They say that everything we experience in life has some sort of lesson attached to it. But when you are faced with something so overwhelming that you can’t even think straight, get a good night’s sleep, or make any plans past the next minute, it is impossible to believe that there is any type of lesson at all. That is what chronic pain can do.

What I find interesting about my long six-year journey of pain was that I was so afraid of what tomorrow was going to bring—what the next moment was going to bring—that it was difficult to focus on anything else but the pain. The pain became my identity and I lost all the other parts of myself, because I was only focusing on the pain.

I believed that if only I could get rid of the pain my life would be manageable once more. The problem was that on days when I experienced less pain, I was so afraid of the pain returning that I still did nothing. Each day my body became less conditioned, a growing problem I didn’t see because I was too focused on getting relief.

About two years after I graduated from the pain program at the Cleveland Clinic it finally occurred to me that it wasn’t the pain that was controlling my life, it was the fear. Plain and simple, I was afraid. I was afraid that despite everything that life held for me, I wouldn’t be able to be part of it because of the pain.

Amazingly, once I realized my fear was the controlling factor, I was able to understand it, think it through, and move on with life. I guess if there is one thing that has stuck with me all these years—more than 28 years—it is that I am in control.
Pain taught me that it comes in a variety of ways and in varying degrees of intensity. Pain medications don’t always work to relieve all of the pain the way we expect they will. And sometimes doctors refuse to treat our pain with stronger pain medications for fear of making addicts out of us. Pain has taught me that patience and compliance with doctor’s orders can win respect and the meds I need to survive. My pain is associated with multiple back surgeries. The last surgery in 1996 was to repair a Meningocele and left me paralyzed and in constant pain. I’ve been diagnosed with spinal adhesive arachnoiditis, cauda equina syndrome, shunt dependent, degenerative disc disease, and arthritis. Pain has taught me that not all friendships survive under the weight of chronic pain. Family members aren’t immune either. I guess people in pain all the time are a drag to be around.

“Stress reduction also eases pain, so I journal, read, paint, sculpt, design, and live beneath my financial means. I’ve also learned the value of play and the usefulness of body movement.”

Volunteering and living proactively eases pain by helping me to get outside of myself and to feel more in control of my life. The Internet is a fabulous venue for socializing with people who are busy coping with their own pain. It can also be a valuable tool to find books and tools that can make life easier.

I have learned to use the cornerstone of my pain management system—my adjustable bed. It adjusts to various positions and has a heating feature, but the best aspect for me has to be the alternating pressure pad. A powerful air pump fills and empties rows of baffles that keep the mattress moving underneath. This prevents the pain of pressure sores and bedsores. I can’t sleep on anything else. I use a power wheelchair inside and out, but my bed is where I go to rejuvenate and ease the pain of being up and about.

I share my life with dogs. I enjoy training and can really use a well-trained service dog to help me to get outside in all kinds of weather at any time of day. My dog recommends me to nature, alleviates any fears I may have had about being alone, and widens my social world. Pain has taught me to go inside myself to feed my soul and live in hope with a positive mental attitude.
I was 30 years old when the pain started and was working in a law firm. I have since read that stress-related chronic pain conditions afflict people in their 30s and 40s who are in some of the busiest and most stressful times of their lives. Right before the holidays started, all my billable hours had to be entered into the law firm’s database. This was a huge task. I typed fast for about two hours. That’s when the pain started and it did not go away. Thereafter, the backs of my fingers ached every time I typed. After about two months, I booked an appointment with a doctor. That doctor told me my condition was not at all serious and would definitely get better over time. He diagnosed me with tendinitis, saying the tendons in my fingers were sore from overuse. But, neither the anti-inflammatory medication nor icing my hands seemed to help.

My condition improved a little and stabilized. At least I was not getting worse. For the next two years I would live with the same continuous dull pain in my fingers. When I would sit in front of a computer my hands would be in pain. But, if I sat on a couch, I wouldn’t necessarily feel the same level of pain. That made absolutely no sense to me and my doctors and therapists couldn’t offer an explanation either. I came to believe that my mind was causing the pain and that I must treat my condition by pushing through the pain. After reading up on this approach, I uncovered a number of notable facts. One Harvard student indicated there is no evidence (none!) that there is anything wrong with the tendons of people who have been diagnosed with tendinitis caused by repetitive stress injuries (like me).

