

LIVING WITH CHRONIC PAIN

Chronic pain is a serious issue. As many as one in five Canadians suffer from chronic pain, with a quarter of those rating the pain as severe. The cost of chronic pain to society, our health care system, and to individuals is high.

However, there is hope. Our knowledge and understanding of chronic pain is changing. Those coping with chronic pain can now access many more potential therapies and tools to live a better life.

As with any chronic disease, forming a partnership with your health care providers improves your ability to manage symptoms. Often several care

providers will work with you as a team.

Dealing effectively with chronic pain involves a variety of approaches. Here, you can find details on many related topics:

- **the power of understanding pain and your body**
- **the nervous system and pain**
- **loss and hope**
- **learning to manage pain on your own**
- **pacing activity**
- **setting goals**
- **tools to control pain and worry**
- **medications**
- **returning to work, and**
- **the roles that nutrition and fitness play in managing pain.**

This information and advice was developed by the team at the Calgary Foothills Primary Care Network Pain Management Program and Alberta Health Services. It comes from the same professionals you might find in your health care team. Pharmacists, physiotherapists, kinesiologists, occupational therapists, nurses, doctors (generalists and specialists), mental health experts, behavioural therapists, and dietitians all contributed tools to support self care.

Although a cure for chronic pain is yet to be found, much can be done to help you live successfully with this condition.

UNDERSTANDING PAIN AND SETTING GOALS

Knowledge is power



ain is a personal experience. It involves both the senses and emotions. When pain persists for a long time, the ability to cope with or manage it often breaks down. The first step in controlling pain is understanding it.

Two types of pain

• **Acute pain** generally lasts a short time. Everyone has experienced acute pain at some point, such as from a cut, burn or broken limb. Acute pain can occur even when the body is healing itself or returning to balance, as during a headache.

• **Chronic pain**, in contrast, does not go away or respond to treatment within a normal and expected time of healing. It can be as intense as acute pain. However, it often feels like it is constantly in the background.

Although chronic pain may emerge from acute pain, in many cases there is no obvious reason why it does not go away.

The anatomy of pain

Pain often acts as a protection or control system, warning that something can or will do harm. Touch a finger to flame, and almost instantly your body's nervous system sends

a signal to move it before damage occurs. First, a signal is sent through special nerve cells called nociceptors. Once stimulated, nociceptors respond by sending a message to the spinal cord. This in turn signals to the body's reflex centre, starting an instant action like pulling your hand from the flame. From the spinal cord, the message is transmitted through different parts of the brain, where additional information is gathered. Once the message reaches the cerebral cortex, the message is interpreted.

The brain gives the message meaning, creating a conscious experience that involves both feelings and

emotion. It very quickly evaluates what the incoming messages mean. An instant decision is made on the best course of action. Your brain decides whether you feel high pain, some pain, or no pain. In some cases, it may limit the usual pain response. After a serious car crash, your brain will first focus on the immediate priority. Getting out of a burning car comes before transmitting the pain of a broken limb. As a result, you may not feel pain or realize you are injured until your brain tells you that you are safe.

The brain can also lessen the pain response by releasing the body's natural painkiller – endorphins. These help block the sending of pain messages. Some people produce more endorphins than others. They are better able to tolerate pain.

About chronic pain

If the spinal cord and brain are bombarded with persistent pain messages, as in chronic pain, the nociceptors become increasingly sensitive. The pathways remain open, even though damage has stopped. In time, nerve cells along the pathway and in the brain become overly sensitive to the messages. The pain cannot be switched off.

Each person's sense of pain varies greatly. This response depends on many factors including cultural beliefs, past experience, age, and general state of health. Chronic pain can hugely affect a person's life. Continuing pain may physically weaken the body. If there is less activity, both muscle strength and mobility can be lost. Focusing on pain leaves little room in life for much else.

Depression and anxiety often go along with chronic pain. Since pain is invisible, those experiencing it can feel misunderstood or alone in their suffering. If it seems that others cannot understand, this frustration can make the pain worse. Feelings of depression increase. Depression and irritability can be socially isolating, breaking down personal and work relationships. An inability to work can threaten financial security.

Chronic pain also influences sleep. Persistent chronic pain often leads to problems falling asleep. Continually waking with pain in the night does not allow restorative or refreshing sleep. Feelings of hopelessness, anxiety, and fatigue further reduce the ability to cope with daily life.

Setting goals can help

Remember, it is unlikely that chronic pain will go away completely. However, there are ways to manage it. This kind of pain affects many different aspects of life. You may feel forced to give up things you enjoy because you are afraid they will make you feel worse. It can seem like your dreams and aspirations have been lost. Still, there is hope. It is possible to carve a new path. While it may not be the one you first dreamed of, it can be just as fulfilling and meaningful.

It can be frightening to start something new, but using goal setting as a planning tool can help you gradually increase activities. You can take control of pain and not allow it to control you.

What is a goal?

A goal is something that you would like to achieve. It can be as simple as playing with your grandchildren, walking your dog, or being able to go to the grocery store. If you follow some basic planning rules, goals can help you significantly improve the way you deal with chronic pain.

Keep in mind that a goal must be:

- S** – specific
- M** – measurable
- A** – achievable
- R** – realistic
- T** – time-bound (have a time frame).

Setting goals

The first step is to decide on your goal. Think about everything involved with achieving that goal. It is vital that you set a goal that you can reach. Start small – you can always move your 'goal post'.

For instance, let's assume that you would like to be able to walk your dog.

To change this into a SMART goal, you could decide to walk the dog around the yard for 15 minutes every day. This goal is specific, measurable, achievable, realistic, and has a time frame. You can measure your progress and make adjustments as you go.

Be aware of barriers in thinking that may get in your way.

- **Barrier 1 - Reasoning:** "I can't walk the dog today because of the snowstorm."

Better thinking: "I'll walk inside the house instead, and throw a toy for the dog so he's moving too."

- **Barrier 2 - Excuses:** "The dog is sleeping. I shouldn't wake him."

Better thinking: "He enjoys walking with me, so it's worth waking him up."

- **Barrier 3 - Rationalization:** "I shouldn't go out in case the doctor calls."

Better thinking: "I promised myself I'd walk the dog every day, no matter what. It's only 15 minutes - the machine can take the call."

- **Barrier 4 - Learned behaviour:** "My high school coach said exercise should hurt."

Better thinking: "Walking the dog counts as exercise. It's a small step towards feeling better."

Once you set a goal, keep reviewing your progress. Make changes if it is not working for you. If you fail, blaming yourself will not help. Instead, revisit the goal and ask yourself if it was realistic. Were you asking too much of yourself? Can you break the goal down to achieve it over a longer period of time? Remember, small achievable steps can eventually add up to big leaps!

By understanding chronic pain and setting realistic goals, it is possible to improve your quality of life.

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AN OUNCE OF PREVENTION

Take action to avoid unnecessary pain



When it comes to chronic pain, an ounce of prevention goes a long way. Most of the time, acute (short-term) pain clears up with normal healing. However, sometimes it persists to become chronic pain. The big question is – can you avoid chronic pain? The answer is not a straight yes or no.

Remember not all pain is bad pain. Being able to experience pain is important, as it often warns that something is wrong. Pain gets our attention and motivates us to fix whatever might be causing it. Where possible, you want to prevent unnecessary pain and avoid having acute pain become chronic. Everyone is unique. Some of us suffer more pain than others, depending on our genetics, experiences, emotions, expectations, life circumstances and support.

