

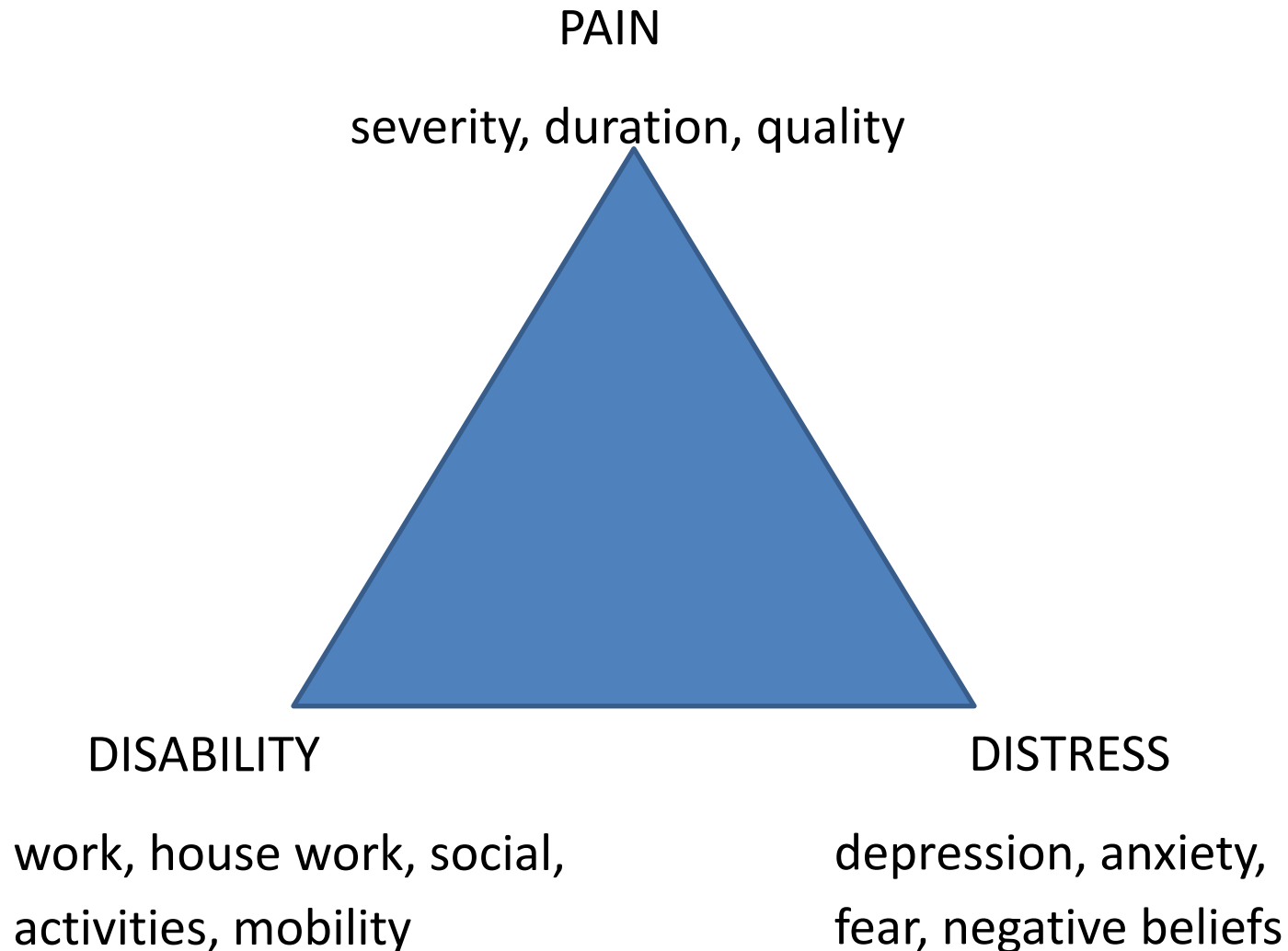
# Self Management of Chronic Pain

- How do you introduce concept of self-management?
- How to you integrate this with GP management?
- How to you shift focus from cure of pain to pain management?
- How do you introduce this at an earlier stage?

