



THE BRITISH PAIN SOCIETY

Understanding and Managing Pain: Information for Patients

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Contents

Introduction	1
What is pain?	2
Who can help?	4
How do we ease pain?	5
Medication	5
Nerve blocks	7
Physiotherapy.	8
Stimulation	9
Pain management techniques	10
Complementary therapies	11
Further information.	14

Introduction

We all know what pain is. We've all had it. Sometimes we hardly notice it. Sometimes it's unbearable. Usually, it goes away of its own accord. Sometimes it goes away with treatment. Rarely, it doesn't really go away at all.

Pain is a challenge for those who have it because it hurts. It is a challenge for those who are trying to treat it because it cannot be seen and is difficult to measure scientifically.

That's why the best approach to dealing with pain takes the form of a partnership between the patient and the health professionals working with them.

If your pain is recent or long-term, severe or less severe, this booklet explores how to get the best out of this partnership. It looks at what pain is, what can be done about it and who can help you with it.

What is pain?

Some pains are easy to understand if, for example, there's obvious tissue damage such as bleeding or a bruise. Some are less obvious. You can't see the pain of appendicitis but anyone who's had it will tell you it's real enough. Health professionals use different terms for different types of pain. Short-term pain like a punch on the nose is often called acute, long-term continuous pain is called chronic while pain that comes and goes is called recurrent.

Many acute pains are a sign that something is wrong. Most minor ones may be easy to rub better; others may be the sign of something more serious. Even when the cause of the pain is obvious, the effects of it may not be. A big bruise may not hurt at all whereas no X-ray can show the true extent of the pain of arthritis.

Doctors and health professionals used to have a fairly black and white attitude to pain. Patients whose pain couldn't be explained scientifically were often called hysterical or worse. But with each new diagnostic technique, from the X-ray to the brain scan, more and more pains have become 'visible' and so a little easier for science to understand (if not always explain). As a result, today's doctors are far more likely to listen to the patient's description of their pain and act upon that. Just because they cannot see the pain's source does not mean it doesn't exist. The fact is that although medical technology is improving all the time, some pain is so complex and involves so many factors that we may never be able to locate it accurately with machines.

The circumstances also make a difference to the way we feel pain. In the heat of the moment even a severe and subsequently painful injury may go unnoticed. We might not realise how serious a cut is until we look at it. Goalkeeper Bert Trautmann famously played the last 15 minutes of the 1956 FA Cup Final with a broken neck, while in 2002 champion rally-driver Colin MacRae raced 400km with a broken finger. (He finished sixth.) And its not just humans. The horse Henbit broke its leg half a mile out in the 1980 Derby and went on to win.

For these reasons, only the person in pain can really say how painful something is. But because pain is always personal and subjective, it is very difficult to define. In his book *Pain*, the late Patrick Wall, one of the pioneers of pain management, cited the following 'modern' definition: 'pain is an unpleasant sensory or emotional experience associated with actual or potential tissue damage or described in terms of such damage'. Put more simply, pain is what the person feeling it says it is.

In other words, you know your pain. Your challenge is to explain it to your health professionals. Their challenge is to try to understand it and respond in the manner appropriate to you (rather than the pain).

Who can help?

If pain does not go away or keeps coming back when regular pain-killers from the pharmacist wear off, you could see your general practitioner (GP) and/or call NHS Direct on 0845 46 47. (There is also a website NHS Direct Online at <http://www.nhsdirect.nhs.uk>.)

Your GP may well be able to find the cause of your pain and suggest treatment. If not, the GP can refer you to a hospital consultant for more specialist examination.

There are still no reliable and effective cures for some painful conditions and sometimes, despite tests, doctors may be unable to find the cause. That does not mean that nothing can be done to ease the pain and make it easier to live with.

A pain management service, or pain clinic, can help people with chronic pain. Their aim is to improve your quality of life and they offer a variety of treatments to help you achieve this.

Pain management services vary from hospital to hospital. Some do not have one. In smaller services, a consultant with a particular interest in pain may work alone but increasingly, especially in larger centres, there is a multi-disciplinary approach involving a team of doctors, psychologists, nurses, physiotherapists, pharmacists, occupational therapists and others. They may well run pain management programmes bringing together a group of patients with similar pain problems to look at how best to tackle them and live an active life. Some clinics may offer acupuncture and other complementary therapies.

While you are waiting for a referral to a pain management service or if there is no service in your area, your GP should help. Ask what options and alternatives there are. Don't suffer in silence. Some primary care trusts have, for example, expert patient programmes running self-management schemes for people in pain.

You know your pain so you're in charge of the treatment. If something isn't working say so. There are no marks for bravery in pain management. Nor, indeed, is there any point in continuing a treatment that is not working. The more you tell your health professionals, the more likely they are to be able to help.

How do we ease pain?