Preventing pain

Simply put, someone with a strong, healthy body is less likely to experience pain than a physically or emotionally unhealthy person. The following tips can help you make the most of your health.

- Get enough sleep to feel rested.
- Manage stress.
- Eat a balanced diet, spread over three to six meals or snacks per day.
- Ensure you get enough vitamin D and sunlight.
- Exercise regularly.
- Balance work with recreational activities.

Our lives are busy. We often deal with situations without thinking about the effect on our bodies, including pain. Reduce the chance of developing acute pain by staying aware. Try these strategies, which are good pain prevention methods.

- Know your physical limits. Avoid the temptation to overdo it – at home, at work and during recreation.

- Exert yourself a similar amount each day, no matter what day of the week it is. Do not be a week-end warrior.
- Take breaks during your day. Move away from effort, both physically and mentally.
 - Change activities every 20 minutes.
 - Take micro-breaks when you must be in one position for a time.
 - Insert stretch breaks into activities.
- If a task is repetitive, physically demanding, or requires you to stay in the same position, break it into short time chunks.
- Use postures and positions that do not physically stress your body.
 - Avoid twisting and awkward postures.
 - Bring work close to your body.
 - Keep your arms between shoulder and hip height.
- Set up your workstation to fit your body. This eases stress on joints and muscles.
- Use appropriate tools to lessen stress on your body.

Self-awareness is also key. Be aware of signs of fatigue or physical stress from your body in order to change activities before you experience pain. Avoid known high risk situations for triggers for pain, such as triggers for migraine headaches. Deal with negative emotions as they arise, rather than allowing them to grow into major stress or distress.

Keep chronic pain in check

Even if you do follow these suggestions, a health problem may still cause pain. If you are in pain, take steps to promote healing and prevent the pain from becoming a chronic problem.

- See a health care provider (medical doctor, physical therapist, or osteopathic doctor) for professional advice on how to heal. Discuss the frequency, intensity and length of pain flare-ups.
- Follow professional advice, even if it feels opposite to what you expect you should do. For instance, people with back injuries typically recover faster if they resume usual activities that do not dramatically increase pain. You may be advised to use ice or heat, or do gentle exercises.
- Pay attention to how the pain responds to changes. For instance, does resting, mood, approach to activities or position affect your pain? Does the pain ease off or get worse? If new symptoms arise or pain increases, talk to your health care provider.
- If you are taking medications for the condition or the pain, use them as directed.
- Focus your energy on things you can do to encourage healing. Eat well, keep moving, manage stress, and get enough sleep.
- As soon as you notice that pain increases, change activities. Do not push through the pain.
- Problem-solve to find other ways to get the job done without increasing pain. For instance, try sitting instead of standing.
- Set priorities. Pick the activities where you wish to devote your energy.
- Pace your activities. Think about how you can balance accomplishing what is important to you with how you feel. If you normally get all of your housework or shopping done in one day, try spreading it through the week. See how your body responds. Modifying your approach to activity, including work, will allow you to resume daily activities sooner.
- If you have to reduce or leave work because of pain, plan to return gradually. You may need to attend a return-to-work rehabilitation program. If so, many types of health care providers can assist you with this process.

- Identify thinking and beliefs that dwell on the negative or blow things out of proportion. Replace them with realistic and hopeful thoughts. For instance, remind yourself that most pain resolves within six weeks. Your expectations about recovery and fear of re-injury can help or hinder you.
- Distract yourself from worry by doing fun activities that do not cause pain.
- Communicate with important people in your life about your pain. Explain how they can help you to manage. You might ask for help with household tasks, or request that they do not constantly ask how you are feeling.

While not all pain can be avoided, a good deal of it is preventable. Most of the time, pain is our friend since it alerts us to injury or illness. Most pain resolves within a few days or weeks.

You can avoid unnecessary pain by making an effort to remain fit and healthy and steering clear of activities that may injure you. Be aware of catastrophic thinking and counter it with more realistic thoughts. Pace activities and have fun in your life. Focus on what you can do and what you can control, and communicate your needs. If pain does persist, be sure to get medical help and emotional support.

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WHEN PAIN DOESN'T END

Discovering ways to manage chronic pain

Pain has always been thought of as a warning that something is wrong. However, not all pain is the same. We are learning that we should react to some kinds of pain differently.

Acute pain can be a useful alarm signal – “Better see the doctor about this ache.” Chronic pain is now understood to be different. This type of pain goes on and on without stopping. Although the pain often stems from some type of illness or injury, its role changes when it becomes chronic.

Traditionally, pain was defined as chronic once it had lasted a certain length of time.

It is now considered to be pain that goes on after one expects to feel better or be healed. Chronic pain is much more common than we might think. Surveys around the world show that up to a third of the population suffers from some kind of chronic pain. About three per cent of people suffer from severe chronic pain – pain that interferes with every aspect of life.

The evolution of pain treatment

In the 1950s, chronic pain clinics began to assess and treat patients. At first, these clinics provided treatment for cancer pain. By the late 1960s, patients with other kinds of pain were also treated. Many therapies of the time first found the cause of pain, and then used injection treatments to interrupt pain signals. These techniques worked well for cancer pain. However, there were often significant side effects like numbness, weakness and even paralysis. The cost was thought to be worth the benefit of helping dying patients live more comfortably.

These side effects made the techniques less useful with pain that did not come with cancer. As well, there was less benefit, as pain usually came back after weeks or months. Repeated injections did not usually solve the problem. Second and later injections often gave less relief or none at all. This was puzzling and frustrating. It was not understood why interrupting the ‘wires’ to the brain did not work permanently, and sometimes made things much worse.

During the 1960s, scientists began to discover that pain was not simply an alarm system as originally thought. Cutting the wires to the brain was not likely to stop the pain. In fact, results varied from at best having pain continue as before, and at worst having it become much worse.

People who have had a limb amputated experience phantom limb pain – feeling in a limb that no longer exists. Despite the fact that the wires are cut, the pain continues. This type of pain resists treatment. Research has shown that the alarm system in the nervous system has changed and can cause pain.

Further research reveals that the alarm system is incredibly complicated. It is not a simple one-way telegraph system, but a constantly adapting system with varying input and output signals. Once this was discovered, ‘wire cutting’ techniques were used much less. We have a better understanding of why they were not effective.

At this point, we began to use more medications. This included even strong painkillers like opioids

or morphine-like drugs. While these drugs help, they do not seem to stop pain. Instead, they just take the edge off so people still must live with pain. Over time, people often must increase the amount of medication, paying more and getting less results.

In spite of years of research, the tools are still not perfect. The body is very good at putting pain back where it was before medications were added.

A different approach

It seemed cruel to tell people to learn to live with chronic pain. Surely if this was possible they would already be doing so, and would not ask for help. Next, the idea of pain management emerged. This idea focused on learning techniques to successfully cope with chronic pain. By the early 1980s, a number of larger pain clinics had begun to offer specific pain management programs. This was an entirely new idea and was greeted with much skepticism. Many doctors wanted to continue the search for better injections to stop the pain signals or better medications to control them.

However, the pain management programs proved both successful and helpful. People who tried them seemed to have a better quality of life. Many also had less pain.

Over many years, health care providers working in the field of chronic pain saw that pain management techniques improved quality of life more than injections or medication used alone. This has been supported by further research. It is now accepted that using more than one method to treat chronic pain is much more successful than single-mode treatments.