## How to prepare patient at early stage.

- Assess risk factors for disability and distress
- Listen for unhelpful beliefs
- Focus on function and mood despite pain
- Use self management strategies such as pacing and flexibility to enable patient to stay active and positive
- Be realistic: e.g. most back pain recurrent

# Assess and Focus on Risk factors for Disability










# *Focus on mood or functional issues*








- “During past month, is your pain of sufficient intensity to often make you feel worried or low in mood?”
- “During the past month, is it often too painful to do many of your day to day activities?”

# Pain Gate Theory for Patients

## What opens the Gate?

-  Stress
-  Tension
-  Anger
-  Sadness
-  Worry
-  Lack of activity
-  Focusing on pain

## What closes the Gate?

-  Relaxation / calm
-  Happiness / laughter
-  Stretching / exercise
-  Distraction / physical and mental
-  Painkillers / medication
-  Massage
-  Heat and cold (ice)

# Positive reinforcement

- It's important to see your friends to keep positive. That can help the pain.
- It's good to keep up things important to you even if you have to adapt them a bit.
- “I was thinking of phoning up work” “ That's good , we know people who do that get on best”
- “The physio told me to walk but it was too much and I was really sore afterwards”
- “That's great you are doing that. We know that makes your back strong and oils the joints in your back .It's going to be a bit painful while your body gets a bit fitter. Look at the PTK on pacing – try finding an amount of walking you can do even on your bad days, sticking to it for a week or two and then increasing it by a tiny amount.”

# Negative beliefs and how to challenge them

Bending is bad.

“It’s great you bending to do up your shoes – that keeps the back supple”

I must preserve my back bones by not moving.

All bodies, perfect or not, like movement”

Pain means I am damaging myself.

With chronic pain, hurt does not equal harm”

“Back/ neck pain can be painful even although there is no serious injury or damage”

Work is bad for me.

“You’re doing the right thing trying to stay at work – people who do that get on best in the long run”

The MRI shows back is degenerating/ crumbling – I must be careful.

“The MRI showed most of your back is good and strong. These are normal age related changes and your body can cope well with imperfections”

I shouldn’t move too much after my fall

“The healing process needs normal movement to heal up strong and supple”



# How do you introduce concept of self-management?

- Why? Why should I self manage this?  
Why will that help?
- How? How do I do this?

# Unlikely to consider self- management unless they:

- Know they are safe.
- Understand difference between acute and chronic pain.
- Understand that it is a long term condition.
- Hear positive things they can do and begin a joint plan to maintain a life worth living despite pain

# Safe:

- Be seen to examine the painful part
- Communicate why you are reassured they have nothing seriously wrong with them
- Listen to their beliefs or worries about the cause of their pain and tackle this
- Let them know it is safe and good to move and do normal activities although painful



Slipped disc

Degenerative changes

Wearing  
out

Lose Job

Multiple sclerosis

Wheelchair

Crumbling

Cancer

Unstable

Bone against bone

# Explain Chronic Pain



## Acute versus Chronic

Hurt from chronic pain does not equal harm

Symptoms –relate theirs to chronic pain

# Long term condition

- Scottish Government recognise chronic pain as a long term condition in its own right.  
(HCIS)
- Almost 1/5 Scottish population have chronic pain
- Choice of two roads

# Good news is

- You have a big influence on how pain affects your life.
- There are many positive things you can do
- This is not a progressive disease. It won't get worse over time if you do the right things.
- Many people have a life worth living despite pain

