

Your introduction day for the Pain Management Programme

Department of Pain Management

Information for Patients

Last reviewed: September 2023

Updated: October 2023

Next review: September 2026

Leaflet number: 1437 Version: 2.1

Introduction

Welcome to the Pain Management Programme Introduction day. This booklet aims to support the information we share with you during the day.

You have been invited to this session because your Consultant has referred you to help you manage your long-term pain.

This session will tell you more about the Pain Management Programme, such as

- what to expect,
- how long the programme lasts,
- how it might help you to manage your pain.

We will also discuss what we will expect of you during the programme.

The programme aims to help you to

- make some changes in your life,
- manage your pain differently,
- lead a better quality of life alongside your pain.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Contents

1	What is the Pain Management Programme?	2
2	What are the programmes like?	2
3	What is pain?	3
4	Pain and day to day activity	6
5	Movement and exercise in pain management	9
6	Psychological impact of pain	11
7	What happens next?	13

1. What is the Pain Management Programme?

- The Pain Management Programme (PMP) is a group session for people with long-term pain. It is run by a team of physiotherapists, occupational therapists and psychologists.
- It is offered to people who have already completed all tests into their pain and are satisfied with their medical treatment plan.
- The PMP is a self-management approach that aims to help you to live with long-term pain. It involves a number of strategies and techniques that can help you manage your own pain better and to feel more in control of it. The pain management approach should not be seen as a “treatment” or “cure” for your pain. It is a way for you to learn how to manage your pain so that it interferes less with your day to day activities. This can result in an improvement in your quality of life.

2. What are the programmes like?

- The programmes are at Leicester General Hospital. They run for 1 full day each week, 10am to 3.30pm for 8 weeks. There is a further follow up day after about a 6 week break. There will be regular breaks throughout the day.
- You will have a choice of attending on **either** a Monday or Tuesday. Please be prepared to make sure you are able to attend **all** of these sessions, to get the most from the programme.
- As this is a self management programme, you should be prepared to practice the tasks which are discussed during the programme each week. We will ask you to feed back to the team as the programme progresses.
- You will be in a group of up to 9 people, with long-term pain.
- The sessions will be run by the physiotherapists, occupational therapists and psychologists.

3. What is pain?

Introduction

Pain is an unpleasant experience. Nobody wants to have pain, however, pain is normal and essential. It helps us to protect an injured part and alerts the body to behave in a way that helps to aid the healing and recovery process. Pain can behave strangely, especially when it has been present for a long time. Having long-term pain can affect every part of our lives. It can affect how we feel, how we move, it can affect our relationships with others and every aspect of our work and home lives.

How do we feel pain?

How pain is made in the body is complicated. The brain plays a major role in how we feel pain.

- It evaluates incoming information from the body in the form of nerve signals running up the spinal cord to the brain.
- This information is processed by the brain to find out if our body tissues are in danger. If the brain decides there is a need for protection then pain is felt. You can think of it like an alarm system.

How we feel pain is affected by many things because many parts of the brain are involved in the protective alarm system. These could be

- our earlier experiences,
- our thoughts,
- emotions,
- beliefs about what the pain means,
- how physically active we are, our sleep habits, and
- things such as our work, family and social environment.

Acute pain

Acute pain is new or short term pain that you have after an injury (such as an ankle sprain). It can also happen without any injury such as headache, or tummy ache. Short-term pain is helpful as it serves a protective purpose. It alerts us to behave in a way that helps the recovery process.

It is important to note the amount of pain we feel is not equal to the amount of tissue damage. A paper cut is a minor tissue injury but can often be very painful, or you may have heard stories of soldiers at war who sustained a severe injury such as losing a limb but did not report pain at the time.

Long-term pain

Long-term pain continues beyond the time of expected healing (healing occurs in most parts of the body within 3 months). Pain can remain after an injury, also when there may not have been an obvious cause.

Scientific research shows that in long-term pain the nervous system (or alarm system) can stay 'switched on' producing pain. It also shows that the nervous system can become more sensitive as nerve cells in the spinal cord become better at sending messages to the brain which continues to produce pain.

It is like the volume of your pain has been left turned up like a radio stuck on loud. Small amounts of movement, low mood, stress, light touch or even just thinking about the pain can alter the amount of pain we feel. Different factors can raise and lower how we feel pain.

