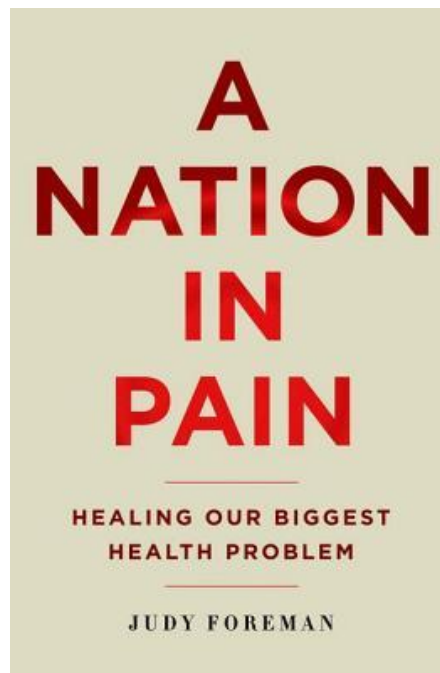




Nation in Pain: Healing Our Biggest Health Problem

Judy Foreman

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Out of 315 million Americans, 100 million live in chronic pain. And yet the press has paid more attention to the abuses of pain medications than the astoundingly widespread condition they are intended to treat. Sufferers face unending discomfort or even agony. When chronic pain is inadequately treated, it undermines the body and mind from within, even inducing many to commit suicide. Far more than just a symptom, writes author Judy Foreman, chronic pain is a disease in its own right - the biggest health problem facing America today. In *A Nation in Pain*, Foreman offers a sweeping, deeply researched account of the chronic pain crisis, from neurobiology to public policy, and presents to practical solutions that are within our grasp today. Drawing on both her personal experience with chronic pain and her background as an award-winning health journalist, she guides us through recent scientific discoveries, including genetic susceptibility to pain; gender disparities in pain conditions and treatments, perhaps linked to estrogen; the problem of undertreated pain in children; the emerging role of the immune system in pain; advances in traditional treatments such as surgery and drugs; and fair-minded assessments of the effectiveness of alternative remedies, including marijuana, acupuncture, massage, and chiropractic care. The real magic bullet, Foreman writes, is exercise. Though many patients fear it will increase their discomfort, studies show it consistently produces improvement, often dramatic. She also explores the destructive "opioid wars," which have led to a misguided demonization of prescription painkillers. Foreman presents a far-reaching but sensible plan of action, ranging from enhancing pain education in medical schools to reforms of federal policies across the board. For doctors, scientists, policy makers, and especially patients, *A Nation in Pain* is essential reading.

Nation in Pain: Healing Our Biggest Health Problem Details

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From Reader Review Nation in Pain: Healing Our Biggest Health Problem for online ebook

victor harris says

Be advised there is a great deal of technical detail, nevertheless it is very informative. Valuable if you have been plagued by chronic pain and are looking for a breakdown of the available remedies. Lists a number of clinical studies and assesses the benefits and liabilities of many medications and non-traditional treatments.

Kim says

Although this book had some interesting parts and concepts , it was too heavy on the medical information. The chapter on marijuana was relevant to today's political climate.

Jenn says

I practically highlighted the whole book! It's full of great information and certainly made me feel validated about certain things that people around me just dismissed, told me it was in my head or because of the medications I take, or flat out refused to believe me. It's also scary the future the data shows. What it shows now is scary and a shit draw on life. But there's so much useful info here.

This is an absolute must-have for chronic pain patients, their loved ones, and the doctors who never even were given the opportunity to help pain patients.

Katherine says

I gave this book a 150-page chance and it was just awful. It largely reads like an undergraduate level research paper: paragraphs with nothing but citations and jargon with little analysis or insight. Rather than identify a specific thesis or try to summarize certain aspects of the available literature, Foreman just rambles on in any direction her literature review happened to take her. The author seems to struggle with determining what is or is not important information, but that doesn't stop her from jumping to wild conclusions or focusing only on the data that supports her views (doctors bad, opioids good, therapy good but she dislikes it).

The weirdest paragraph for me was:

“Since most medical students are young and may not yet have experienced serious pain in their lives, it could be useful, as part of their education, for them to be subjected to small, controlled experiences with intense pain so they could be more empathetic with patients.”

