



When pain won't go away

Tuesday, August 31, 2004

By ABIGAIL LEICHMAN
STAFF WRITER

Running a feather down Gina Cugliari's left calf is more likely to make her wince than giggle.

Cugliari, 44, has chronic, fiery pain in that arthritic leg as a result of nerve damage. She can barely remember how many times surgeons have tried, without success, to ease her agony.

"I'm on pain medication, which helps but doesn't take it away," said Cugliari of Nutley. The mother of three can no longer work and struggles just to get out of bed every morning.

While scientists continue finding more effective ways to treat chronic pain - defined as lasting more than three months - pain professionals are increasingly looking to relieve its emotional and psychological effects for an estimated 70 million Americans who are suffering.

"For a lot of patients, the pain affects every aspect of their life, physical and emotional," said Dr. Mindy Nestampower of Holy Name Hospital's Pain Management Center in Teaneck. "If we overlook the emotional aspect, we're doing the patient a disservice."

Cugliari's doctor at the Nicholas Martini Pain Management Center at St. Joseph's Regional Medical Center in Paterson referred her to the Psychological Group of New Jersey in Ridgewood. This team practice includes a psychiatrist, a psychologist, a biofeedback therapist, and a social worker. She went for several months of sessions.

"It was very helpful because it helped me put it all in some sort of perspective," said Cugliari. "Now, when the pain is really bad, I use the biofeedback technique to bring my body temperature down and relax, and I use visualization techniques. For instance, I'll imagine I'm on the beach, feeling the water coming over me and pulling the pain out of my leg."

Dr. Moti Peleg, director of the group, said chronic pain usually cannot be completely erased. "But we help patients to be less obsessed by it and more in control of it," he said.

Peleg knows firsthand what his patients are going through. Twenty years ago, he hurt his back and was treated physically but felt frustrated that "nobody asked me how I was doing emotionally," he recalled.

"When the pain became chronic, I developed ways of coping with it myself," said Peleg. "A year or two later, my physician had the idea of sending patients to me to help them. I felt like I had come home. I was able to understand them." Today, 75 percent of his practice is pain management.

Through individual or group therapy, Peleg considers the patient's personality, emotions, social background, and past traumas in an attempt to root out suppressed fears, anger, guilt, sadness, and frustration caused by the pain. He uses a "hypnocognitive" approach to help the patient move from negative thoughts - such as "the pain is killing me" - to positive, empowering thoughts through repetition.

"For some patients, the best we can do is give comfort," said the group's medical director, psychiatrist Charles Carluccio. "But we're looking for improvement and stabilization, to give the patient hope."

Carluccio gives advice on diet and exercise and determines the need for antidepressant or anti-anxiety medication. "When a patient suffers chronic pain, he becomes depressed, and the depression increases the pain," he said. "Just treating the pain is not enough, and just treating the depression is not enough either."

According to the American Chronic Pain Association, the condition disables more people than cancer or heart disease combined. Nearly half of those affected are unable to work.

"Unlike in the past, when pain was thought of as a symptom of a problem, it's been increasingly recognized as possibly the disease itself," said Dr. Charles Argoff, director of the Cohn Pain Management Center at North Shore University Hospital, Manhasset, N.Y.

Scientists have discovered that many short-term conditions and medical procedures can result in lifelong pain, Argoff explained. Shingles, for example, is caused by a virus. About 20 percent of recovered patients - a million people or so - will continue to be plagued by pain from a nervous system that, thanks to damage from the virus, facilitates and transmits pain better than it did before.

He encourages people to "marry traditional and non-traditional ways" until they find an effective combination. Biofeedback, acupuncture, exercise, relaxation training, imagery, deep breathing, yoga, and chiropractic all can be effective, he said, if they're applied concurrently with medical care.

"We should take the Rocky Balboa approach in treating pain," Argoff said. "There's no reason why anyone should go down, because there are so many approaches - both medical and non-medical - so if what's offered isn't working, make your doctor send you to somebody who can do more."

Treating pain effectively can actually make a patient live longer, said Nestampower, because a pain-free person eats, sleeps, and functions more healthfully.

As she faces yet another medical procedure, Gina Cugliari can only dream of a normal, functioning life. The responsibilities of running the household fall mostly on her husband, Anthony, and their three sons.

"I used to have a really good job and then I had to go on Social Security," she said. "I can't walk more than to the corner and back. About the only thing I manage to do around here is dinner."

In the meantime, it's helpful to be surrounded by professionals who take her pain seriously.

"Pain is not just some crazy person or wussy saying, 'I can't take it,'" said Argoff. "There are real changes in the nervous system that cause the pain."

E-mail: leichman@northjersey.com

Copyright © 2004 North Jersey Media Group Inc.
Copyright Infringement Notice User Agreement & Privacy Policy

Print | Close