- Anything that suggests that you need **protecting** can raise the sensitivity of the 'alarm system' and you will feel more pain.
- Anything that suggests you **do not need protecting** can turn **down** the volume on your pain and you will have less pain (see Table 1).

More pain (increased volume)	Less pain (decreased volume)
Being less active	Becoming more active
Being over active	Finding a balanced level of activity
Pain being a source of worry	Understanding pain
Feeling stressed/ anxious/ low mood	Learning to relax
Focusing on/ attending to the pain	Distraction
Tired/ run down	Having more energy
Lack of self-care	Looking after yourself
Stopping enjoyable activities	Doing enjoyable activities

Table 1

Why the pain management programme?

Your thoughts and emotions can affect how you feel pain and how you respond to it.

- Fear, anxiety, stress, depression and too much focus on the pain can alter it.
- Your beliefs, experiences and worries can all affect how the pain impacts on you and how you cope.

The programme will aim to help you identify which things are unhelpful for you in managing your pain. It can help you find new strategies that may be more useful to you.

Key points to remember:

1. Pain is always real
2. Pain rarely equals harm/damage
3. Long-term pain is more about sensitivity than damage

There are lots of ways we can affect our pain/ manage our pain better

4. Pain and day to day activity

Many people with long-term pain find it difficult to do day-to-day activities. On the programme we focus on helping people to improve their ability to do everyday activities/occupations (occupational performance) that are important to you to help enrich your life, despite living with pain.

We look into detail about the interaction between you as a person, the environment that you are in and the occupations that you do, to help you to improve your ability to perform daily activities, increase your independence, and quality of life.

This can be structured as the P-E-O model (Figure 1). This tool allows us to get to know you, what things are going on in your life, to identify changes and goals that could be made to help you live better with your pain.

Occupational performance - the “Doing of Occupation”

PEO model (Law et al 1996)