This is a horrifying suggestion based on a lot of assumptions.

The part that finally nailed the coffin of this book was when the author suggested that s 25% risk of addiction

wasn't a serious concern, as 75% of folks don't get addicted. What? If I have a 1 in 4 chance of becoming addicted to a substance that's incredibly high. Even if we go with lower estimates, 1 in 10 is a significant risk. To be frank, we are horrible at treating addiction and many people struggle with relapse and addiction for their entire lives. It's not something that a quick stint in rehab fixes.

The author pins the opioid crisis as a war between zealous government officials targeting dirty "drug abusers" and patients deserving of opioids who are denied them and left helpless. This binary perspective ignores two important details: opioid use is not recommended for long-term chronic pain use due to the psychoactive side effects, poor management of pain, and decreased tolerance to pain when used long term. Second, it ignores the large portion of opioid addicts who have legitimate chronic pain. The author attempts to argue that chronic pain users will only fall victim to physical dependency and can easily be weaned off-but as previously summarized this ignores the psychoactive elements of opioids. There are in fact many chronic pain patients who struggle with substance use disorder (which by the way, the author never refers to the medical name for this condition or the diagnostic criteria. Likely because it clashes with her world view). Those caught in the cross hairs of chronic pain and addiction illustrate the need to rely on non-addictive treatments in the first place.

Johnwarren says

This is a badly needed book. I wish I could say it made me feel better about my chronic pain, but it did give me hope that others, in positions of authority, will read it and better understand that there are people suffering and more research and less ham-fisted police action is needed to help.

Natalie Nestor says

If you like sordid romance novels or brooding vampires, this book probably is not for you. It is not an easy read and has taken me a few months - though that should not be perceived as a criticism of the author's work. It's a complex subject matter that requires focused attention - and that requires significant blocks of quiet time to process.

The first chapters of the book focus on how the neurological system processes pain - Chapter 1 is brutal but worth the read. Honestly it took months to read Chapter 1. I aim for 1 chapter a day or so, and Chapter 1 was read about a paragraph or two per day. The last 100 pages or so are citations to studies on what the author presents. There's a lot of work invested in this book.

189 pages in and my take away is this:

1. We need more empathy and compassion in this society.
2. I'm more certain medicine should not be governed by a Capitalist economy. (See #1. This stems from my personal belief that there is no room for compassion in war or capitalism. This should not be perceived that I blame publicly traded pharmaceutical companies for the challenges presented in this book.)
3. Chronic pain and prescription drug use is not a simple clinical problem. There is a challenging social dimension to this as well.

It's a good book if you've got the time and dedication to read it.

Andy says

The information provided seems solid, but it reads like a list of factoids. Given the title, I expected a broader perspective, e.g. with more about other countries, and more about prevention. There's a lot of "gee whiz" science reporting, but I didn't get the impression the author went in depth into the primary medical literature because mainly she talked about review papers. Overall, for people with an interest in chronic pain, this could be a very useful reference.

booklady says

The official definition of pain: "an unpleasant sensory and emotion experience associated with actual or potential tissue damage, or described in terms of such damage."

I did not read all 446 pages—the last 130 being references anyway—but you really do not need to read this book cover-to-cover. It is the sort of book, where each person may read what most interests him/her.

Judy Foreman has done her homework! *A Nation in Pain* is primarily a resource book and I wanted to finish with it quickly in order to pass it on to several people who will find it as useful and interesting as I have.

For those contemplating whether this is worth checking out, here is a brief guide:

Chapter 1 is an excellent description of the enormity of the pain problem in America, why it exists, the economic costs, lack of training and underfunding of research. Bottomline, doctors receive almost no training in pain.

Chapter 2 goes into what pain is (definition above) and is all about, i.e., the four basic flavors: nociceptive, inflammatory, dysfunctional and neuropathic. The types go from 'good' to 'bad' in terms of causality, simplicity/complexity, and treatment.

Chapter 3 deals with the genetics of pain.

Chapter 4 and 5 cover pain with regard to gender and children respectively. Babies in utero can most certainly feel pain!