This is not surprising, as chronic pain has such a devastating effect on every part of a person's life. Modern treatment plans include medication and sometimes injections as a kick-start that allows resumed activity. People learn psychological and physical skills to help manage pain. They can improve their level of physical and social functioning without having pain go beyond tolerance. This is not just 'mind over matter' or pushing through pain. People learn the skills needed to actually reduce pain.

Chronic pain is a disease that requires pain self-management. Just as with living with diabetes, lifestyle changes are necessary. Briefly, the skills for managing chronic pain include:

- self-monitoring
- relaxation techniques
- pacing activity
- challenging negative thinking
- assertive skill training.

These skills can be taken anywhere, there are no side effects, and the body does not become tolerant to them.

We now better understand the three types of pain:

- neuropathic pain - related to the nerves
- musculoskeletal pain (in the muscle and skeletal system) – which involves inflammation
- and pain that comes from muscle spasm.

Each requires a slightly different plan of management. Using self-management skills helps people to better understand their own pain and apply the most effective therapies. Most chronic pain sufferers have a combination of pain types.

Research in the area of chronic pain continues. Our understanding of the nature of pain is expanding. It is now known that pain is not an accurate indication of the health of the body. It is not a simple alarm system. It is better thought of as a measure of the brain's evaluation of the need to protect the body. As this is very complex, so are the methods of controlling pain. However, quality of life can improve for those living with chronic pain.

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The illustrations adapted throughout this section are from paintings by **Frankie Wilson** who lives with chronic pain and expresses her feelings through her art.

PAIN MEDICATIONS

Medication can play a critical role in managing chronic pain. Often, it is just a small part of an overall strategy to treat and cope with pain. It is most successful combined with other methods.

The best type of medication for you will depend on your type of pain:

- Neuropathic pain – the technical term for nerve pain.
- Nociceptive pain – caused by injury to body tissue, such as a cut.
- Mixed pain – involving both nerve and tissue pain.

More than half of those living with chronic pain also experience depression and anxiety. Effectively treating these may reduce the need for pain medication. As well, reducing pain can ease depression and anxiety symptoms.

All medications have benefits and side effects. Your health care provider can help select the most appropriate type of medication. Sometimes opioid medications may be prescribed. These are discussed in the opioids article that follows.

Acetaminophen - (Tylenol™) is usually the first drug recommended to treat chronic pain because of its effectiveness and low risk of side effects. Like most pain medications, acetaminophen works best if taken regularly, not just when pain is really severe. Since the liver removes acetaminophen from the body, regularly exceeding 4000 mg a day can cause liver damage over the long term. Add up the amount of acetaminophen in all of your medications to make sure you are not going over that amount. As your liver also removes alcohol from your body, avoid heavy alcohol consumption (three or more drinks per day) when taking acetaminophen.

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) are used for mild to moderate pain associated with inflammation. Over-the-counter versions include ibuprofen (Advil®, Motrin®) and naproxen sodium (Aleve®). Diclofenac gel (Voltaren emugel™) is applied to the skin rather than being taken orally.

Some NSAIDs, such as naproxen, celecoxib, meloxicam, and diclofenac, re-

quire a prescription. These medications must be supervised by a health care professional, as long-term use can lead to stomach, kidney and heart problems.

Antidepressants are commonly used to treat nerve pain. Some patients describe this type of pain as burning, stabbing or tingling. These medications are also used to treat depression, which can be common in people with chronic pain.

Nerves talk to each other in the body through chemical messengers called neurotransmitters. Serotonin and norepinephrine are two types of neurotransmitters. Anti-depressants increase the number of these transmitters between the nerves, smoothing and improving communication between them. As this medication affects the nerves and neurotransmitters, you may need to take it for several weeks or longer before seeing results.

Tricyclic Antidepressants (TCAs) are named after the three cyclical rings in the drug's chemical structure. TCAs treat clinical depression, anxiety disorders, insomnia, migraine headaches and chronic pain syndromes.

You must start off slowly when using TCAs. With proper monitoring and dosing adjustments, they can be very effective. Generic versions include amitriptyline, nortriptyline, imipramine, desipramine and doxepin. If you experience side effects, your health care provider may be able to suggest solutions. For instance, artificial saliva such as Oralbalance® gel can improve a dry mouth.

Serotonin Norepinephrine Reuptake Inhibitors (SNRIs) This type of antidepressant increases both serotonin and norepinephrine, and is effective in pain management. These medications include duloxetine (Cymbalta®), venlafaxine (Effexor®) and mirtazepine (Remeron®). Most people tolerate SNRIs well. Side effects can include dry mouth, nausea, loss of appetite, dizziness and nervousness.

Selective Serotonin Reuptake Inhibitors (SSRIs) This type of antidepressant, which includes Celexa®, Cipralax®, Luvox®, Paxil® and Zoloft®, can help treat depression which will

improve pain control and are usually well tolerated.

Anticonvulsant or Antiepileptic Drugs (ACDs or AEDs) are used to treat neuropathic pain. They appear to work by stabilizing overactive and sensitive nerves. The most commonly used medication in this group is gabapentin. Pregabalin (Lyrica®), carbamazepine (Tegretol®), phenytoin, valproic acid, lamotrigine, topiramate, or zonisamide are also used on occasion.

Other choices

Topical lidocaine may help with postherpetic neuralgia. It works by numbing the nerves so they can't transmit pain messages.

Over-the-counter ointments, many containing menthol, can ease muscle pain. NSAIDs, tricyclic antidepressants or anticonvulsants may be compounded in an ointment or gel form for people who have difficulty with an oral medication.

Corticosteroids may be used for pain associated with heavy inflammation. However, if possible they are usually only prescribed for a short period of time.

Muscle relaxants can also provide short-term pain relief, but longer use is not recommended. These medications work by making the brain drowsy and the resulting side effects are not well tolerated.

Finding the right medication can be tricky. Everyone's pain is different, and so is the body's response to pain medications. You may need to try a few different medications before finding one that works. While the process may be frustrating, keep in mind that it may take a while for a medication to take effect. Don't get discouraged or give up! Remember, too, that other pain management strategies are just as important as those involving medication. The best way to relieve chronic pain is to follow the management plan your health care advisors have designed for you.

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OPIOIDS

Are they right for you?



Opioids are an important option in treating certain types of chronic pain. These medications are also known as narcotics, or more generally as painkillers. The opioid type of medication has been around for centuries. It is likely one of the world's oldest drugs.

Opioids originated from poppy seeds, the natural source of opium. Many years later, many different forms of this type of medication exist. Some are made from the original source, poppies. Others are made in labs, and are known as synthetic or semi-synthetic. You may be familiar with some of the opioid medications listed in the sidebar.

Pain relief

In spite of having different chemical natures, all opioids work in the same way. They differ only in terms of strength, length of action, dosage form (patch, tablet, or injection) and how quickly they provide analgesia (pain relief).

It is often best to manage chronic pain with long-lasting opioids that only need to be taken a few times a day. The goal is to prevent extreme pain, rather than chasing after it with short-acting medications.

While people may respond better to one form of opioid than another, the reaction is difficult to predict. For instance, a certain enzyme in the body converts the drug codeine to an active form. It is thought that in up to half of people in North America, the enzyme works poorly or is inactive. If these people take codeine, they will receive little or no pain relief.

At the same time, about one to five per cent of people have what are basically super enzymes. For some reason, they convert codeine to its active form very quickly and efficiently. They can suffer from concerning side effects at very low doses.

