

## Classification of Pain

Some pain can be easy to understand, for example a cut or a bruise. Whereas some pain is less obvious, for example you cannot see back pain but you know it is there. Classifying pain is helpful to guide assessment and treatment, the common types of pain include:

- **Nociceptive** pain arises from a stimulation of specific pain receptors and is a normal response to potential damage or injury of tissues such as skin, muscles, visceral organs, joints, tendons, or bones. We all experience this type of pain from time to time it tends to resolve in a reasonable amount of time.
  - Examples include:
    - Somatic: muscles, joints, tendons, ligaments bones or skin; this pain is often localized
    - Visceral: hollow organs and smooth muscle; usually referred
- **Neuropathic**: Is pain initiated or caused by a problem with the signals from the nerves. The cause can be a number of reasons but it is often following an injury or disease of the nervous system.

The nature of neuropathic pain ranges from deficits perceived as numbness to hypersensitivity (hyperalgesia or allodynia), and to paresthesias such as tingling.

- Allodynia-This means that the pain comes on, or gets worse, with a touch or stimulus that would not normally cause pain.
- Hyperalgesia- This means that you get severe pain from a stimulus or touch that would normally cause only slight discomfort.
- Paraesthesia. This means that you get unpleasant or painful feelings even when there is nothing touching you, and no stimulus. For example, you may have painful pins and needles, or electric shock-like sensations.
- Causes include, but are not limited to: diabetic neuropathy, postherpetic neuralgia, spinal cord injury pain, phantom limb (post-amputation) pain, post-stroke, nerve disorders, HIV and Alcoholism.

- **Inflammatory:** The body responds to damage, injury or an underlying cause by activating pain pathways to produce inflammation. Although long term inflammation can do a lot of damage, initially, its role is protective.
  - Examples include: appendicitis, rheumatoid arthritis, inflammatory bowel disease, and herpes zoster.

**Clinical Implications of classification:** Pain processes rarely occur in isolation and consequently more than one mechanism may be present and more than one type of pain may be detected in a single patient; for example, it is known that inflammatory mechanisms are involved in neuropathic pain. It is also not uncommon to experience nociceptive pain alongside neuropathic pain caused by the same condition.

What does this mean for clinical practice? Early intervention is recommended and treatment should aim to decrease the intensity of acute pain. To reduce or prevent permanent changes in the nervous system that may result in chronic pain.

**Pain Intensity** can be described as: mild, moderate and severe. Alternatively, some people use a scale to rate pain intensity where 0 = no pain and 10 is the worst pain imaginable:

### **Pain duration**

- **Acute pain:** pain of less than 3 to 6 months duration
- **Chronic pain:** pain lasting for more than 3-6 months, or persisting beyond the course of an acute disease, or after tissue healing is complete.
- **Acute with chronic pain:** It is known for people who have a chronic pain condition to experience acute flare-ups, also known as setbacks.

For more information please visit the following links:

- [www.iasp-pain.org](http://www.iasp-pain.org)
- [www.britishpainsociety.org](http://www.britishpainsociety.org)
- [www.patient.co.uk/directory/pain](http://www.patient.co.uk/directory/pain)