



**PAIN
SPECIALISTS
AUSTRALIA**

Coping tips for people living with chronic pain

**A guide for people who
have chronic pain**



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What is chronic pain?

Pain can be long lasting, which is called *chronic* pain. Pain usually becomes chronic when it has lasted for more than three months after an injury or surgery, which is what usually triggers the pain.

When pain has been present for only a few days or weeks, its called *acute* pain. Acute pain is what you feel immediately after an injury or operation.

Acute pain

Acute pain does not last very long (usually days or weeks) and generally disappears quickly as any damaged body tissue recovers and heals. Acute pain is generally considered a normal and protective sensation that alerts us to an injury or tissue damage and causes us to seek medical attention to help with treatment.

Acute pain is useful and protects us.

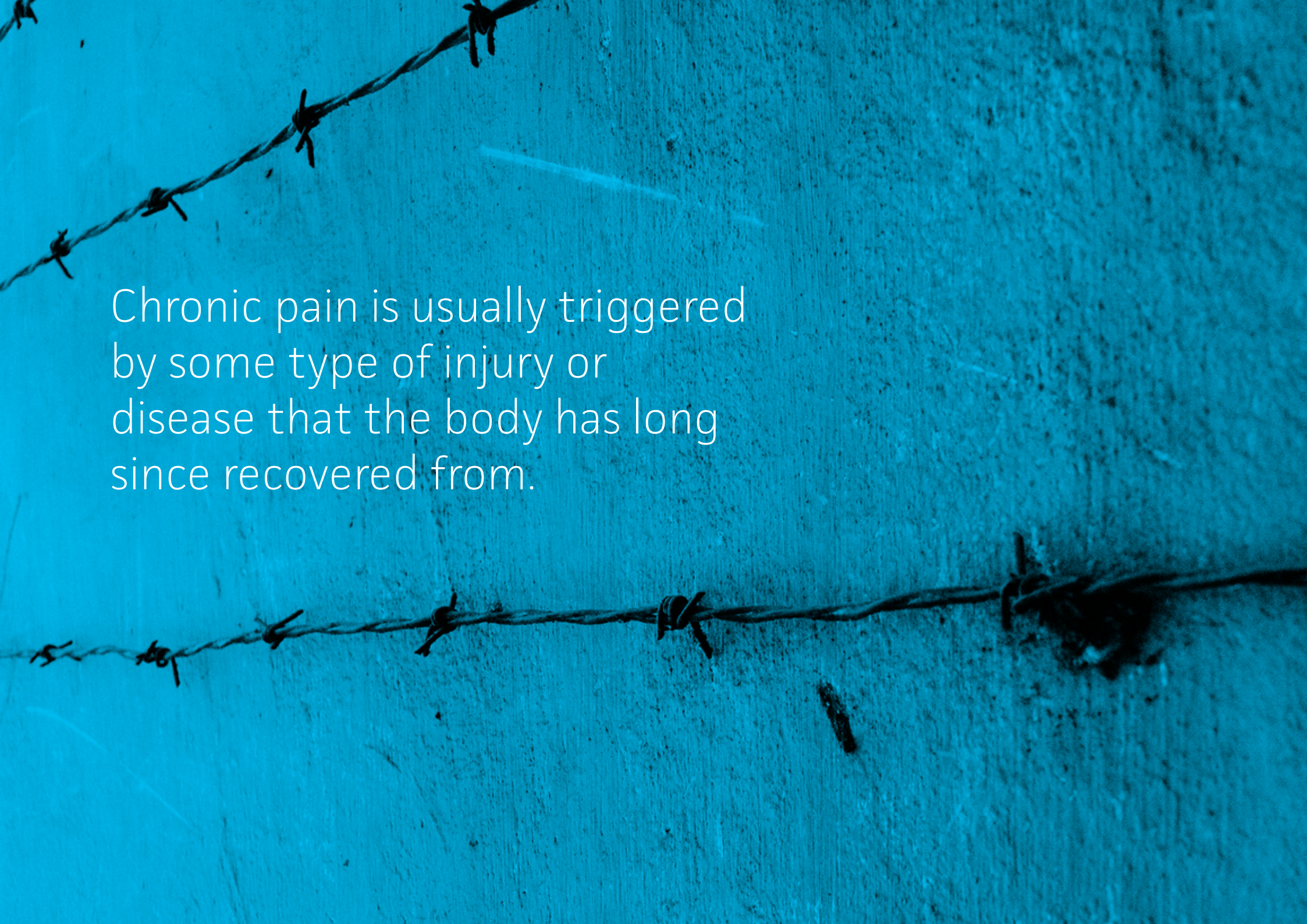
Chronic pain

Chronic pain on the other hand is useless to the body and does not protect us. We say chronic pain is of no biological value to the human body. So we call chronic pain an abnormal sensation, because it shouldn't be there.

Chronic pain shouldn't be there because there is no tissue damage, because usually the tissue has already had time to heal before the chronic pain develops.

Chronic pain is an abnormal response of the body to tissue or nerve inflammation or damage that has already occurred in the past.





Chronic pain is usually triggered by some type of injury or disease that the body has long since recovered from.

What causes chronic pain?

Chronic pain is usually triggered by some type of injury or disease that the body has long since recovered from.

Some of these initial triggers of acute pain, which can then turn into chronic pain, can include surgeries like spinal surgery, thoracotomy (chest surgery), mastectomy (breast cancer) and herniorrhaphy (hernia repair). Other triggers of chronic pain can be trauma and broken bones, shingles, a back or neck injury or even an ongoing problem with joints like arthritis.

In fact, *anything that can damage the body, even if it is minor damage, can result in those changes that occur in the body and nervous system, which can then lead to those persistent and annoying sensations, which we call chronic pain.*

