

Managing Pain Before IT Manages You!

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- This talk is NOT a HOW TO GUIDE nor a prescription on what you should do.
- It is a talk relating my personal and professional experiences of chronic pain.
- It is me talking about me and my experiences!

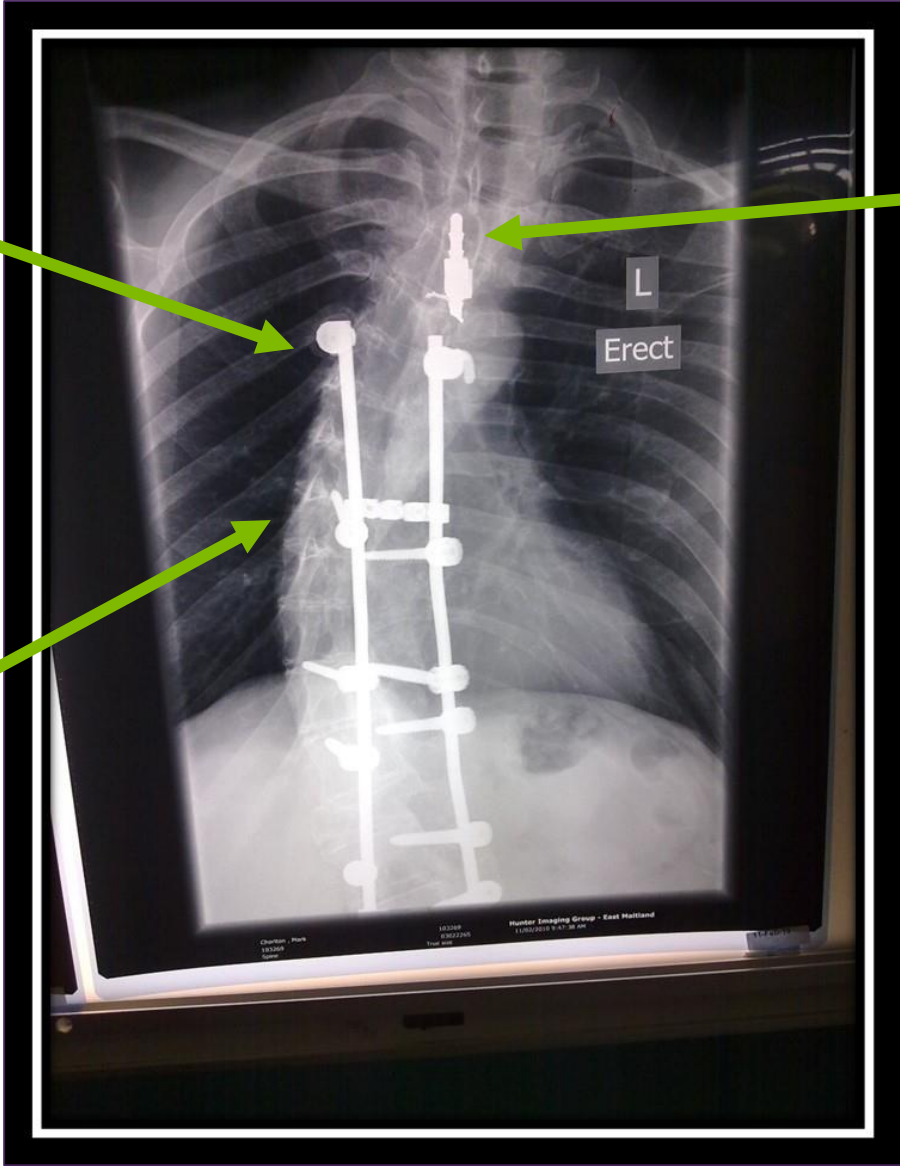
Who am I?

