

Managing chronic pain

Who gets chronic pain?

Chronic pain is a common condition. One in five Australians, including children and adolescents, experience chronic pain and this number increases to one in three in people aged 65 years and above. Chronic pain can interfere with most aspects of life, impacting on relationships, daily activities, work, social involvement, emotional well-being and energy.

Chronic pain is a condition in its own right

Throughout our lives, we all experience pain from time to time due to illness or injury, for example a toothache, a twisted ankle, a burn, or after surgery. This type of pain is called acute pain and is usually short-lived, going away naturally after healing or when the underlying cause has been treated.

Chronic pain is a far more complex sensory and emotional experience that lasts beyond the normal time of healing after injury, usually longer than three months. Chronic pain is not simply a symptom that something is wrong, but is considered to be a chronic medical condition in its own right. Sometimes chronic pain can be explained by an underlying cause, for example arthritis or back problems, but it may also occur when no active condition or previous injury can be detected. In this situation there is no disease to be treated nor any 'broken part' to be found and 'fixed'.

Acute pain has an important protective function in the body, warning us that something is wrong. A network of nerves in the brain and spinal cord is responsible for this function and most of the time it serves us well. In chronic pain this network may become more sensitive; in effect the 'volume knob is turned up'. This pain no longer has a useful purpose and results from changes that develop in the nervous system and the brain. The experience of phantom limb pain is one example of how changes in the brain and nerves within the spinal cord can result in the experience of pain in a limb even though it has been removed.

What can be done to reduce the impact of chronic pain?

Different parts of the nervous system 'talk' to each other. In this way, your thoughts and emotions, stress and level of activity can feed into the network responsible for generating pain and may influence your experience of pain.

The most effective approach to managing chronic pain addresses all of these factors. This is called a multimodal approach and may mean getting help from more than one specially trained health professional.

The first step in managing chronic pain is to understand its nature and what factors are contributing to it. Your doctor may ask you about how you are feeling (your emotions) and thoughts about pain or how your pain is affecting, or is affected by, your relationships, family life and work.

Your doctor can then work with you to develop a plan for managing your pain and coordinate an appropriate treatment program. It is important to understand that a complete 'cure' for your pain may not be possible.

Managing chronic pain requires a joint approach between you and your healthcare providers. This means you must take an active role in helping to manage your condition. With the help of your doctor or other healthcare provider, you could start activities such as exercise, walking, hydrotherapy or learning new skills like meditation to improve your ability to cope and function, rather than relying on medicines and bed rest. It is also important not to wait for complete relief of pain before returning to normal activities and work.

Chronic pain often disturbs sleep and it is important to discuss this with your doctor. Your doctor can provide advice on things you can do to help you sleep, such as avoiding alcohol and caffeine, daytime naps and too much rest during the day. More advice can be found on the Australian Pain Management Association website and the Sleep Disorders Australia website (see 'Useful resources').

Depression and chronic pain

People with chronic pain often have depression, anxiety or other mood disorders, which can add to the experience of pain and can make it harder to manage. If you suffer in this way, it is important to talk to your doctor. Sometimes this may mean referring you to a health professional or specialist who is more knowledgeable in this particular area, such as a specially trained psychologist or psychiatrist.

It is important to remember that if your doctor recommends the help of these professionals, it does not mean that your pain is not real or that it is 'all in your head'. Your doctor may be looking at other ways to help you cope with chronic pain that have been shown to be helpful to other patients in similar situations.

Accessing a care plan

The services of certain health professionals such as a physiotherapist or psychologist may be accessed through something called a 'care plan' which may allow for some of your consultations to be covered by Medicare. Your doctor will advise if you are eligible for a care plan and can coordinate this, starting by putting down on paper what services you may need, treatment goals, and how you are going to manage in the future.

Medicare may cover some or all of the consultation costs of up to five visits per year with certain health professionals, such as a physiotherapist and up to ten consultations per year with a psychologist if you have depression and/or anxiety.* Any consultation with a psychiatrist would be eligible for a Medicare rebate in a similar manner to other specialist referrals.

*Please note, these details are current at the time of writing. Please refer to the Medicare website for current information.

The specialist pain management team

Due to the complex nature of chronic pain, it sometimes requires a team of specially trained healthcare professionals to help you manage it. Such a team may include a pain specialist, pain nurse, psychologist, physiotherapist, occupational therapist, social worker or other allied health professional.

If it is appropriate for you, your doctor can refer you to a pain clinic - a centre specifically designed to treat people with chronic pain.

Depending on your particular health condition, your doctor may decide to refer you to another type of specialist, for example, a rheumatologist, neurologist, orthopaedic surgeon or psychiatrist.

When to use medicines

Medicines are often used as one part of the management approach for patients with chronic pain. However, it is important to understand that there is no magic 'pain killer' that will completely remove chronic pain. The goal is to reduce pain to a level that allows you to improve your functioning and quality of life. Pain medicines do not work for all patients and may help to reduce pain by only around a third to a half. All medicines have side effects and before prescribing a medicine for chronic pain, your doctor will weigh its potential benefits versus harms, to decide whether the medicine may be useful for you.

Paracetamol can be effective alone for mild chronic pain conditions but can also be useful for stronger pain when used with other medications.

In some instances, a stronger pain medicine may be required. Opioids are a family of medicines that have morphine-like effects and may be used to treat more severe pain. Opioids can be beneficial in selected patients by providing a 'breathing space' to help increase activity and rebuild physical strength. However, opioids are not useful for all people and your doctor will determine if this therapy may be helpful for you. Like other medicines, opioids can cause side effects. If you experience any side effects from your medicine, it is important to discuss this with your doctor or pharmacist.

Pain medicines, including strong opioids, should not be considered a 'life-long therapy'. They should be used generally only for a short period and only for as long as they are helping you. As your condition improves and you learn new ways to cope with pain, your doctor may plan to decrease and possibly stop some or all of your pain medicines.

Using medicines safely

- Always use as directed and never increase your dose without speaking to your doctor.
- Do not share or sell your medicines.
- Keep medicines out of reach of children and pets.
- Used patches need to be folded in half bringing the adhesive sides together, and carefully disposed of out of reach of children and pets.

Getting support

Community support networks are available to people with chronic pain and can be helpful for information, advice, emotional support and sharing stories of pain. Information on pain support groups that meet in various locations around Australia can also be found through the websites listed below.

Useful resources

- www.painaustralia.org.au
- www.painmanagement.org.au
- www.chronicpinaustralia.org.au
- www.aci.health.nsw.gov.au/chronic-pain
- www.painhealth.csse.uwa.edu.au
- www.hnehealth.nsw.gov.au/pain/community
- www.nps.org.au
- www.msk.org.au Helpline: (03) 8531 8000
- www.arthritisaustralia.com.au