



Exercise and Weight Loss as a Strategy for Chronic Pain Control: A Comprehensive Review

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

Chronic pain is a complex and debilitating condition affecting millions worldwide. Traditional pain management strategies often focus on medication and invasive procedures, but growing evidence supports the role of exercise and weight loss in chronic pain control. This manuscript provides a

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detailed review of current literature, discussing the physiological mechanisms, benefits, and recommendations of exercise and weight loss as a strategy for chronic pain management. The aim is to highlight the potential of these non-pharmacological approaches and their integration into comprehensive pain management plans.

Keywords: Weight loss; strategy; chronic pain.

1. INTRODUCTION

Chronic pain is a multifaceted condition characterized by persistent pain lasting beyond the expected healing time. It significantly impacts individuals' physical, emotional, and social well-being, reducing their quality of life. Chronic pain is estimated to affect a substantial portion of the American population. According to the National Institutes of Health (NIH), chronic pain affects approximately 20% of adults in the United States [1]. That translates to around 67 million adults living with chronic pain. It is important to note that chronic pain can have a wide range of causes and manifestations, and its impact on individuals can vary greatly. It can affect physical, emotional, and mental well-being, significantly impacting daily activities and quality of life [2,3]. Traditional approaches to chronic pain management primarily involve pharmacological interventions and invasive procedures [4]. While medications are commonly used for chronic pain management, their side effects can limit their long-term efficacy [5]. Exploring alternative measures, such as weight loss and exercise, can provide additional benefits in managing chronic pain. Weight loss reduces the strain on joints and muscles [6,7], while exercise strengthens the body, releases endorphins – the natural painkillers, and improves overall well-being [8]. However, these methods' limitations and potential risks have prompted researchers and healthcare professionals to explore alternative strategies. This manuscript explores the evidence surrounding exercise and weight loss as a non-pharmacological approach to chronic pain control.

2. METHODOLOGY

This literature review comprehensively evaluated the evidence on the effectiveness of exercise and weight loss for controlling chronic pain. PubMed was used as the primary database, and a comprehensive search strategy with relevant keywords was employed. Studies published until 2021 were included based on predefined criteria. Relevant studies were selected through title and abstract screening, followed by a detailed

evaluation of full-text articles. Data extraction focused on study design, participant characteristics, intervention details, outcome measures, and critical findings. Multiple reviewers ensured consistency and accuracy. Quality assessment tools, such as the Cochrane Collaboration's Risk of Bias tool, were used to evaluate study quality and risk of bias. Data synthesis identified common themes among the studies. The results and discussion section summarized key findings, addressing the research question alongside implications for healthcare professionals and future research.

3. DISCUSSION

3.1 Physiological Mechanisms

3.1.1 Neuroplasticity and pain modulation

Exercise has been shown to induce neuroplastic changes within the central nervous system, leading to the modulation of pain perception. Regular physical activity enhances the release of endogenous opioids, such as endorphins, and activates descending inhibitory pathways, reducing pain sensitivity and improving pain tolerance [1,2,3]. These physiological changes are significant as they alter the body's response to pain stimuli, potentially reducing the severity and frequency of chronic pain episodes.

3.1.2 Inflammatory modulation

Chronic pain is often associated with underlying inflammation. Exercise has been shown to have anti-inflammatory effects by releasing myokines, cytokines produced by skeletal muscles. These myokines exert local and systemic anti-inflammatory actions, reducing pain and improving overall well-being [2,3]. The anti-inflammatory effects of exercise can be particularly beneficial for individuals with chronic pain conditions associated with inflammation, such as arthritis or fibromyalgia [6].

3.1.3 Weight loss and pain reduction

Excess body weight places additional stress on joints and soft tissues, exacerbating pain. Weight

loss reduces the mechanical burden on weight-bearing joints, decreasing pain and improving function. Furthermore, adipose tissue is known to release pro-inflammatory cytokines, perpetuating chronic pain [3-7]. By reducing body weight, individuals can decrease the mechanical stress on their joints and potentially reduce the levels of pro-inflammatory cytokines in their bodies, leading to a reduction in pain levels.