When I refocused my mind, my pain immediately started to lift. Now I can feel only the memory of pain in the tendons of my fingers. They feel like a muscle sprained some time ago. Doctors who employ the mind-is-body approach believe that it works not only for tendinitis, but also for back pain, which is where the approach actually started: headaches, fibromyalgia, and much more. I have often wondered why I didn’t improve sooner. Here is what I’ve learned.

1. I didn’t question my own mind. If I had questioned the strength of my mind the same way I questioned the strength of the tendons in my fingers, I would have conquered the pain sooner.
2. Doctors who depend on referrals for business are reluctant to even mention that pain is caused by the mind. (At the onset of my pain, I probably would also have been offended.) Doctors and physical therapists do not use the mind-is-body approach because it is not in their financial interest to cure chronic pain patients. Cured clients cease to be clients.

The numerous success stories that I heard were the most powerful force in my trying this approach.

“When I refocused my mind, my pain immediately started to lift.”
To cure the pain, they said, you must make your mind change how it interprets pain.

That approach made a lot of sense to me, because I had started to question whether my pain was really the result of a problem with the tendons in my fingers. When I would sit in front of a computer my hands would be in pain. But, if I sat on a couch, I wouldn’t necessarily feel the same level of pain. That made absolutely no sense to me and my doctors and therapists couldn’t offer an explanation either.

I came to believe that my mind was causing the pain and that I must treat my condition by pushing through the pain. After reading up on this approach, I uncovered a number of notable facts. One Harvard student indicated there is no evidence (none!) that there is anything wrong with the tendons of people who have been diagnosed with tendinitis caused by repetitive stress injuries (like me).

When I refocused my mind, my pain immediately started to lift. Now I can feel only the memory of pain in the tendons of my fingers. They feel like a muscle sprained some time ago.

Doctors who employ the mind-is-body approach believe that it works not only for tendinitis, but also for back pain, which is where the approach actually started: headaches, fibromyalgia, and much more. I have often wondered why I didn’t improve sooner. Here is what I’ve learned.

1. I didn’t question my own mind. If I had questioned the strength of my mind the same way I questioned the strength of the tendons in my fingers, I would have conquered the pain sooner.
2. Doctors who depend on referrals for business are reluctant to even mention that pain is caused by the mind. (At the onset of my pain, I probably would also have been offended.) Doctors and physical therapists do not use the mind-is-body approach because it is not in their financial interest to cure chronic pain patients. Cured clients cease to be clients.

The numerous success stories that I heard were the most powerful force in my trying this approach.
Going to Hell and Back
by Meg Hall, Lake Tahoe, California

Chronic back pain has changed my life. Since 2003 I have been to countless doctors in search of an accurate diagnosis and effective treatment. It has meant that at age 59, years as a trip into the “underworld.”

I am currently unable to work and of an accurate diagnosis and effective commitments. I think of the last few degree, have been forced to go some degree, have been forced to go along with me on this journey.

I can no longer travel in the ways I did when I was younger, but I have been traveling in a spiritual sense. Like the Greek mythical maiden Persephone, who in one instant lost the ground beneath her feet and was swept by terrors, that an end was in sight. (I don’t) and felt relief as well as (I don’t) and felt relief as well as 

Two books helped me learn to live a deeper, fuller, more accepting life. I recommend them to my fellow travelers. The first is Close to the Bone: Life Threatening Illness and the Search for Meaning by Jean Shinoda Bolen, M.D. Although written for those confronting cancer, AIDS, and other terminal illnesses, this book is still filled with helpful wisdom for those of us grappling with life-altering disabilities like chronic pain. I have rediscovered my contemplative side. I find great joy in reading, meditation, and quiet observation of the mysteries of the natural world. I now have a deeper pagan spirituality and a vast new reservoir of compassion for those in our society who are disabled, sick, or just simply underdogs.