An example of a common illness that causes pain is diabetes. In diabetes, the high blood sugar (glucose) levels directly affecting the nerves. This results in diabetic neuropathies; *and a type of neuropathy is nerve pain. Nerve pain is also called neuropathic pain.*

Another example of something that can cause chronic pain is a spinal operation. Some spinal operations can be to remove part of the spinal discs (discectomy) or fusing the spinal bones (spinal fusions). When the pain persists after these types of spinal surgeries, it can be called *Failed Back Surgical Syndrome*. Failed back surgery syndrome is not a very good term to use because it implies that the surgery has failed in some way, when it usually has not failed, but rather it is the tissue trauma of the surgery that was enough to cause the pain to persist and become chronic.

Interestingly, it has been recommended that we now call this pain problem that continues after spinal surgery, Post Operative Persistent Syndrome (POPS), which is a better term to use.



Perpetuating factors

Now that you understand that chronic pain can be triggered by any form of tissue damage the next step is to understand that the *chronic pain can be prolonged or maintained or even worsened by separate factors to the actual original cause or trigger of the pain.*

Factors that maintain or prolong chronic pain might include: genetics, gender, stress, past experiences, environment, emotional states and medications.

Let's look at these factors that can prolong pain in more detail:

Genetic makeup

Our DNA and genetic characteristics may be significantly responsible for the pain that we may feel and experience. We call this "*pain genetics*". Examples of genes that may be associated with different pain severities are DRD1 gene, which causes mild pain, COMT gene, which causes moderate pain and OPRK gene, which causes severe pain.

Gender

Your gender may be a factor in your chronic pain experience. Women and men feel the same pain differently, and some have called this the gender gap in pain. Women can feel pain more intensely than men and women can suffer disproportionately from conditions like migraines and fibromyalgia. These differences might be explained by hormonal differences and/or genetic differences and/or cultural differences e.g. like the fact that men are less likely to take their pain more seriously or even that men are less likely to talk about their pain or seek help for their pain. The gender difference in pain is a complex topic to discuss but at the very least we know there are differences between the pain that women and men feel.



