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CHRONIC MUSCULOSKELETAL PAIN: HELPING TO SOLVE THE PAIN PUZZLE

Musculoskeletal pain arises from damage to the muscles, ligaments and tendons, and bones. Many Australians experience musculoskeletal pain, which for some becomes chronic or persistent over an extended period of time.

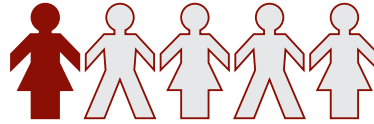
Pain is real and personal. Living with ongoing pain is a challenge that can impact significantly on your physical, mental and social life. Conversely, life stresses can make your pain feel worse. Best outcomes are achieved using a blend of approaches encompassing movement and lifestyle, mind and in some cases, medicines. While your pain may not be able to be eliminated, taking an active role in your pain management can improve your quality of life.

You can think of managing pain like putting together a puzzle. Each person's pain is unique so the pieces in your puzzle need to be tailored to suit your own particular needs. For most people, using a combination of strategies is most effective. Best outcomes occur when you are able to take control of your pain, supported by a team of health care professionals with a variety of skills, working together.

What is chronic pain?

Chronic pain is when pain occurs most days of the week and lasts longer than three months, or beyond the expected healing time of an injury. After this time the body can become over-sensitive and the brain can continue to send pain messages. Although chronic pain may be difficult to eliminate completely, much can be done to reduce its impact.

1 in 5 Australians has chronic pain



What can I do?

Maintaining a positive outlook and being pro-active in your pain management can make a difference. Talk to your doctor about the best treatment options for you.



Movement and lifestyle

- Maintain a healthy and balanced lifestyle; this involves enjoying a balanced diet, maintaining a healthy weight, limiting alcohol intake and quitting smoking.
- Keep as fit and active as possible with regular movement and stretching. Exercise has been shown to reduce pain and increase function, as well as lifting your mood.
- Pain often leads to changes in activity levels; you may have given up an activity to avoid pain. Planning your day in small steps (called pacing) can help build activity.
- Try to develop a regular sleep routine; feeling tired is often linked to pain.
- Your doctor may refer you to a physiotherapist or exercise physiologist as part of your pain management plan.

For further information about movement and exercise strategies see the painHEALTH website: <http://painhealth.csse.uwa.edu.au/pain-management-movement-with-pain.html>

I had to learn to pace my exercise and activity, acknowledge pain's there, don't give it the attention, the power, the domination and you can keep on living. Jamie, Former Navy Submariner – Back pain

With permission from Department of Health, Government of Western Australia (2013) <http://painhealth.csse.uwa.edu.au/pain-story-jamie.html>





Mind

Acknowledging your pain is the first step towards living with it. Your emotions and how you think about pain can influence the level of pain you feel. Stress, tension and worry can all increase your response to pain.

- Continue regular enjoyable activities.
- Learn relaxation techniques to reduce the distress caused by pain and promote a feeling of wellbeing and acceptance.
- The practice of mindfulness can help you cope with negative thoughts and emotions which may intensify the pain. For more information about mindfulness and meditation see the painHEALTH website: <http://painhealth.csse.uwa.edu.au/pain-management-mindfulness-and-pain.html>
- Pain can make you feel isolated and affect your mood; stay involved with friends, family and the things you enjoy. You may find it helpful to join a support group.
- Your doctor may refer you to a psychologist for strategies to deal with your pain.
- For more practical tips see the painHEALTH website: <http://painhealth.csse.uwa.edu.au/pain-management-approaching-pain.html>

For more information about pain medicines see <http://painhealth.csse.uwa.edu.au/pain-management-medicine%20and%20procedures.html>



Medicines

Used for a short time, medicines can help get you moving and functioning again and relieve the distress of pain. Medicines are only one part of pain management and are best used in combination with other non-medicine therapies. It may be unrealistic to expect complete pain relief; medicines often only reduce the level of pain.

- Paracetamol taken regularly, or non-steroidal anti-inflammatory drugs such as ibuprofen should be tried first and are often all that is needed.
- Your doctor may prescribe an opioid medicine such as codeine, morphine or oxycodone. Alternatively, analgesic patches which act through the skin may be prescribed. Opioids can be effective in controlling initial severe pain, but should generally only be used as part of your treatment for a short to medium time.
- Opioid medicines may come with long term side effects including sleep apnoea, a decrease in hormone levels including low testosterone, difficulty in concentration and constipation. Due to their sedative effects, you may not be able to drive safely.
- Opioids must be taken as prescribed, at the recommended dose and time.
- Opioids must be stored and disposed of safely, out of the reach of children. When removing your old patch fold the adhesive side in half so it sticks together.
- If you have neuropathic (nerve) pain, other medicines may be prescribed. See www.veteransmates.net.au/VB_neuropathic_pain
- Talk to your doctor or pharmacist about having a regular review of your medicines.

Where do I begin?

Talk to your doctor about your pain and how you are feeling

Take this brochure with you, your doctor has also received a copy. Booking a longer appointment may allow you more time to discuss treatment options. You may wish to take a family member, friend or carer with you. Talk to your doctor about setting realistic expectations of pain relief.



Develop a pain management plan

Work with your doctor to develop a strategy that works best for you. Your plan will include different parts of the puzzle – movement and lifestyle, mind, and perhaps medicines, to best suit your own situation. Everyone is different, so your treatment options may be different from another person. For example, your short term goal may be to walk for 5 minutes a day; your long term goal may be to coach the school soccer team. Your plan may change over time and can be adapted to your needs. Before you see your doctor, think about what you would like to include in your plan and which other health professionals could help. To help meet your goals, take a copy each time you visit a health professional in your pain management team.

Take a look at some useful resources for information about pain management.

- DVA: http://www.dva.gov.au/health_and_wellbeing/physical_health/mhpe/healthmng/Pages/chronic.aspx
- painHEALTH website: <http://painhealth.csse.uwa.edu.au/index.html> Health Networks Branch, Department of Health, Western Australia (2013)
- NPS MedicineWise: <http://www.nps.org.au/chronic-pain-fact-sheet.pdf>

Gold and white card holders may be eligible for services provided by some health professionals and will require a referral from a GP. Some treatment options may not be funded by DVA. Talk to your doctor.

I needed to start looking at grey areas, bringing everything into a different perspective. It has taken 12-14 months with the breathing, meditation and the different steps I have taken, it has been phenomenal. I still struggle from time to time. Jamie, Former Navy Submariner – Back pain

Submariner – Back pain

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