The second book that helped me is Moving Violations by John Hickenbery. The author is a former NPR reporter who has traveled the world in his wheelchair. When an auto accident left him paralyzed at age 19, he found himself with a radically different body and set of challenges. This is the story of his personal transformation, of his very unique take on world events and the world of disability, told with an amazing sense of humor and creativity. By reading this book I learned to see chronic pain as simply another challenge to my disability, engineering self. I could still do a lot; I just had to figure out how to do things differently. My motto became, “Adapt. Don’t Fight.”

This vision came to me to give me comfort. I was climbing up glacier point at Yosemite (I like to hike) and this trail, of necessity, involves scores of switchbacks to accommodate a 3,000 foot climb. The switchbacks are simply the means to arrive at the top: adaptive devices, as it were. Looking back, the hike isn’t about the switchbacks; it’s about the overall journey. What does it matter how I get there as long as I find some joy in getting there? So, as an example, since sitting is often painful, I made a bed in my car so that whenever the pain got too much I could pull over and lie down. My inflatable camping mat is like a switchback that gives me more mobility. I carry it everywhere.

I’ve learned that having chronic pain and discovering methods to cope with this particular disability is a lot like a journey to hell and back, and a bit like going on a steep hike. We get to travel as much as the other guy—we just do it a little differently and get to see a lot of things that other folks might miss.

“I learned to see chronic pain as simply another challenge to my nerdy, engineering self. I could still do a lot; I just had to figure out how to do things differently. My motto became, “Adapt. Don’t Fight.”

Two books helped me learn to live a deeper, fuller, more accepting life. I recommend them to my fellow travelers. The first is Close to the Bone: Life Threatening Illness and the Search for Meaning by Jean Shinoda Bolen, M.D. Although written for those confronting cancer, AIDS, and other terminal illnesses, this book is still filled with helpful wisdom for those of us grappling with life-altering disabilities like chronic pain. I have rediscovered my contemplative side. I find great joy in reading, meditation, and quiet observation of the mysteries of the natural world. I now have a deeper pagan spirituality and a vast new reservoir of compassion for those in our society who are disabled, sick, or just simply underdogs.

The second book that helped me is Moving Violations by John Hickenbery. The author is a former NPR reporter who has traveled the world in his wheelchair. When an auto accident left him paralyzed at age 19, he found himself with a radically different body and set of challenges. This is the story of his personal transformation, of his very unique take on world events and the world of disability, told with an amazing sense of humor and creativity. By reading this book I learned to see chronic pain as simply another challenge to my disability, engineering self. I could still do a lot; I just had to figure out how to do things differently. My motto became, “Adapt. Don’t Fight.”

This vision came to me to give me comfort. I was climbing up glacier point at Yosemite (I like to hike) and this trail, of necessity, involves scores of switchbacks to accommodate a 3,000 foot climb. The switchbacks are simply the means to arrive at the top: adaptive devices, as it were. Looking back, the hike isn’t about the switchbacks; it’s about the overall journey. What does it matter how I get there as long as I find some joy in getting there? So, as an example, since sitting is often painful, I made a bed in my car so that whenever the pain got too much I could pull over and lie down. My inflatable camping mat is like a switchback that gives me more mobility. I carry it everywhere.

I’ve learned that having chronic pain and discovering methods to cope with this particular disability is a lot like a journey to hell and back, and a bit like going on a steep hike. We get to travel as much as the other guy—we just do it a little differently and get to see a lot of things that other folks might miss.

“Sometimes when I have a tendency to blame everything on my pain, I have to remember that I would have had problems from life and aging whether I had chronic pain or not.”

In my teenage days I had no pain, but I still had problems and emotional ups and downs. Sometimes when I have a tendency to blame everything on my pain, I have to remember that I would have had problems from life and aging whether I had chronic pain or not.