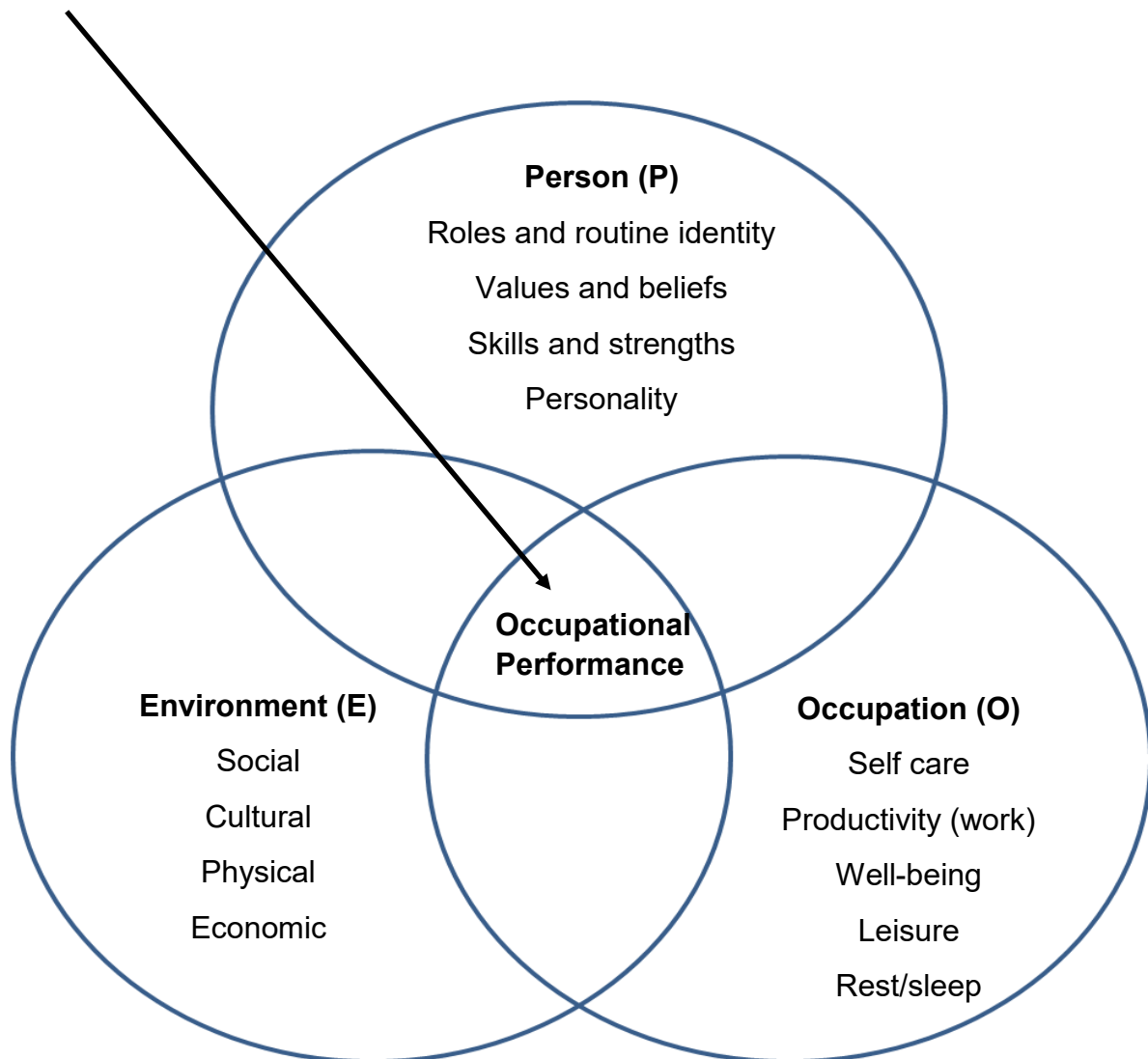


Figure 1

Too much activity or too little activity

People with long-term pain often find their pain goes up and down. These “ups and downs” in pain can be linked to changes in activity.

It is common for people to do **more** when the pain feels easier to cope with. In doing so, their pain may go up. This may result in them having to stop or do less. We call this the ‘boom and bust’ cycle (Figure 2). This can be an unhelpful cycle in the long term.

