CONDITION

Chronic pain

Chronic pain is pain that continues or returns for longer than three months.

WHAT IT IS
Pain continuing or recurring beyond three months

BODY SYSTEM
Nervous system and any painful body area

MAIN SYMPTOMS
Persistent pain, stiffness, fatigue, disturbed sleep

WHAT CAUSES IT
Injury, illness, nerve changes, or no identifiable cause

HOW IT IS DIAGNOSED
History, examination, and tests for suspected causes

MAIN TREATMENT
Rehabilitation, psychological support, and appropriate medicines

CAN IT BE CURED?
Sometimes - when an underlying cause resolves

IS IT AN EMERGENCY?
Sometimes - sudden pain or neurological warning signs

LONG-TERM OUTLOOK
Symptoms often fluctuate but can become more manageable

Overview

Chronic pain is pain that continues or keeps returning for more than three months. It may begin after an injury or illness, or appear without a clear starting point. It can affect one area, such as the back, or several parts of the body.

Short-term pain usually warns you about injury or disease. It often improves as the body heals. Chronic pain is different. Changes in nerves, the spinal cord, and the brain can keep pain signals active or make the nervous system more sensitive. This means the amount of pain may not match what appears on a scan or other test.

Chronic pain may be described as secondary when it is related to another condition, such as arthritis, cancer, nerve damage, or endometriosis. Chronic primary pain is diagnosed when pain itself has become the main condition and is not better explained by another diagnosis.

The pain is real in both situations. Stress, poor sleep, mood, physical health, and past experiences can change how strongly pain is felt, but this does not mean that pain is imagined.

Chronic pain matters because it can affect movement, sleep, concentration, relationships, and work. Treatment usually aims to improve day-to-day function and quality of life. Complete pain relief is possible in some cases, but it is not always a realistic or necessary measure of successful care.

Symptoms

Chronic pain can be constant or come and go. It may stay in one place, move between areas, or spread over time.

The feeling of pain differs according to the tissues and nerves involved. It may be:

Other symptoms can become part of the condition. These include stiffness, low energy, poor sleep, reduced concentration, and memory difficulties sometimes described as "brain fog." Pain may also contribute to anxiety, irritability, low mood, or loss of confidence in movement.

Symptoms often fluctuate. A temporary increase is sometimes called a flare-up . Flares may follow unusual activity, illness, stress, or poor sleep, but they can also happen without an obvious trigger. A flare does not always mean that new damage has occurred.

New symptoms should not automatically be attributed to chronic pain. A clear change in the location, pattern, or severity of pain may need a fresh medical assessment.

- Aching, throbbing, cramping, or pressure-like
- Burning, shooting, stabbing, or like an electric shock
- Associated with tingling, numbness, or unusual skin sensitivity
- Worse during movement, after activity, or following long periods of rest

Causes and risk factors

Chronic pain has many possible causes. Sometimes more than one process is involved.

Ongoing inflammation or tissue damage can cause pain in conditions such as rheumatoid arthritis or osteoarthritis. Pressure on or damage to a nerve can cause neuropathic pain , which is often burning, shooting, or associated with numbness. Pain may also continue after surgery, an infection, or an injury has healed.

In some people, the nervous system becomes unusually responsive to signals from the body.

This is sometimes called pain sensitisation . Signals that would usually feel mild may become painful, and pain may continue without visible tissue damage. Fibromyalgia is one condition in which altered pain processing has an important role.

Factors associated with a greater chance of persistent or more disabling pain include:

These factors can influence pain without being its sole cause. Social pressures, financial problems, and difficulty accessing care can also make recovery harder. Having a risk factor does not mean that chronic pain is inevitable.

- A severe injury, repeated injury, or major surgery
- Long-term conditions affecting joints, nerves, muscles, or internal organs
- Poor or disrupted sleep
- Anxiety, depression, or prolonged stress
- Fear of movement and extended physical inactivity
- Physically demanding work or limited control over working conditions

Diagnosis

There is no single test that confirms every form of chronic pain. Diagnosis begins with a detailed discussion of when the pain started, what it feels like, what changes it, and how it affects your daily life.

A clinician may ask about sleep, activity, medicines, mood, work, and previous treatment. These questions help build a full picture of the condition. They are not meant to suggest that the pain is psychological.

A physical examination may assess movement, strength, reflexes, sensation, joints, and tender areas. Blood tests, X-rays, scans, or nerve tests may be used when the history or examination suggests a particular cause. Tests are not always needed, and normal results do not prove that pain is absent.

Repeated scans may show common age-related changes that are not responsible for the symptoms. For this reason, testing is usually selected according to the suspected cause rather than used routinely.

The assessment should also look for warning signs of a new illness or injury. If no other condition adequately explains persistent pain, chronic primary pain may be considered. This is a recognised condition rather than a diagnosis of exclusion meaning "nothing is wrong."

Treatment and management

Treatment is usually based on your type of pain, health, priorities, and daily needs. A plan may combine several approaches and change over time.

It can help to set practical goals, such as sleeping more regularly, walking farther, returning to an activity, or managing work with fewer flare-ups. Pain intensity is still important, but it is not the only way to judge progress.

Movement and rehabilitation are central for many forms of chronic pain. A physiotherapist may help you rebuild strength, flexibility, and confidence using gradual, manageable activity. An occupational therapist can suggest ways to adapt tasks, routines, or equipment. Staying within a steady range of activity may reduce the cycle of doing too much on a good day and needing prolonged rest afterward.

Psychological treatments do not imply that pain is imagined. Cognitive behavioural therapy and acceptance and commitment therapy can help you respond differently to pain, reduce distress, and continue meaningful activities. Relaxation, mindfulness, and sleep support may also be useful as parts of a broader plan.

