

CHRONIC PAIN

Esanova Sevinch Mo'min qizi

Scientific supervisor: Asatullayev Rustam Baxtiyorovich

ARTICLE INFORMATION

ABSTRACT:

ARTICLE HISTORY:

Received: 05.04.2026

Revised: 06.04.2026

Accepted: 07.04.2026

KEYWORDS:

Chronic pain, long-term pain, neuropathic pain, inflammation, pain management, physical therapy, psychological support, diagnosis, treatment, epidemiology, surgical oncology, pathophysiology.

Chronic pain is wide spread and complex condition by persistent pain lasting more than 3 to 6 months and affecting nearly one-quarter of the population. It explores the main causes of chronic pain, including injuries, chronic diseases, nerve damage, and inflammation, as well as cases with unknown origins. The paper also highlights the different types of chronic pain and their impact on daily life, such as reduced mobility, sleep disturbances, and emotional disorders. Furthermore, it outlines modern approaches to diagnosis and emphasizes the importance of a multidisciplinary treatment strategy, including medication, physical therapy, and psychological support. Effective management requires a comprehensive, patient-centered, and interprofessional approach that includes early evaluation, multimodal therapies (pharmacological, non-pharmacological, and interventional), and regular mental health screening. Given the limitations of tools such as the Visual Analog Scale, clinicians are encouraged to incorporate assessments focused on function and quality of life to better guide treatment. Addressing both physical and psychological aspects improves outcomes and reduces the burden of this complex condition.

Introduction: Chronic pain—defined as pain persisting for more than 3 months—can significantly impair quality of life and daily functioning, often leading to disability. Effective management requires a multimodal approach that combines pharmacological and non-pharmacological therapies, tailored to the individual patient's needs and treatment responses. Nearly 25% of Americans experience chronic pain, which makes it one of the most common conditions encountered in outpatient medical settings. Despite its high prevalence, chronic pain is often undertreated, causing many patients to depend on opioids, which significantly contribute to morbidity and mortality. The economic burden of chronic pain and opioid use disorders in the US exceeds \$500 billion annually, surpassing the costs associated with cancer, diabetes, and heart disease. This figure reflects both direct medical expenses and broader societal impacts. From a physiological perspective, chronic pain is closely associated with changes in both the peripheral and central nervous systems. Increased sensitivity of pain pathways, known as sensitization, can cause even minor stimuli to be perceived as severe pain. This makes chronic pain particularly difficult to treat and manage effectively.

Main body: Most individuals with chronic pain report experiencing multiple types of pain concurrently. For example, a patient with chronic back pain may also have fibromyalgia or other overlapping pain conditions. Additionally, a significant proportion of individuals with chronic pain have comorbid psychiatric disorders. Over 67% are diagnosed with conditions such as major depressive disorder or generalized anxiety disorder, which further complicate clinical management.

Injuries and trauma: Damage to bones, muscles, or soft tissues can lead to long-lasting pain.

Musculoskeletal Disorders: Conditions such as osteoarthritis, rheumatoid arthritis, and back or neck problems are among the most common causes of chronic pain.

Nervous System Damage (Neuropathic Pain): Injury or compression of nerves can result in severe and persistent pain.

Inflammatory Conditions: Chronic inflammation, as seen in rheumatoid arthritis or autoimmune diseases, often causes prolonged pain.

Cancer and Oncology-Related: Tumors or cancer treatments may lead to long-term pain.

Idiopathic Pain: In some cases, pain persists without an identifiable cause.

Over 100 million individuals in the United States meet the criteria for chronic pain syndrome, with more than 20 million experiencing severe, debilitating chronic pain.[1] Among those affected, the prevalence of specific pain types varies—chronic regional pain affects approximately 11.1%, chronic back pain 10.1%, leg and foot pain 7.1%, arm and hand

=====
pain 4.1%, and headache 3.5%. Additionally, 3.6% of individuals report experiencing widespread chronic pain.

Diagnosis and assessment: Detailed medical history and symptom evaluation

Physical examination and laboratory tests

Imaging studies (X-ray, MRI, CT scan)

Pain intensity and impact assessment using standardized scales and questionnaires.