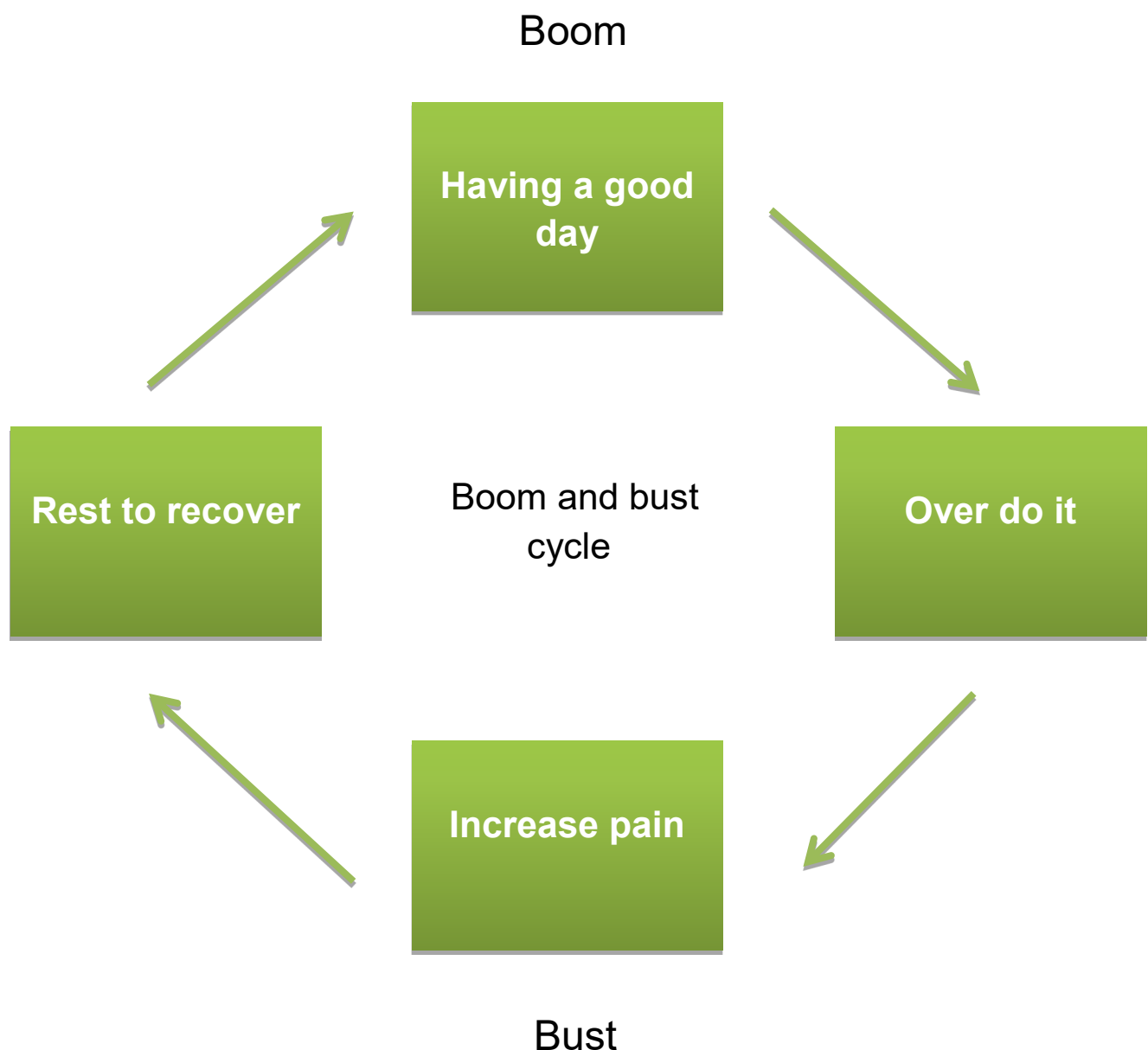
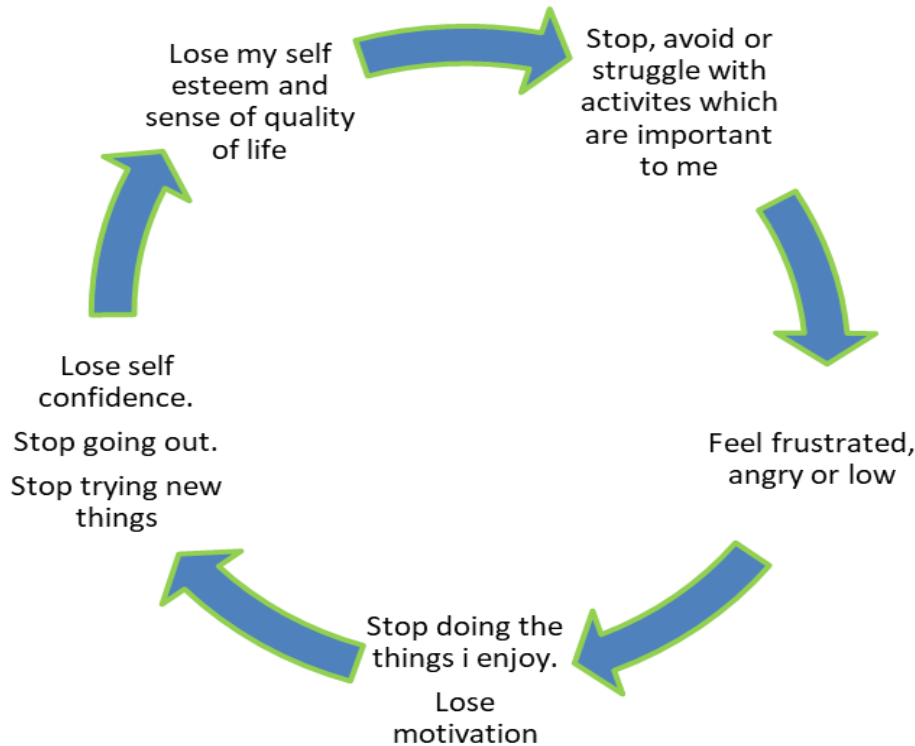


Figure 2

Another unhelpful cycle that happens with people living with long-term pain is reducing or stopping activity all together. The less you do the more of a struggle and effort it becomes to do activities.



(Figure 3)

You will learn self-management strategies to allow you to cope better with the pain. This can help you to feel more in control of your pain and to move into a more positive cycle which can improve your day to day lives.