Medicines are chosen according to the likely pain mechanism and other health conditions. Options may include:

Every medicine has possible harms. Some pain relievers can affect the stomach, kidneys, liver, heart, alertness, or balance. A medicine review can check whether each treatment is helping enough to justify its risks.

Opioids like oxycodone or morphine may have a limited role in carefully selected situations. Long-term use can cause constipation, drowsiness, tolerance, physical dependence, and overdose. Benefits may decrease over time. Opioids should not be started, increased, reduced, or stopped without an appropriate clinical plan; sudden discontinuation after regular use can cause withdrawal and worsening distress.

Injections, nerve procedures, implanted devices, or surgery may help specific causes, but they are not general treatments for all chronic pain. A multidisciplinary pain service may be helpful when pain has a major effect despite initial care.

- Simple pain relievers or anti-inflammatory medicines for selected conditions
- Topical medicines applied to a painful area
- Certain antidepressants like sertraline or fluoxetine that also affect pain pathways
- Certain anti-seizure medicines used for nerve pain

Complications

Chronic pain can gradually narrow daily life. Avoiding movement because it might hurt can lead to reduced fitness, muscle weakness, stiffness, and greater difficulty with ordinary tasks. Sleep disruption and fatigue may then make pain harder to manage.

Other possible effects include depression, anxiety, social isolation, sexual difficulties, and problems with work or education. These are not inevitable, and they can be treated directly.

Medicines can also cause complications. These include falls, stomach bleeding, organ damage, dependence, or accidental overdose, depending on the medicine. Using several sedating medicines together may increase risk.

Severe or poorly controlled pain can contribute to hopelessness or thoughts of self-harm. These symptoms deserve immediate support rather than being treated as an expected part of living with pain.

Prevention

Chronic pain cannot always be prevented. It may follow an unavoidable illness, nerve injury, operation, or condition that cannot be fully controlled.

Early treatment of an injury or underlying disease may reduce ongoing symptoms in some situations. Following rehabilitation advice and returning to movement gradually can help prevent prolonged loss of strength and function.

Regular physical activity, adequate sleep, and avoiding tobacco support general health, but they cannot guarantee that chronic pain will not develop. If pain persists, seeking assessment early may help identify a treatable cause and reduce the effect on daily life.

Living with it and what to expect

The course of chronic pain is different for each person. Symptoms may remain fairly stable, improve gradually, or alternate between manageable periods and flare-ups. A change in pain does not always reflect a change in tissue damage.

Many people learn to do more even when some pain remains. Progress may mean more reliable sleep, fewer severe flares, improved mobility, or returning to valued activities. It often happens in small steps rather than as a steady improvement.

Pacing can help you distribute activity across the day and week. The aim is not to avoid

movement, but to reduce repeated cycles of overactivity and long recovery. Planning rest, changing position, and breaking large tasks into smaller parts may make activity more sustainable.

Routine follow-up can be used to review function, sleep, emotional health, side effects, and whether treatment still matches your goals. Medicines that are not helping may need review. New or clearly different symptoms should be assessed rather than assumed to be part of the existing condition.

Support from family, peer groups, employers, or a pain management programme can make practical changes easier. Most people can continue meaningful activities, although some need lasting adjustments at home or work.

When to get medical help

Arrange a routine appointment if pain has lasted more than three months, keeps returning, disrupts sleep, limits normal activity, or is becoming harder to manage. You should also seek review if a treatment is causing side effects or no longer appears helpful.

Seek prompt medical advice for a new pattern of pain, unexplained weight loss, persistent fever, a swollen or hot joint, pain that repeatedly wakes you, or new weakness or numbness.

Call emergency services for pain accompanied by:

These signs may have causes other than chronic pain and need urgent assessment.

- Chest pressure, severe breathlessness, fainting, or sweating
- A sudden, extremely severe headache
- New facial drooping, speech difficulty, confusion, or one-sided weakness
- Loss of bladder or bowel control, numbness around the groin, or rapidly worsening leg weakness
- Severe pain after a major injury
- Thoughts of suicide or an immediate risk of self-harm

Common questions

Is chronic pain all in my head?

No. Pain is produced by the nervous system and is a real physical experience. Thoughts, emotions, stress, and sleep can influence pain signals, just as pain can affect mood and sleep.

This does not make the pain imaginary.

Why do I hurt when scans are normal?

Scans show body structures, but they cannot measure pain or fully show how the nervous system processes signals. Pain can come from small nerve changes, sensitisation, or problems that do not appear on routine imaging.

Can chronic pain be cured?

Sometimes. Pain may improve when an underlying injury or illness is successfully treated. In other cases, it continues and is managed as a long-term condition. Treatment can still improve function, sleep, and quality of life even if pain does not disappear.

Should I rest or exercise with chronic pain?

Short periods of rest may help during a flare, but prolonged inactivity can increase stiffness and weakness. Gradual, paced movement is usually more helpful. The safest type and amount depend on the cause of the pain and your current ability.

Are opioids the strongest treatment for chronic pain?

Opioids can reduce some types of pain, but stronger does not always mean more effective over the long term. Their risks increase with ongoing use. Non-drug treatments and non-opioid medicines are often preferred, with opioids considered only after weighing likely benefits and harms.

Can chronic pain cause fatigue and brain fog?

Yes. Pain can interrupt sleep and demand ongoing attention, which may reduce energy and concentration. Medicines, low mood, and other health conditions can also contribute, so persistent or worsening symptoms deserve review.

Sources

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