Stress

Stress that you might be experiencing may have some serious and detrimental effects on your body and can even worsen chronic pain. Stress causes an upset in the homeostasis (equilibrium) of your body. This means that *stress can upset the delicate internal balance of your body and when this occurs, stress causes a wide range of physical and emotional problems, some of which are serious.* Stress does this by activating your nervous system, your hormone system and even your immune system causing imbalances in these systems. The reactions of these systems causes a number of physical and emotional changes that have both short and long-term effects on the body, which makes pain more severe.

Stress on your brain function

Stress can cause memory problems, reduce your concentration, cause pessimistic and anxious thoughts and constant worry.

Stress on your emotions

Stress can cause moodiness, agitation and the inability to relax. You feel overwhelmed by small tasks; feel a sense of loneliness and isolation, depression or general unhappiness.

Stress on your physical system

Stress can cause many physical problems which include; aches and pains, diarrhoea or constipation, troubles with your bladder works, indigestion, changes in blood sugar, nausea, dizziness, chest pain, high blood pressure, rapid heartbeat, loss of sex drive, frequent colds, irregular periods and even slow wound healing down.

Stress on your behaviors

Stress can change the way you behave; it can cause you to eat more or less, sleeping too much or too little, isolating yourself from others, you start procrastinating or neglecting your responsibilities, you might start drinking or smoking or even end up taking medications to help you relax. You might develop nervous habits like nail biting and pacing up and down.



Past experiences

Previous experience you may have had in your life whether they are good or bad experiences may alter the way you experience pain.

Your environment

Even the world around you can affect the way you experience your pain. This includes your family and your work environment.

Research has shown that family conflict can cause increased pain, whereas increased family independence can result in less pain.

At the workplace; poor peer cohesion, physical discomfort during your job, and even poor job satisfaction are associated with increased pain.

Emotional states

Major depression is the most common mental illness that is associated with chronic pain. In short, *if you are experiencing chronic pain, there is a 30-40% chance that you will also have some type of depression.*

The link between depression and pain is complex and there are a few ways that depression and pain may be linked:

1. Pain might trigger depression. The physical and emotional effects of chronic pain might trigger an episode of major depression. This can particularly occur in people that have had depression before they got the pain.
2. Depression might trigger the pain. Depression itself may somehow make the pain worse or even be a trigger for the pain. People with depression, who experience pain on top of the depression generally feel more pain.

3. The pain and depression may be triggered by a medical problem. The chronic pain and major depression may both arise out of a common underlying process, like fibromyalgia.

[Here is some research on examining the links between chronic pain and depression.](#)

People with chronic pain can also have problems other than depression like anxiety or post-traumatic stress disorder (PTSD).



Medications

Medications like opioid medications (morphine or oxycodone [Oxycontin, Endone]) can actually worsen pain rather than provide the pain relief they were being used for.

When opioid medications make pain worse, we call that condition Opioid Induced Hyperalgesia (OIH).

This concept can be difficult to explain to people but it is supported by good scientific research. Essentially when the doses of most opioid medications like morphine, Oxycontin/Targin/Endone are high, e.g. more than 50mg per day, it can start making the pain worse.

The same thing can happen to people using an opioid patch like Fentanyl. When taking these medications the following things can occur:

- People become more sensitive to pain, not less sensitive to pain.
- The pain continues to worsen despite the doses of those medications being increased.
- The pain can even change and become more widespread and cover a wider area of the body.
- Even sensations that are not normally painful, like stroking the skin with cotton wool, can become painful.

We think opioid induced hyperalgesia occurs because the nervous system becomes more activated and not de-activated, like intended. We call this sensitization.

Opioid induced hyperalgesia can occur at any dose of opioid even with low doses but it generally occurs at higher doses as mentioned i.e. more than 50mg/day.



If you are experiencing worsening pain despite using stronger doses of your opioid pain medication(s) you might be experiencing opioid induced hyperalgesia. Remember that taking too much opioid pain medication can also lead to other problems like:

- Dependence (addiction).
- Risk of overdosing, which can be very dangerous and even fatal.
- Hormonal changes.
- Chronic dry mouth (which can cause tooth decay).
- Bone weakness and fractures from minor falls.
- Chronic constipation.
- Problems with sleep.