Here are some self-management strategies:

- **Planning and pacing**, which involves breaking down an activity and building them up to a level you can do. The aim of this is to help to increase your energy levels to help you manage more throughout the day.
- We will help you to set **personal goals** that are meaningful to you, to help with improving your quality of life.
- Helping you to manage and identify triggers for pain '**flare ups**' and help you to develop your own flare up plan.
- Help you to work on gaining more of a **lifestyle balance**, to ensure you are still doing activities that are important to you.
- **Sleeping** can be difficult when you are in pain. We will discuss the benefits and give you tips on having a good night sleep.
- On the programme you will learn **relaxation techniques** and will be completing **exercise**. You will then learn to add these skills into your habits and routines in a consistent and effective way. This will be done by addressing challenges and barriers that you face in your daily life.

5. Movement and exercise in pain management

Living with long-term pain can make it difficult to keep to a routine especially when everyday activities are painful. Many people living with long-term pain are afraid that moving or exercising might make their pain worse. Avoiding movement can make things feel easier in the short term, but we know that lack of movement can lead to higher levels of pain. This can result in more problems when doing every day tasks, poorer recovery and longer absence from work and other meaningful activities (Figure 4). It may also have a negative effect on your general health and mood. There is good evidence showing regular exercise and activity is safe and helpful for people with long-term pain.

Deconditioning Cycle

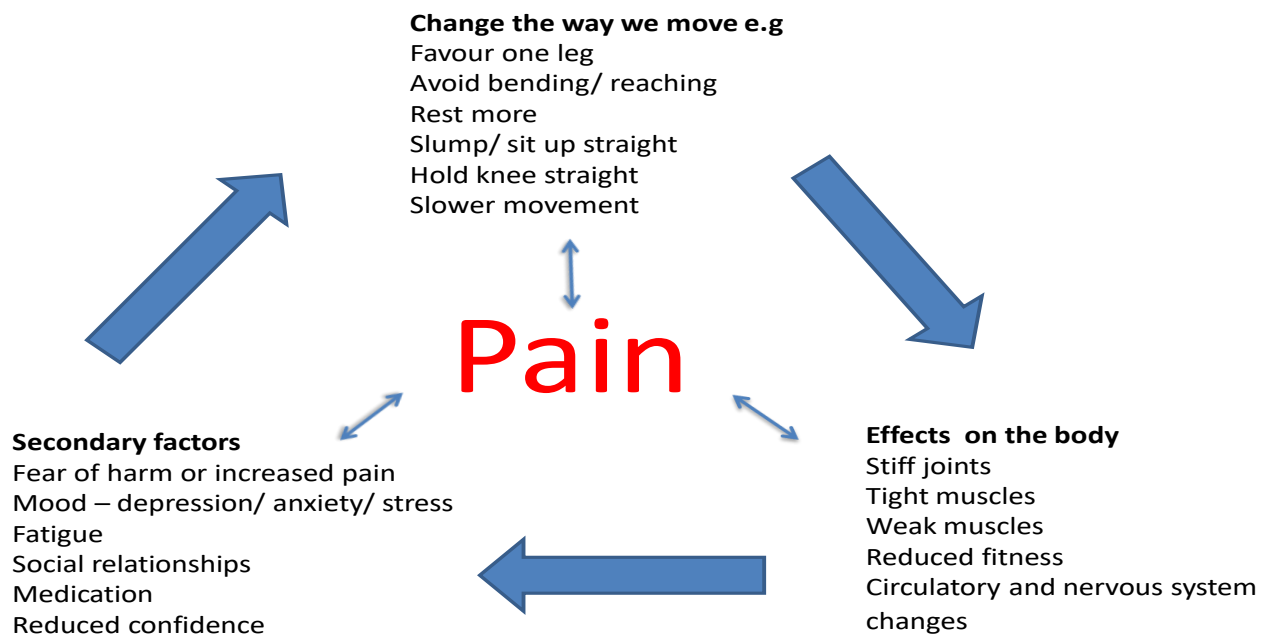


Figure 4

Benefits of regular movement and exercise

A regular routine that includes movement, or regular exercise, is important for everyone. When people with long-term pain have a regular exercise routine it can help to improve

- flexibility
- strength,
- fitness.

