

DEFINITIONS

Acute Pain: Acute pain is caused by injury, surgery, illness, trauma or painful medical procedures. It serves as a warning of disease or a threat to the body. It generally lasts for a short period of time, and usually disappears when the underlying cause has been treated or has healed. Unrelieved acute pain, however, may lead to chronic pain problems that may result in long hospital stays, re-hospitalizations, visits to outpatient clinics and emergency departments, and increased costs.

Addiction: Compulsive physiological need for and use of a habit-forming substance (as heroin, nicotine, or alcohol) characterized by tolerance and by well-defined physiological symptoms upon withdrawal; persistent compulsive use of a substance known by the user to be physically, psychologically, or socially harmful. Addiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include the following: impaired control over drug use, craving, compulsive use, and continued use despite harm. Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and are not the same as addiction.

Advance Medical Directives: Advance directives are used to give other people, including health care providers, information about your wishes for medical care. Advance directives are important in case there is ever a time when you are not physically or mentally able to speak for yourself and make your wishes known. The most common types of advance directives are the living will and the durable power of attorney for health care.

Allodynia: When pain is caused by something that does not normally cause pain (such as clothing touching the skin).

Analgesic Medications: Medications used to prevent or treat pain.

Antidepressant: Medications used to treat depression, and to treat chronic pain. Antidepressants can also be helpful for pain-related symptoms, like sleep problems and muscle spasms.

Anxiolytic: Medications used to treat anxiety, and also used to treat chronic pain. Anxiolytics reduce pain-related anxiety, help relax muscles and can help a person cope with pain.

Bereavement: The act of grieving someone's death.

Caregiver: Any person who provides care for the physical and emotional needs of a family member or friend.

Chronic Pain: Chronic pain exists beyond an expected time for healing. It is a persistent pain state not associated with malignancy or acute pain caused by trauma, surgery infection or other

factors. However, these and other pain sources, such as sprains or twists, may symptomatically persist to become chronic benign pain. The intensity will vary from mild to severe disabling pain that may significantly reduce quality of life.

Complementary Medicine: Approaches to medical treatment that are outside of mainstream medical training. Complementary medicine treatments used for pain include: acupuncture, low-level laser therapy, meditation, aroma therapy, Chinese medicine, dance therapy, music therapy, massage, herbalism, therapeutic touch, yoga, osteopathy, chiropractic treatments, naturopathy, and homeopathy.

Delirium: A disturbance of the brain function that causes confusion and changes in alertness, attention, thinking and reasoning, memory, emotions, sleeping patterns and coordination. These symptoms may start suddenly, are due to some type of medical problem, and they may get worse or better multiple times.

Do-Not-Resuscitate (DNR) Orders: Instructions written by a doctor telling other healthcare providers not to try to restart a patient's heart, using cardiopulmonary resuscitation (CPR) or other related treatments, if his/her heart stops beating. Usually, DNR orders are written after a discussion between a doctor and the patient and/or family members. DNR orders are written for people who are very unlikely to have a successful result from CPR -- those who are terminally ill or those who are elderly and frail.

Durable Power of Attorney for Health Care (DPOAHC): A legal document that specifies one or more individuals (called a health care proxy) you would like to make medical decisions for you if you are unable to do so yourself. In Michigan, a healthcare proxy is called a designated patient advocate. Go to <http://www.legislature.mi.gov/documents/publications/peaceofmind.pdf> for more information.

Dyspnea: Difficulty breathing.

End-of-Life Care: Doctors and caregivers provide care to patients approaching the end of life that focuses on comfort, respect for decisions, support for the family, and treatments to help psychological and spiritual concerns.

Fatigue: A feeling of becoming tired easily, being unable to complete usual activity, feeling weak, and difficulty concentrating.

Hospice: A special way of caring for people with terminal illnesses and their families by meeting the patient's physical, emotional, social, and spiritual needs, as well as the needs of the family. The goals of hospice are to keep the patient as comfortable as possible by relieving pain and other symptoms; to prepare for a death that follows the wishes and needs of the patient; and to reassure both the patient and family members by helping them to understand and manage what is happening.

Hospice Home Care: Most hospice patients receive care while living in their homes. Home hospice patients have family members or friends who provide most of their care, with help and

support from the trained hospice team. The hospice team visits the house to provide medical and nursing care, emotional support, counseling, information, instruction and practical help. A home care aide may also be available to help with daily care, if needed.

Hyperalgesia: Extreme sensitivity to pain.

Informed Consent: The process of making decisions about medical care that are based on open, honest communication between the health care provider and the patient and/or the patient's family members.

Living Will: A legal document which outlines the kinds of medical care a patient wants and doesn't want. The living will is used only if the patient becomes unable to make decisions for him/herself.

Cancer Pain: Pain associated with a malignant disease such as carcinoma. Pain in cancer patients can be caused by the disease itself, its treatment, e.g. surgery and radiotherapy, or can be completely unrelated, e.g. osteoarthritis or migraine.

Myofascial Pain: Muscle pain and tenderness.

Opioid: A type of medication related to opium. Opioids are strong analgesics. Natural opioids include morphine and codeine; semisynthetic opioids include hydrocodone, hydromorphone and oxycodone; and a large number of synthetic (man-made) drugs like methadone and fentanyl.

Pain: An unpleasant feeling that may or may not be related to an injury, illness, or other bodily trauma. Pain is complex and differs from person to person.

Palliative Care: Palliative care means patient and family centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social and spiritual needs and to facilitate patient autonomy, access to information and choice.

Phantom Pain: Pain that develops after an amputation. To the patient, the pain feels like it is coming from the missing body part.

Physical dependence: A state of adaptation that is manifested by drug class-specific signs and symptoms that are produced by abrupt cessation, rapid dose reduction, and/or administration of an antagonist. Physical dependence, by itself, does not equate with addiction.

Pseudoaddiction: Pattern of drug seeking behavior of pain patients receiving inadequate pain management that can be mistaken for addiction.

Psychological Approaches: Techniques used to help patients cope with their pain and deal with emotional factors that can increase pain. Such strategies include biofeedback, imagery, hypnosis, relaxation training, stress management, cognitive-behavioral therapy, and family counseling.

Rehabilitation: Treatment for an injury, illness, or pain with the goal of restoring function.

Substance abuse: Substance abuse is the use of any substance(s) for non-therapeutic purposes or use of medication for purposes other than those for which it is prescribed.

Tolerance: The capacity of the body to endure or become less responsive to a substance (as a drug). Tolerance is a physiologic state resulting from regular use of a drug in which an increased dosage is needed to produce a specific effect, or a reduced effect is observed with a constant dose over time. Tolerance may or may not be evident during opioid treatment and does not equate with addiction. Symptoms of pain can be relieved but usually not entirely relieved. Effective pain management, by definition, results in improved functional capacity.

Withdrawal: A syndrome that might occur when a medication that has been used regularly to treat pain is no longer used, or when the dose is decreased. Showing symptoms of withdrawal does not mean that a patient is addicted to his/her pain medication.