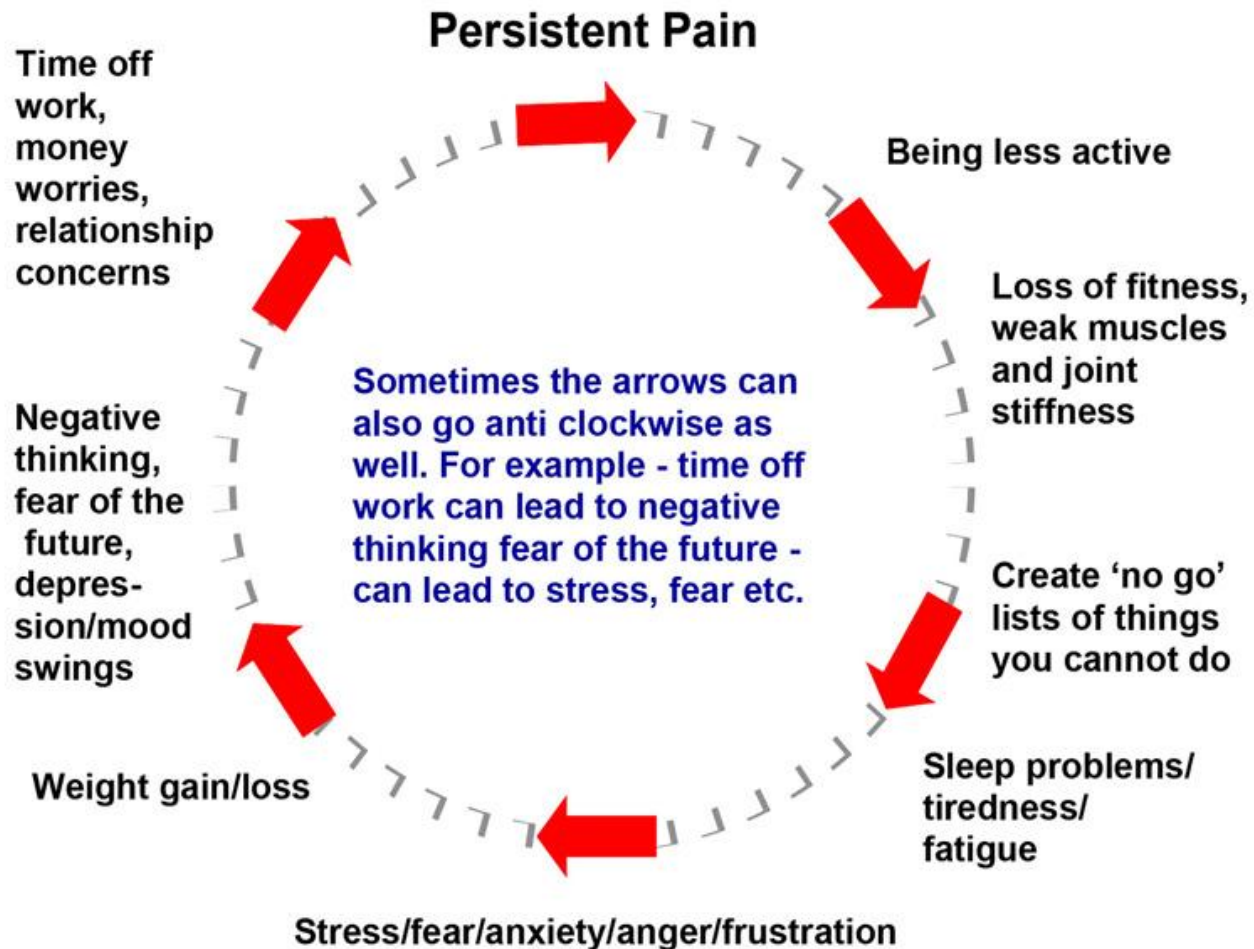


So how can I manage this pain?

**The Pain Point**  
“This is the basis of management  
and everything else is just an add on”



# The Persistent Pain Cycle



Control of pain? Coping strategies? Valued activities? Identity?

- What things have they stopped doing because of the pain ?
- How has that affected their mood?
- Do they have good days and bad days when they can do less?

# How to integrate self management with GP care

- Initial introduction of chronic pain
- Making a plan
- Flare ups
- Maintenance

# Making a Plan

- Let patient identify issues and goals
- “Read and bring back 3 things you think are issues for you”
- Goals
- Joint written plan to achieve goal
- Review

# Goal Setting

- Specific Measurable Achievable Rewarding Timebound
- Not pain dependant
- Plan for success
- Start *very, very, very, very, very*, small and easy
- Help break goals down (at beginning)
- Review next session – next goal

# Maintenance

- Positively reinforcement of anything to do with mood or function

*( Reading to son, getting dressed in the mornings, walking to the shops, 5 minutes of stretches, seeing friends, reading a book )*

- “That’s really helping.....because.....”
- Acknowledge difficulties
- “My Support Plan” + independent goal setting

- What can you do day to day that doesn't cause your pain to flare up?
- Think of one thing you can do today to change things for the better?
- What are you doing that you think is helpful for you?