- I am an Aussie
- I have a Ph.D in Psychology
- I am a Registered Psychologist
- A Medically Retired Lecturer in Psychology
- A Thalidomider with shortened arms
- My biggest disability is my chronic pain condition which is secondary to four major spinal surgeries

Existing titanium rods

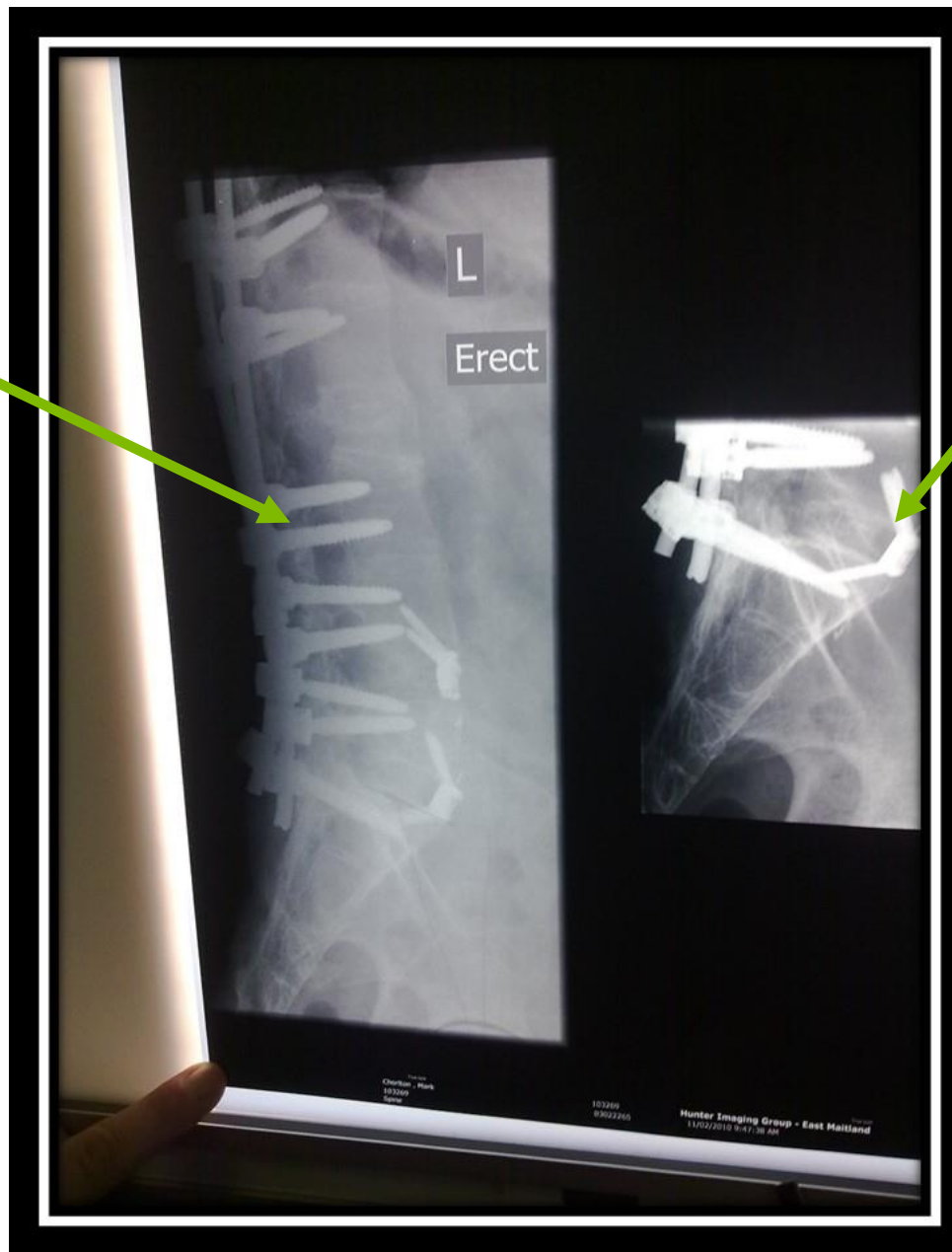
Remnant of original rod from 1976

Extent of scoliosis curvature



Titanium screws to locate rods

Replacement discs at L4 and L5



- Thalidomiders are living with permanent physical disabilities
- Chronic disorders are often accompanied by psychological states / disorders
- This is a normal process, one that effects the aged as well as the physically disabled
- Do not feel that you are weak if you experience these psychological states
- It is the extent to which problems impact on a person's life that is important.

- My personal philosophy of psychology is that it is about **self awareness**
- That is, be aware of your inner voice
- **Thoughts** about ourselves, pain, our physicality, the past , present and future can influence the way in which we cope with life (HIPS, 2012)
- Negative thoughts are often the precursor to negative behaviours
- Therefore, change the thoughts, change the behaviour. I will return to this point later.

What is Pain?