Today I live more comfortably than I have in the nearly 28 years I have had persistent low back pain. What has helped? A pain pump implanted six years ago has reduced the intensity of the pain. Through the ACPA I learned to manage my pain by accepting my limitations (the hardest step), realizing the part my emotions play in my pain, and keeping a grateful attitude by focusing on what I can do rather than what I can’t. I also grow in my faith in Jesus so I don’t feel sorry for myself, and reach out to others with as much laughter as I can muster.

I also recommend two books that were helpful in dealing with my perfectionism and physical pain: Seduced by Success and Harvest from the Pain.

Pain as Companion and Teacher
by Sally Price, Newport News, Virginia

When I think of what pain has taught me. I have to go back to my old diary entries, where I recorded those first lessons.

5/8/00: “Bad pain day yesterday and today. Finally got to sleep Sun. morning around 4:30 a.m. Up today at 7:20 a.m. to write. I need to work.”

My motto became, “Adapt. Don’t Fight.”

This vision came to me to give me comfort. I was climbing up glacier point at Yosemite (I like to hike) and this trail, of necessity, involves scores of switchbacks to accommodate a 3,000 foot climb. The switchbacks are simply the means to arrive at the top: adaptive devices, as it were. Looking back, the hike isn’t about the switchbacks; it’s about the overall journey. What does it matter how I get there as long as I find some joy in getting there? So, as an example, since sitting is often painful, I made a bed in my car so that whenever the pain got too much I could pull over and lie down. My inflatable camping mat is like a switchback that gives me more mobility. I carry it everywhere.

I’ve learned that having chronic pain and discovering methods to cope with this particular disability is a lot like a journey to hell and back, and a bit like going on a steep hike. We get to travel as much as the other guy—we just do it a little differently and get to see a lot of things that other folks might miss.

“Sometimes when I have a tendency to blame everything on my pain, I have to remember that I would have had problems from life and aging whether I had chronic pain or not.”

In my teenage days I had no pain, but I still had problems and emotional ups and downs. Sometimes when I have a tendency to blame everything on my pain, I have to remember that I would have had problems from life and aging whether I had chronic pain or not.

Today I live more comfortably than I have in the nearly 28 years I have had persistent low back pain. What has helped? A pain pump implanted six years ago has reduced the intensity of the pain. Through the ACPA I learned to manage my pain by accepting my limitations (the hardest step), realizing the part my emotions play in my pain, and keeping a grateful attitude by focusing on what I can do rather than what I can’t. I also grow in my faith in Jesus so I don’t feel sorry for myself, and reach out to others with as much laughter as I can muster.

I also recommend two books that were helpful in dealing with my perfectionism and physical pain: Seduced by Success and Harvest from the Pain.
Finding Hope in a Life of Pain

by Georgia A. Shot, Oregon

My life of pain began in the early 1970s after a house-related accident. The pain went down my neck into my shoulders, down my arm, and into my fingertips. I couldn’t eat for a week because of the jaw pain. We didn’t have money to treat it, so the pain remains much the same today.

In my 40s I developed endometriosis, which doubled me over often due to the severity of the pain. After four to five years of this, I had a hysterectomy, but there were complications. I was in the hospital eight days and almost died.

Later, I developed Lyme disease. Aside from my regular pain, I had to wrap my knees to walk and went to our county fair in a wheelchair. I was left with arthritis in both knees, going to my goodbyes. When she heard from me, my sister drove up from California even though we had been estranged for six years. She took me to my daughter’s home and they pampered me for a week. I gained some weight, but most of all they gave me hope.

Each day something happens and I think, “I would have missed this.” I just met a girl who is in the Israeli army for whom I now pray. I talk to my sister several times a week. I just had a wonderful Christmas with my daughter and four grandchildren.

Our plans are to try to get a fixer-upper sailboat and go to the South Pacific to help others.”

“Or plans are to try to get a fixer-upper sailboat and go to the South Pacific to help others.”

We had a poster presentation and one person told me that he had a pet that was a help to him. I found that a pet is a wonderful therapist. As long as she feels safe and her needs are met, she does not care whether I have health issues. Her honest, non-judgmental behavior allows me to be myself. Her presence assists me in releasing worries at bedtime and encourages me to be more active during the day.

