

COPING WITH TN

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While medical doctors attack the physical pain of trigeminal neuralgia with pills and surgery, another important side of this condition is often over-looked—the mental and emotional toll it takes.

"Anybody who has any kind of pain will have some associated depression," Jacksonville, Fla., psychiatrist Dr. Alberto de la Torre recently told the Northeast Florida TN Support Group.

When the pain is chronic and severe as in TN, depression is even likely and may become just as disabling as the misfiring trigeminal nerve, de la Torre said.

TN patients often experience a range of emotional turmoil. They may experience anxiety or even panic attacks while worrying when the next major TN attack will occur. They may take on a pessimistic attitude.

They may experience guilt and even grief at not feeling up to doing the things they used to do.

"And some may even go so far as to contemplate suicide," said de la Torre.

The promising news is that the emotional pitfalls of TN can usually be overcome -- if they're addressed

"Depression is an eminently treatable condition," de la Torre said. "It's one psychiatric illness we love to see because the response is so good."

However, some TN patients are reluctant to seek help because they believe mental-health professionals are for "really crazy people," as de la Torre put it.

Depression treatment may involve a range of therapies, including one of the approximately 30 antidepressant medications that doctors now use.

De la Torre said these medications change the brain's chemistry and affect the neurotransmitters involved in both depression and pain sensation. That means these drugs sometimes lessen the patient's perception of pain in addition to improving emotional health.

The anti-depression arsenal also includes techniques such as counseling biofeedback (training the brain to lessen its perception of pain), relaxation techniques and hypnosis.

De la Torre said hypnosis can be a very useful tool in dealing with pain as well as depression. He said when he served in the military during the Korean War, he saw soldiers undergo extensive dental work under hypnosis with no anesthetics.

De la Torre offered some other advice to help TN patients cope:

* **Keep a "pain diary."** Rate pain daily on a scale of 1 to 10 and keep track of associated activities. The idea is to zero in on circumstances that seem to accompany the waxing and waning of pain attacks.

* **Exercise regularly.** Vigorous exercise releases endorphins, the body's naturally produced pain-fighting chemicals.

* **Stay busy.** "Don't sit at home in a chair waiting for the next Pain to occur," said de la Torre. "Make your life constructive ... and don't become obsessed with the pain. "

* **Seek out support.** Don't withdraw into a shell. "Get the family directly involved in what is going on because the support of family is paramount to the well being of the person who suffers pain," de la Torre said.

* **Talk to others** with TN. Because there is no outwardly visible reason for pain, others may think the pain is "all in your head."

"When you grimace or wince in that excruciating moment of pain, others may think you just want attention or are just manipulating the environment or are medication-seeking, de la Torre said. "...When you're in a (support) group and talk with people who have had the same experience as you have you obtain a level of understanding that people who have not had that pain can only hope to achieve."

* **Try to maintain a sense of humor.** It may not be easy when lightning bolts keep going off in your face, but humor can be a great aid in the mental health needed to cope with TN.

De la Torre left the Florida group with a challenge to stay optimistic because great advances are being made in the understanding of brain chemistry and how it relates to pain.

He said he expects great strides will be made in pain management over the next 10 years.