WORLD PAIN DAY 2026

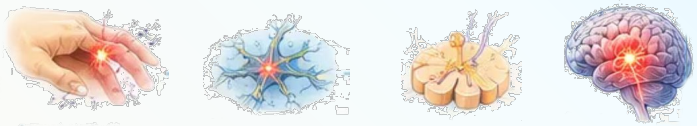
– Understanding – Diagnosing – Treating – Improving Lives



"According to IASP 2020, Acute Pain is "an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage"

Last from few seconds to 3 months

PAIN MECHANISM



Nociceptive
Nociceptor activation by harmful stimuli

Nociplastic
Altered pain processing

Neuropathic
Caused by somatosensory system damage

Mixed
Involve more than one mechanism

PAIN PATHOPHYSIOLOGY



Nociception
Nociceptor activation

Transduction
Converts stimuli into signals

Transmission
Signals reach the brain

Modulation
Signals are centrally modulated

Perception
Brain interprets pain

ACUTE PAIN: KEY INSIGHTS

~80M people experiences acute pain annually in US

~806,000 Opioid overdose deaths, 1999-2023

80% of **~100M** US surgical patients suffer postoperative pain

Pain causes **>70%** of ED visits; acute headaches account for **2.1M**

Pain is a global health challenge

RISK FACTORS

- Blunt Trauma
- Surgery
- Dental Procedures
- Pulled or strained muscle
- Burns

DIAGNOSTIC SCALE

Numeric Rating Scale

Rates pain intensity from 0 to 10

0 (No pain) 1 2 3 4 5 6 7 8 9 10 (Worst possible pain)

Patient selects number (0-10) to represent their pain intensity at that moment

Visual Analogue Scale

Patient marks the line to indicate pain intensity

10 cm line measuring pain intensity

0 1 2 3 4 5 6 7 8 9 10

SIGNS & SYMPTOMS

Sharp pain (sudden severe pain)

Throbbing (pulsing pain)

Stabbing pain (piercing pain)

Burning (heat sensation)

Numbness (loss of sensation)

Tingling (pinprick sensation)

NON-PHARMACOLOGICAL MANAGEMENT

Rest (□ healing)

Heat/Ice (□ infla mmation)

Physical Therapy (mobility & strength)

Exercise (maintains function)

Bioelectric Therapy (nerve stimulation)

Stress reduction (relaxation technique)

DIAGNOSIS of ACUTE PAIN

Blood Tests

CT Scan

X-ray

Dye injection study

MRI

Ultrasounds

NaV1.8 inhibitor JOURNAVX (suzetrigine) 50mg tablet

NOVEL NON-OPIOID PAIN RELIEF

FDA Approved Jan 30, 2025

- ☑ First in class non-opioid sodium channel blocker for moderate- to-severe acute pain
- ☑ Blocks pain signaling before it reaches the brain
- ☑ Targets NaV1.8 in peripheral nociceptors
- ☑ Not expressed in brain

Dosing & Administration
☑ Swallow whole; do not crush

First Dose
Two **50 mg** tablets

12 hrs

From Second Dose
One **50 mg** tablet

PHARMACOLOGICAL MANAGEMENT

Acetaminophen
- COX inhibition (centrally)
- Analgesic & antipyretic

NSAIDs
- COX inhibition (centrally & peripherally)
- Anti-inflammatory

Muscle Relaxants
- □ muscle spasm
- □ pain □ mobility

Opioids
- μ- receptor agonist
- Modulate pain pathways

Adverse effects of NSAIDS: **GI Bleeding**
Adverse effects of Opioids: **Respiratory depression**

Less Pain ● **Better Function** ● **Improved Quality of Life**

Note: This report is generated based on publicly available data

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