I have great appreciation for things others take for granted. I feel a sense of accomplishment in completing simple tasks: grocery shopping, washing clothes, cleaning my apartment, traveling to doctor’s appointments, and such. I love the warmth of the sun, delight in the antics of the hummingbirds, and find joy in patio gardening.

Although I would love to be free of this pain it is unlikely I ever will. I don’t have to like it but what is, is.

Lesson of Living with Pain

I am in control because I understand that there will be times when I may not be able to do as much as I would like, but that these times will pass.

Pain may always be a part of my life, but each day I remind myself that in spite of the pain I still have the ability to live as I choose. I don’t allow the fear that pain may restrict me to prevent me from making plans to live my life.

Fear is the controlling factor for so many of us. Though the pain can stop us in our tracks, if we can conquer the fear, somehow we can enjoy those good days more and get through the most difficult days with less stress . . . and fear.

There are many lessons to be learned when life is challenged by pain. These lessons are an ongoing reminder that we need to:

❉ Focus on our abilities, not our disabilities
❉ Concentrate on things that we can control
❉ Exercise every day
❉ Live by the motto: “Don’t sweat the small stuff and it’s all small stuff.”
❉ Listen to our bodies and know when to stop
❉ Keep our inner child alive through play

❉ Maintain our right to do less than humanly possible.

Cheese are but a few of the lessons that I have learned along my journey from patient to person. Amazingly, no matter how far you travel in your journey, there is always something to learn.

“If we can conquer the fear, somehow we can enjoy those good days more and get through the most difficult days with less stress.”

Pain Teaches Appreciation of Courage, Everyday Joys

by Linda Balonaci, San Antonio, California

Chronic pain entered my life 11 years ago, following a serious illness. Like most of us with chronic pain, I attempt to minimize the impact of it and find joy and fulfillment in everyday life.

I learned to trust my own knowledge and experience. Following my own research, I recognized that I must develop my own plan of care. Healthcare providers do not have all the answers. They are people, and for some, pain management was not included in their education. Also, preconceived ideas are hard to dispel.

I recognize the key importance of sound nutrition, exercise, and regular hours of sleep. I have learned that I need to pace myself, allow myself to change my mind, or say “no.” So I work and play within my own parameters. I give myself permission to take a sick day when symptoms escalate, even when I would rather not.

I have great appreciation for things others take for granted. I feel a sense of accomplishment in completing simple tasks: grocery shopping, washing clothes, cleaning my apartment, traveling to doctor’s appointments, and such. I love the warmth of the sun, delight in the antics of the hummingbirds, and find joy in patio gardening.

Although I would love to be free of this pain it is unlikely I ever will. I don’t have to like it but what is, is.

Lesson of Living with Pain

I am in control because I understand that there will be times when I may not be able to do as much as I would like, but that these times will pass.

Pain may always be a part of my life, but each day I remind myself that in spite of the pain I still have the ability to live as I choose. I don’t allow the fear that pain may restrict me to prevent me from making plans to live my life.

Fear is the controlling factor for so many of us. Though the pain can stop us in our tracks, if we can conquer the fear, somehow we can enjoy those good days more and get through the most difficult days with less stress . . . and fear.

There are many lessons to be learned when life is challenged by pain. These lessons are an ongoing reminder that we need to:

❉ Focus on our abilities, not our disabilities
❉ Concentrate on things that we can control
❉ Exercise every day
❉ Live by the motto: “Don’t sweat the small stuff and it’s all small stuff.”
❉ Listen to our bodies and know when to stop
❉ Keep our inner child alive through play

❉ Maintain our right to do less than humanly possible.

These are but a few of the lessons that I have learned along my journey from patient to person. Amazingly, no matter how far you travel in your journey, there is always something to learn.