# FLARE UPS

Warn in advance

Prepare joint written plan (PainToolKit p.13)

Include tapering of medication in plan.

Help them back on track after a flare up.



# Moving On

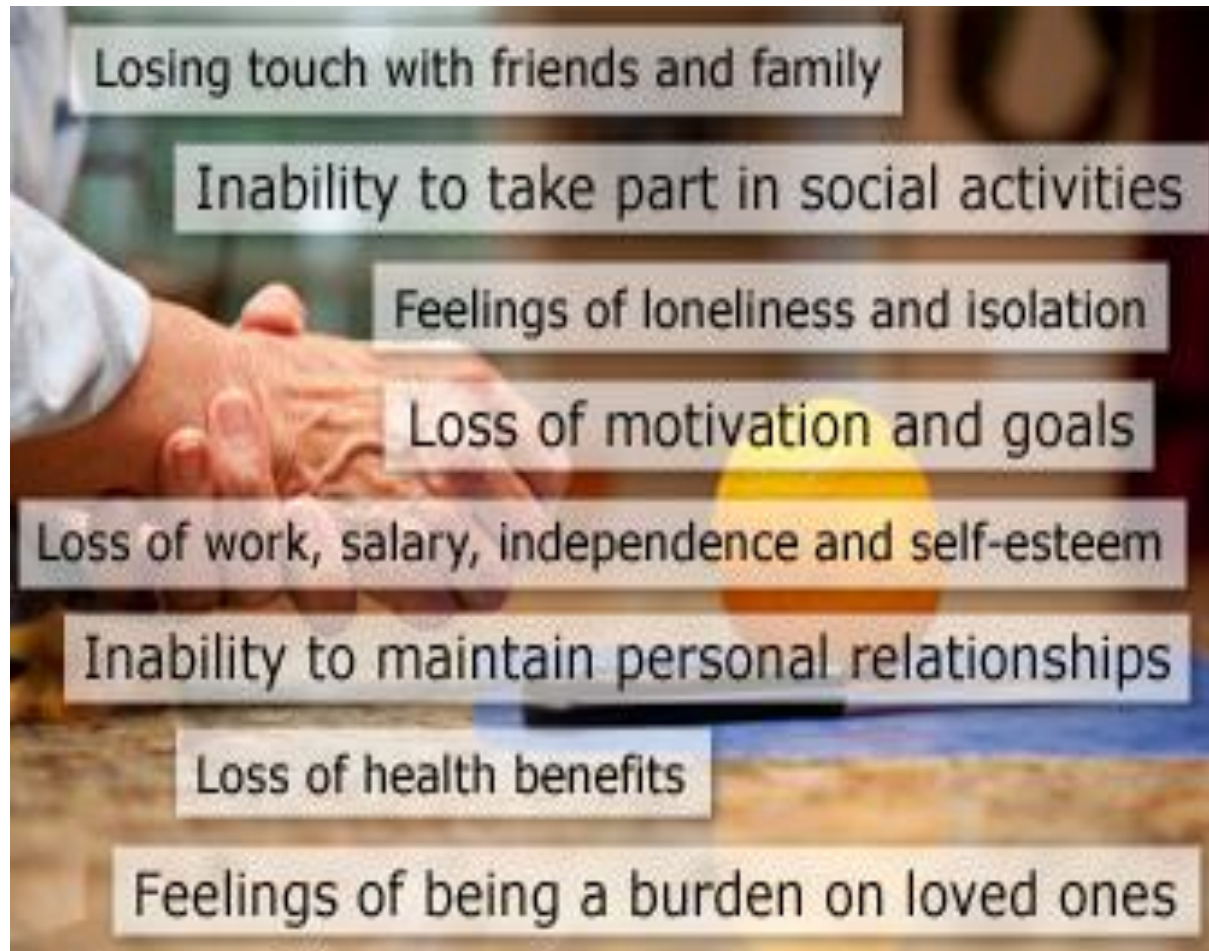
- *Achievement of goals.*
- *Extending time between visits: direct them to self help resources, support groups e.t.c*
- *Is this a realistic time for developing self management skills?*
- *Caution: help them to keep to this path (imaging, onward referrals e.t.c)*