- Pain has been defined by the International Association for the Study of Pain (IASP) as:
“an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage” (IASP, 1979)
- Studies have indicated that the prevalence of chronic pain is 17.1% in Australian males and 20% in Australian females.

- Reviews of the literature estimating the lifetime prevalence of chronic pain to be around 15-18% in Western and developing countries.
- An estimated 15-30% of people in the United States are suffering from back pain (Andersson, 1997)
- Chronic pain is one of the most common reasons for disability, with 12.5% of unemployed people in the United Kingdom citing back pain as the reason (Elliott, Smith & Penny, 1999)

Chronic Vs Acute Pain

- A differentiation is made between acute and chronic pain
- Distinction made as the conditions differ both clinically and psychologically.
- Acute pain is of a short duration, is generally correlated with observable tissue damage, and the experience of pain decreases as the tissue damage heals.

- Chronic pain typically begins with an acute episode but lasts for longer than 6 months, and it does not decrease with treatment nor the passage of time.
- Several types of chronic pain
 - Chronic Benign pain – lower back pain
 - Recurrent acute pain – migraine headaches
 - Chronic progressive pain – cancer pain

- Why differentiate between chronic and acute?
- Former has added psychological aspects that impinge on the management strategies adopted.
- Chronic pain often requires multiple management techniques for effective pain reduction.
- In addition to psychological aspects chronic pain involves complex interactions between social, physiological and behavioural components.

Living with Chronic Pain

- What are the physical and psychological impacts of living with chronic pain?
- Pain can lead individuals to alter their lifestyle, activity levels and bodily movements.
- Chronic pain can result in depression, decreased self-esteem, decreased self-efficacy, increased anxiety and stress.

Dealing with Chronic Pain

- A majority of Thalidomiders will experience chronic pain
- One of the main things to keep in mind is that psychological approaches allow you to **manage** your pain, not **remove** it completely
- What this can mean is that changes in the way you think about your current pain and your lifestyle can be modified so as to reduce the impact of pain on your life

- As I said before, thoughts can influence your pain experience.
- Even a single thought changes the chemical and electrical activity of the brain
- Unhelpful thoughts can therefore change the body, bringing subtle inflammation in the tissues and increased sensitivity in the nervous system (HIPS, 2010)
- Therefore if we recognise we are having these thoughts, we can alter them. I will return to this later.

- Our past, our life experiences, our personal history influences our current condition. It has an influence on the way we interpret our world and the events that are happening to us now.
- Previous life traumas also influence our core beliefs and result in buried emotions. These in turn can influence our interpretation of current events.

- It can be beneficial to reflect on our life history but be aware that this can be emotionally difficult. It is best to talk to someone when revisiting your past life experiences.
- It is important therefore to recognise when issues such as worry, stress, anger, sleep difficulties, relationship problems and depression are causing problems and be in a position to better deal with them.

- These approaches can be referred to as “Active Self Management Strategies”.
- Your **interpretation** of increased pain will influence your behaviour.

Example: When your pain flares up do you say to yourself “I have injured myself. I must stop what I am doing.”

- If you engage in this type of self talk you will stop doing what you are doing and most likely not engage in that behaviour again. This may not be the best approach.
- You may be better off reducing the intensity with which you engage in the activity or modify the activity to ensure minimal impact on your pain levels.
- Anxiety and depression are common companions of chronic pain.

It is important therefore to recognise the signs and symptoms of depression

- moodiness that is out of character
- increased irritability and frustration
- finding it hard to take minor personal criticisms
- spending less time with friends and family
- loss of interest in food, sex, exercise or other pleasurable activities
- being awake throughout the night
- increased alcohol and drug use
- staying home from work or school
- increased physical health complaints like fatigue or pain
- being reckless or taking unnecessary risks (e.g. driving fast or dangerously)
- slowing down of thoughts and actions.

(Beyondblue, 2012: http://www.beyondblue.org.au/index.aspx?link_id=89.579)

Stress is also another major contributor to increased pain levels. It can result in:

- Increased muscle tension
- Being fearful of individuals or situations
- Avoid activities
- Need to complete a task no matter what
- Difficulty relaxing and unwinding

(HIPS, 2010)

- As already mentioned thoughts have a significant influence on how we interpret and respond to pain.
- Our thoughts reflect our past experiences as well as our present.