“If we can conquer the fear, somehow we can enjoy those good days more and get through the most difficult days with less stress.”
Successful Clinical Trials - A Team Effort
by Donald Manning, Medical Affairs, Celgene Corporation and Department of Anesthesiology and Pain Management University of Virginia; and Alyse Cooper and Elisabeth Kurkimilis, Medical Affairs, Celgene Corporation

T he development of new, safe, and effective therapies for pain relies on careful study in human volunteer participants. People who are interested in participating in clinical trials of new therapies should carefully consider many factors.

What is a Clinical Trial?
A clinical trial is a carefully controlled study conducted in participants who volunteer to test the safety and effectiveness of new drugs, medical devices, or techniques. Studies of drugs and devices are controlled by the United States Food and Drug Administration (FDA) to ensure that the drug and device approved in one country are safe and effective in another. Clinical trials are designed to confirm the efficacy of the study drug in a broader population—one that is more representative of the people who will eventually use the drug. As these trials are considered critical for drug approval, strict protocol adherence is required in order to comply with government regulations and guidelines. These trials, which can involve thousands of people, test the study drug against the best standard therapy used for the treatment of the disease under study. Many times, if there is no other standard therapy, the study drug is compared to a placebo (sugar pill) rather than another active treatment.

Results from Phase III studies evaluate the overall risk-benefit ratio (effectiveness of the drug compared to potential side effects caused by the drug) and provide information which is used by the manufacturer in the package insert and labeling. After drug approval, Phase IV post-marketing studies are conducted. These studies typically provide additional information regarding the safety, benefits, and optimal use of the drug. Trials in this phase usually have the least restrictions on participant entry.

Seeking Answers
Participants in pain therapy trials should seek and be comfortable with answers to these questions before agreeing to enter a trial.

Do I qualify for this study?
Study protocols contain information regarding the requirements needed for a participant to enroll. These “inclusion” and “exclusion” criteria are based on such factors as age, gender, type/stage of disease, medical history, medications being taken, laboratory values, etc. These criteria help to ensure 1) the safety of the participants and 2) that the study objectives are fully met. Based on these criteria, the Clinical Investigator will determine if you are eligible to participate in the study.

What happens if I have a pain flare or pain due to an event or trauma not associated with the condition being studied? What “rescue” medications, if any, will I be permitted to use?
Many studies include provisions for the use of additional pain medication in the event of a pain flare or trauma of some type. Because additional pain medication can have an impact on the ability to assess the effectiveness of the study medication, the protocol may limit the number of times a rescue medication may be taken and/or when the medication may be taken during the study. The names of permissible rescue medications may also be indicated in the protocol.

Will I be allowed to change the study drug dose in the event I experience an adverse event?
The protocol will specify under what conditions study drug dosage changes will be permitted. In cases where the study objective is to determine how high a drug dose can be tolerated, participants may be required to discontinue from the study in the event a study drug dosage decrease is required.

Will I be allowed to continue on my current pain medication?
Studies of pain therapies are frequently complex due to the nature of pain. Many times, it is difficult to design studies for pain indications due to the number of pain-relief medications the participant is already taking. Some studies, for example, will ask participants to continue taking their pain-relief medications with no variation in dosing allowed; others will ask participants to discontinue all of their current pain-relief medication and wait for the pain to worsen (called a “blaze” design).

Are all of the study drugs “active” or is there a possibility I could receive a placebo?
Many pain studies are designed to permit the continuation of current pain medication(s), especially if there is a possibility that a participant could receive a placebo. This helps to ensure, from an ethical perspective, that pain levels of participants receiving placebos will, we hope, at least remain stable and not increase in intensity. Some studies are also designed with an additional continuation phase that ensures receipt of an active study drug for all participants, once the initial portion of the study has been completed.

How much work and time commitment is required of me?
The informed consent document, which you sign prior to study participation, contains specific information regarding how frequently you will need to return for study visits and the type of assessments (questionnaires, laboratory work, etc.) that will be completed at each visit. If you have any questions or concerns regarding the study requirements, you should not hesitate to ask the Clinical Investigator or study coordinator prior to agreeing to participate in the study.

