Know your pace and manage your pain

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Definition of Pain

A negative sensory and emotional experience
Therefore

Your pain belongs to you.
If **YOU** can control my pain
Then
**I** can use my body
If I can control my pain
Then
I can use my body
Goals

- Defined, shared and held by everyone

- American Pain Society (2012)
  - Improve all domains of functioning and quality of life

- For you and your family
  - Facilitate change in relationship to pain
  - Optimise quality of life
  - Increase function despite pain
  - Facilitate adoption of self-management approach
  - Enhance well-being
Complexity of Pain

- Inflammation
- Muscle weakness
- Tiredness
- Immobility
- Loneliness

- Medication
- Muscle strengthening
- Sleep
- Physical activity
- Fun activity
BIO-PSYCHOSOCIAL MODEL OF MANAGEMENT
Biopsychosocial model applied to chronic pain

Biopsychosocial factors in health:

- Psychological (behavioral) factors:
  - Stress
  - Coping tactics
  - Personality
  - Health-related habits
  - Reactions to illness

- Biological factors:
  - Infectious agents
  - Environmental toxins
  - Genetic predisposition
  - Physiological reactivity
  - Immune response

- Social (system) factors:
  - Social support
  - Health education
  - Pollution control
  - Sanitation
  - Medical care

Physical health and illness
Biological factors to consider in the formulation of chronic pain
Psychological factors to consider in the formulation of chronic pain

- Cognitions (illness beliefs, cognitive distortions, hypervigilance)
- Mood (anxiety, frustration, hopelessness, fear of pain)
- Coping (avoidance, boom-bust, coping style)
Social factors to consider in the formulation of chronic pain

- Partner behaviours
- Work (cognitive functioning, attendance, pressure)
- Healthcare experience (e.g. disbelief, conflicting messages)
- Cultural beliefs about pain/disability
- Economic factors (e.g. DLA)
- Previous harm/abuse
Obstacles to effective self-management/recovery

Bio
Complex condition, ax/dx, changeable presentation, effectiveness of treatment, MDT involvement, receptiveness to recommendations, biomechanical compensations, use/side effects - pain meds, unclear prognosis, functional impairments, clinical errors

Psych
Anxiety re treatments/prognosis, low mood re function/social isolation/clinical prognosis, family members anxiety/low mood, family coping strategies, Pain management, adjusting to environment/condition/function, motivation, helplessness

Social
poor work attendance (social isolation), family dynamics/discord, roles (sick role), reduced activity based interaction with peers, Supporting the family, partners employment, any welfare concerns, recommencing work, social support services locally
Approaches to managing obstacles

Bio
Physiotherapy: rehab, retraining muscles, normal movement patterns and range of movement, function/mobility
OT: encouraging child with age appropriate ADLs
Function despite pain

Psycho
Relaxation  Distraction
Stress management (goal setting, communication, time management…)
Motivational interviewing approaches
Psychological Therapy options:
Cognitive behaviour therapy (inc. graded exposure to overcome fear avoidance, cognitive restructuring to address anxiety)
Mindfulness based approaches
Acceptance and commitment therapy
Narrative therapy (to thicken life story from dominant story of pain)

Social
Work devise a paced, graded return
Support to enable partner to access their own pain management intervention and return to work/alternative role outside ‘carer’
Encouraging enjoyable interaction with others
Support partner through understanding of pain to increase function

Group Rx sessions
Graduated return to work

Info/ Education
Systemic/family therapy: relationship difficulties function of disability

Pacing
Sleep hygiene
Explanation – Active Participation

- Biomechanics of pain
  - Muscle control is the key

- Science of pain
  - Building on ideas gradually

- Understand helpful action vs unhelpful
  - ie. Not moving increases the pain

- Moving your focus away from the pain

- Normal activity
Listen and Believe but do not focus!

- Focusing and talking about the pain increases it.

- But it is important that the struggle against the pain is acknowledged.

- Distraction
- Active relaxation techniques
- Imagery
Initial Onset is Different to the Maintaining Factors
Central Sensitization

- Pain amplification.
- Pain Centre becomes hyper-sensitive
- Increased local sensitivity
- Loss of inhibitory signals
Psychological and Physical

- Physical Pain Pathway
- Psychological coping of Pain
The Cycle of Pain

1. **Pain**
   - Do less
   - Relationship changes
     - Stress
     - Muscle tension
     - Deconditioning
   - Low mood
   - Anxiety
   - Frustration
   - Poor sleep
   - Bored
   - Focus on pain
Things that Increase Pain

- Immobility / Rest
- Focusing on the Pain
- Fatigue
- Not being believed
- Negative thoughts/feelings/emotions
- Muscle weakness
- Abnormal movement patterns
Things that decrease the Pain

- Exercise / Movement
- Distraction
- Positive thoughts / feelings / emotions
- Sleep
- Being believed
- Good muscle strength
- Normal movement patterns
Comfort Tool Box

- Exercises and physical activity
- Distractions
  - Games
  - Crafts
  - Movies
  - Reading
- Going to work
- Positive statements
- Coping statements
- Imagery
  - Safe/happy place
  - Changing the pain image
- Relaxation
  - Guided Imagery
  - Progressive Muscle Relaxation
  - Controlled Breathing
- Comfort items (marbles/velvet etc)
- Self hypnosis
- Hobbies/activities
- Friends and families
- etc
Partners as coaches

- Encouraging
- Supportive
- Confident
- Enthusiastic

Acknowledging pain but not listening to it

Taking care of themselves
FUNCTION

DESPITE

PAIN
Desensitisation

- Best method is regaining normal active movement as soon as possible!

- Massage
  - Goal is to regain some active movement - not a time limit

- Touch with different textures

- Eg Pins and Needles
Exercise reduces Pain

- Correcting Biomechanical Dysfunction
  - Correct altered patterns of movement
  - Correct altered function
- Increases mobility
- Reduces Pain Amplification
- Reduces Central sensitisation
- Increases Inhibitory fibre Function
  - Aerobic exercise
  - Strengthening exercise
- Reduces low mood

Lumley M 2011; Carville 2008; Busche 2007 & 2008: Buckhardt 2005; Goldenberg 2004
Emotional Affects of Exercise

- Confidence
- Self-Esteem
- Inclusion

- Individual programme
- Group Physio Sessions
- Group sport / training

- Care is needed to ensure inclusion and not exclusion!

Floriani V 2008; Bergeron 2007; Faigenbaum 2007; Hallal PC 2006; Hass 2001
Simple vs Complex Exercise

Complex exercise (General fitness)
- Walking
- Running
- Football

Simple Exercise (Correct biomechanics)
- Hip abduction
- Straight leg raise
Pacing
Consistent Pacing

On GOOD days do not do more

On BAD days do not do less
Changing the focus of pain in your life.

Write lists:

- What you would like to do in your life?
- What is stopping you achieve this?
- How are you going to overcome these issues?
- What do you need to overcome these?
- Who do you need?
Example:

- I want to walk the dog:
  - Too much pain in my legs
  - My muscles are too weak
  - I get out of breath easily
  - I am nervous the dog is going to pull me over
  - I am nervous about going out on my own

(How / what / who!)
Philosophy

Everyone should learn to actively self manage their pain, with the support of their family.

The Therapists are there to provide the tools.
Conclusion

- Active participation
- Exercise is vital in the management of pain
- Pain management techniques
  - Distraction
  - Active relaxation
- Normal function
- Alter focus/thoughts about pain
- Mindfulness