful purpose. Today we believe that this system is preferably controlled by the neurotransmitter noradrenaline. In persistent pain it seems if there is a dysfunction of the descending system.

Persistent pain may originate from biological changes. The "pain filter" is primarily influenced by noradrenaline. Noradrenaline has an attenuation effect on pain signals. It is unclear why acute pain can advance to chronic pain, but some risk factors have been identified: the degree of surgical intervention, psychological traits (depression) and presence of concurrent or preexisting pain.

How to use the drawing block

This explanation comes along with a notepad to be used in the consultation with your patient. The caregiver may fill in the original cause of the pain, for instance the surgery. Moreover, one could explain that, when healed, the pain may persist. It has become a disease in its own right, due to an altered "pain filter".

Treatment of pain might be further improved by taking into consideration impact on the "pain filter" rather than just focusing on the original site of the pain.
Dear colleague,

this material has been developed in an effort to help you as a caregiver to explain persistent pain and thereby help to initiate the right treatment in agreement with the patient. To be clear, of course, many details have been spared. After having drawn and explained the “brain pain booklet” for my patients on a piece of paper for many years, it is my strong belief that this document can be very helpful.

This information is accompanied by a drawing block to be used in the consultation with your patient. It can be used to explain both pharmacological and non-pharmacological interventions. Please ask for further print samples if required!

Dr Karsten Ahlbeck MD Phd DNAPM
Head of Department Multidisciplinary Pain Unit
Capio St. Görans Hospital Stockholm, Sweden

References
4 Tracey I, Bushnell MC. How neuroimaging studies have challenged us to rethink chronic pain a disease? J Pain 2009; 10: 1113-1120.

Why does it hurt?
THE BRAIN IN PERSISTENT PAIN

Please find more tools to enhance the communication between patient and caregiver:

WWW.CHANGE-PAIN.COM