

FREQUENTLY ASKED QUESTIONS



Frequently Asked Questions - Physicians

- Is there a sub-acute type of visceral pain?
- What is the first step when treating a patient who presents with acute visceral pain?
- What is the first step in diagnosing a patient with chronic visceral pain?
- When a patient presents with visceral pain, how important is it to evaluate his or her psychological status (*e.g.*, sleep, mood, social interactions)?
- Is visceral pain always related to tissue/organ damage?
- What is important in the patient's history for diagnosing visceral pain?
- Why is it important to check for comorbidities in patients with visceral pain?
- If you have a diabetic patient, how do you determine if the pain is visceral – as in myocardial infarction pain – or is neuropathic pain from diabetes?
- If a patient presents with back pain, how do I determine if it is visceral pain (*e.g.*, due to pancreatitis)?
- How do I assess a patient who presents with no red flags? How do I diagnose this patient?
- How does visceral pain become chronic?
- How can I assess the risk of a patient developing chronic visceral pain? What are the predictors for development of chronic visceral pain?
- When do I finally say my patient's pain is visceral?
- When should a patient be referred to a specialist?

Frequently Asked Questions - Patients

- How long will I need to take my pain medication(s)?
 - Will I become addicted to my pain medication(s)?
 - Will my pain medication(s) affect how my other medications work?
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