# How do you get away from cure of Pain

- Process - gradual realisation
- Clear and honest from start
- Realistic but positive
- Steer discussion to function and mood issues
- Get family friends on board

alkaline water cactus juice vision quest  
hatha yoga nerve blocks naturopaths hot stone massage  
energetics lyrical magnetic bracelets progressive muscle relaxation  
Sufi practices primrose oil robaxin concerta cannabis  
kombucha mushrooms acupuncture feldenkrais ultram  
venlafaxine capsaicin neurontin vitamins x,y,z trigger poi  
psychotherapy clonazepam positive thinking  
ashtanga yoga imitrex warm baths body image work  
rolfing gabapentin spinal decompression  
ketoprofen magnetic bracelets aspirin  
pilates past-life regression reiki  
chiropractic raw foods 197 herbs hypnosis  
warm water exercise cognitive-behavioral therapy  
transcendental meditation vicodin  
primal scream therapy physiotherapy pranayama  
aromatherapy fascia retraining oxycontin doctor O  
mexilitine bodyworks cranial sacral therapy bikram yoga  
neuro-linguistic programming homeopathic drops  
pregabalin SI joint anesthesia colon cleansing  
sweat lodge GnRH antagonists

“Work on what you can change – not what you can’t”.



# Steering

- Steer their expectations and goals to realistic ones.
- Steer the focus to function and mood



# Link treatments and self management strategies to goals not pain

“These pain killers don’t work”

““See if the new medication lets you do a bit more in the house.”

“See if the physiotherapy / medication helps you play with your son when he comes home from school?”

“I went to the physio but it only helped for a couple of weeks”

“If you can move more, can you use that to begin a bit of paced DIY you’ve been aiming to do?”

“I tried the relaxation but it didn’t stop my pain”

“If you do some things you find relaxing every day, does that change you snapping at your husband”

“Do you think you can use the pacing and planning to give you the energy to see the football with your son ”

# To Summarise

- Start early
- Assess distress and disability: Focus on function and mood
- Address fear and unhelpful beliefs
- Explain Chronic Pain and link to symptoms
- Help patient to select important issues, set own goals and problem solve
- Use of Pain Tool Kit and/ or other resources



# Thank you

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# References

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[http://www.healthcareimprovementscotland.org/our\\_work/long\\_term\\_conditions/chronic\\_pain.aspx](http://www.healthcareimprovementscotland.org/our_work/long_term_conditions/chronic_pain.aspx)
- Patients Association. Public Attitudes to Pain. Report November 2010
- <http://www.patients-association.com/Portals/0/Public/Files/Research%20Publications/PUBLIC%20ATTITUDES%20TO%20PAIN.pdf>
- Sheffield Backs
- <http://www.sheffieldbackpain.com/professional-resources/learning/language-usage>
- Sheffield Pain
- <http://www.sheffieldpersistentpain.com/professional-resources/>

# Explaining Pain

- Videos:
- (Understanding Pain: What to do about in in less than 5 minutes?)
- <http://www.youtube.com/watch?v=4b8oB757DKc>
- Downloadable transcript of the video
- [http://www.hnehealth.nsw.gov.au/\\_data/assets/pdf\\_file/0009/87750/Transcript of Understanding Pain video 110711.pdf](http://www.hnehealth.nsw.gov.au/_data/assets/pdf_file/0009/87750/Transcript_of_Understanding_Pain_video_110711.pdf)
  
- Knowledge Network/ Chronic Pain/ Patients' Page – Dr Steve Gilbert
- <http://www.painassociation.com/videos/chronic-pain/>
- Hunter Integrated Pain Service\* New South Wales
- <http://www.gardinerlibrary.com/media/Understanding%20pain/Menu/Menu.html>
  
- Books/ e books/ DVD
- Explain Pain by Lorimer Moseley and David Butler
  
- Understanding Pain – text
- Hunter Integrate Pain Service New South Wales
- [http://www.hnehealth.nsw.gov.au/\\_data/assets/pdf\\_file/0008/43982/pmat.understanding\\_Jan\\_2010.pdf](http://www.hnehealth.nsw.gov.au/_data/assets/pdf_file/0008/43982/pmat.understanding_Jan_2010.pdf)