- In order to manage these problems we need to adopt healthy habits and lifestyles.
- Learn relaxation methods
- Ensure you have appropriate sleep routine.
- Try to ensure you spend some time in the sun.
- Reduce your caffeine intake.
- Reduce alcohol intake.
- Quit smoking.

- An important lesson to learn in the management of pain is to pace yourself when undertaking any activity.
- Do not go at it like a “bull at a gate”, rather ensure that you complete the task in such a way that you do not increase your pain levels dramatically.
- This may mean that you don't complete the task in one day or as quickly as you like.
- Take breaks as you undertake the task.

- One method you can adopt is to take timed breaks. Every 15-20 minutes stop for 5 minutes.
- Initially you may find that the time between breaks needs to be shorter. When determining when to have a break time yourself from the beginning of the task till you begin to notice an increase in your pain levels. Take 3-5 minutes off this time and make this duration your break time.

- Ensure that you also engage in activities that are meaningful to you.
- Don't just focus on domestic activities.
- The use of breaks and time management apply equally to pleasurable activities as they do to domestic jobs.
- Interpersonal relationships can also suffer because of chronic pain.
- One of the emotional states that accompanies disability and chronic pain is that of anger.

- With chronic pain there is a need to balance rest and physical activity.
- Physical exercise is important but can be difficult. You need to ensure that you start off slowly so as to avoid hurting yourself or flaring up your pain.
- This will only hurt you and cause you to avoid exercise in the future.
- You need to remain “Pain neutral” whilst engaging in exercise (HIPS, 2010).

There are a number of simple exercises that you can do that are not taxing on body yet allow you to stretch and relieve muscle tension.

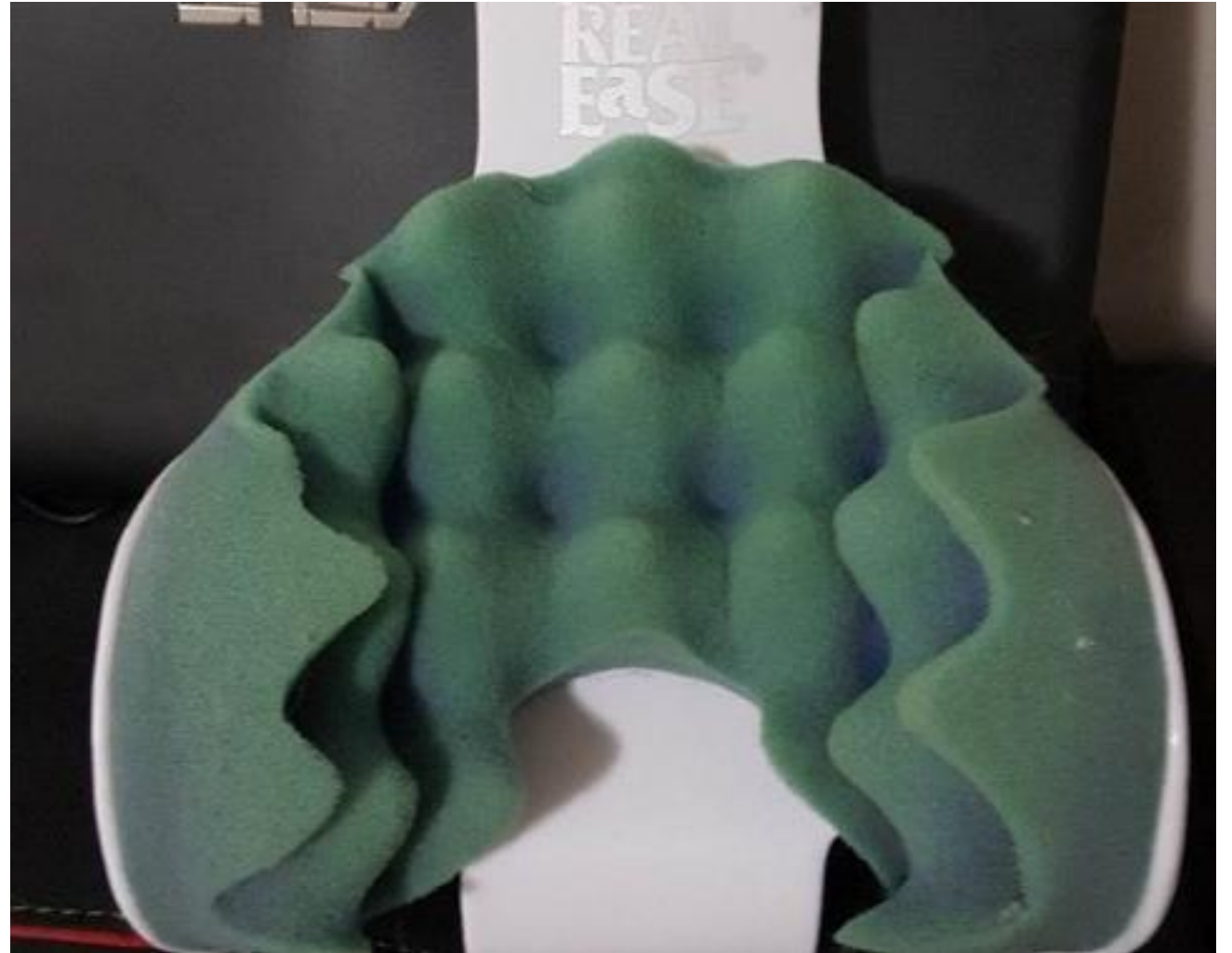
- Front leg and ankle stretch
- Hamstring stretch
- Arm stretch
- Stand up and sit down
- Shoulder roll
- Knee lifts