Scientists are just learning about these very individual differences. In time, we may be better able to predict which drugs will work for which people. For now, health care providers can only make an informed guess.

Opioids work by binding to opioid receptors in the body. The receptors are located throughout the body and brain as part of the nervous system and the gut. Both the benefits

Opioids include:

- morphine
- meperidine (Demero[®] and others)
- oxycodone
- fentanyl (Duragesic[®] patch and others) and
- hydromorphone (Dilaudid[®] and others).

of the opioid and its negative effects depend on how it binds to the receptors, where, and for how long.

Opioids are terrific at treating certain types of pain, especially musculoskeletal (MSK or muscle and joint) pain. This pain is associated with joint and muscle injury or breakdown. It is often described as aching, throbbing, or stiffness. Most people with this type of pain achieve some relief from these medications.

Other types of pain do not respond as reliably to opioid medication. This includes headaches and the nerve pain associated with diabetic neuropathy, sciatica and some aspects of fibromyalgia. Such pain is often described as burning, shooting, pins and needles, or numbness. In fact, this type of pain may not respond to opioids at all.

Side effects

Like any medication, opioids can cause side effects. Some are predictable. They may or may not lessen

over time. Some common side effects tend to go away with continued use. This includes nausea, drowsiness, dry mouth, and sweating. Other side effects, such as constipation, happen to almost everyone taking opioids. These do not go away over time. Almost all people taking opioids, even for a short time, must pay attention to their bowels. They will need to use various means to ensure they are regular. This may mean drinking more water, eating differently or using medication.

Dependence and withdrawal

Opioids can cause dependence (sometimes incorrectly referred to as addiction). People may also use them for the euphoric (up or happy) feeling that can result from their use.

There is a difference between dependence and addiction. It is true that as narcotics or opioids are used, the body can become dependent on them. This basically means someone who suddenly stops taking this medication might feel signs of withdrawal. Signs include shaking, flushing, irritability, diarrhea, and runny nose. This is natural and expected. The opioid receptors in the body are used to having the medication there. Once it is removed, the body needs an adjustment period to get used to not having the drug anymore.

This happens with all kinds of substances. Let's say you love coffee and drink three, four, five, or more cups of caffeinated coffee each day. If you suddenly stop drinking it, you will almost surely notice that you are more tired and irritable. You might also have a headache. Your body is adjusting to the fact that the caffeine normally taking up receptors is not there. This 'withdrawal' can be anticipated. It is easier if you taper off (slowly remove) the substance. Generally it does not result in any long-term damage to the body.

Addiction

Addiction, on the other hand, involves using an opioid for reasons other than pain relief. Some people get a good feeling or euphoria from it. Taking a medication to experience that feeling, even if it does your body or life harm, is addiction. Since opioids can cause this type of behaviour in a small number of people, they are highly regulated. Only a doctor or dentist can write a prescription for an opioid. In some provinces, there may be a special prescription process used to monitor the use of these drugs.

Thankfully, addiction is rare for people who are prescribed opioids to manage pain who have no history of drug abuse. Those at higher risk of developing addiction generally can be identified. They can be treated safely with opioids using extra monitoring and prescribing precautions. Such a person might be asked to sign a contract saying they will only receive opioids from one doctor. Random urine screening will also be part of the agreement. This is important, as it helps the doctor identify all medications being taken. This supportive information can be used to provide a drug screen or when applying for a job.

Tolerance

Finally, tolerance can also occur with these medications. A medication relieves pain, but over time it may seem to work less and less. It could be that the pain is increasing, as when someone with Crohn's disease has a flare-up. The body may also adjust to that level of medication and need more to achieve the same effect. If this tolerance becomes significant, and increasing doses of medication are a concern, people are sometimes taken off opioids. They may find that pain is better without the drug than with it.

Communication

Communication ensures the best use of opioids. Write down what is happening and how it relates to the opioid. Be completely honest and open with this information. Unless you tell your health care providers what is happening, it is difficult to fix any concerns or answer questions. Reviewing information collected over a few days or weeks allows a doctor, pharmacist or other health care professional to assess if you are getting the best pain relief possible with the least side effects. This is different for every person and situation.

Keep in mind that opioids are just one of dozens of tools that change how the body perceives pain and how each person chooses to function with that level of pain. Remember too that it is not realistic to expect any treatment to relieve chronic pain completely. Lowering pain by 30 per cent is considered success. Most people can do more and enjoy life a lot more with a pain level of 5/10 compared to 8/10.

Opioids can be a very helpful part of a treatment plan for some people with chronic pain. However, they cannot treat every type of pain. As well, their use must be planned specifically for each person and situation. Use them along with other medications and many different types of therapies to improve your quality of life.

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MANAGING YOUR PAIN

Self-management tools keep you in control



As technology and understanding of chronic pain develop, we are finding many ways to subdue it. However, no treatment yet exists that can eliminate chronic pain. Managing this kind of pain effectively involves a wide range of strategies. Self-management therapies are especially important.

To understand pain, you must keep the following points in mind:

- Pain is *not* an accurate indication of the health of the body.

- Rather, pain measures the brain's evaluation of the need to protect the body.

What does this mean? Second by second, the brain filters a huge variety of information to judge whether pain is appropriate and helpful. Messages from nerve cells, hormone and immune responses, emotions, thoughts, beliefs, past experiences and environmental cues are all involved.

With chronic pain conditions, the body's tissues and nerves begin to respond in a different way. It is as if

the body and brain become extra-sensitive to signals that suggest danger. The brain's cautious, concerned response increases and spreads pain, and often fatigue as well.

Self-management strategies address this complex interaction. Understanding how pain works within the body can help in developing skills that regulate the system. Generally, self-management incorporates five major skills.

Skill #1 - Self-monitoring

With self-monitoring, you learn to track and monitor patterns in your experience. This includes using graphs to track pain level and activity level. When and what you eat, when and how you sleep and your mood all play a role. It is easy to underestimate the variety of body and brain experiences that are interpreted as challenges. For instance, hours of food deprivation challenge your body, yet many people with pain will skip breakfast if they do not feel hungry.

Self-monitoring is especially useful when making changes to your pain management plan. Be a 'curious scientist.' Measure your experience to judge whether the change has been effective.

Skill #2 - Pacing

Pacing can be thought of in many ways. Often people say they try it and fail. To work well, pacing must be properly targeted and specific. Effective forms of pacing include adapting, alternating and shaping activities.

Adapting activities means using the best tool aids (such as a reacher) and postures to make tasks as easy as possible. The more you reduce the demand of a task on your body, the more you can tolerate without increasing pain.

Alternating activities is the most commonly used approach to pacing. You can alternate either:

- demands on the body (for instance, moving from sitting to standing or walking)
- up time with down time (resting between moments of greater activity).

As with all self-management strategies, a proactive approach works best. Look at the demands of the task. Next, break it up into reasonable chunks or periods of time. Explore how long you need to pause, and how to make your rest effective.

Understand that good pain management (and good pacing) is not more productive. Without pacing, you might be highly productive but then suffer days of pain and down time. The idea is to stay adequately productive without making pain worse.

Shaping behaviours or activities is the third pacing strategy. With chronic pain, the brain quickly reacts to increasing demands or changes in activity level. As a result, you may feel pain increasing when you try to do more or different things. The problem is that those with chronic pain often double an activity without thinking about it. With weight training, the maximum recommended increase of weight or repetitions is 10 to 25 per cent. Many people try increasing by 100 to 200 per cent, spiking pain levels.

