



Pain Management Service

Information pack

This pack aims to

- Help you understand who the Pain Management service is, and how we may be able to help you manage your pain.
- Give you some understanding of the pain system
- Help you decide if the Pain Management approach would be helpful for you at this time

Contents

Your multidisciplinary team in the Lothian Chronic Pain Service	2
You may be wondering what a Pain Specialist Psychologist or Physiotherapist can do for people with pain?	3
The Medical Model	4
The Bio-Psycho-Social Approach	5
The Persistent Pain Cycle	6
Acute Pain vs Chronic Pain	7
Common vicious activity cycles	9
How can we manage our activity differently?	10
Wind Up and Wind Down of the pain system	11
Pain Management: some of the things we may work with you on	12
Take-home messages	13
Further information	13



Your multidisciplinary team in the Lothian Chronic Pain Service

The Lothian Chronic pain service has two arms:

- **The Pain Management service**, which consists of **Pain Specialist Physiotherapists and Psychologists**, and are based at Astley Ainslie Hospital. We provide information and advice on non-medical approaches to manage the impact pain has on you. This handout will give you more information on our approach. **You have been referred to this arm of the service.**
- **The Pain Clinic**, which consists of **Pain Specialist Doctors and Nurses**, and are based at Leith Community Treatment Centre. They provide information, advice and guidance on diagnosis, medication options and other procedures.
- We work closely together to provide the best possible care for you, and you may see both as part of your pain management journey.





You may be wondering what a Pain Specialist Psychologist or Physiotherapist can do for people with pain?

Pain Specialist Psychologists work with you to understand the links between your pain and your mood, stress, and other things going on in your life. They can help you manage the impact pain can have on your thoughts, feelings, identity and relationships, or how stressors can affect your pain.



Pain Specialist Physiotherapists work differently from other Physiotherapists you may have met. They can help you understand your pain condition, how the pain system works, and how best to manage your day-to-day activity. They will encourage a gentle and consistent approach to movement.



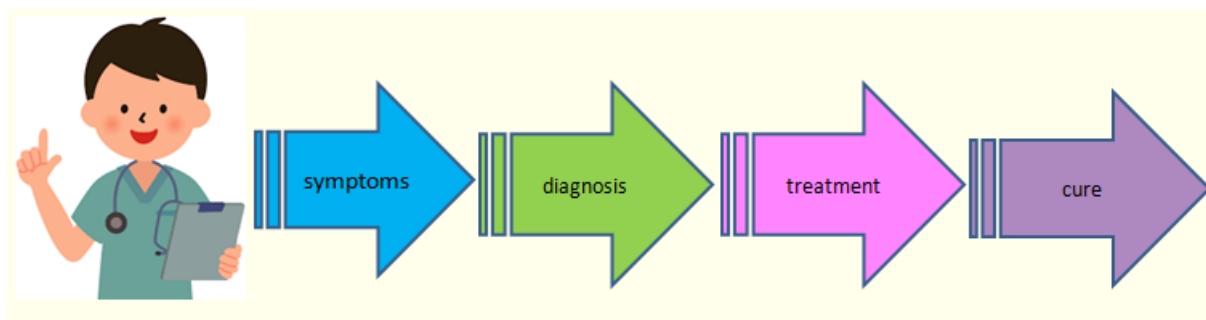
In your assessment appointment you will speak to *either* a Psychologist or Physiotherapist and they will try to understand your pain and how it affects your life. Both will encourage you to take an active approach and consider how you can try new strategies to self-manage your pain.



The Medical Model

You may be familiar with what we call the medical model, which works a bit like this:

1. You experience symptoms, for example a sore arm after an injury.
2. You go to the Doctor, who does an investigation and gives you a diagnosis
3. You get treatment, for example a cast and pain medication
4. After a while you are cured!