3.2 Benefits of Exercise and Weight Loss in Chronic Pain Control

3.2.1 Musculoskeletal conditions

Exercise has significantly benefited musculoskeletal conditions, such as osteoarthritis, low back pain, and fibromyalgia. Strengthening exercises improve joint stability and relieve pain by reducing the excessive load on affected areas. Aerobic exercises enhance cardiovascular fitness, reducing the risk of comorbidities and enhancing overall physical function [4-9]. In a secondary analysis of 2889 subjects on using intensive exercise and weight loss to prevent knee pain in high-risk individuals, 15% of the intervention group were less likely to develop knee pain than the control group after one year [8]. In another similar trial, Foy et al. concluded that weight loss significantly enhanced physical fitness and improved pain control among the participants in the intervention group [8].

3.2.2 Neuropathic pain

While exercise may not directly target neuropathic pain mechanisms, it offers indirect benefits. Physical activity improves cardiovascular health, enhances mood, and reduces the risk of comorbid conditions like depression commonly associated with neuropathic pain [7-10]. As reported by several authors, weight loss has been associated with improvements in neuropathic pain. For instance, Callaghan and colleagues conducted a study involving 131 patients with obesity to explore the connection between weight loss and neuropathic pain. Their findings suggested that dietary weight loss slightly positively impacted polyneuropathic pain [10]. Callaghan and his team previously claimed that polyneuropathy is commonly found in individuals with obesity, emphasizing that Prediabetes and obesity play significant roles as metabolic factors driving polyneuropathy [10].

3.2.3 Psychological well-being

Chronic pain often leads to psychological distress, including anxiety and depression.

Exercise has been shown to improve mental health by increasing endorphin release, promoting neurogenesis, and enhancing self-esteem. These psychosocial benefits contribute to a holistic pain management approach [10-13]. During a study assessing the impact of a clinical weight loss program on the health-related quality of life in overweight and obese adults, researchers observed notable improvements in various aspects. Following the six-month intervention, participants experienced positive changes in physical and mental composite measures and enhancements in physical functioning, general health, vitality, and mental health subscales [11-13]. Several other factors have found similar positive outcomes on weight loss and psychological well-being. For example, the study conducted by Harding et al., in rural Australia investigated the impact of patient weight outcome and functional status on quality-of-life measures over six months. Their research findings revealed significant improvements in the quality of life measures during this timeframe [12,13].

4. RECOMMENDATIONS AND GUIDELINES

4.1 Exercise Prescription and Weight Loss Strategies

Individualized exercise programs tailored to patients' needs and limitations should be implemented. A combination of aerobic, resistance, and flexibility exercises is recommended. The frequency, intensity, time, and type (FITT) principle should be applied, gradually progressing the exercise regimen while monitoring pain levels. Patients should be educated about proper form, pacing, and the importance of regular physical activity [1-6, 3-13]. See Fig. 1.

For overweight or obese patients, weight loss should be incorporated as part of the comprehensive pain management plan. A multidisciplinary approach involving dietary modifications, behavioral interventions, and regular exercise is crucial for sustainable weight loss. Setting realistic goals and providing ongoing support and monitoring are essential for success [11-16]. Weight loss is a common goal for many individuals aiming to improve their overall health and well-being. However, achieving sustainable weight loss can be challenging, and numerous strategies have been proposed to assist in this endeavor. A combination of several strategies has been proposed.