To use the shaping concept, increase the activity you want to do very gradually. This approach can be challenging because the increases are so gradual. It seems minimal and ineffective. Remember that you are building from a starting point. Over time, likely months, change will happen. Slowly and surely, you can dramatically improve your quality of life.

Skill #3 - Relaxation

Relaxation strategies offer a variety of benefits. Using them, you can consciously choose to alternate between other activities to help with pacing. Relaxation techniques directly affect arousal of the sympathetic nervous system (stress system) and general nervous system wind up.

A number of relaxation strategies are effective in managing pain. They range from breath focus to muscle tension reduction to imagery. Accept that your mind will wander as you try to relax. Once you notice that you are drifting, bring your focus back to the breath, muscle or image, over and over.

These strategies are skills that take time and practice to develop. They are also portable, free and highly individualized. Be creative in how and when you use these strategies. Even one or two slow diaphragmatic breaths can immediately affect your heart rate and blood pressure.

Skill #4 - Self-talk

We know that the brain's evaluation of the need for pain is guided by thoughts, feelings and beliefs. Cognitive behavioural (self-talk) strategies explore these connections. To use this idea, monitor how you think about

your pain and experiences. Note that certain thoughts and beliefs inevitably lead to sadness, fear or anger. Consider how you might think about the situation differently.

Essentially, these strategies explore how changing the view of a situation affects the experience. Someone who believes pain is a sign of damage sees any strategy that might risk more pain as frightening.

Two negative styles of thinking are common to people with pain. Catastrophic thinking always expects the worse. The other style of thinking involves 'shoulds' – "I should feel better or be able to push through the pain."

To challenge such thoughts, ask questions. If you feel unhappy, what thoughts about your experience or situation lead you there? Thoughts such as, "My life is over," "I'm helpless," or "Nothing I do makes a difference," can take you to sadness.

Skill #5 - Communication

Chronic pain does not just affect the person experiencing it. It also has an impact on those who interact with, live with and love that person. Changing your approach and reactions to pain will directly affect those around you. You may need skills to share the experience, ask for help or say no. Many relationships are challenged by changes to identity and personality linked to the pain experience. Exploring communication strategies, and how pain can encourage passive or aggressive behaviour, can help you to feel more in control and capable of responding as you wish.

Consistently using these five skills can dramatically improve quality of life and sense of control over pain. Most people experience a real and clinically significant decrease in pain levels, especially the risk of flare-up.

Many resources are available to help with these self-management strategies. If you are interested in trying them, talk with your health care team.

WRITTEN BY: **Arlene D. Cox, PhD, R. Psych, psychologist.**

MOVEMENT MATTERS

Physiotherapy and chronic pain



By definition, chronic pain is pain that lasts more than three months. My experience with it began when I was in grade 8. I injured my lower back playing volleyball. I went to emergency after becoming unable to move – with lots of pain. The doctors felt it was a muscle injury. They told me to rest and it would get better.

I was plagued with occasional pain and no clear diagnosis for years. Finally, after going to university and getting a degree in physical therapy, I began to figure it out. Turns out that old Grade 8 injury was actually a fracture in my lumbar spine. With this diagnosis, my understanding of chronic pain began.

I now know I will always have back pain. I have pain when I stand or walk for too long, play jumping sports, or even lie in bed on my stomach. I feel it every day. It varies with activity – too much rest, not enough rest, too much activity, not enough activity. That is the nature of chronic pain. It is unrelenting, and does not go away.

Managing your pain

Chronic pain is not cool. It affects your activities, your lifestyle, and most importantly – your mood and outlook on life. The good news is that chronic pain is *manageable*!

The first step in dealing with chronic pain is in understanding your symptoms and how they react, and having confidence in your diagnosis. Knowledge is power. With this power, you can gain control of your pain, and your life.

Understanding a situation makes coping with it easier. Imagine the frustration you would feel if you did not understand math. Adding, subtracting – the numbers would be meaningless. Once you understand math, numbers become easy, and

calculations simple. Less frustration = happy = less stress. Pain is no different.

With chronic pain, understanding two key relationships is very important:

- Pain and function
- Hurt versus harm.

Pain and function

A relationship exists between pain and function – more simply, with pain and life. If you have 0/10 pain, chances are you will be able to do everything you want to do physically. If you have 10/10 pain, you will do nothing. You may have tried medications or treatments to help reduce pain. Often, you need to look beyond that, and focus on function to help reduce symptoms.

With pain, often our first reaction is to stop moving. This is a good idea during an acute phase, but deadly in the chronic phase. Tissues will become weak, short, waste away, and finally will no longer work. In the chronic phase, you want to improve overall function, stability, strength, stamina, and flexibility. The goal is to improve your ability to function and reduce symptoms.

Most tissues respond positively to gentle movement. With chronic pain, you need to move these tissues, even if it hurts a bit. In this case, touching gently into positions that cause symptoms is a good thing – not a bad thing.

Hurt versus harm

The second important relationship involves hurt and harm. There is a difference between the two. If you exercise safely and control your movements, your body tissues will begin to react as they should. You may feel some pain with a safe and controlled movement. Ask yourself whether this means you are harming something, or if it is just a hurt. If you understand the difference between

hurt and harm, everything about chronic pain becomes easier.

For instance, if you fracture your elbow – that is harm. Your elbow will be in a cast for six to eight weeks. Once the bones are stable, and when the cast is removed, it will hurt to move your elbow. Your first reaction will be to keep it still. You question whether moving it will hurt or harm.

This can be a turning point in your rehabilitation. You might think the elbow must still be broken, as it hurts so much to move. You might want to have it re-cast, though both testing and professionals say it is healed. If you did put another cast on your elbow, what would happen? The pain might lessen temporarily, but your elbow would become stiffer and weaker. In the end, you would have more pain. Four weeks later, when the cast is removed again, your elbow would still hurt. You might think there is still a problem, and ask for another cast. The cycle becomes endless. Eventually, you would end up with chronic pain.

You need to move that elbow, not restrict it. This is the difference between acute and chronic pain. With chronic pain, you must move the affected area before it will start to feel better. If you can do this, your rehabilitation has begun.

Rehabilitation

One of the most important parts of chronic pain rehabilitation is to simply start moving again. Specific exercises – safe and controlled with proper direction – are the key. Understanding pacing and your pain will help to make the most of your rehabilitation program.

Chronic pain requires the right exercises, with the right technique. Often people exercise, but work around problems with the affected side or area of the body. This must change to allow the tissues to do their job properly. You can exercise all day,

but if your technique is flawed you simply reinforce poor muscle use patterns.

Many injuries are to soft tissue, meaning muscle, ligament, or tendon. Often, no surgical or invasive options can aid recovery with these injuries. These can be lifelong injuries requiring management, not fixing.

Physical therapists (physiotherapists) have extensive education about anatomy, physiology, muscles, bone, ligaments, tendons, and the human body. They understand pain and structures in a unique way. For patients, this is great. Your physiotherapist will have a high level of understanding of your physical and emotional symptoms.

The role of a physiotherapist in recovery is pretty straightforward. First, your diagnosis is verified and confirmed. Once that is done, the physiotherapist will help determine if the problem is fixable or manageable.

This part of rehabilitation is crucial both for you and your clinical therapist. If you have been searching for a cure – which people often are – the quest now becomes futile for you and your treatment team.

With my current chronic back pain, I would not be able to find a solution even if I kept looking for one. There is

no magic fix, no surgery, nothing that could permanently alleviate my pain. Just as I did, you must accept the ‘new you’ in order to begin your recovery. You need to change your thinking from fixing to managing the problem. This change in focus is a key part of beginning to feel better.