This is how we expect healthcare to work. It tends to work well for lots of problems, for example if your arm is broken. However, most people with chronic pain have had a different experience, and that is because the medical model does not work so well for chronic pain.

People can get stuck at any step of this model: maybe you have lots of symptoms but no clear diagnosis? Or maybe you have a diagnosis but no treatments have worked? Maybe there aren't many treatment options for you to try, or maybe you have experienced difficult side effects? Some people even find their pain has got worse after a surgery that was supposed to help.

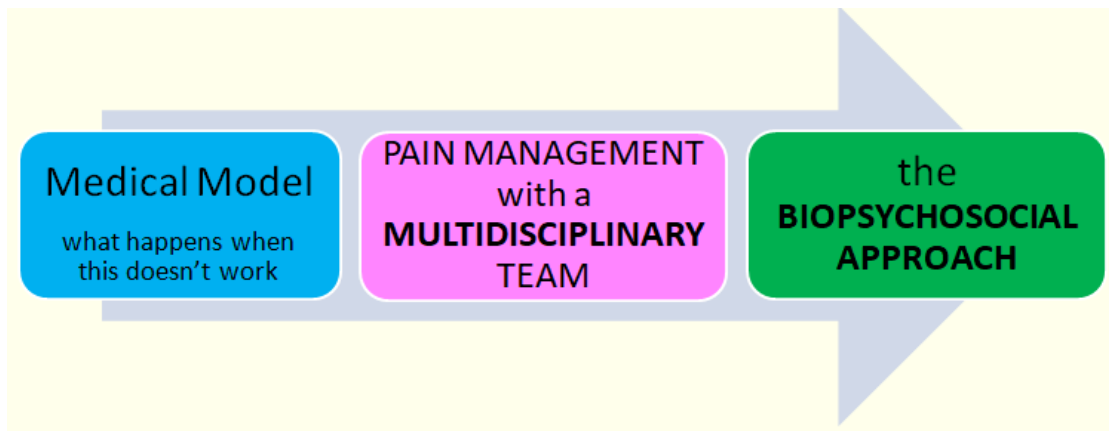
There are some reasons why the medical model does not fit for chronic pain. One of them is that **scans and investigations cannot tell us how much pain someone is in**. Some people will have scans or X-rays which indicate some aging or "wear and tear" but don't necessarily have pain, while others have "normal" scans and report severe pain. Investigations can therefore add to confusion and lead to feeling misunderstood or not believed.

Scans and investigations cannot tell us how much pain someone is in.

Because the medical model doesn't work well for chronic pain, we need to try a different approach.



The Bio-Psycho-Social Approach



The approach that we use in Pain Management is the Bio-Psycho-Social model. It is called this because it considers the

1. **Biological** (or physical) impact the pain is having, for example on your sleep, your mobility, your fitness, the side effects of medications, and so on.
2. **Psychological** impact of pain, for example on your stress levels, mood, emotions, and confidence.
3. **Social** impact of your pain, for example on your relationships, ability to socialise, work, or engage in hobbies.

Pain can impact many areas of life, and in order to help you, it is important to understand the effects pain has had on you. We then focus on what can be done to support you to make changes in these areas of life.

Chronic pain affects more than our physical wellbeing

In the space below, consider how pain has affected you:

Biological/physical effects:

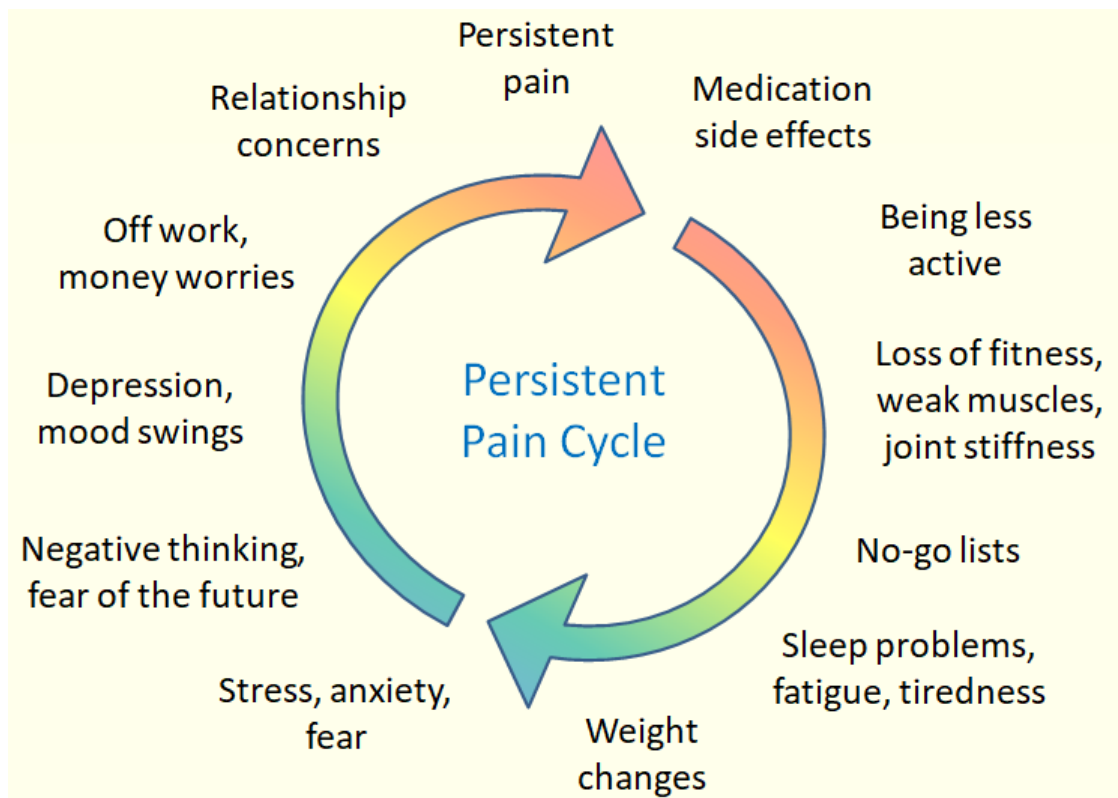
Psychological/emotional effects:

Social/Quality of life effects:



The Persistent Pain Cycle

As you thought about how pain has affected you, you may recognise yourself in the persistent pain cycle. Although pain affects every person differently, these are some things that commonly come up. Consider how this cycle fits your situation.



People that come to the Pain Management Service often tell us that they are in a vicious cycle and have noticed that things have got worse over time. However, with a different approach we can start to break the cycle and create new patterns.

We can find ways to break the persistent pain cycle and create new patterns which help us manage better.

One of the first things we can do is help you understand your pain and how it works in the body. More on that on the next few pages..

Acute Pain vs Chronic Pain

What is acute pain?

- Acute pain is usually related to tissue damage or injury, for example a broken ankle.
- Acute pain is helpful because it brings our attention to the area and makes us change our behaviour.
- Acute Pain makes us take care of the area to allow for healing.
- Acute pain lasts up to 3 months and tends to get better with time.
- Treatment usually works.

An example of acute pain in practice:

*Imagine you put your shoe on and go for a walk, you take a few steps and feel an unpleasant sensation underneath your right foot – as you continue to walk it starts to get more uncomfortable and sore, so you take off your shoe to find a small stone inside, you take it out of your shoe, put your shoe back on and continue to walk without feeling any more pain or discomfort in your foot...the pain is gone and there is no sign of physical damage to your foot....what happened was that pain was produced which caused you to **take action** (take the stone out) and the pain resolved...there was no damage. but pain warned you to take care before any damage happened.*

