

Tangled Up in Blue

"In the end, the plague touched us all," so began the cover notes of the seminal 1974 Bob Dylan album, Blood on the Tracks, the most introspective of Dylan's albums in his most introspective of periods. And though not a commercial success by most accounting standards, it was an absolute masterpiece as determined by critical acclaim, at least by the critic who listens between my personal set of headphones. With evocative verse throughout (including the opening song "Tangled Up in Blue"), it was one phrase from "You're a Big Girl Now," that was particularly haunting:



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'And I'm going out of my mind,
With a pain that stops and starts,
Like a corkscrew through the heart
Ever since we've been apart.'

Realizing he was probably lamenting the pain of unrequited love, rather than prognosticating the bout of pericarditis in the 1990's that almost killed him, Dylan's lyrics still, for me, lingered.

And the plague does touch us all. The plague of pain. Whether you care to address pain as a disease or a symptom or neither, and whether to be treated or untreated or simply ignored, it affects you. Pain affects you, your patients and their families, your reputation, your government's Center for Medicare and Medicaid services, your taxes supporting dysfunctional disability and workmen's compensation systems, and by affecting how the medical economic pie gets divided, your income.

We all have pain, at least the chronic type, that which is due mostly to physiologic and morphologic deterioration. It is a part of living on this earth, walking in the upright position and being blessed enough to grow old. Humans used to die before much of this wear and tear became manifest. That

which did was accepted as a natural state, and much of the resultant torment was suffered with dignity. As physicians, we did what we could do, and then, we too, accepted the rest. The vow to "heal sometimes, comfort always," was sublimated as we made amazing strides in our knowledge of disease. In our zest, we thought we could forego treating symptoms and go right for the cure. At least I did.

The problem, of course, is we cannot really cure much about many ailments of physical senility that basically affect us all. And we can no longer complacently accept suffering. So what are we to do?


Well, we need to do something. We are morally obliged and ethically mandated. We made a promise to relieve suffering, and we owe it to our patients to utilize available treatments to decrease pain and improve function. We don't necessarily need development of new drugs or techniques, but rather utilizing those treatments now readily available.

Another reason to act is that our patients in pain are in an uproar. They are demanding effective treatment. They no longer accept that acute post-operative pain, not effectively managed with our usual post-op medication orders, is something they have to accommodate. They do not care how perfect a lumbar fusion is if they still have low back and radiculopathic pain afterward. They are changing physicians and suing long term care facilities that don't address pain and suffering. And the pendulum risks swinging the other way; some patients are demanding opioids for the most routine of everyday ailments and convincing state medical boards and many professional medical organizations, most of which I am a card carrying member, that denying such medications whenever they are demanded is tantamount to malpractice.

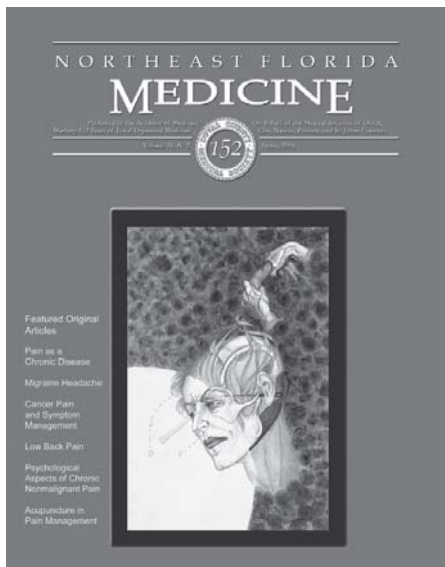
A final call for action is economic. It is costing society (read: you and I) greatly. The cost of pain, in direct costs (medical care) and indirect costs (lost wages, decreased productivity, cost for goods and services) is estimated at over \$100 billion per a year. That money could pay for other things. It could fund the war in Iraq and probably pay for one or two other major theatre conflicts, at least those with an exit strategy. If we had cost effective pain treatment, we could perhaps divert those finite health care dollars into other pressing needs.

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So what are Northeast Florida physicians to do? Well, do like we traditionally have done: evaluate the problem, educate each other, and find out how we can lead the way to a solution. One way we are doing that is by dedicating an issue of *Northeast Florida Medicine* to this plague. I am proud to have asked, cajoled, coerced, and pleaded with some of our regional experts to serve as authors to help with this education. Dr. Marla Golden begins by addressing chronic pain as a disease. Drs. Pulley, Ray, and Antonios bring us up-to-date on one of the most distressing of chronic neuropathic pains, migraine headaches. Dr. Sherry King, vice president for medical affairs of Community Hospice of Northeast Florida, and your humble guest editor, produce a practical manuscript on cancer pain and symptom management. Drs. Kramarich and Kornick give us an update on effective treatment options for managing the most common of symptoms, lower back pain. Dr. Halperin, probably the most scientific of physicians using complementary medicine in Jacksonville, presents an evidenced-based review of acupuncture in pain management. Finally, Dr. Heidi Pomm reminds us that pain is a psycho-social-biological disease, and physical and mental suffering cannot be understood, much less treated, unless it is considered as such.

This issue, of course, barely touches the surface. But it is worth uncovering, delving into, and acting upon. We are surgeons, primary care physicians, mental health practitioners, neurologists, physiatrists, and pain specialists. We don't have most of the answers, and we have not even articulated many of the questions. But if there is one medical community that can address this plague most effectively, I am convinced it is we. 

Artist Olea Nova Captures Migraine Symptoms in Watercolor



“Migraine in a Split,” the art featured on this issue’s cover, is the work of artist Olea Nova. To create this piece and others in her “Piercing Conflict” series, Ms. Nova interviewed migraine sufferers. What she learned is that migraine pain “appears to be something happening inside of the brain, a sort of electrical brain storm.” (Quote from *The Tapestry Magazine*, October 2003)

The artist says this watercolor, “portrays the complexity of migraine symptoms: the vision field is getting smaller, the person may see flashes of light – like shooting stars in front of the eyes – this is how the brain signals the beginning of a migraine. Migraine headaches start at the base of the skull and feel like a spike has been driven inside the head into the eye. The pain is getting stronger. Light that goes into the eyes also causes pain which feels like a second spike. All face and skull muscles experience the sensation of being twisted and pulled away.”

Fine art reproductions of “Migraine in a Split” and others on varied subjects such as love, success and loss, games people play and addictions may be viewed and purchased on Ms. Nova’s website (www.oleanova.com). She also creates works commissioned for specific purposes such as medical study and research.

Born in St. Petersburg, Russia, Ms. Nova moved to the U.S. in 1997. She now lives in Chicago, Illinois where she is a full time professional artist. She works in a variety of media, including oils, gouache and watercolor, oil pastels and colored pencil. Ms. Nova’s work has been displayed in numerous art exhibitions. She is “very excited” about having this piece of her artwork on the cover of *Northeast Florida Medicine*.