Chapter 6, the Mind-Body in Pain was very interesting. Chapters 7 & 8, the Opioid War, Part I and II deal with the pain-problem from the patient-doctor perspective as opposed to the national-government view. If you are looking for a discussion on the drug cartels, this is not your book. Foreman isn't interested in that issue here. She wants to show the magnitude of untreated pain, how it is mishandled, in terms of over- under- and mis-diagnoses, and ultimately seek solutions which will provide relief for people in pain. She makes the point that while the media is focusing on prescription drug abuse, people are killing themselves (or contemplating suicide) because they are in unbearable pain. She does go into the 'real story' of addiction.

Chapter 9 is about the Immune System and how it affects/'cranks up' pain.

Chapter 10 was about Marijuana. She entitled it, 'the Weed America Loves to Hate', so as you may expect, it is positively disposed to marijuana, but to be fair, she also discusses risks, dependence and addiction.

Chapters 11 and 12 are Beyond Opioids, Part I and II, where Foreman discusses Western medicine and then all sorts of complementary and alternative medicine, going from that which has been proven to be most effective to the least. She provides a very extensive list, although unless she updates her book every couple years, I suspect it will quickly become dated.

Chapter 13, she calls, Exercise, 'the real magic bullet', and I have to agree with her there. Getting up and moving around—doing whatever you can, not getting crazy and trying to do a triathlon when you're my age (although I know there are people who do them—more power to them) but for most folks my age, the challenge is just to keep active. Develop a regular fitness or stay-active program and stick-to-it. It builds you up, keeps you strong, reduces the pain level, and helps with weight control and to prevent further injury—if you are careful and sensible.

Chapter 14, is The Way Forward. Here she talks about pain care being a fundamental human right and failure to treat it as torture by omission. Her suggestions include an Institute on Pain and requiring Medical Schools to teach pain—the latter being so obvious as to be almost ludicrous. It is true. Vets receive more training in pain, twice as much in fact, as human medical doctors. Not that many doctors are not willing to help as best they can, many are.

Excellent book. Would that it was the solution to the problem.

A good friend just came back from her 24 y/o nephew's funeral in PA. She said 130 young men (between the ages of 18-30) in Erie have died of heroin overdoses since the beginning of 2017. Do we have a problem in this country? God please help us!

From p. 43: Study after study going back to the late 1990s shows that healthcare professionals minimize patient's pain far more than nonhealthcare professionals do.

From p. 21: Foreman quotes Elaine Scarry, "To have great pain," she wrote, "is to have certainty; to hear that another person is in pain is to have doubt. (The doubt of another persons, here as elsewhere, amplifies the suffering of those already in pain)."

September 4, 2017: I was checking out reviews for Dreamland: The True Tale of America's Opiate Epidemic and Kris was one of the few who only gave it two stars. Her review was thoughtful and one of the points she made was that this was the book people *should* be reading because the *real* problem in our country today is pain, undiagnosed, untreated and unacknowledged chronic pain. Something clicked when I read that. I have lived with it for so long, the water on the stove has been going up so gradually for so long now, I didn't even realize I was the frog in the pot being boiled to death.

I have suffered from chronic pain for over 16+ years now. Dear husband joined me in this about 9 years ago. His dad has been there for over 30 and now we have niece, still a young woman who can't even get out of bed. And we know so, so, SO many others. And the frustrations when you go to the doctors. We have been extremely lucky in that respect, having found--eventually--doctors who were able to help us, but so many others are not. We have heard many horror stories....

Lisa says

[A Nation in Pain: Healing Our Biggest Health Problem](#) is a detailed and well-researched book, highlighting

the conflict between those fighting to severely restrict access to opioids, and Pain Patients, who often depend on these medications to maintain even a modicum of relief from chronic, even life-long intractable pain. Unfortunately, in the "Opioid Wars," Pain Patients are often the last consideration on everyone's list but their own. Judy Foreman changes the discussion by focusing on the crisis in treating pain in our country, and around the world, siting needless suffering from under- and non-treated pain.