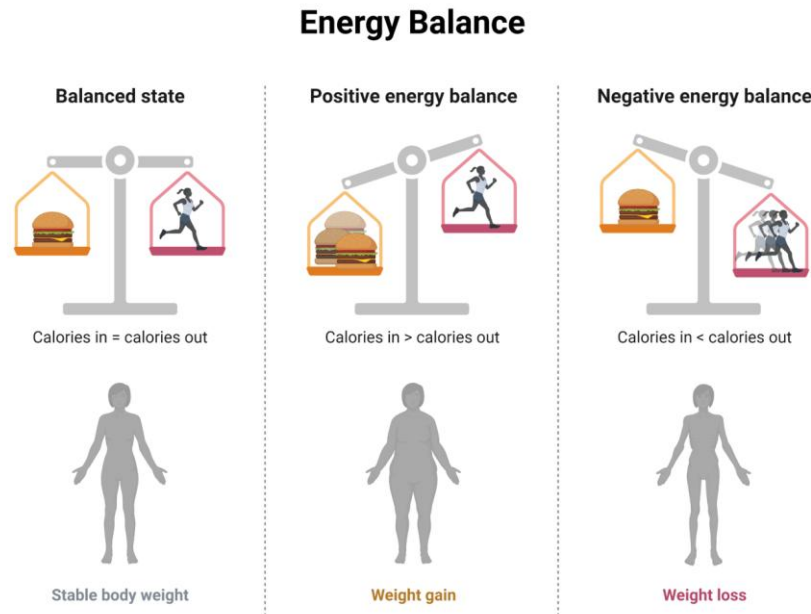


Fig. 1. Energy balance in exercise

These are:

Caloric Restriction: One of the fundamental strategies for weight loss is reducing caloric intake. Several randomized trials have demonstrated the effectiveness of caloric restriction in achieving weight loss [15-20]. These studies suggest that a moderate calorie deficit, typically ranging from 500 to 1000 calories per day, can lead to a safe and sustainable rate of weight loss [15-18]. Caloric restriction can be achieved through portion control, mindful eating, and including low-calorie, nutrient-dense foods in the diet [16-20].

Dietary Composition: The composition of the diet plays a crucial role in weight loss. Randomized trials have compared various dietary approaches, including low-fat, low-carbohydrate, and Mediterranean diets, to determine their efficacy in promoting weight loss. For instance, a randomized trial comparing low-fat and low-carbohydrate diets found similar weight loss outcomes between the two approaches [16-20]. Another trial demonstrated that a Mediterranean diet, rich in fruits, vegetables, whole grains, and healthy fats, led to significant weight loss compared to a low-fat diet [18]. Therefore, individuals may choose a dietary approach that aligns with their preferences and is sustainable in the long term.

Physical Activity: Incorporating regular physical activity into a weight loss regimen is essential. Randomized trials have consistently shown that exercise and dietary interventions lead to more significant weight loss than diet alone [19-23]. Aerobic exercise and resistance training have been demonstrated to promote weight loss and improve body composition [19-23]. It is recommended to engage in at least 150 minutes of moderate-intensity aerobic activity or 75 minutes of vigorous-intensity aerobic activity per week, along with two or more days of strength training [20-23].

Behavior Modification: Eating and lifestyle behavior changes are crucial for successful weight loss. Randomized trials have shown that behavioral interventions, such as cognitive-behavioral therapy, self-monitoring, and goal setting, significantly contribute to weight loss success [21-25]. These interventions help individuals develop sustainable habits, enhance self-awareness, and improve adherence to dietary and physical activity recommendations [21-24].

Social Support: The role of social support in weight loss cannot be underestimated. Randomized trials have demonstrated that including social support components, such as group-based interventions or involving family and friends, enhances weight loss outcomes [23,28].

Social support provides motivation, accountability, and encouragement, making weight loss efforts more sustainable and enjoyable [25-27].

5. CONCLUSION

Exercise and weight loss have emerged as valuable strategies in chronic pain control. The physiological mechanisms underlying these approaches, including neuroplasticity, inflammation modulation, and mechanical load reduction, demonstrate their effectiveness. The benefits extend beyond pain reduction, encompassing improved physical function, psychological well-being, and overall quality of life. Integrating exercise and weight loss into comprehensive pain management offers a holistic and sustainable approach for individuals with chronic pain.

Data Availability: The data used in this study was from publicly available published research.

Regulatory Approval or Research Subject Protection Requirements: This manuscript does not require regulatory approval.

CONSENT AND ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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