- It can be useful to find equipment that can assist you in managing your pain.
- Some examples appear on the following slides.

Transcutaneous electrical nerve stimulation (TENS) machine



Real-Ease Neck Support



An exercise bike



- Anger and frustration are common reactions.
- An angry person can be unpleasant to be around. Whilst it is understandable why we would feel angry, excessive displays and outbursts of anger are not helpful in relationships.
- On the positive side we can gain social support through our interpersonal relationships.
- Be willing to recognise those times when you need assistance. Don't be afraid to ask for help.

- Nutrition is an often overlooked aspect of dealing with chronic pain.
- It is worthwhile noting that the typical western diet causes low grade systemic inflammation known as “metainflammation” (HIPS, 2010).
- Therefore diet can have an influence on chronic pain by sensitising the nervous system.
- It is advisable to eat smaller portions at meal times ensuring you have a good mixture of vegetables, fruit and protein.

- Try to eat at least 2 serves of fruit and 5 serves of vegetables a day.
- An easy way to do this is to juice fruits and vegetables and drink your daily requirements. It is easy and quick to do and is easier for the body to digest the nutrients.
- Supplements such as Omega-3 fish oil and antioxidants contained in a daily multivitamin may also be helpful.

Coping with Chronic Pain

- What are some of the other approaches to dealing with psychological issues such as depression and anxiety?
- One such approach is Acceptance and Commitment Therapy (ACT), a mindfulness-based behavioural therapy.
- Another approach is Cognitive Behavioural Therapy (CBT).

- Coping styles and social support have been shown to influence the perception of pain.
- Social support refers to material and emotional support a person receives from others.
- One can distinguish between the structure or function of social support.
- Structure refers to number of social relationships and their interconnections.
- Function refers to emotional support, provision of information or advice, plus companionship.

- Opposite of social support is social isolation.
- Studies have shown that there is a strong positive relationship between social support and health.
- Mechanism involved not clearly understood but social support may act as a buffer against the stress induced by chronic pain.
- Another possibility is that social support aids in providing a model of health behaviours.

Coping techniques can consist of:

- Guided imagery.
- Relaxation training.
- Hypnosis.
- Biofeedback.
- Behaviour modification.
- Cognitive therapy.
- Multi-modal techniques.

- The various coping techniques have different levels of success.
- Relaxation has proved successful in the treatment of pain. However less than 50% of individuals obtain a reduction in pain levels.
- Not all pain patients benefit from hypnosis. It may be that hypnosis alters the awareness of pain rather than pain per se.

- Cognitive therapy aims at altering an individual's irrational pain beliefs and self-thoughts. Self efficacy is tied up with this type of cognitive appraisal.
- Main benefit of cognitive therapy may be its alteration of an individual's self-efficacy. That is they have an increase in the ability to perform and engage in pain-reducing behaviours.

- Biofeedback consists of the voluntary control of biological processes. Success of biofeedback mixed for low-back pain.
- Behaviour modification aims at reinforcing more adaptive behaviours over pain behaviours. Behaviour modification programs appear to increase level of physical activity and decrease use of medications.