



April 6, 2008

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7 Pains You Shouldn't Ignore

Experts describe the types of pain that require prompt medical attention.

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WebMD Feature

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Whoever coined the term "necessary evil" might have been thinking of pain. No one wants it, yet it's the body's way of getting your attention when something is wrong. You're probably sufficiently in tune with your body to know when the pain is just a bother, perhaps the result of moving furniture a day or two before or eating that third anchovy. It's when pain might signal something more serious that the internal dialogue begins:

"OK, this isn't something to fool around with."
"But I can't miss my meeting."
"And how many meetings will you miss if you land in the hospital?"
"I'll give it one more day."
Etc.

You need a guide. WebMD consulted doctors in cardiology, internal medicine, geriatrics, and psychiatry so you'll understand which pains you must not ignore -- and why. And, of course, if in doubt, get medical attention.

No. 1: Worst Headache of Your Life

Get medical attention immediately. "If you have a cold, it could be a sinus headache," says Sandra Fryhofer, MD, MACP, spokeswoman for the American College of Physicians. "But you could have a brain hemorrhage or brain tumor. With any pain, unless you're sure of what caused it, get it checked out."

Sharon Brangman, MD, FACP, spokeswoman for the American Geriatrics Society, tells WebMD that when someone says they have the worst headache of their life, "what we learned in medical training was that was a classic sign of a brain aneurysm. Go immediately to the ER."

No. 2: Pain or Discomfort in the Chest, Throat, Jaw, Shoulder, Arm, or Abdomen

Chest pain could be pneumonia or a heart attack. But be aware that heart conditions typically appear as discomfort, not pain. "Don't wait for pain," says cardiologist Jerome Cohen, MD. "Heart patients talk about pressure. They'll clench their fist and put it over their chest or say it's like an elephant sitting on their chest."

The discomfort associated with heart disease could also be in the upper chest, throat, jaw, left shoulder or arm, or abdomen and might be accompanied by nausea. "I'm not too much worried about the 18-year-old, but if a person has unexplained, persistent discomfort and knows they're high risk, they shouldn't wait," says Cohen. "Too often people delay because they misinterpret it as heartburn or GI distress. Call 911 or get to an emergency room or physician's office. If it turns out to be something else, that's great."

He tells WebMD that intermittent discomfort should be taken seriously as well. "There might be a pattern, such as discomfort related to excitement, emotional upset, or exertion. For example, if you experience it when you're gardening, but it goes away when you sit down, that's angina. It's usually worse in cold or hot weather."

"A woman's discomfort signs can be more subtle," says Cohen, who is director of preventive cardiology at Saint Louis University School of Medicine. "Heart disease can masquerade as GI symptoms, such as bloating, GI distress, or discomfort in the abdomen. It's also associated with feeling tired. Risk for heart disease increases dramatically after menopause. It kills more women than men even

though men are at higher risk at any age. Women and their physicians need to be on their toes."

No. 3: Pain in Lower Back or Between Shoulder Blades

"Most often it's arthritis," says Brangman, who is professor and chief of geriatrics at SUNY Upstate Medical University in Syracuse, N.Y. Other possibilities include a heart attack or abdominal problems. "One danger is aortic dissection, which can appear as either a nagging or sudden pain. People who are at risk have conditions that can change the integrity of the vessel wall. These would include high blood pressure, a history of circulation problems, smoking, and diabetes."

No. 4: Severe Abdominal Pain

Still have your appendix? Don't flirt with the possibility of a rupture. Gallbladder and pancreas problems, stomach ulcers, and intestinal blockages are some other possible causes of abdominal pain that need attention.

No. 5: Calf Pain

One of the lesser known dangers is deep vein thrombosis (DVT), a blood clot that can occur in the leg's deep veins. It affects 2 million Americans a year, and it can be life-threatening. "The danger is that a piece of the clot could break loose and cause pulmonary embolism [a clot in the lungs], which could be fatal," says Fryhofer. Cancer, obesity, immobility due to prolonged bed rest or long-distance travel, pregnancy, and advanced age are among the risk factors.

"Sometimes there's just swelling without pain," says Brangman. "If you have swelling and pain in your calf muscles, see a doctor immediately."

No. 6: Burning Feet or Legs

Nearly one-third of the 26 million Americans who have diabetes are undiagnosed, according to the American Diabetes Association. "In some people who don't know they have diabetes, peripheral neuropathy could be one of the first signs," says Brangman. "It's a burning or pins-and-needles sensation in the feet or legs that can indicate nerve damage."

No. 7: Vague, Combined, or Medically Unexplained Pains

"Various painful, physical symptoms are common in depression," says psychiatrist Thomas Wise, MD. "Patients will have vague complaints of headaches, abdominal pain, or limb pain, sometimes in combination."

Because the pain might be chronic and not terribly debilitating, depressed people, their families, and health care professionals might dismiss the symptoms. "Furthermore, the more depressed you are, the more difficulty you have describing your feelings," says Wise, who is the psychiatry department chairman at Inova Fairfax Hospital in Fairfax, Va. "All of this can lead the clinician astray."

Other symptoms must be present before a diagnosis of depression can be made. "Get help when you've lost interest in activities, you're unable to work or think effectively, and you can't get along with people," he says. "And don't suffer silently when you're hurting."

He adds there's more to depression than deterioration of the quality of life. "It has to be treated aggressively before it causes structural changes in the brain."

SOURCES: Sharon Brangman, MD, FACP, professor and chief of geriatrics, SUNY Upstate Medical University, Syracuse, N.Y.; spokeswoman, American Geriatrics Society. Jerome D. Cohen, MD, FAAC, director of preventive cardiology, Saint Louis University School of Medicine. Sandra Fryhofer, MD, MACP, spokeswoman, American College of Physicians, Atlanta. Thomas Wise, MD, psychiatry department chairman, Inova Fairfax Hospital, Fairfax, Va. American Diabetes Association web site. WebMD Health Tool, "Blood Clot & DVT Quiz."

Reviewed on February 24, 2008

God bless you and have a great week.