Will I be allowed to return for an “unscheduled” study visit if I have a problem?
Yes. The safety of study participants is the first concern in clinical studies. If you are having a problem during the course of the study and you or the participant feels it is necessary for you to return to the office, he/she will conduct an extra study visit to ensure your well-being.

Will I know the outcome of this study?
Once a study has been completed and the data has been analyzed, results can be made available to participants. Each investigator will receive data only on his/her patients. In addition, the results of the studies will, in general, be published following the analysis and interpretation of the complete set of data. As studies may continue for years, however, participants must understand that information regarding the outcome of the study may not be available until long after their participation has been completed.

Your Rights in a Clinical Trial
The FDA has established regulations and guidelines under which clinical trials must be conducted. All participants in studies are free to give consent and are guaranteed certain legal rights. These might include the right to know exactly what will happen to you; what other treatment choices are available to you; the right to ask questions prior, during, and after participation in a trial; and the right to leave the trial at any time by withdrawing your consent.

Who do I contact with any questions or concerns?

your rights in a clinical trial

Your Rights in a Clinical Trial
The FDA has established regulations and guidelines under which clinical trials must be conducted. All participants in studies are free to give consent and are guaranteed certain legal rights. These might include the right to know exactly what will happen to you; what other treatment choices are available to you; the right to ask questions prior, during, and after participation in a trial; and the right to leave the trial at any time by withdrawing your consent.

Here are some questions that study participants should always ask:

❉ What is the purpose of the study?
❉ Has this treatment been studied before?
❉ How long will my participation take?
❉ Are there any procedures required (such as a hospital stay, or specialized tests)?
❉ What are the possible risks and benefits?
❉ Who do I contact if I want to participate in a clinical trial?
❉ Will I be reimbursed for travel-related expenses related to my study participation?
❉ Will my insurance or be required to pay for any of these costs?
❉ Will I be compensated if I am injured during the trial due to treatment?
Medications Supplement Online

The new ACPA Medications & Chronic Pain 2007 supplement is now available at www.thepaca.org. Updated yearly by Dr. Steven D. Feinberg, the supplement was originally written by Dr. Edward C. Cornstein.

A valuable source of information about pain medications, it includes web links for certain medications and relevant Internet sites of interest. Generic names are prominently listed with brand names in parentheses. The supplement deals only with medications and does not mention the many other important treatment approaches to chronic pain. It is not meant to serve as medical advice for your condition or your specific medication needs. Remember that the best source of information about your health and medication needs is an open dialogue with your treating doctor.

Visit our New Web Site

The ACPA has a new and better Web site, made possible through an unrestricted educational grant from Purdue Pharma. The new site is easier to use, with a search function. It also has a calendar of events and easy access to copies of the Chronicle. We hope visitors will come back often to check out the changing news and features, read weekly tips for those who live with pain, and respond to the interactive poll. The new site has an online store which makes it easy to order brochures, manuals, CDs, and even t-shirts.

New Facilitators Newsletter

ACPA facilitators can stock up on tips, good advice, and useful information through the new ACPA Facilitators Newsletter.

Kristinne Sunde, Facilitator Resource Coordinator for the ACPA, has just published the first issue, which is available to any facilitator. The six-page newsletter covers how to plan support group meetings and find a location to meet. Another article reviews how people with chronic pain can benefit from reasonable expectations and pacing their activities.

To get a copy of the newsletter or to make comments and suggestions, please contact Kristinne at kasundeaosp@pacbell.net or phone the ACPA at (800) 533-3232.

APS Names Centers Of Excellence

One of the ACPA’s Partners for Understanding Pain, the American Pain Society (APS), is honoring the country’s outstanding pain care programs by naming Center of Excellence in Pain Management. This award program recognizes forward-thinking teams of health care professionals who are addressing the critical needs in pain management on the local level.

“This further underscores our goal to advocate and promote the benefits of multidisciplinary pain management programs,” said APS President Judith Pace, RN, PhD. APS aims that a successful pain management program requires a team of health care professionals who understand the complex mix of clinical, psychological, social, and emotional variables that affect people with pain.