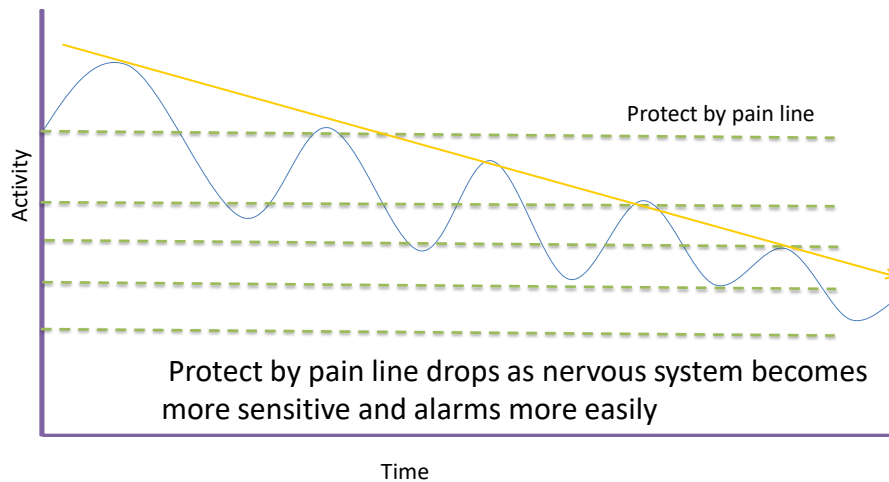
What is chronic pain?

- Chronic pain is a diagnosis in and of itself
- Chronic pain lasts over 3 months.
- Chronic pain is not related to new damage.
- Chronic pain persists even if the tissues have healed.
- Patients notice that the pain doesn't respond to usual pain killers or treatment that helps with acute pain.
- Investigations often don't explain the reason for the pain.
- Chronic pain is no longer a helpful warning.

In most cases chronic or persistent pain is due to a change in the nervous system which has become faulty and “stuck” on a high sensitivity setting. This means that things that didn't hurt before can start to hurt, for example certain movements, temperatures or even gentle touch. We can think of it a bit like a car alarm that has become oversensitive. You want the alarm to tell you when someone is about to burgle your car, but it is trying extra hard to protect you, so instead it is going off when someone is brushing past, or a pigeon sits on it. These are keeping your car safe, but they are unhelpful signals and it may be quite frustrating to have the car alarm go off so often as it keeps pulling us away from doing other things we would like to do.



Sensitisation of the nervous system



If you identify with the persistent pain cycle that we looked at earlier, you may notice that

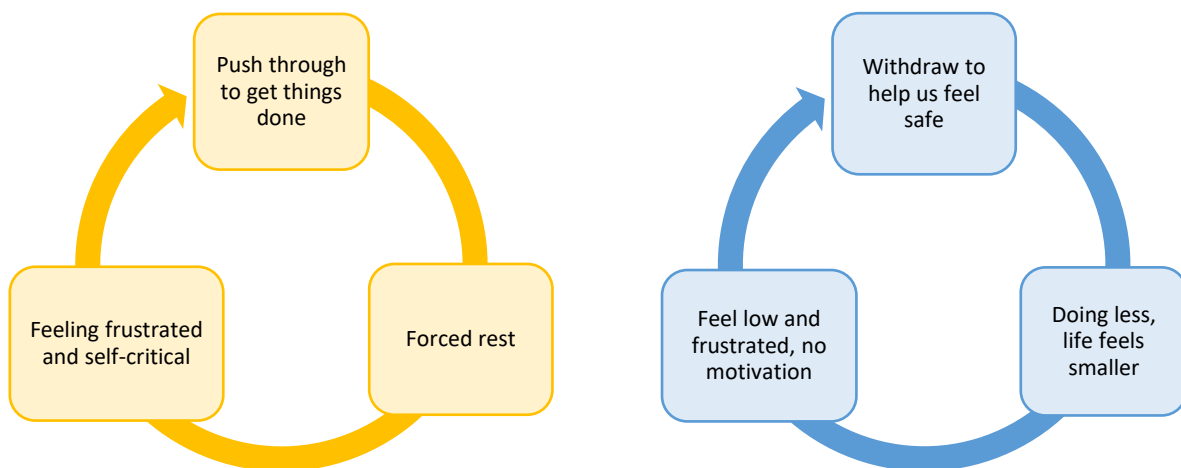
- you have good and bad pain days
- you find yourself pushing through pain to get things done on a better day
- you are using pain as a guide for when to stop an activity.

