

Short Communication

Aches and Pain Management: What are the Most Prevalent Approaches and What are the Activities Need to be Skipped?

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Introduction

If you have a nagging ache someplace, there are a few unexpected solutions that may help. Obesity, poor nutrition, smoking, and sedentary lifestyles are all major factors in the growth of rheumatoid arthritis, osteoarthritis (OA), low back pain, and neck pain around the world. And, of course, as we get older, all kinds of aches and pains grow more common. As a result, it's believed that up to 60% of seniors suffer from chronic pain in their bones, joints, ligaments, muscles, and/or tendons [1].

According to the National Institutes of Health, seniors with musculoskeletal pain are frequently undertreated or simply given medicine. However, many seniors already take many medications, and adding more might cause unwanted interactions and negative effects.

"Desperation is one of the main concerns I encounter among older patients with chronic musculoskeletal pain," says Seth Waldman. "Many common medications, including over-the-counter (OTC) meds, have hazards, and there's typically no miracle drug or treatment that can address their problem." "Nondrug remedies are frequently the safest and most effective treatments." While some pain medications have their place (see "How to Use Medication Correctly"), experts recommend working with your doctor on a multifaceted, tailored approach. Nonmedicinal approaches can also be highly successful. Four of the most prevalent are listed below:

Physical Activity

Why would you want to move if it hurts? According to Benjamin Kligler, the less active you are, the more muscles freeze up, creating more pain. Muscles that are stronger put less stress on joints that are prone to pain. On most days, simply walking for as long as you can tolerate can be beneficial, according to Kligler. If that is too much for you, try strolling in the water or practicing water aerobics. If you're too painful to move, physical therapy, or PT-which involves expert-designed exercises to relieve discomfort and enhance function—might be the way to go.

"You can harm yourself even more if you try to do exercises on your own," says Geraldine Dapul. According to a research published in the New England Journal of Medicine (2020), people with Knee Osteoarthritis who performed four to six weeks of physical therapy had less pain and disability after a year than those who received one to three steroid shots, which are sometimes used for pain.

Transcutaneous electrical nerve stimulation is a type of physiotherapy that is frequently reimbursed by insurance. TENS devices emit gentle electrical impulses that are supposed to relax tight muscles and trigger the production of endorphins, which inhibit pain signals in the brain. At-home units are available, and many patients report that they are beneficial, according to Waldman. However, according to a 2018 Cochrane review, there isn't enough data to claim these work for chronic pain [2,3,4].

Massage and Acupuncture

Both therapies may be effective for musculoskeletal pain, according to research. An analysis of 39 clinical trials published in the Journal of Pain in 2018 found that acupuncture (the insertion of small needles into particular body sites) was useful for back and neck pain, as well as osteoarthritis (OA). Massage provided short-term alleviation for shoulder pain or knee OA, according to a review of 26 studies published in the Journal of Physiotherapy in 2015. It also made it easier for folks with low back pain to move around.

Meditation and Yoga

According to Fadel Zeidan, mindfulness meditation, which involves sitting silently for a few minutes or longer while noting your breath, "strengthens your mind's ability to sustain attention and focus, and direct your attention intentionally to anything other than your pain." Mindfulness meditation was linked to a slight reduction in pain in a review of over 40 clinical trials published in 2017 in the Annals of Behavioral Medicine. "I've found it to be a very potent tool for pain relief when combined with other nondrug therapies," Waldman says.

While yoga, which can include deep breathing, stretching, and strengthening, has been shown to be beneficial in certain studies, it has also been shown to exacerbate symptoms or create new injuries in others. Look for classes that are classified as restorative, gentle, or Iyengar if you're new to yoga. Vanessa Rodriguez suggests that tai chi, which uses slow and gentle motions to stretch and develop muscles, is a safer option for older folks. Tai chi was found to be beneficial for musculoskeletal pain in a study of 15 research published in the journal Physical Therapy in 2017 [5,6].

Supplements

Supplements containing glucosamine and chondroitin, two chemicals found in cartilage, are frequently promoted as pain relievers for OA, however the evidence is conflicting. Both can interact with medications that thin the blood, such as blood thinners. Turmeric, a spice that is occasionally sold as a supplement, appears to be more promising. Curcumin, a chemical found in turmeric, has antiinflammatory properties. A research published in the journal Trials in January indicated that taking a 500 mg capsule twice a day was equally beneficial as taking a 650 mg acetaminophen tablet three times a day. Still, because supplements are only loosely controlled, you can't always be sure what's in them.

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