

Giving Patients Hope for Better Lives

Q&A with Paul Christo, MD, MBA, pain medicine physician and host of the award-winning SiriusXM radio talk show *Aches and Gains*.

How has the medical community's understanding of pain evolved in recent years?

We've learned from good scientific research that chronic pain is a disease in and of itself, not just a symptom of another disease or illness. More than 100 million people in the U.S. and approximately 1.5 billion people worldwide suffer from chronic pain. Many of us in the healthcare community and certainly the public never had a handle on the pure scope of the pain problem we're facing.

What is your top priority with the subjects you cover and the stories you tell on *Aches and Gains*?

Ensuring the show isn't too medically complex because I feel that's not helpful to our *entire* audience, (patients, caregivers, physicians and other health providers). I try to provide real, compelling stories of people — everyday people and celebrities — who have found relief. They describe how they've overcome pain while contributing experts who are at the top of their specialties also talk about current and emerging treatments for pain conditions. Finally, I always try to convey a sense of hope that patients can feel better.

In what ways has the opioid crisis impacted patients with chronic pain conditions?

On one hand it's allowed us to offer effective opioid alternatives. It's given patients the opportunity to choose non-pharmacologic, non-opioid treatments and interventional injection therapies to combat pain. On the other, the original CDC guideline had the unintentional effect of causing fear among physicians about prescribing opioids. In some cases, it's hurt patients whose medications have been lowered or eliminated altogether. Their quality of life has been negatively impacted. The new CDC guideline, however, hopes to correct this ill effect.

What the most dangerous misconception about treating chronic pain?

There's an expectation today that we can take away one-hundred percent of a patient's pain. In all honesty, we don't have the ability to do that yet. With advances in medical science and research, we hope to someday have that capability. Instead, it's better for patients to expect a meaningful reduction in pain and an improvement in their overall quality of life. That may mean a pain reduction of 30 to 50% with medication, injection therapy (nerve blocks, neurostimulation), integrative therapies (acupuncture, yoga, etc.), or in combination.

What does it mean to be a patient advocate?

It means I will always do my best not to give up on patients and explore therapies that may not be straightforward and obvious. I've featured radio shows on energy therapy for pain reduction, something that isn't generally suggested by the medical community. Even some non-traditional, less-mainstream therapies can be helpful, and I do consider them when seeing patients because it's worthwhile to explore all possibilities given that pain is so complex and personal. [OSM](#)

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