Pathophysiology: Given the diverse pathophysiological origins of pain, no single physiological marker can fully capture all the mechanisms behind its symptoms. Nevertheless, it is widely recognized that, regardless of the type of pain, the resulting impact on patients is often comparable. The complexity of pain perception and its multifaceted nature underscore the importance of a comprehensive, individualized approach to pain management.

Treatment and management: Medications: Analgesics, anti-inflammatory drugs, antidepressants, and medications targeting the nervous system

Physical Therapy: Strengthening muscles, improving mobility, and reducing discomfort

Psychological Support: Cognitive-behavioral therapy (CBT) and stress management strategies

Lifestyle Modifications: Regular exercise, healthy nutrition, and proper sleep

Alternative Therapies: Acupuncture, massage, meditation, and other complementary approaches.

Surgical oncology: In cases of malignancy, surgical oncology plays a central role in initial treatment; however, by the time chronic pain develops, their involvement is often complete. Management then transitions to a multidisciplinary healthcare team, including pain specialists, palliative care providers, and rehabilitation professionals, to address persistent pain related to the disease or its treatment. Optimizing quality of life requires coordinated care that extends beyond the surgical domain.

Conclusion: Chronic pain is a widespread and complex condition that affects millions of people worldwide, significantly impacting quality of life. Its causes are multifactorial, including injuries, musculoskeletal disorders, neuropathic damage, inflammation, and psychological factors such as stress and depression. Chronic pain can manifest in various forms—somatic, visceral, neuropathic, and psychogenic—each with unique symptoms and challenges.

Effective management requires a multidisciplinary approach, combining medications, physical therapy, psychological support, lifestyle modifications, and sometimes alternative therapies. By addressing both physical and emotional aspects, patients can achieve improved

daily functioning, reduced pain, and a better overall quality of life. Early diagnosis, individualized treatment plans, and ongoing support are essential for successfully managing this persistent and often debilitating condition. The main goal in treating chronic pain is not only to eliminate the pain but also to restore the patient's functional abilities and help them reintegrate into society.

References

1. Institute of Medicine (US) Committee on Advancing Pain Research, Care, and Education. *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*. Washington (DC): National Academies Press (US); 2011.
2. Treede, R. D., et al. "Chronic Pain as a Sensory and Emotional Experience: Implications for Neuropathic Pain." *The Lancet Neurology*, vol. 14, no. 10, 2015, pp. 1014–1025.
3. Cohen, S. P., et al. "Chronic Pain: An Update on Epidemiology, Mechanisms, and Management." *Clinical Journal of Pain*, vol. 36, no. 10, 2020, pp. 809–816.
4. Baron, R., et al. *Neuropathic Pain: Diagnosis, Mechanisms, and Treatment*. Springer, 2017.
5. Gaskin, D. J., and Richard, P. "The Economic Costs of Pain in the United States." *The Journal of Pain*, vol. 13, no. 8, 2012, pp. 715–724.
6. Merskey, H., Bogduk, N. *Classification of Chronic Pain*. 2nd edition. IASP Press, 1994.
7. Breivik, H., et al. "Survey of Chronic Pain in Europe: Prevalence, Impact on Daily Life, and Treatment." *European Journal of Pain*, vol. 10, no. 4, 2006, pp. 287–333.
8. Fayaz, A., et al. "Prevalence of Chronic Pain in the UK: A Systematic Review and Meta-Analysis." *BMJ Open*, vol. 6, no. 6, 2016, e010364.
9. Jensen, T. S., et al. *Neuropathic Pain: Mechanisms and Treatment*. Oxford University Press, 2011.
10. Clauw, D. J. "Fibromyalgia: A Clinical Review." *JAMA*, vol. 311, no. 15, 2014, pp. 1547–1555.
11. Turk, D. C., and Okifuji, A. *Pain Terms and Taxonomy of Chronic Pain*. IASP Press, 2010.
12. Häuser, W., et al. "The Management of Chronic Pain: An Overview of Current Guidelines." *Nature Reviews Rheumatology*, vol. 14, 2018, pp. 609–618.