We all have a limit when it comes to activity, for example, how far we can walk before we sustain an injury. It would make sense for the body to start producing pain way before you reach that limit, to protect you and get you to stop walking. This is what we call our 'protect by pain line' (in the diagram above). However, when you have chronic pain, and if you regularly push yourself past the point of extra pain, this 'protect by pain line' drops lower. This is your brain's way to protect you by giving you warning signals earlier next time, to make you stop sooner. Unfortunately, this means that the pain can become more easily triggered with time, and some people find they can now do less before they experience extra pain.

Common vicious activity cycles

You may find that your activity levels differ on different days. Many find that they tend to do more on a good pain day, and less on a worse day. Sometimes you may also feel you need to push through pain to do something, for example attend a friend's birthday or get an important job done.

It is easy to get into vicious cycles when it comes to activity, and below are two common examples:



Regularly pushing through

Some people find they have to regularly push through pain, for example to do their job, look after others, or get housework done. This often means they feel increased pain and tiredness, which leads to enforced rest. This often leads to frustration and self-criticism, and it can be hard to keep this pattern going in the long term. The more we push into pain, the more sensitive the pain system will become, and it will start to produce extra pain with less activity.

Withdrawing from activities

Some people experience such increased pain from doing things, that it feels like stopping doing things is the only option. This could be withdrawing from work, socialising, hobbies, or avoiding any activity which increases pain. This can lead to a loss of enjoyment and a sense of purpose, and life can feel smaller. It can also have a negative impact on your health. Understandably, this can lead to low mood, and it can be very difficult to motivate yourself to do things you want or need to do.

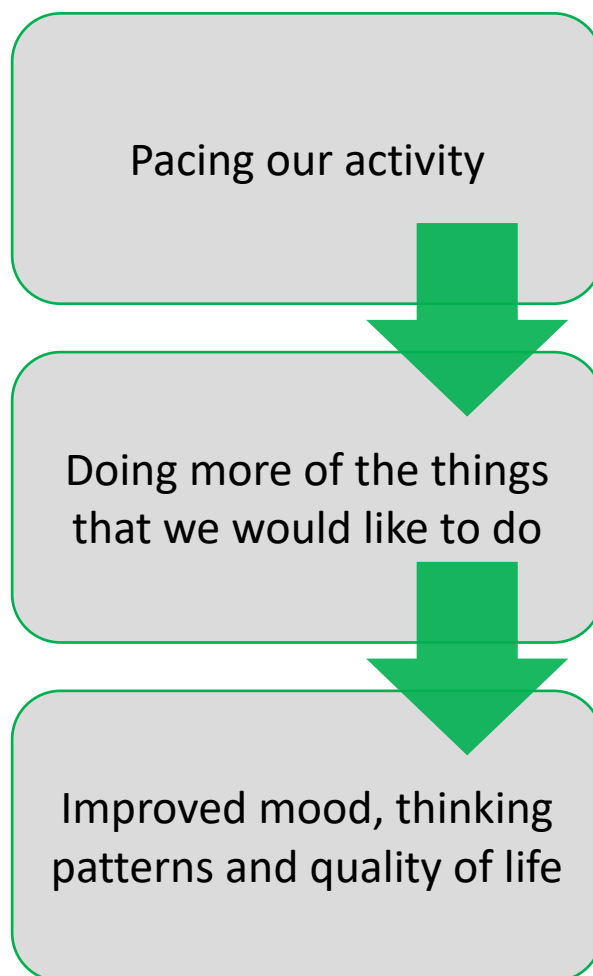


How can we manage our activity differently?