Patients with opioid induced hyperalgesia generally benefit from slowly reducing or discontinuing their opioid medications. It might also be beneficial to start other non-opioid medications. In some situations switching to a different opioid may be useful but opioid induced hyperalgesia can occur with almost any opioid medication.

If you think you may have opioid induced hyperalgesia, you should talk to your general practitioner or pain specialist.

[Here is some scientific reading on opioid induced hyperalgesia, if you are interested.](#) It may be quite technical.



Chronic pain is physically and emotionally exhausting!

Chronic pain manifests itself with pain that is unrelenting that does not respond to simple forms of therapy that you or your family doctor may have instigated, like over-the-counter pain medications or simple sessions of physiotherapy.

How does chronic pain manifest?

Chronic pain is physically and emotionally exhausting!

Chronic pain manifests itself with pain that is unrelenting that does not respond to simple forms of therapy that you or your family doctor may have instigated, like over-the-counter pain medications or simple sessions of physiotherapy.

The actual pain of chronic pain may also feel different to the everyday aches and pains we all experience. This is because with most types of chronic pain parts of the nervous system and nerves have become activated or sensitised. We call this type of chronic pain, neuropathic pain.

Neuropathic pain feels like nerve pain.

People use many words to describe their chronic pain and its severity. We call these words *pain descriptors*. Example of chronic pain descriptors include words like, hot, burning, scalding, searing, cold, freezing, quivering, pulsing, throbbing, beating, pounding, sharp, shooting, cutting, lacerating, stabbing, stinging, lancinating comment pinching, pressing, gnawing, crushing, nagging, seeking, agonising, punishing, exhausting, aching or stabbing pain, cramping. There are many more words to describe pain.

The two main ways the chronic pain manifests itself are:

1. The actual pain itself – this can have many different types of descriptors as described above and the pain can occur in any place on or in your body like your face and head, shoulders, neck, spine, back, hips and legs. Literally, any part of your body may develop pain.
2. Then there are the effects that the ongoing pain has on you personally and your lifestyle, which will now be described.

Chronic pain has a number of long-term detrimental consequences that we call “*the downward spiral of pain*”.

This is what happens:

- Movement triggers pain, and if you have chronic pain, you think and feel that you will damage something when you move, so you end up not moving and actually resting excessively. We call this a maladaptive thought (“*movement hurts and will make my pain worse!*”) and that triggers a maladaptive behavior (“*I must avoid those movements*”).

We call this your safety behavior, which is a normal reaction to ongoing severe pain.

- This excessive rest leads to a boom-bust cycle of activity. This means you wait until the pain is reduced and then you exert yourself physically and are over-active until the pain flares up and becomes so severe again, that it forces you to stop and have a long rest again. You then wait for the pain to be reduced. Once the pain is reduced you feel better and the cycle begins again. This is called a boom-bust cycle!

- The boom-bust cycle reinforces the link between activity and pain i.e. that movement will hurt and make it worse. This is a maladaptive cognition (thought), which then leads to that *safety-behavior* which can then cause further inactivity and rest. This then leads to *deconditioning* and deconditioning has consequences too.
- Deconditioning is a complex process of physical and emotional changes that occur in your body after a prolonged period of inactivity or rest. Deconditioning can even occur to people that lead an inactive lifestyle. The consequences of deconditioning can be include: weakness, stiffness, fatigue, poor sleep, overweight, frustrated, being angry, low confidence, depressed, anxious, isolated, poor relationships and inability to be productive at work. Deconditioning is serious and can even be quite dangerous. It can put you at risk of high blood pressure, heart attacks and even strokes. It causes a reduction in your quality of life.
- This is the downward spiral of chronic pain.



Is chronic pain common?

In short, yes, chronic pain is very common.

In 2007, around 3.1 million Australians (1.4 million males and 1.7 million females) were estimated to experience chronic pain. That means, that one in five Australians will suffer chronic pain in their lifetime. This 20% does not include the minor aches and sprains of life we all experience. This 20% is for chronic pain, with all its serious effects and consequences.

