

Narratives on Pain and Comfort: Mary's Story

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Mary was angry. "You're going to take my pain medications away, aren't you?" These were the first words she spoke as I walked into the examining room. Mary had a complex medical history, beginning with a back injury in 1988 that led to several surgical procedures, multiple injections of local anesthetic and corticosteroids, and placement of a dorsal column stimulator, none of which provided significant relief of her pain. Crippled by severe and sharp pain in her lower back and left leg, she had sought help from several physicians, and had most recently been referred to me specifically, as she put it, "to take away the pain medications."

Not that the pain medications had afforded Mary a normal life by any stretch of imagination. She was taking eight to ten moderate strength opioid tablets per day in an effort to decrease her pain. She was not active, choosing to spend most of her time at home. She had quit her job shortly after the work-related accident. In fact, the workman's compensation board is still disputing her claim, and this dispute took a toll on Mary. She reported a strained relationship with her husband and two teenage sons. She rarely saw friends. In fact, most of her friends had "written her off," as Mary put it. She had become increasingly difficult to be around because her doctors had begun to refuse to refill her prescriptions for pain medication; and she was experiencing more pain, thus she was more irritable and was sleeping less. When she would run out of pain pills, she would go to an emergency room. This had happened several times lately, and on more than one occasion she overheard the emergency room staff talking about her as a "drug-seeker" and an "addict."

And so I began: "Mary, you must understand that the

long-term use of these medications is not in your best interests. After a period of time, they lose their effectiveness and then you will need more." We talked at length about tolerance, addiction, side-effects, and other issues. Mary challenged me: "Are you sure?" "Well, not 100 percent," I said.

Mary, like many patients in chronic pain, was terrified of being consumed by her pain. She had experienced the long sleepless nights, the episodes of pain so severe she wondered whether she could go on, the lack of control in her life. Pain medications provided some control and allowed her to take the edge off; and if necessary she would take two or three pills at the same time when she really needed a few hours of sleep—some level of control so the pain would not consume her.

Is Mary sure that pain pills are the answer? No, not at all. But she has not found a substitute to provide some relief, some control. And the risk of tolerance and the problems it brings were risks worth taking, in her opinion. I was aware of some reports in the literature about the long-term use of opioids for benign chronic pain. Success had been reported in some carefully selected patients. Mary had no history of substance abuse and, although she had been using opioids for more than three years, her doses had not been increased.

I placed her on methadone, a long-acting opiate. She would take fifteen milligrams twice a day. This provided steady blood levels of pain medications and allowed Mary to experience significantly less pain. Over the next several months, the dose was reduced to five milligrams twice daily. She tolerated this quite well. The result was acceptable to Mary, and I think a successful use of opioids.

Then some amazing things happened. Once Mary was free from worrying whether she would run out of pain pills and from which doctor she would get her next refill, she could again focus on her family, friends, and herself. At

my urging, she became more active, began an exercise program; and in June 1993, approximately one year after starting on methadone, she went to work at a department store. She had been unemployed for over eight years.

Mary has less pain when using opioids. Choosing a

long-acting agent such as methadone offers a better chance for steady blood levels. She is more active and is able to function successfully with the use of long-term opioids. Further study is necessary as to whether long-term opioids can help patients and provide greater benefit than harm.