We want to encourage a different way to approach activity when you have pain, which is called pacing. Our goal is to 'fly under the radar' of the pain system. That means doing enough activity that we can still achieve tasks, but not push through the pain threshold. Research shows that over time, this way of managing activity levels can let our pain system increase the pain threshold again. It also helps to plan each day, with less uncertainty about what might be manageable. Pacing is not easy, but can be done. A pain Physiotherapist or a pain Psychologist can help support you to pace.

Benefits of Pacing

- Helps prevent the pain system becoming more sensitive
- You control actions, not pain – you may therefore feel more in control
- Can allow gradual build-up of activity
- Planned movement keeps our bodies and minds healthy
- All of this may help you feel better in yourself





Wind Up and Wind Down of the pain system

You may have noticed that different things can 'wind up' or 'wind down' your pain. It can be tricky to make sense of what makes your pain worse or better, but the more you get to know your pain, the better. Below are lists of common wind-ups and wind-downs, tick which ones are relevant for you:

Common things that people say winds UP their pain:

- ☐ Cold, wet and windy weather
- ☐ Lack of sleep
- ☐ Overdoing activity
- ☐ Resting or sitting still too long
- ☐ Certain movements may trigger more pain
- ☐ Stress
- ☐ Anxiety and worry
- ☐ Feeling low
- ☐ Feeling confused about the pain

Have you noticed anything else which winds up your pain?

Common things that people say winds DOWN their pain:

- ☐ Feeling safe and relaxed
- ☐ Heat, for example a hot water bottle, hot weather or a heat blanket
- ☐ Confidence and knowledge about pain
- ☐ Previous good experience
- ☐ Support and understanding
- ☐ Good quality sleep
- ☐ A laugh with friends
- ☐ Gentle movement and exercise which feels safe
- ☐ Being distracted

Have you noticed anything else which winds down your pain?

If you are unsure what makes your pain worse or better, it can be useful to start a pain diary. You could log your pain levels from 1-10 over a two-week period and make a note of what you do, what is going on in your life, and what your mood is like. You may then start to become aware of common patterns.

Pain Management: some of the things we may work with you on

Pain Management covers a range of lifestyle strategies, and we can think of it like putting together the pieces of a jigsaw. One piece alone is unlikely to make a big difference to your pain, but by trying several coping skills together you may start to experience positive changes to how you feel about your pain and your life.

You may already be succeeding with some of these, or you may feel you need support to develop new coping skills. We can work with you to consider new strategies, to develop your confidence with them, or to help you with roadblocks if you feel strategies are not working for you.



Are there any pieces of the jigsaw you would like support with?

Are there any pieces of the jigsaw you feel you are doing well with already?

Take-home messages

- All pain is real
- Pain is required to protect and preserve life.
- Chronic Pain is a diagnosis or condition in its own right.
- Chronic Pain is often related to changes in the sensitivity of nervous system.
- The nervous system can be “wound up or wound down”.
- We can affect our nervous system
- It is possible to live well with pain

We hope this handout has helped your understanding of the Pain Management service and how we might be able to support you.

Further information

Lothian Pain Management service website: here you can find further resources, relaxation tracks, gentle exercise videos, and webinars: <https://weare.nhslothian.scot/lcps/pain-management-aah/>

Flippin' Pain: A collaboration between Scottish Government and the NHS which aims to make chronic pain education more accessible for people. Their website is full of useful videos and other resources: <https://www.flippinpain.co.uk/>

Pain Concern: A Scottish charity which is run by and for people with chronic pain. Their website has a range of leaflets, podcasts, patient stories, and resources: <https://painconcern.org.uk/>