Pain management techniques are improving all the time so the following list of treatments can never be an exhaustive one. Finding the right one depends on you being clear with yourself and others about how you feel. Ask those treating you how a particular treatment is designed to work and what evidence there is for it so that you can weigh up the potential benefits and balance them against the possible side-effects. Remember too that we're all different and no treatment works for everyone.

Medication

It may be your thumb that you hit with the hammer but you feel the pain it causes in your brain. That means one way of easing pain is to prevent pain messages from getting to the brain in the first place. That's how rubbing it better appears to

work, for example. The nice sensation of the rubbing beats the unpleasant sensation of the pain to the brain.

Aspirin and similar medications, such as Non-steroidal Anti Inflammatory drugs (NSAIDS for short) act on the chemicals produced by damaged cells that cause inflammation in nerves and tissue. Other stronger pain-killing medications, called opioids, act both outside the brain (on the spinal cord) and in the brain to mimic the body's production of endorphins, its own pain-killing chemicals. More recently, drugs originally developed to counter depression or epilepsy have been prescribed by GPs and hospital doctors to ease pain by altering levels of the chemicals that signal pain to the brain. These are most useful for pains caused by nerve damage - neuropathic pain.

In the UK, all medicines are licensed by the Medicines Control Agency for use and sale in particular ways. Some medicines are available only on prescription, others such as the stronger pain-killers can only be bought in a pharmacy while some, including paracetamol and aspirin, can be bought pretty much anywhere including supermarkets. Drugs tend to have both a generic name relating to their chemical make-up (e.g. paracetamol) and a brand name given to them by their manufacturer (e.g. Panadol). Buying drugs by their generic names is cheaper than buying them by their more familiar brand names. Make sure your health professional knows what drugs you are taking even if they haven't themselves prescribed them.

Drugs can be given by many different methods depending on the nature of the pain e.g. tablets, liquids, patches, suppositories, injections. An injection in the spine, for example,

called an epidural, allows a drug to be used in smaller quantities than might be necessary if the drug were given in a different way which may reduce the risks of side-effects. All drugs have side-effects. Aspirin, for example, can irritate the stomach lining. Current research is trying to improve the effectiveness of medications while reducing their side-effects. Sometimes a doctor may use a drug in a way or for a condition for which it is not explicitly licensed. This should always be explained to you. (The Pain Society leaflet *The Use of Medicines Beyond Licence: Information for Patients* provides further information.)

Nerve blocks

During operations, it is quite possible to block the nerves carrying the pain messages to the spinal cord and to the brain with local anaesthetic drugs. Logically enough, this raises the question of why this sort of treatment is not offered on a permanent basis for the treatment of chronic pain.

To some extent it can be. For example, injections of local anaesthetics can allow painless treatment, such as physiotherapy, to be given when pain prevents movement and causes acute muscle spasm. The injection of long-acting steroids can reduce inflammation in joints and spinal nerves.

Some patients in extreme pain, such as those suffering from cancer, may benefit from having the pain pathways destroyed using chemical injections, a heated probe or by neurosurgery.

Unfortunately, longer-term techniques for destroying nerves such as cutting, burning or freezing do not always result in

long-term pain relief and unpleasant side-effects can occur. For example, the body may find alternative nerve pathways to transmit the pain to the brain. Moreover, severe pain can lead to secondary effects such as muscle spasms, stiff joints and weak muscles. These cause generalised pain that may not necessarily go away when the main nerve is blocked. Having said that, techniques are improving and new methods appearing all the time so the option is worth discussing with your health professionals if you think you would benefit.

A pain specialist will discuss the expected risks and benefits of any nerve-block treatment with you before any treatment takes place.

Physiotherapy

Pain may make it very difficult to use the parts of the body that hurt. This can cause muscle wasting and weakness and joint stiffness, which in turn can make pain and disability worse. By keeping your joints and muscles moving, physiotherapy can help you do more and, hopefully, reduce your pain, as well as improve the way you feel.

Types of treatment include:

- Exercises
- Stretching
- Manipulation and massage
- Electrical therapy
- Hydrotherapy
- Movement and posture training
- Advice on managing everyday activities including work

Physiotherapy is an active treatment not a passive one. It is something you do, not something you get, so it's worth asking your doctor or physiotherapist what exercise would be good for you to do yourself. Exercise – even simple everyday exercise like walking, swimming or dancing – helps boost your general health, strength and balance. It can also ease pain directly by blocking pain signals much as 'rubbing it better' can.

Stimulation

In their different ways, both cold and heat can help ease milder pain. Cold numbs temporarily; heat gets the blood circulating which eases inflammation. Both distract the brain from its pain messages. Ultrasound and microwave therapy are ways of trying to provide heat treatment to tissues deeper in the body although health professionals disagree about exactly how effective they are.

The Transcutaneous Electrical Nerve Stimulation (TENS) machine is a more sophisticated version of rubbing it better. Small pads connected by wires to a small battery-driven box are placed around the area of pain. When switched on the machine produces a tingling feeling instead of pain. In special circumstances, very small electrical leads can be placed near the spinal cord to produce a similar effect. This is called spinal cord stimulation (SCS). It is important to note that TENS and SCS are different treatments and the effects of one cannot be used to predict the effects of the other.