Pain flare ups can also be reduced.

Other benefits may include

- weight-loss
- improved energy
- sleep
- improved psychological wellbeing
- general health benefits include reduced risk of cancer, heart disease, diabetes and dementia.

Getting started can be daunting.

It is important to remember that hurt does not usually mean harm. Exercising in a relaxed way and moving with confidence and without fear are also important in managing pain.

Starting a graded exercise programme

We will support you to start a graded exercise programme. During the sessions we will help you to find the right starting point with a series of stretching and strengthening movements. When done consistently, these can help you to be more active.

We will guide, encourage, support and empower you through a graded exercise approach, at a pace you control. The aim of this is to build your confidence and self-manage your symptoms. Feeling sore or stiff after exercise simply reflects that the body is not used to activity. This is a normal response and rarely indicates harm or damage.

The key to this is:

- routine
- consistency.

The exercises are done as a group activity. This is helpful as it provides mutual support. It is important you do not see this as competition .

What is the best exercise?

There is no single best exercise for people with long-term pain. Exercise can be almost any activity you like to do such as going for a walk, swimming, yoga, gardening, housework or playing with your children or grandchildren. The most important exercise you can do is the one that you enjoy!

You should start off an exercise routine slowly, at a pace that is manageable for you, and gradually raise it over time when you feel confident to do so. If you can build it into a routine and do it with friends or family, you are much more likely to keep it up.

6. Psychological impact of pain

When living with long-term pain, people often have 2 different types of suffering: primary and secondary.

- Primary suffering is used to describe the physical pain itself.
- Living with long-term pain does not just affect people physically. It can cause other problems, including stress, worry, low mood, and impact our sleep, relationships, and sense of self.
- We refer to these problems as secondary suffering. All these challenges layer on top of the physical pain. Some people find that these secondary difficulties can make their pain worse or harder to manage.
- You can think of primary suffering as the visible tip of an iceberg. Secondary suffering as the body of the iceberg that is larger underneath the surface (Figure 5).



Figure 5

Often without intention or awareness, how we respond to the pain can add to the overall suffering we are having. Whilst we may not be able to get rid of the pain completely, we can learn to respond to it in a different way, in a way that can help us manage it better. The psychology sessions will focus on how you can manage and start to reduce your secondary suffering.

We will introduce you to the Cognitive Behavioural Therapy (CBT) model. This can help find unhelpful cycles that stop you from moving forward and coping well with long-term pain. Figure 6 shows an example of an unhelpful vicious cycle. Long-term pain can affect how we think, behave and feel. It can make us feel stuck and unable to move forward with our lives.

On the programme, we will introduce a number of different techniques that will help you break this cycle. These may include making changes to the way you think about things or the activities you are doing. Do not expect immediate changes, as these skills need time and practice to develop.

