

Pain Phenotypes that are Nociceptive, Neuropathic, or Nociplastic as Post-COVID Pain States

Aosly Sther*

Department of Health and Exercise Science, Appalachian State University, John E. Thomas Hall, 287 Rivers St, Boone, NC 28608, USA

Introduction

There is considerable proof of the advantages of fitness training for patients with fibromyalgia, including a decrease in pain and sadness as well as an increase in general health and physical function, in recent high-quality papers and meta-analyses. Exercise's impact on fibromyalgia symptoms, function, fitness and quality of life has been studied in more and better RCTs. Recently researched exercise methods include tai chi, chi gong, yoga, Nordic walking, vibration and lifestyle physical activity. According to studies, people with fibromyalgia can exercise aggressively or moderately. However, it has become more challenging for individuals to carry out and sustain vigorous or even moderately intense routines as a result of their increasing fibromyalgia symptoms. Without a doubt, the skill of exercise prescription is essential for success.

Description

To maximise benefits and guarantee long-term adherence, exercise-related discomfort, exhaustion and musculoskeletal damage must be avoided. Individual traits including physical fitness, function and symptom severity, objectives and preferences should be taken into account while establishing programmes. It is advised to gradually increase effort towards "moderate" level for deconditioned fibromyalgia patients. Primary care clinicians should encourage and assist fibromyalgia patients to pursue active lifestyles that include frequent exercise, even while multidisciplinary therapy is advised. The basic problems presented in the introduction have not yet been fully addressed, but if the speed of research on exercise for fibromyalgia remains the same, doctors will have the knowledge they need to develop and suggest the most effective exercise programmes for this group [1-5].

This section describes how to use the IASP criteria and clinical reasoning process to differentiate between nociplastic pain and the nociceptive, neuropathic, or mixed phenotypes in patients with post-COVID pain. One patient may fit the requirements for more than one pain phenotype, thus it may be helpful to determine whether nociceptive pain is the main form of pain initially. If a nociceptive pain pattern is discarded, the difference between neuropathic and nociplastic pain can then be formed using other criteria.

Conclusion

Post-COVID pain is still underdiagnosed and perhaps undertreated

*Address for Correspondence: Aosly Sther, Department of Health and Exercise Science, Appalachian State University, John E. Thomas Hall, 287 Rivers St, Boone, NC 28608, USA; E-mail: aoslysthr@gmail.com

Copyright: © 2023 Sther A. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Received: 24 February, 2023, Manuscript No. AIM-23-95576; Editor Assigned: 25 February, 2023, PreQC No. P-95576; Reviewed: 15 March, 2022, QC No. Q-95576; Revised: 20 March, 2023, Manuscript No. R-95576; Published: 27 March, 2023, DOI: 10.37421/2327-5162.2023.12.446

because of a lack of awareness of the issue. According to the data that is currently available, some of these persons could have nociplastic pain. The global movement towards precision medicine may be applied to post-COVID pain to help in the most effective treatment planning by using the 2021 IASP clinical criteria and grading system to identify various pain phenotypes. It is critical for doctors to be able to classify patients with post-COVID pain as having nociceptive, neuropathic, nociplastic, or mixed type due to the following four factors: Clinicians must first categorise the various types of pain in order to choose the best treatment approaches.

Acknowledgement

None.

Conflict of Interest

None.

References

- Han, Hui, Yuxin He, Jay Hu and Rhema Lau, et al. "Disrupted ER-to-Golgi trafficking underlies anti-HIV drugs and alcohol-induced cellular stress and hepatic injury." *Hepatol Commun* 1 (2017): 122-139.
- Huang, Jun, Dan Su, Yulin Feng, Kuangyi Liu and Yonggui Song. "Antiviral herbs-present and future." *Infect Disord Drug Targets* 14 (2014): 61-73.
- Wu, Chaomin, Xiaoyan Chen, Yanping Cai and Xing Zhou, et al. "Risk factors associated with acute respiratory distress syndrome and death in patients with coronavirus disease 2019 pneumonia in Wuhan, China." *JAMA Intern Med* 180 (2020): 934-943.
- Lau, Joseph T.F., P.C. Leung, E.L.Y. Wong and C. Fong, et al. "The use of an herbal formula by hospital care workers during the severe acute respiratory syndrome epidemic in Hong Kong to prevent severe acute respiratory syndrome transmission, relieve influenza-related symptoms and improve quality of life: a prospective cohort study." *J Altern Complement Med* 11 (2005): 49-55.
- Nie, Jianhui, Qianqian Li, Jiajing Wu and Chenyan Zhao, et al. "Establishment and validation of a pseudovirus neutralization assay for SARS-CoV-2." *Emerg Microbes Infect* 9 (2020): 680-686.

How to cite this article: Sther, Aosly. "Pain Phenotypes that are Nociceptive, Neuropathic, or Nociplastic as Post-COVID Pain States." *Alt Integr Med* 12 (2023): 446.