For me, it took six years of on-and-off pain, a university degree, and a few years of practice as a physical therapist before figuring this out. Hopefully, you will understand pain faster than I did! With a proper *team*, this is possible.

If you noticed I stressed *team*, there is a reason. Pain affects all of us differently, and so you may need a variety of health care professionals to address all aspects of your pain – physical, mental, spiritual, and emotional.

Managing chronic pain is a balance. You can be medicated to the point where you feel nothing, but you will not be able to function. Without medication, your head will be clear, but you will not be able to function because of the pain. Living a fulfilled life with chronic pain often requires a full team to reach a balance between medication, activity, counselling, and overall well-being.

Talk to your family doctor. With luck, you can be referred to a chronic pain team in your community. These teams often have a pain doctor, pharmacist, physiotherapist, behavioural health consultant, kinesiologist, nurse practitioner, psychologist and dietitian, as well as other allied health care professionals. A team approach addresses all aspects of your pain – medication, exercise, education, stress reduction, and pacing strategies. Putting the pieces in place is essential to helping you cope with chronic pain and getting your life back.

To feel better while living with chronic pain, the best advice is: manage your pain, manage your life, keep a positive attitude, medicate when required, develop a pain flare-up plan, reduce stress, and live an engaged, fulfilled life. Most important – be sure to have fun. The benefits from laughing are endless. These are the keys to managing chronic pain successfully.

WRITTEN BY: **Tim Kutash, BScPT**,
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and physiotherapist.

THE TORTOISE AND THE HARE

Pacing with chronic pain



Perhaps you have heard the fable about the tortoise and the hare. The two decide to race.

The hare sprints away from the start line, easily pulling away from the tortoise, but runs out of steam and must rest. Meanwhile, the tortoise keeps up a steady pace and beats the hare. The moral – slow and steady wins the race.

What does this have to do with chronic pain? Many people who have chronic pain act like the hare. On days when they feel a little better, or have more energy, they burst out of the gate and try to get as much

done as possible. They push through, going beyond their pain limits to check more things off the to-do list.

The problem is that the sprint cannot be sustained. Intense periods of activity are followed by an inevitable crash. The pain increases and energy drops. One day of intense effort can result in two or three days of significantly reduced activity because of pain.

Continuing this ‘push through, boom and bust’ approach can reduce abilities over time. Instead of building activity gradually and having pain levels subside, people find their symptoms increase. The

overall level of function starts to go down instead of up. Eventually, it takes less and less activity to trigger a painful flare-up.

Others living with chronic pain take the ‘wait until’ approach. They choose to avoid activity until they feel better, when symptoms fade or they have more energy. It is a common way to put off tasks that they dislike or that make pain worse.

Again, there are problems with this approach. Relief from pain or increased energy may never come. Pain symptoms may stay the same. Avoiding activity for a long time can make overall functioning drop. Strength

and endurance are lost. Tight muscles and poor posture may even start to cause additional soreness. Remember, the tortoise won the race by staying slow and steady, not by sitting down and doing nothing.

Most people combine the two approaches. They push through with activities they consider important or that they feel absolutely must get done. They delay activities that are unpleasant or will increase pain. Doing too much or too little lowers function over time. The solution is pacing.

Pace yourself

Pacing allows you to organize and carry out important tasks within your limits of pain and energy. You can use it for home, work, and leisure activities. Pacing involves creating a careful balance of rest with activity, and heavier tasks with lighter ones. It involves conserving your energy.

For many years, people with chronic diseases have used energy conservation. The same method helps those with chronic pain. If you have limited energy, you may tire easily or experience more pain. By planning carefully and using certain strategies, you can make the best use of your energy. The idea is to work smarter, not harder! Try the following strategies:

- Eliminate unnecessary steps to a job. For instance, pre-soak dishes so you do not need to scrub them. Take clothes out of the dryer right away so that they do not need ironing.
- Sit to work when possible. Sitting uses less energy than standing and allows you to work for longer periods.
- Use the right tools for the job. Use long-handled tools if bending is hard. Extend your reach with a reacher. Use electric instead of manual tools when possible. Sharpen blades properly so your muscles do not have to work harder than necessary.
- Arrange work areas so tools are within easy reach.
- Work close to your body to use less energy.

- Store supplies and equipment close to where you are working to eliminate unnecessary walking. Some people keep two sets of tools in different locations.
- Use countertops and other surfaces to support work tools.
- Slide objects instead of lifting them.
- Move using smooth, symmetrical motions. Use your larger, more powerful joints.

Practical steps for pacing yourself

Step One: Decide which activities are most important to you.

List all the things you need, want, and have to do. Next, mark them from most to least important. Write #1 beside the most important, #2 beside the next, and so on until you are through the list. Also, mark activities you must do daily (D), weekly (W), and occasionally (O). Cross unnecessary activities off the list.

Many activities can be broken down and spread over several days. Others do not work this way and are simply too hard. Figure out which activities are difficult and decide if you want to delegate or hire them out.

Step Two: Think about how you can work smarter, not harder.

Decide which jobs can be done as you sit. Figure out whether you can eliminate parts of the work or spread it out over a few days. Find the best tools and the best layout for each task. Come up with creative, fun, and efficient ways to spend your rest breaks.

Step Three: Plan your week.

Get a week-at-a-glance calendar. Each Friday, plan the next week. Slot activity and rest times for each day and throughout the week. Keep the best times of the day and week in mind. Be sure to have a back-up plan for bad days or if you have to change your schedule.

Setting baseline and tolerance levels

Another part of the pacing strategy involves establishing a baseline and

tolerance level for each of your activities. This can help you increase your overall tolerance for a specific activity, once your daily and weekly pacing schedules are established.

Again, there are a few steps to finding your baseline and tolerance levels for an activity.

- Over time, become comfortable with rating your pain on a numbered pain scale (where 0 is no pain, and 10 is the worst pain imaginable).
 - Next, choose an activity.
 - Now, establish a baseline, which is half your tolerance level. There are two ways to determine your tolerance level:
 - start the activity and keep track of how long (in minutes), how far (in blocks or miles), or how intensively (using pounds or repetitions) you can do it.
 - stop once your pain increases one to two points on the number scale, or stop when you feel that by continuing, your increasing symptoms would affect your ability to function later.
 - Divide the activity time, distance or intensity in half. This is your baseline.
 - Do your activity at the baseline for two weeks. On bad days, stick with your pacing plan. On good days, do no more than your baseline.
 - After two weeks, increase your activity by 10 per cent. For instance, if your baseline for typing is 10 minutes, add one more minute to build to eleven. Continue to slowly build every week.
- Remember, these are just general guidelines. Establishing a baseline and tolerance may not work for all activities and all people. Talk to your health care provider about any questions or concerns.
- If you have chronic pain, pacing can be a very effective way to help increase your level of function. Keep the lesson of the tortoise and the hare in mind, and avoid doing too little or too much.

WRITTEN BY: **Trevor McKay, BPE,**
kinesiologist.

NUTRITION & CHRONIC PAIN

Diet makes a difference



As many as one in four Canadians lives with chronic pain. Pain may be occasional, such as a migraine headache, or constant discomfort due to an injury, arthritis, cancer, fibromyalgia or other conditions. Chronic pain can seriously affect your quality of life. It affects the ability to work, maintain relationships, and keep up with basic needs.

