



Douglas Allen

EDITORS' NOTE Dr. Douglas Allen is dual board certified in physical medicine and rehabilitation and interventional pain management. Dr. Allen received his interventional pain training at Jackson Memorial Hospital/ University of Miami's Department of Anesthesiology. He received his Psychiatry training at St. Vincent's Hospital in Manhattan.

INSTITUTION BRIEF At New York Pain Medicine (nypainmedicine.com), the focus is on the implications of short-term and chronic pain in the body and the goal is to implement the recovery of the whole person. Proper diagnosis, accurate treatment plans, and a team approach results in a healthy, pain-free lifestyle. Based in midtown with a diverse staff of expert practitioners, New York Pain Medicine offers traditional medical pain management strategies as well as certified, alternative approaches.

In pain medicine, what is the difference between an M.D. and a D.O.?

In the United States, there are two types of licensed physicians that practice medicine: Physicians with the Doctor of Allopathic Medicine degree (M.D.) and physicians with the Doctor of Osteopathic Medicine degree (D.O.). The medical training for an M.D. and D.O. is virtually indistinguishable; however, osteopathic physicians are additionally trained in manual medicine. In spite of similarities in education, the difference is in the philosophy of practice – an osteopath tends to look at the body more as a whole. Instead of looking just at a body part in a diseased state, we look beyond that to determine how it affects the patients' other aspects of life: psychological and social, stress level, and the physical condition of the rest of the body.

What are the common pains you treat?

Back pain is by far the most prevalent. Part of it is attributed to sitting in front of computers throughout the day, which is an unfortunate by-product of the modern workplace.

Psychological stress, be it from the rigors of work, relationships or other factors, also contributes to the perception of pain. In many circumstances, the best treatment involves multiple specialties, including specialists such as myself, physical therapists, mental health professionals,

Got Pain?

**An Interview with
Douglas Allen, D.O., New York Pain Medicine**

and a good understanding by primary care physicians. So I like to enable a team to help patients manage pain.

How do hypnosis and acupuncture help patients manage pain?

They both are alternative medicine techniques that can be helpful in the management of a painful condition. Acupuncture has been part of Eastern medicine for over 3,000 years. It is based on meridian lines, which, according to the literature of Western medicine, do not have anatomical basis. However, many patients get good results.

In my office, we have a licensed physical therapist who is also a skilled licensed acupuncturist.

Cancer patients often have more advanced pain. Can you help them as well?

Absolutely. A lot of our pain management regimen, specifically with opiates, is geared towards cancer patients, especially at end of life. The goal of any pain management therapy regimen is to make the patients comfortable so we can provide an enhanced quality of life.

The reason people seek a pain management specialist is to improve quality of life using the medications we have available to us.

I feel very comfortable using medications in combination and understanding their mechanisms of action to develop an individualized regimen.

Is someone who has pain but waits to see the doctor making a mistake?

Yes, and that's the reason for the emergence of this sub-specialty. When you look statistically at the number of people suffering, they need to know there is an outlet available to them in order to specifically treat their conditions.

Do you use any interventional pain medicine, like intrathecal catheters?

Yes. Interventions are wonderful and they're another aspect of pain management that helps patients improve the acute aspects of pain. My job is to get the patient over the hump in order to participate in some type of physical regimen that is going to improve function.

I am not impressed by how many times you can do a leg lift in a physical therapy office; my concern is how far you can walk. What is your ambulatory tolerance? This is a functional measure, which is a much better grade of improvement than leg lifts. The goal is specific to improve the quality of life of the person as a whole instead of looking at a physical "disease state."

What is an intervention?

It is a pain-guided injection. For the spine, one of the basic types of injections is an epidural.

Medication is placed in the epidural space under x-ray guidance. The epidural space has direct connection to many of our potential pain generators in the spine including the discs, facets, and exiting nerves.

If you go into the intrathecal space, you can provide certain medications at high dosages, but that is only in extreme cases.

Other interventions can focus on the disk or the facet joints. Both are responsible for maintaining your spinal posture. If there is excessive pressure on those areas, patients often complain of pain symptoms. Some of the newer techniques in pain management focus on cauterizing nerves in the area, offering longer term relief.

Each intervention has specific pros and cons. We evaluate every case carefully so patients understand why we are choosing one intervention over another.

What are the benefits of delivering medication other than orally?

When you medicate as an injectate, often times you limit some of the systemic side effects. The medication affects only the area that produces the pain, not the whole body. This allows us to put a larger concentration of the medication over that area and results in fewer potential unpleasant side effects.

Injection can also be diagnostic. If I place the medication in a small localized area and you get relief, then we know that area is responsible for your pain.

Another benefit of injection is that it provides immediate pain relief.

What is the focus of leading-edge pain management research today?

Besides looking at the source of pain, we are also looking at the way the pain signal travels up the spinal cord and ultimately ends at an area in the brain responsible for the perception of pain. Pharmaceutical companies are researching the connection between pain perception and the mood of the patient. For example, if individuals are in pain for a long period of time, their moods change; their habits may start to change; and they can develop depression. Research today is focusing on the link between mental health and pain management; hence, we often use psychotropic medications for pain management.

So with the combination of medications, interventions, physical therapy, acupuncture, and other alternative methods, we can often improve quality of life. Happiness is a wonderful thing. ●