Any multidisciplinary program within the US that provides direct patient care and is primarily focused on the treatment of pain was eligible to apply. Nominations for 2006 were due in January 2007. APS will present this prestigious recognition during the Society’s annual scientific meeting in Washington, D.C., May 2 to 5, 2007.

In Dr. Kalauokalani’s second project, through the Agency for Healthcare Research and Quality, she is studying racial and ethnic disparities in treating occupational low back pain.

She is also leading a program development project focused on improving the quality and value of pain care in prisons. “We don’t often consider how chronic pain intersects with mental illness and drug abuse, but for the prison populations, that is a common problem,” she said.

“I enjoy the research, inquiring and investigating from a health services perspective to determine what is an adequate standard for patient care—and how we improve access to good care.”

Though she interacts with many people with chronic pain in her research and as a consultant, Dr. Kalauokalani has also had personal experience with pain. A bout with sciatica a few years ago made it very hard to sleep, drive, or sit. “It’s tough to be the patient,” she said.

“It took a lot of time, effort, and physical therapy to get back to my normal functioning.”
The ACPA is a peer support organization: we help each other learn to live fully in spite of chronic pain. We also need to join together to make sure the ACPA continues to be there for us all with resources, materials, and that personal contact that can make such a difference.

Your membership, donations, and purchase of materials keep the ACPA alive and reaching out to even more people with pain. Thanks for helping us help others.

Print your email address here if you would like email notice when the Chronicle is posted online.

Become a member of ACPA. A $25 donation to the ACPA entitles you to membership through Dec. 31, 2007. You'll receive a membership card and a 10 percent discount on all ACPA materials or products.

To Donate to The ACPA:

To Join The ACPA:

We Need You

Please return the completed form to: The ACPA, P.O. Box 850, Rocklin, CA 95677

Special Thanks to:

The Medictronic Foundation

for an unrestricted educational grant that makes it possible to post the Chronicle online

Purdue Pharma

for an unrestricted educational grant that allowed development of the new ACPA web site

Cephalon

for a grant to conduct our survey Understanding Pain in the Emergency Department

Tributes

In Honor of Jeffrey R. Ziegler
Given by Clayton-de Windt Associates, Inc., his employer

In Honor of the Celgene Radiculopathy Study Site Personnel
Given by Celgene

In Loving Memory of Kristie Raines
Given by Mr. and Mrs. John Raines, her parents
Mick, Mike, Florence and Ginger McClure
Mike and Dolores Harrold
Ronald and Wanda Howard
Donald and Mary Harris
Beverly C. Fritz

In Memory of Dale Strickland
Given by Cynthia Ullmann Jones
ACPA, Fort Lauderdale

In Loving Memory of Roscoe Mitchell
Given by Margaret and George Leu
Lynn Condon
Victor and Judy Hampton
R.M. Robinson, Jr.
Roger and Patricia Mitchell

In Memory of Roger Munn, Jr.
Given by Lavy and Andrea Wilken

In Memory of Ralph Zappala
Given by Richard and Susan Hanson

A Salute to our Very Best:

Dale Genova Strickland
This lovely, talented and so humorous and wonderful lady left us this past December 14, 2006. Oh! How we all miss her and how we miss those monthly newsletters she created—so colorful and so unique, which she mailed to each of us.

Dale was with our group from its inception, November 1994. And from that date on, she continually and unselfishly supported and encouraged our fellow ACPA members, even though she herself was suffering immensely. Through it all, our Dale was a loving wife and cherished family member.

Most of all, Dale was fun. Dale was funny! She made all of us laugh! And Dale loved us, each and every one of us. We were all her sisters (and a brother).

Our hats are off to you, our dearest one.

God bless your sweetest heart.

With all of our love,

“The Aloha Group,” Fort Lauderdale, Florida

The ACPA is happy to acknowledge the birthdays, anniversaries, and special occasions of members or their loved ones. We also provide space in The Chronicle for tributes, memorials and thank you notices. To recognize a loved one on our tribute page, call 1-800-533-3231 or write to ACPA at P.O. Box 850, Rocklin, CA 95677.