

The Daily News (Nanaimo)

When Patrick Baines was diagnosed with multiple sclerosis in 1987, as bad as it was, he thought for a time he was lucky.

Though his once active life became limited by the condition, Baines did not experience the chronic pain that happens to many people with MS; but it was not to last. In 2001 he began to get pain in his right foot that he describes as a searing burn and severe electrical shock at the same time -- pain that never went away.

"On a bad day I would describe the level at eight if you measured the pain on a scale of one to 10," said Baines.

After two years, Baines could take no more. He couldn't go out, and he told his wife that if he couldn't get a handle on the pain he could no longer be an equal partner in what had been a good marriage. Drugs were not only failing, but in some cases even further degrading his quality of life.

Today, four years after attending the pain clinic at Nanaimo Regional General Hospital, Baines has had a surgical device attached to his spinal cord that has allowed him to resume ballroom dancing and his marriage is as good as ever.

For Dr. Alan Berkman, who oversees the NRGH pain clinic, the medical profession has for too long failed to recognize that though it cannot be measured, chronic pain is very real.

"The management of chronic pain is complicated, it requires more than just one discipline," said Berkman.

Though Berkman had a pain clinic going as long as 15 years ago as a "one-off," in 1998 it had to be closed for lack of resources. Since then he and the Vancouver Island Health Authority have been working to get space, staff and money and he thinks that by 2009 they will have a whole new space for the expanding program.

"We've started the movement of getting the program together," said Berkman. He said pain management is a little behind in Canada. The first pain clinic was established in Seattle in the 1960s. Doctors in Canada for many years have either taken the "it's all in the head approach," or patronized patients with prescriptions for everything from Aspirin to opiates.

"One of the reasons is that pain can't be measured," said Berkman.

Baines was among many who suffered in agony while being inadequately served by the medical profession. Berkman said a 2006 study surveyed a large number of people with chronic pain to rate the intensity on a scale of zero to 1, with zero being death. He said that for 80% the average response was 0.2: "They were close to death in their assessments," said Berkman.

Joan Paterson, a nurse who works at the pain clinic full-time, said pain has a simple definition: "It's what the patient says it is." They have two classifications for the pain they see; noxious, which is unpleasant but limited, and neuropathic, in which a permanent pattern is established in the brain.

Neuropathic pain persists after a medical crisis, most notoriously in "phantom limbs," but also in various other conditions, including MS and after cardiac trauma. Paterson said the limited resources of the program mean they must undertake a triage process including a questionnaire. They also weed out the very small number of those malingering.

The "ultra urgent" cases must wait three to six weeks. Some may be in palliative care. For others it's nine to 15 months before getting to see Berkman and his staff.

"To me, that's not acceptable," said Berkman.

David McCoy, director of post surgical care programs at NRGH, said the future now looks good for the clinic. Enough funding is in place to create the integrated program drawing together professionals from necessary fields, and in about two years they will have new quarters.

"There's that unmet need, but we are moving forward in the context of limited resources," said McCoy.

Paterson said they also face the very real challenge of finding people trained in the specialized work of pain management. The market for such people is also highly competitive.

"To attract those people into a program is almost impossible."

In addition to doctors and nurses the program makes use of physiotherapists, pharmacists, a psychologist, gerontologist, cardiologist, internist and various other medical professions. The "interdisciplinary approach" got under way in May this year.

If the goal of the clinic is to increase quality of life and functionality, then Baines is an unqualified success. Prior to seeing Berkman and clinic staff, he had slipped into the classic vicious cycle in which depression over the pain made the situation even worse.

"I just couldn't do it anymore," he said. "When I thought about it and how old I was, I said to myself, 'I can't take this for another 30 years.'"

Baines' move from depression to ballroom dancing started with a surgically implanted electrical stimulator in his abdomen that is attached to his spinal cord. A remote unit allows him to zap and numb the pain sensation with an electrical impulse. Instead of excruciating pain, Baines now feels what he describes as a low grade electrical current.

"It replaces the sensation of pain," he said.

Nothing else worked. He went to the top of the pain-killer ladder, with morphine and even methadone and it only further decreased his quality of life.

"Morphine made me completely sick, and they (opiates) didn't work real well," he said.

Said Paterson: "Pat's story is quite extreme, unfortunately there's a lot of suffering involved as we assess patients. By the time they get to us the T3s, the low-dose opiates have been tried unsuccessfully."

While some people may have to wait a year before getting into the clinic, Paterson said they can always provide information to anyone who needs it. The first and most important piece of free advice is about the danger of inactivity.

"The worst thing for these patients is to sit around doing nothing," she said. While they may go as far as surgery for people like Baines, the most important work happens through collaboration until the patient regains function and quality of life.

"The big thing for us is enabling the patient," she said.

Though his fix is a physical one, Baines does not underestimate the mental element. "I think a lot of doctors don't understand the depression that comes with chronic pain."

But he found a place that understood that and more. When he returned to the clinic after his surgery nurses who remembered his agony were in tears when they saw how well he had become.

"Dr. Berkman and the incredible people at this clinic gave me my life back."

*Thursday, November 8, 2007; Page: A4; Section: News; Byline: Paul Walton;
Source: Daily News*