PAIN

Pain is defined as physical, mental or emotional suffering or distress, as due to injury, illness, or any unfortunate circumstance experienced by an individual.

Pain can be categorized as headache, chest pain and stomach pain, among others.

Headache
Headache is a pain located in the head, as over the eyes, at the temples, or at the base of the skull. It may be caused by dilation of cerebral arteries, muscle contraction, insufficient oxygen in the cerebral blood, reaction to drugs, etc.

Headache disorders are classified as primary or secondary. The etiology of primary headaches is not fully understood and they are classified according to their clinical pattern. The most common primary headache disorders are tension-type headache, migraine and cluster headache. Secondary headaches are attributed to underlying disorders and include, for example, headaches associated with medication overuse, giant cell arteritis, raised intracranial pressure and infection.

Interventions
Most intermittent tension-type headaches are easily treated with over-the-counter medications, including:

Aspirin
Ibuprofen (Advil, Motrin IB, others)
Acetaminophen (Tylenol, others)

In addition, alternative therapies aimed at stress reduction may help. They include:

Meditation
Relaxation training
Cognitive behavioral therapy
Biofeedback
Massage

Your doctor may recommend different types of treatment to try or she may recommend further testing, or refer you to a headache specialist. You should establish a reasonable time frame with your family doctor to evaluate your headache symptoms.

The proper treatment will depend on several factors, including the type and frequency of the headache and its cause. Not all headaches require medical attention. Treatment may include education, counselling, stress management, biofeedback, and medications. The treatment prescribed for you will be tailored to meet your specific needs.

Clinical Cases

Case scenario 1: Anaka, migraine prophylaxis

Anaka is a 28-year-old woman who was diagnosed with migraine with aura 6 months ago. She has, on average, 1 migraine attack per week, for which shetakes triptan, an NSAID and an anti-emetic. Because Anaka has migraine about 4 times per month, she is unlikely to develop medication overuse headache. You are therefore happy with her current treatment plan. However, during an attack, she is unable to work or continue her normal daily activities. She also worries a lot about when the next attack is going to happen and their frequency causes her to take a lot of time off work.

Related Question:

You note from Anaka's records that other than the medication mentioned above she is not taking any other forms of medication. You want to confirm that she is not a taking combined hormonal contraceptive for contraception purposes. Why is this?

Case scenario 2: Malcolm, cluster headache

Presentation

Malcolm is a 31-year-old man. He has a history of severe headaches, which he says cause him the worst pain he’s ever felt. When he gets these headaches, he has pain on 1 side of his head, around his eye and along the side of his face. He also experiences drooping or swelling of the eyelid, watery eye and nasal congestion, on the same side as the headache. Malcolm experienced the severe headache for the first time 2 weeks ago for which he went to accident and emergency, where he was given a CT scan. The CT scan was normal and you have been asked to evaluate Malcolm. Malcolm tells you that, since his first severe headache 2 weeks ago, he has experienced 6 more headaches. He says that on average his severe headaches last from 30 to 90 minutes. Based on Malcolm's history and using the diagnosis poster as a quick reference to recommendations in section 1.1 and 1.2 of the guideline you diagnose him with cluster headache1

Related Question:

What advice and support can you offer Malcolm about his diagnosis?

CHEST PAIN

Chest pain or angina occurs because the heart is not receiving enough oxygen. The pain is usually in the chest and may also be felt in the shoulder, arm, or jaw. Not all chest pain is angina and it may be difficult to determine the cause of chest pain.

Interventions

Stop doing whatever it is that causes your symptoms, remain calm, and call 911 or an equivalent emergency response team in your area. Immediate help and intervention is your best chance for survival if you are having a heart attack or other serious problem.

Then, lie down in a comfortable position with your head up.

If you have regular adult aspirin or its equivalent, chew one (as long as you are not allergic to aspirin). Chewing more than one will not do any good and may cause unwanted side effects.

If you have had angina before and been evaluated by your health care provider, follow his or her recommendations.

This may mean rest, and the immediate use of sublingual nitroglycerin.

It may include a visit to the hospital emergency room.

Clinical Cases:

Case 1: 72-year-old female, who experienced chest pain 3 days ago while walking

Jennifer is a 72-year-old female who reports experiencing chest pain 10 days ago while she was out walking. Her chest and left shoulder felt tight. She stopped walking and rested and the pain eased. She did not seek medical help at the time because she thought it was a stitch. She then experienced the same pain while out walking 3 days ago, which stopped when she sat down.

Related Questions:

Question 1: You carry out a clinical assessment. What should you record and Examine?

Question 2: Do you suspect stable angina?

Case 2: 65-year-old male, currently pain-free but experienced chest pain in the previous 12 hours
John, 65 years old, presents to your GP branch surgery at 0830. He reports that he had chest pain last night, which woke him from his sleep. The pain started at around 0200. He thinks it lasted about 20–25 minutes. He reports that he felt sweaty during the pain. He did not want to bother anyone so he rested and the pain eased. He reports that it was very painful and therefore wanted to see you to get it checked. He is currently not in any pain, although he feels quite tired.

Past medical history:
He has been a smoker for 40 years. On average, he has around 10 cigarettesa day. He has no past medical history of chest pain, ischemic heart disease or heart failure.

Related Questions:
Question 1: As the GP, should you suspect acute coronary syndrome (ACS)? If so, why?
Question 2: What immediate management should you offer?
Question 3: You do not have an ECG machine at your branch surgery.
Should you refer him to hospital? If so, how urgently?

STOMACH PAIN
Stomach Pain is pain and discomfort that occurs in your abdomen. Everyone experiences abdominal pain from time to time. Abdominal pain can be mild or severe, and it may be continuous or come and go. Abdominal pain can be short-lived (acute) or occur over weeks and months (chronic).

Interventions
Maintain bed rest in a comfortable position.
Assess the location, weight and type of pain.
Assess effectiveness of any prescribed drug such as Butylscopolamine (Buscopan), used to treat cramping abdominal pain with some success and monitor side effects; avoid morphine
Provide a planned rest period.
Review and recommend doing active or passive range of motion every 4 hours.
Change positions if stomach pain doesn't aggravate if done so, and give back rub and and other soothing comfort measures.
Auscultate bowel sounds and take note of increasing pain.
Give and recommend alternative pain relief measures.

Clinical Cases

Case 1: Abdominal pain in a 93-year-old male.

A 93-year-old African American male (AAM) had an outpatient work-up and a CT scan of the abdomen was done. The report is pending.

Past medical history (PMH): Deep vein thrombosis (DVT) 10 years ago.
Medications: Coumadin (warfarin).
Social history (SH): He drinks 60 oz of vodka daily, quit smoking 50 years ago.
Physical examination: Elderly gentleman in no apparent distress (NAD).Vital signs stable (VSS), the rest of the examination was unremarkable.

Related Questions:
Question 1: What could be the cause?

Question 2: What diagnostic test/s should you advise the patient to have?

Case 2: A 26- year old, Abdominal Pain and Diarrhea for 2 Months

A 26-yo CF with a negative PMH comes to the GI lab for a colonoscopy referred by her PCP with the CC: abdominal pain and diarrhea for 2 months. She had noticed some mucus in her stools but no blood. No weight loss.
Related Questions:
Question 1: What do you think is going on? (Infectious diarrhea vs. IBD)

Question 2: Are these questions significant or relevant to the patient's condition? Why or why not? Anybody else in the family with the same complaint? Diarrhea at night?

Question 3: What happens if she is fasting?