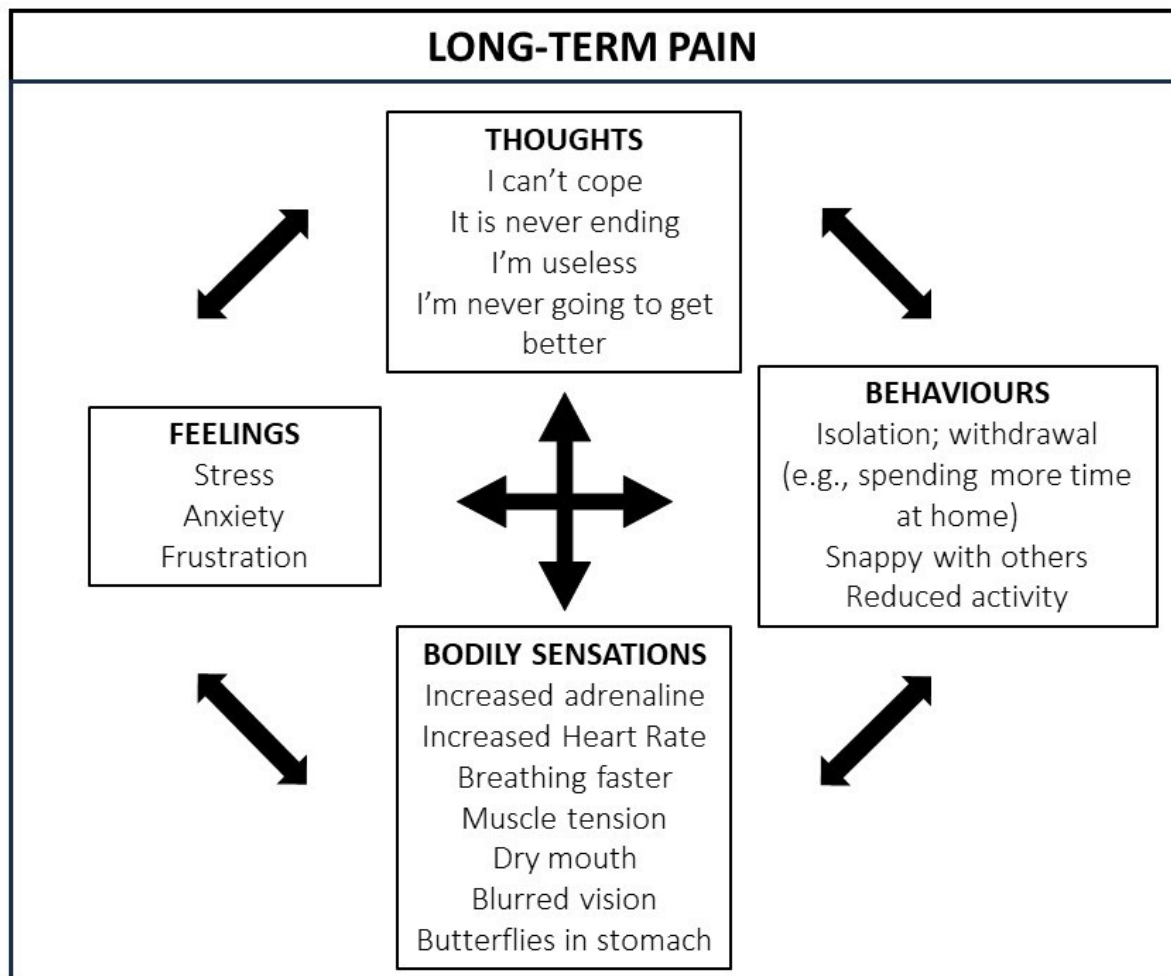


Figure 6

The psychology sessions will cover a different topic each week, such as time for discussion. We always end with a relaxation or mindfulness exercise.

We will encourage you to practice during the week at home and give us feedback the week after.

Some examples of topics we cover are

- Finding and challenging unhelpful thinking
- Managing difficult feelings
- Relationships and assertive communication
- Links between pain and stress
- Self-kindness and compassion

7. What happens next?

Having done the 'introduction day' it is time to think about what to do next.

1. I would like to know more about attending a pain management programme:

The next step would be to come for a personal review appointment with a member of the team.

The review is a chance for you to tell us about your personal situation.

A review takes up to 1 hour 30 minutes (1.5 hours).

We will discuss

- your pain history
- how the pain has impacted on your life and
- how you are coping with it at present.
- We will also discuss the future together and whether a pain management programme will help you meet your personal goals.

If you wish to attend an assessment you will need to contact us by phone within 2 weeks from today. Call **(0116) 258 4803** and you can speak to an administrator.

2. I know that I do not want to attend again:

If you are certain that you do not want to attend again, that is fine. If we do not hear from you within 2 weeks we will assume you no longer want to continue with our service. We will discharge you. There are many reasons why you might choose to do this and we would invite you to feed these back to us. This will help us improve and develop our service.

3. I am not sure what to do next:

If you are not sure about attending further, you might find it helpful to arrange a review appointment anyway so that you can talk it through with one of us. We suggest that you watch the video below before your assessment:

Tame the Beast- It's time to rethink persistent pain:

<https://www.youtube.com/watch?v=ikUzvSph7Z4>.

In preparation for your assessment, please also think about the strategies you are already using to manage your pain.

Please remember that if you want to continue with our service you need to 'opt-in'.

Contact details:

Pain Management Programme

Tel: 0116 258 4803

Monday to Friday 9.30am to 2.30pm

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો
ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk