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By Nancy Crotti

Fifty to 75 million Americans experience pain annually, according to some estimates, including nearly half of those undergoing cancer treatment. But pain is subjective; it cannot be documented by an X-ray or a blood count.

"It sort of forces you to walk in the gray while you're in a black-and-white system," explains Margaret Kellar, a clinical nurse specialist at Courage Center Chronic Pain Rehabilitation Program in Golden Valley (www.couragecenter.org).

"Pain management is so important for nurses and nurse practitioners," adds Amy Krenzer, a nurse practitioner at Twin Cities Pain Clinic in Edina (www.twincitiespainclinic.com). "They consider it the fifth vital sign."

Medical practitioners in the United States began to take pain management seriously when the hospice movement began in the 1980s, according to Kellar, whose career in the field began in hospice. Some health professionals consider patients who ask for help with pain to be drug-seekers, according to Krenzer. "The reality is they may not be getting the right kind of pain medication or enough of that medication," she says. "Sometimes I think medications aren't the best thing for certain people."

The staff at Twin Cities Pain Clinic helps patients manage pain through physical therapy and medication, monitoring them for chemical dependency. "We try to get to the bottom of why they're having pain," Krenzer says. "Some patients we only see once and we can prescribe something that might work and we don't see them again. We have a fair amount of patients who have chronic pain and come in once a month or every couple of months."

Chronic pain may also cause anxiety or depression. "We assess them at every visit, how they're doing mentally," Krenzer adds. "A lot of times we really do recommend seeing a psychiatrist or a psychologist."

Patients with chronic pain may need to find other ways to manage it, according to Kellar, who also teaches yoga and tai chi chih to clients discontinuing pain medication. These disciplines help rebalance the neurotransmitters affected by opioids, she says.

"I do a lot with the weaning and helping them with the withdrawal. I teach classes and if they have other health conditions like diabetes and blood pressure I monitor all that," Kellar adds. "I feel very lucky. I just get to walk with them and I can individualize their yoga, teach them breathing one-to-one."

Nurses in pain management need patience, an open mind and good listening skills, according to Krenzer. With the aging of the baby boomers, these nurses will probably be busy far into the future, she says. "I don't see that our specialty will slow down at all."