Manage your pain

With GPs steering away from ineffective opioid-type medication, Emma Bowler investigates the different ways we can handle chronic pain – rather than pain managing us.

We all experience pain – it is a natural response to injury; the injury heals and the pain goes away. However, pain that continues after an injury has healed, or arises without an identifiable cause and lasts for more than three months, is called chronic pain. Chronic refers to duration, not severity. The biggest causes of chronic pain are back problems, arthritis, injury and headaches. Other causes include cancer, heart disease, fibromyalgia, coeliac disease, lupus, chronic fatigue syndrome and IBS.

Last year, Public Health England found that long-term prescribing of opioids for chronic (non-cancer) pain was widespread, even though they are ineffective for most people when used long term.

Jackie Walumbe, Advanced Practice Physiotherapist, UCLH Complex Pain Team, explains, "GPs don't want to see their patients suffer, so they follow an 'analgesic ladder' where you start with paracetamol and at the top are opioids. But this ladder was designed for acute and cancer pain, rather than chronic pain."

DOWNWARD SPIRAL

After a matter of weeks, opioids start to lose their efficacy, so patients need increasing doses to achieve the same effect. Then side effects, including a little-known side effect of hyperalgesia (an increased sensitivity to pain), also start to kick in. This is an all too familiar pathway for those experiencing chronic pain.

After over a decade on opioids for fibromyalgia and osteoarthritis, Louise Trewern found her pain was getting worse. Also, the drugs were causing significant side effects, such as constipation, inability to sleep, loss of concentration, hyperalgesia and skin infections, to name a few.

"I presumed all of these symptoms were because my fibromyalgia was worsening," Louise says. "I just thought I needed more opioids."

Eventually, Louise was referred to her local pain management service. "The doctor was telling me I could learn some self-management skills instead of taking opioids, and I was like, *yeah, right – that's really going to work without painkillers!* I was completely not interested, but I thought I couldn't be worse than I am now," she says.

However, Louise was amazed that when her medication was halved, her pain started to reduce. The day before she went into hospital, she had managed to walk only 40 steps. In hospital she was advised to start pacing to trigger her natural endorphins, and the second day after reducing the opioids she managed 2,500 steps.

When she left hospital, Louise started going for regular walks. "I call walking my painkiller," she says. "It's also the best antidepressant you can get. I still have a lot of pain but I manage it better."

UNDERSTANDING PAIN

Today, Louise is free from all opioid side effects and she takes just two paracetamol to loosen up her stiffness in the morning. "I never understood how pain worked. I thought if you had pain, something was wrong," she says. "I was concentrating on how much pain I was in, instead of asking *how can I manage it?* That's what I've achieved now."

Jackie agrees that understanding how pain works is crucial to dealing with it: "You have to shift your thinking from: *this is broken*, to the current thinking: *this is because of changes in the nervous system that means your body has become over sensitive and is producing pain*. A lot of people find that a hard message to accept."

The message that there is no quick fix for pain is equally challenging. "All of the interventions we know that are helpful for dealing with long-term pain are hard," says Jackie. "People think, *how am I going to do that?* They are hard because you also have to deal with your thoughts and your beliefs about what is going on in your body."

Your pain management toolbox

Your medication may work well for you, but if it doesn't, don't suddenly stop taking it – always talk to your GP first. Together, you can find the support that's best for you. Here are some suggestions that have been effective for many sufferers:

Physiotherapy and movement

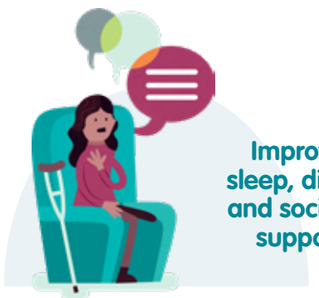
Mindfulness and relaxation

Counselling (the body and mind are inextricably linked)

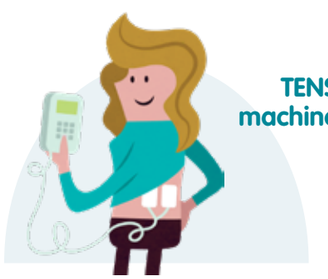
Pace your activity

Complementary medicine

Hot and cold packs



Improve sleep, diet and social support



TENS machine

TURNING TOWARDS PAIN

Clinical trials have shown that mindfulness can be highly effective as a pain-management tool. Vidyamala Burch – co-author of *Mindfulness for Health* and founder of Breathworks, a charity that helps people deal with chronic pain – manages pain from a spinal injury using mindfulness. Consequently, her quality of life has improved beyond recognition and she has significantly reduced her use of medication too.

"When you're in pain, you just want to be rid of it," says Vidyamala. "There is a lot of anxiety too, with thoughts such as, *will this ever go?* and *I can't stand this!* Feelings of anxiety, stress and depression are interpreted by the mind and body as threatening, and the nervous system goes into a fight or flight mode that leads to hypersensitivity, increased physical tension and an elevated perception of pain.

"Mindfulness works by soothing the mind's perception of pain. Turning towards and accepting pain seems counter-intuitive, but if you resist the messages of pain and negative emotions, they just keep coming – often stronger, in an increasing cycle of pain, stress and tension. But with regular mindfulness practice, the structure of the brain changes so you no longer feel pain with the same intensity. It might not completely eradicate your suffering, but it can mean it doesn't take over your life."

CREATIVE PAIN MANAGEMENT

The International Association for the Study of Pain says, "Pain is a sensory and emotional experience." As we learn more about the nature of pain and how the body and mind are inextricably linked – which is why experiencing trauma can result in chronic pain – it seems to command a more creative approach.

Jackie says, "Movement, on the whole, is good. It might be uncomfortable or painful but that doesn't always mean it's damaging. The best type of movement or exercise is the one the person does already. You need to find movement that has some value to you. That could be gardening, tai-chi, knitting, doing stretches, lifting weights, walking, cycling, swimming, or just doing a little bit more than you did the day before."

Finding community support can also be helpful, and there is a growing number of community-based initiatives for helping people to manage pain. These include wellbeing groups and initiatives, such as Green Gym and Escape Pain.

Unfortunately, education for healthcare professionals about pain management is poor – doctors may get as little as a one-hour lecture. Therefore, Jackie suggests, "The first step is to go to your healthcare professional – but to go a bit more informed. The Live Well With Pain website is a good starting point for patients and clinicians. Then you can have a proper conversation about what else is out there." ■

Get in touch

For more information, help and advice, visit these websites:

Pain management:
my.livewellwithpain.co.uk

Mindfulness:
vidyamala-burch.com

breathworks-mindfulness.org.uk

Tai Chi:
taoisttaichi.org

Find a Green Gym at:
tcv.org.uk/greengym

Escape Pain:
escape-pain.org