If you have chronic pain, you may feel so tired and sore that you can't even think about preparing a healthy meal. Perhaps you relate to food in terms of how it affects your weight. You might choose foods to lower the risk of developing diseases like diabetes, heart disease and cancer. However, good nutrition keeps your body healthy and can help manage or reduce the burden of chronic pain. Using these techniques, you can start on the road to healthier eating, and continue even when pain flares.

Make a plan and prepare ahead

The last thing most people want to do during a flare-up is to think about what to make for dinner. Having a simple plan ahead of time can help you through difficult days. To take the pressure off, have available healthy snacks like cut vegetables and fruit, yogurt, and frozen portions of meals like chili, casseroles or stews. Prepared ahead, these foods can be ready to eat in minutes. Remember, meals do not have to be fancy to be healthy. It is fine to have scrambled eggs, toast and fruit for dinner if that is what works!

Ask for help. Whether it comes from family, friends, neighbours, or a local food delivery service, extra support can have a big impact on your healthy eating. Organizations like Meals on Wheels deliver healthy food right to your door. They can be an affordable option for people living with pain or other chronic conditions.

Eat regularly

Do not skip meals. Providing your body with consistent fuel – even just a snack every few hours – maintains your energy levels. Skipping meals can result in overeating at the next meal, or reaching for a 'quick fix' because energy levels have dropped. Unfortunately, most quick fixes are packaged and processed foods, high in calories and low in nutrients. Healthy snacks can be quick too. Try yogurt and fruit, crackers and cheese, or vegetables and dip. If you do not have the energy to eat a full meal, a balanced snack will help tide you over.

Go natural

Fresh foods do not have a lot of (if any) added ingredients and are usually less expensive and healthier than packaged and processed foods. Remember, you will find fresh foods like vegetables, fruit, meat, grain and milk products around the outside walls of the grocery store – not in the aisles.

Fluids

Getting enough fluids is essential to preventing constipation, a common side effect of many pain medications. Staying hydrated also makes a big difference to your energy level. Women need eight to ten cups of fluid a day, men ten to twelve cups. Count fluid from water, all beverages (except alcohol), soups and water contained in vegetables and fruit.

Omega-3 fats

Omega-3 fatty acids are essential for normal growth and development. Awareness of their other health benefits is increasing. Research suggests that the long chain Omega-3 fats (DHA and EPA) have anti-inflammatory effects. Evidence suggests that taking Omega-3 fats may help reduce the pain of rheumatoid arthritis. Omega-3 fats are found in fish, some nuts (walnuts are best), and fortified products like certain brands of eggs,

milk and bread. Omega-3 supplements can be found at your pharmacy. If you want to supplement with Omega-3, talk first with your doctor or pharmacist to make sure it is safe.

Vitamin and mineral supplements

At this time, no consistent evidence proves that vitamin or mineral supplements help relieve pain. A multivitamin does not hurt, but the best way to be sure you get the right balance of nutrients is to follow *Canada's Food Guide*. Remember to speak with your doctor or pharmacist about possible interactions with prescription medication before adding a specific supplement.

Listen to your body

If you find that you feel more tired, achy or unwell after eating certain foods, listen to the messages your body is sending. Keep a food diary to track what you eat and how you feel (emotionally and physically) to help you decode the connections. Many people who keep a food diary can identify 'trigger' foods that cause a flare-up or make pain worse.

Foods to avoid

Processed and packaged foods are likely to have added fat, salt, sugar and preservatives. These foods appeal because they are quick and easy, but are not the healthiest choices. They tend to be more expensive too. Many people with chronic pain find they are sensitive to additives and preservatives found in packaged and processed foods. Of course, very few people can completely avoid all processed foods. You do not have to ban them entirely – just use them in moderation.

Though there are few high-quality scientific studies of specific nutrients and chronic pain, some people report more pain after having caffeine, MSG (monosodium glutamate) and aspartame. Caffeine is found in regular

coffee, tea, many soft drinks, energy drinks, and chocolate. MSG is often added as a flavour enhancer. Aspartame is an artificial sweetener found in diet pops and many 'low calorie' or 'reduced sugar' foods. Read the ingredient list as you shop to decide whether foods contain ingredients that may affect your symptoms.

Many people feel overwhelmed at the prospect of overhauling their diet. The key to success involves making small changes that you can stick to. Simply becoming aware of how foods and ingredients affect your body and

pain levels may help you feel better. Eat regularly and drink plenty of fluids to maintain your energy levels, even during flare-ups.

WRITTEN BY: **Erin Wile, RD, CDE,** dietitian.

LETTING GO, MOVING FORWARD

Loss and hope with chronic pain



“Is there an expiry date on hope?” asked a young woman in the chronic pain group. The answer – it depends on the hope. Are you focusing on a miraculous cure that would allow your life to return to what it was before pain? Or is the hope directed towards finding meaning and contentment in life despite the pain?

The choice of whether to look back or forward will greatly affect your mood and the motivation to follow a pain self-management plan. By focusing on the good old days before chronic pain, it is easy to act if life is unchanged. Are you pushing through daily tasks and obligations without considering the effects? Repeatedly attempting to live life as before is an open invitation to disappointment and painful flare-ups. With this focus, the tools of successful pain management – careful planning and pacing of life – seem frustratingly controlled. Hanging on to the past is like driving a car looking only through the rear view mirror. It is impossible to see any way forward, let alone a path that might lead to satisfaction.

What makes it so hard to stop hoping that life will return to the way it was before pain? What stands in the way of adjusting your lifestyle to achieve meaning and contentment? Grief is often the issue.

Grieving involves adjusting to the loss of something that has great personal meaning. Perhaps you have lost the ability to take part in activities like a career or sport. You might grieve the ability to look after yourself or your home. Or you feel you are not fulfilling your role in life – being a good and involved parent, spouse or friend.

The loss of physical functioning that comes with chronic pain can reduce your ability to fulfill meaningful tasks, roles and relationships. Grief arises from a conflict between the way life is now and the way we think it should be – how it was before. You are not who you once were.

With some types of losses, as when a loved one dies, we recognize that there is a struggle to adjust. Grieving in response to death is well publicized in pamphlets, magazines, movies, music, and television. Most people understand this type of grief. Our society recognizes grief through social traditions around funerals, periods of mourning, counselling programs, and bereavement leave.

In contrast, grief connected to losses from chronic pain is not always recognized. There are no ceremonies to formally acknowledge your emotional reaction to having more physical pain, being less carefree, or having a restricted diet and lifestyle. There is no bereavement leave to allow adjustment in being less able to carry out everyday tasks. To top it

off, there is still a myth that chronic pain is not even real pain – ‘It’s all in your head.’

Those living with chronic pain may not recognize that many thoughts, feelings and actions are part of the grieving process. They may not have words to help others understand and respond helpfully. They lack a map of how to let go of unrealistic hope and move forward to a life that can still offer optimism, contentment and meaning.

Without realizing it, they may resist the reality that life will likely never be the way it once was. They may unintentionally work against the treatment plan that should be a source of realistic hope. To complicate matters, there is often a very real dilemma in accepting a changed role in life. Fears accompany such change – of disappointing others, of being vulnerable, or being seen as lazy and needy.

However, accepting this hard reality can help you take control of pain instead of letting pain control you. It is the first step in moving forward with realistic hope for meaning and contentment in life. Certain actions can help you move along this path. The following techniques allow you to let go and move forward with hope.

- Accept reality. Your life has changed and it helps to make the best of it. Help family members do the same.