Pain Management Techniques

Sometimes pain will not go away regardless of the treatment. Living with long-term or chronic pain can be a particular challenge. Pain can make a disability more challenging and sometimes make it more severe. Like a stone in a pond, pain can cause ripples throughout your life. The continuing pain can affect mood, mobility, self-confidence and sleep patterns which themselves can impact on your working life, home life and social life.

It pays to know yourself and know your pain. Even the time of day may make a difference. Some people with certain types of arthritis, for example, find that it is worse in the morning. Understanding this can help you plan your day to suit you best. Emotional state can also make a big difference - you may well feel less pain at your birthday party than while in the dentist's waiting room! If you apply this principle more broadly it means that the better you understand yourself, what causes you stress and what relaxes you, the better you will be able to manage your pain and fit it into your life. It is possible, for example, for even the most stressed of us to learn simple relaxation techniques using tapes or the basic principles of meditation.

It is worth discussing these knock-on effects with your health professionals as they may be able to help you to deal with them.

Many pain management services have a clinical psychologist or counsellor within the team who can offer help and guidance, either on a one-to-one basis or with a small group of people who have similar problems. Many people find this very useful. They can help you meet the challenges that pain brings, imaginatively, creatively, in the way that suits you best.

For more on pain management programmes, see the British Pain Society's website.

Complementary Therapies

Many types of non-medical or 'complementary' therapy seek to help people with pain. If you want to try these approaches, it is always best to discuss the idea with your own doctor or other health professional first, both to ask their advice and to see if they can suggest anyone suitable. Much depends on the nature of your pain and how you feel about it.

Chiropractors and osteopaths use manipulation of joints and soft tissues for relief of symptoms. Other people with chronic pain feel they have benefited from aromatherapy, homoeopathy, acupuncture (which is sometimes available on the NHS), massage, yoga, tai chi, pilates and the Alexander Technique, which focuses on correct posture.

With certain exceptions such as chiropractic, there is a lack of traditional scientific evidence for benefit or harm for many complementary therapies and some doctors and health professionals are cautious about treatments that are not evidence-based. They are understandably concerned about patients wasting money on treatments that have not been proven to work and may even make matters worse. However, if you think that something will make you feel good and you've checked with a health professional that it won't do your body any harm, it's up to you.

Before embarking on a therapy, discuss with the therapist how they work; what they hope to achieve; how long it will take; and, if it is not NHS treatment, how much it will cost.

Don't feel obliged to embark on any treatment or to continue with it if you don't like either it or the therapist or if you don't feel it is working.

Make sure the therapist is registered with a reputable professional body. Your GP may be able to tell you who these organisations are or check with the Institute for Complementary Medicine, a registered charity that provides the public with information on complementary medicine (PO Box 194, London SE16 7QZ; Tel: 020 7237 5165).

The best pain control technique of all is probably your own determination that you will not allow it to take over your life. Pain may be part of your life, but it is not all of it. Life is still for living.

For more information

Further Reading

Books you may find useful:

- Barrett, J; Carey, M; Moore-Groarke, G (1998) *Dealing with Chronic Pain: The Pain Management Approach*. On Stream Publications Ltd, County Cork, Ireland £6.99 – ISBN: 1897685807
- Martin, PR (1993) *Psychological management of chronic headaches*. Guildford Press, New York £ 18.95 - ISBN: 1572301228
- Shone, N (1995) *Coping successfully with pain*, 2nd edn. Sheldon Press, London £ 6.99 - ISBN: 08596975095
- Main, C; Parker, H (1990) *Living with back pain*. University Press, Manchester £10.99 - ISBN: 0719030692
- Beeston, L; Molloy, A; Nicholas, M; Tonkin, L (2003) *Manage your Pain*. Souvenir Press, London £12.99 - ISBN: 0285636790
(This is a very helpful book for people living with pain who want to learn more about pain management techniques which they can use. It is informative but as the authors are Australian, you should be aware that it refers to their health service provision rather than the NHS)
- Caudill, M (2001) *Managing pain before it manages you (revised)*. Guildford Press, New York £ 13.99 - ISBN: 1572307188
- Wall, P (2000) *Pain: the science of suffering*. Phoenix Press, London £14.99 - ISBN: 0297842552

Please note that prices may vary.

Other Organisations

It is also worth contacting any voluntary organisations working in your health area as they can provide excellent support and further information. The British Pain Society has a list of pain-related self-help organisations available by post or from its website (see below).

Using the internet

A good starting point on the internet is the British Pain Society's website (<http://www.britishpainsociety.org>) from which you can download further information and find useful links. More generally, the internet, although a valuable resource for health information, needs to be used with care. As you can imagine, there are many people only too willing to exploit the internet's popularity. Make sure you check out the source of any information thoroughly before acting on it .

For more information contact:

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