

## Preface



Mary-Ann Fitzcharles, MB, ChB, FRCP(C)  
*Guest Editor*

Fred, a lowland gorilla in the St. Louis Zoo, died of pain [1]. One day he crawled into a corner of his cage and turned his back on life, as the pain of osteoarthritis of his hips was too great to bear. Ten years later, the medical community has acknowledged the importance of pain by its inclusion as the fifth vital sign in clinical medicine. Pain, especially of musculoskeletal origin, is prevalent and impacts greatly on quality of life. The experience of pain, unique for each individual, is influenced by the specific characteristics of the pathology, as well as factors such as genetic makeup, psychologic status, previous pain experience, and psychosocial environment.

The bread and butter of rheumatology practice have always been the management of conditions causing pain. For the last century, physician-prescribed management for musculoskeletal pain has focused mainly on pharmacologic treatments such as anti-inflammatory medications and simple analgesics. Although the understanding of both inflammatory as well as degenerative arthritic disease has progressed rapidly, no absolute cure for either is in sight in the foreseeable future and pain will therefore remain an ongoing and important symptom. The primary focus for the management of inflammatory disease is the modulation of the underlying disease process by the use of disease-modifying antirheumatic medications, whereas there is no disease-modifying treatment for patients who have osteoarthritis. In parallel with scientific progress in the rheumatic field, there have been impressive advances within the discipline of pain, with improved knowledge of pain mechanisms and also pain treatments. It is therefore timely to integrate the current science of pain from both the mechanism and the treatment perspective into the rheumatic domain.

In this issue of the *Rheumatic Disease Clinics of North America*, which is devoted to rheumatic pain, rheumatologists will read articles that, at first glance, may seem beyond the mainstream of standard rheumatology practice and may move us out of our traditional comfort zone. We will learn that rheumatic pain can no longer be simply categorized as a consequence of prostaglandin overload or be treated with a single anti-inflammatory pill. The experienced and respected authors that have contributed to this issue will broaden our appreciation of pain mechanisms and open the door for more diverse treatment concepts that will optimize care of our patients.

The stage is set with the article describing mechanisms of pain which invoke endogenous pain relieving factors, neurogenic sensitization with increase and perpetuation of pain, as well as the importance of our psyche. Thereafter follow articles addressing the concept of the placebo response, important to any well-designed study in rheumatic diseases, as well as an article discussing the challenges in measurement of the rheumatic disease patients' experiences of pain. Building on the foundation of pain mechanisms, we will better understand treatments that are described in subsequent articles that address use of medications such as opioids, antidepressants, topical agents, dietary interventions, complementary treatments, and psychogenic interventions. Finally, pharmacologic treatment options that are in the pipeline for pain management will stimulate our curiosity.

Pain should therefore be viewed as a distinct entity which parallels the specific musculoskeletal process and requires measurement, monitoring, and treatment. Goals regarding pain management must be realistic for the physician as well as for the patient. Complete pain relief is often idealistic, and therefore strategies focused towards modulation of pain in order to continue a meaningful life may often be the best compromise. The best success in pain treatment today will be achieved if all of these factors are addressed.

I would like to acknowledge the many years of scholarship of scientists and clinicians in the fields of rheumatic diseases as well as pain, which have contributed to the status of our knowledge today, and I would especially thank the authors of this issue for thoughtful and comprehensive synthesis of the state of the art.

Mary-Ann Fitzcharles, MB, ChB, FRCP(C)

*Montreal General Hospital*

*1650 Cedar Avenue*

*Montreal, Quebec H3G 1A4, Canada*

*E-mail address: mary-ann.fitzcharles@muhc.mcgill.ca*

## Reference

- [1] Atkinson JP. A remembrance of Fred, the lowland gorilla. *Arthritis Rheum* 1996;39:891–3.