- Become a scientist. Study your pain instead of just reacting to it emotionally.
- Use a pain diary. Note triggers that make pain flare up. Learn what you can do to lessen pain, other than just using medication.
- Pace your activities. Do a little at a time instead of everything at once as you used to do. Remember, the goal here is pain management, not work efficiency.
- Stay physically active. Learn your tolerance level for physical activity and move as best you can. It is good for body and mind.
- Modify your workplace environment, duties and schedules to help you better manage pain on the job or at home.
- Structure family tasks and events so that you can take part as much as possible.
- Be patient with yourself and others. Ask others to be patient with you.
- Encourage family members to learn about chronic pain along with you.
- Avoid focusing all hope on finding a cure. You will need to deal with how to cope with pain right now.
- Instead, aim your hope towards finding pain management strategies that allow contentment while living with pain. Do this one baby step at a time. Do not push it.
- Read inspiring biographies of others who have walked down your path, and whose hope led them to meaning.

WRITTEN BY: **David Wollman, MA, RSW**, behavioural health consultant, and **Yolanda Martens Van Hilst, BN, RN**, chronic pain lead.

The authors co-lead 'Letting Go, Moving Forward,' a chronic pain group designed to foster the transition from grief to the ability to move forward with pain.

BACK TO WORK

Returning to work with chronic pain



So when are you returning to work? It seems a simple question when asked by your family, friends and coworkers. However, the answer can be complex, especially when you have chronic pain. Many factors come into play, including physical and mental readiness as well as work availability. The experience will be different for each person. If you are thinking about returning to work, advance planning can help make the transition successful.

Physical readiness

Are you physically ready to return to work? Do you have the strength, endurance, and pain tolerance to work productively?

If you are on disability benefits through your insurance company, a rehabilitation or work conditioning program may help you answer these questions. Rehab providers such as physiotherapists, occupational therapists or kinesiologists can work with you to assess your present level of fitness. They can design a program to help improve your abilities. You may

access a work conditioning program on your own. However, there is usually a significant cost involved. If you are seeing a single provider such as a physiotherapist outside of a structured return to work program, they still may be able to provide you with assistance in determining your return to work readiness.

If you are not in such a program or are not seeing a rehab professional, do your own check. Think about the major physical demands of your occupation. Even if you have a job that mostly involves sitting (such as keyboarding), do not kid yourself. You still need a fair amount of muscle endurance to sit with proper posture. Factor this in.

Once you have an idea of the physical tasks of your job, try doing them at home. This gives you an idea of your physical ability to work and for how long. Pace yourself – overdoing it can make pain flare up.

Once you know your physical tolerance, you may feel ready to start the return to work process. It is time to talk with your family doctor, employer, and insurance company.

Mental and emotional readiness

For some people, returning to work can feel overwhelming. The amount of time spent away and the nature of workplace relationships make a difference. You might worry about being unable to sustain the return plan. You may also feel concerned about what coworkers think and whether you are letting your employer down. The longer you have been away from work, the greater these fears and concerns may be. As we know, increased stress often increases pain symptoms, another barrier to returning to work.

Address these fears and concerns, rather than ignoring them and assuming they will go away. Psychological barriers can be just as limiting as physical ones.

Monitor your thoughts, feelings, and beliefs about returning to work. Look for things that you can control to help reduce the fear. If you need help, talk with someone close to you. Seeing a professional like a psychologist or behavioural health consultant can provide you with coping tools. These strategies can reduce anxiety, help you take control, and improve

communication with everyone involved in your return to work.

Work availability

Is there a job for you to return to? This is an important question to ask. Situations change over time, and your employer may or may not have a position for you. Organizational and employee changes may happen while you are away. Many employers will hold a position for an employee. However, the ability to do so will likely lessen over time and is affected by the importance of your role.

Stay in touch with your employer if you hope to eventually return to your job. Maintaining this relationship makes the transition back into the workplace much smoother. You will both have a better picture of your status and plans. If you are uncomfortable speaking with your employer, consider having your insurance disability case manager or union representative do this for you.

A gradual return to work

It is rare for anyone who has been off work due to chronic pain or illness to return immediately to full work hours and duties. You may have lost physical fitness or muscle tone. You may have more pain and less ability to stay active. Your workplace may have changed. All of these can make an immediate full return very difficult.

More often, a modified or gradual return to work is better. This type of return comes in all shapes and sizes, and should be tailored to fit each situation. Certain strategies can all be part of a modified return to work plan:

- Start with reduced hours and gradually increase them.
- Do alternate duties.
- Begin with a reduced amount of your regular duties.
- Add more demanding tasks slowly over time.

As mentioned before, modified return to work plans should be specific to each person. Your plan should benefit both you and your employer. You should be doing meaningful work, while your employer should see productive results.

Design a flexible plan that takes your varying symptoms into account. You may not always be able to progress in tidy regular intervals if pain flares up. Allow time for plateau periods as you learn to manage pain. Taking this into account when planning your return can smooth the transition.

Thinking ahead is a key part of gradually returning to work duties. A modified return plan can greatly increase your success in learning to work productively with chronic pain.

WRITTEN BY: **Trevor McKay BPE**,
kinesiologist.

CALGARY FOOTHILLS PRIMARY CARE NETWORK PAIN MANAGEMENT PROGRAM

Many people experience chronic pain. Reports from 2002 and 2010 suggest as many one in five Canadians suffer from it. Children are not spared, although the chances of having chronic pain increases with aging. Now, we know that early intervention is the key to successfully managing this condition.

In 2009, the Calgary Foothills Primary Care Network and the Alberta Health Services Chronic Pain Centre opened a pain management program for those living with chronic pain. Specialists in different areas work together with family physicians to help chronic pain patients.

This program focuses on self-management techniques. Patients learn to take charge of their treatment in various ways, including attending education sessions, goal setting, and exercising as prescribed.

The Calgary Foothills Pain Management Program has a team of experts in various fields related to chronic pain:

- **Yolanda Martens van Hilst**, registered nurse and team leader
- **Dr June Bergman**, physician

- **Jean Leong**, shared mental health care worker
- **Trevor McKay**, kinesiologist
- **Tim Kutash**, physiotherapist
- **Faun Lusty**, pharmacist
- **Helen Cooper**, health management nurse
- **Kylah Gearhing**, administrative support
- **Erin Wile**, dietitian, and
- **David Wollman**, behavioural health consultant.

This program is considered an extension of family physician care. The group works closely with the centralized chronic pain centre in Calgary and are supported by various experts.

- **Chris Spanswick**, pain specialist and medical director
- **Arlene Cox**, psychologist
- **Martha Butler**, occupational therapist
- **Paul Taenzer**, psychologist

If you are living with chronic pain, your treatment should focus on managing all of the different aspects of the condition. Working with different health care providers is recommended.

Numerous pain management clinics exist in Canada. To be connected to a program in your area, you need a referral from your family doctor. You can find a list of clinics on the Canadian Pain Coalition website:

prc.canadianpaincoalition.ca/en/ (Click on 'Accessing Chronic Pain Care').

For more information on the Calgary Foothills Pain Management program and the Chronic Pain Centre, please visit the following sites:

www.cfpcn.ca

www.albertahealthservices.ca (Search for 'chronic pain')

Canadian Pain Society:

www.canadianpainsociety.ca

Chronic Pain Association of Canada:

www.chronicpaincanada.com

International Association for the Study of Pain:

www.iasp-pain.org