An earlier review states that Foreman prescribes "pills" as the only solution; my take-away suggests he and I read two different books. In my reading, the author recommends a multimodal approach (albeit one that is difficult to achieve in today's healthcare climate,) as often as possible. She presents detailed information on how pain works, how acute pain becomes chronic, and what methods work well to treat pain of different types.

You may have noticed my capitalization of *Pain Patient*. I have done so in honor of Judy Foreman, who stands up for those who are often afraid to make their voices heard, in fear that there might be reprisals, that they would jeopardize their access to one of the few tools that make their lives tolerable -- their opioid pain medications. As Foreman points out, very few true pain patients are addicts. Being dependent—as opposed to addicted—a critical distinction, on a medication used to treat a medical condition, in the same way that diabetics need insulin, should not result in a person being demeaned and treated like a criminal. Somehow, in this war, we must separate the true abusers from the pain patients. Otherwise, there will be a monumental amount of collateral damage, people in pain, forced to suffer what would be for many a fate worse than death.

Holly Weiss says

A must-read for those if us dealing with chronic pain. The beginning is very technical, but helped me understand it is not all in my head. Subsequent chapters deal with various pain relief modalities, including traditional and alternative approaches. Information about various clinical trials is helpful.

Emily says

I've decided to not finish this book. I am rating it because for once I think my refusal to finish is not a personal failing but directly because the book is terrible.

Contained in the book: some interesting facts. Extremely misleading presentations of data and statistics. Basic science written for a middle or high school level. Most of if not all of the sections end with a sassy "Well if it were up to regular old ME I would do THIS!" pronouncement that lacks substance and nuance.

The straw that broke this camel's back was the assertion that 0.2% annual risk of overdose for patients on the *lowest clinical dose* of opioids is "minuscule" and therefore the risk of overdose has been massively overblown. 1 in 500 *annual risk* of a long term medication is not minuscule, and that's talking about the

patients on the *lowest* doses.

I did not have any kind of agenda when I started reading this book, but the author's heavy-handedness made it hard to not want to find holes in her arguments. There are many. I'm sure there are better books to read about chronic pain.

Nancy says

Interesting! Some of its a little dry, but interesting. The moral of the story - nothing works for everyone, nothing works 100%, just because your tests/scans are normal doesn't mean it doesn't hurt. Most interesting is that studies show acupuncture and massage do work. As a recent massage convert, I can agree. And most people who take opioids aren't going to get addicted. The glial cell research is interesting, too.

Teo 2050 says

[Foreman J (2014) (14:57) Nation in Pain, A - Healing our Biggest Health Problem

Introduction

How to Read This Book

01. The Enormity of the Problem

- Overview
- Why doctors know so little about pain
- Economic costs of chronic pain
- Underfunding of pain research
- Human costs: The day the filing cabinets fell on Cindy Steinberg

02. What Is Pain, Anyway?

- Overview
 - The four "flavors" of pain
 - How the nervous system transmits pain
 - How the body turns acute pain into chron
-

Ariel says

Foreman has written a medical book that is in sync with the times, especially if you are a chronic pain patient. I recommend parts this book to medical professionals--especially the opiate wars and the sections on a lack of pain education in medical schools--and all of it to pain patients. It gave me a feeling of hope and a sense that I am not alone. Not alone in pain or my criticisms of how pain is treated. I did cringe through the magic bullet chapter as twice I went gung ho into physical therapy and left significantly more disabled. I kept waiting for a line or two about exercise intolerance, but I think those of us who can't get enough oxygen to our muscles are quite rare in comparison to people with other types of problems. Foreman has many ideas that I hope can become reality one day. It was a hard book to get through as when you're in pain the last thing you want to read about is pain, but I'm very glad I did. There were statistics galore on massage, meditation, and acupuncture, all things I've wanted to try.

Barbara (The Bibliophage) says

This is a highly detailed review of a complex situation. As a person both living with chronic pain and working with other who also living with chronic pain, I knew this was an important book for me to read. It hasn't been an easy read, but it is worth the effort.

The author covers a wide variety of topics related to chronic pain, and despite her own bias of chronic pain experiences, she follows journalistic standards and stays balanced. Hey, 50% of the book's pages are footnotes! Ultimately, she provides a good review of what options exist, and what changes need to be made in the treatment of chronic pain.