Another way of looking at it: if you consider the prevalence of diabetes in our community, which is 5% (Australian Institute of Health and Welfare), chronic pain, at 20%, is setting itself to be a key driver of suffering and disability now and in the future.

These figures do not even include children and adolescents who can also experience chronic pain.

Up to 80% of people with chronic pain are missing out on effective treatment by pain specialists that could improve their health and quality of life.



Who gets affected by chronic pain?

Chronic pain affects anyone and everyone and at any time in their lives.



Tiger Woods

Back pain and spinal surgeries



George Clooney

Back pain and spinal fusion



Kathleen Turner

Rheumatoid arthritis



Tobey Maguire

Back pain



Sinéad O' Connor

Fibromyalgia



Elizabeth Taylor

Spinal scoliosis



Halle Berry

Diabetic neuropathy



Bono

Chronic pain

What is the mind-body connection in chronic pain?

The mind-body connection is something that pain sufferers may find hard to grasp but it is a very important principle that needs to be understood as part of the treatment of pain. You may need to read this section a few times and this is OK because it can take some time to understand the mind-body connection in pain.

The mind and body work together and cannot be separated.

This means that our thoughts, feelings, beliefs, and attitudes can positively or negatively affect our biological functioning.

In other words, our minds can affect how healthy our bodies are!

The way your mind controls its thoughts affects the way your body controls pain.

In other words, our emotions can affect our health.

This is what some healthcare workers mean when they say the 'pain is in your head'. They actually have not been clear about what they mean and they are confusing the situation. What they generally mean to say is that your emotions can affect your health – 'if you are in control of your mind and emotions, you can (to a degree) control your pain experience'.



What is the key to effective treatment of chronic pain?

There are two parts to getting effective treatment of chronic pain.

1. Diagnose chronic pain early

The first step in effective treatment of chronic pain is to diagnose it early. If it is not diagnosed, it can't be treated. So work with your GP or other medical specialists to make the diagnosis of chronic pain as early as possible.

Think of the diagnosis of chronic pain when the following 3 points are occurring:

1. You have had pain for more than 3 months *and*,
2. Your pain is not responding to simple medications and treatments you have tried and,
3. Your pain is preventing you from doing the physical things you need to do. We say it is causing you functional limitations.

If this is happening, you should seek specialist help.

2. Treat chronic pain like a chronic disease

The second step in effective treatment of chronic pain is to grasp that chronic pain should be treated like an actual illness or disease and not just a symptom of a disease yet to be diagnosed.

A chronic disease is a long-lasting condition that can have persistent effects on the body. A chronic disease can usually be controlled and well managed but not usually cured. Chronic pain can behave in exactly the same way as a chronic disease. Hence, the key is to treat chronic pain using the same principles that are used to treat a chronic disease, that is using a specialised approach and using multiple team members as discussed further.



What are the treatment options for chronic pain?

As we now know that chronic pain is a complex problem, it needs to be treated using a multipronged approach as well as using different pain experts. We call the multipronged approach, a *multimodal* approach. We call the use of different pain experts a *multidisciplinary* approach.



So the key to effective pain management is a *multimodal* and *multidisciplinary* approach.

The multimodal approach

The multimodal approach means using multiple pain medications and this is usually combined with cutting edge injection treatments that may be used to help diagnose and treat the pain.

The multidisciplinary approach

The multidisciplinary approach means using a group of pain experts that work together in a team with you being the focus of their attention. This team may comprise pain specialist physicians, who are doctors that are expert and specially trained in pain management; as well as physiotherapists, psychologists, occupational therapists and nurses, all of whom are also experts in pain control.

Research has found that the best way to manage chronic pain is by using teams of experts that combine the multimodal and multidisciplinary approaches.

- *The pain* is managed using combinations of medications and interventional therapies, whether diagnostic and/or therapeutic, guided by your pain specialist.
- *The person in pain* is managed by a team of allied health professionals that use an active management approach to empower and motivate them to take up an active lifestyle of self-management of their pain. In other words they help you and give you the tools to take back control of your life.



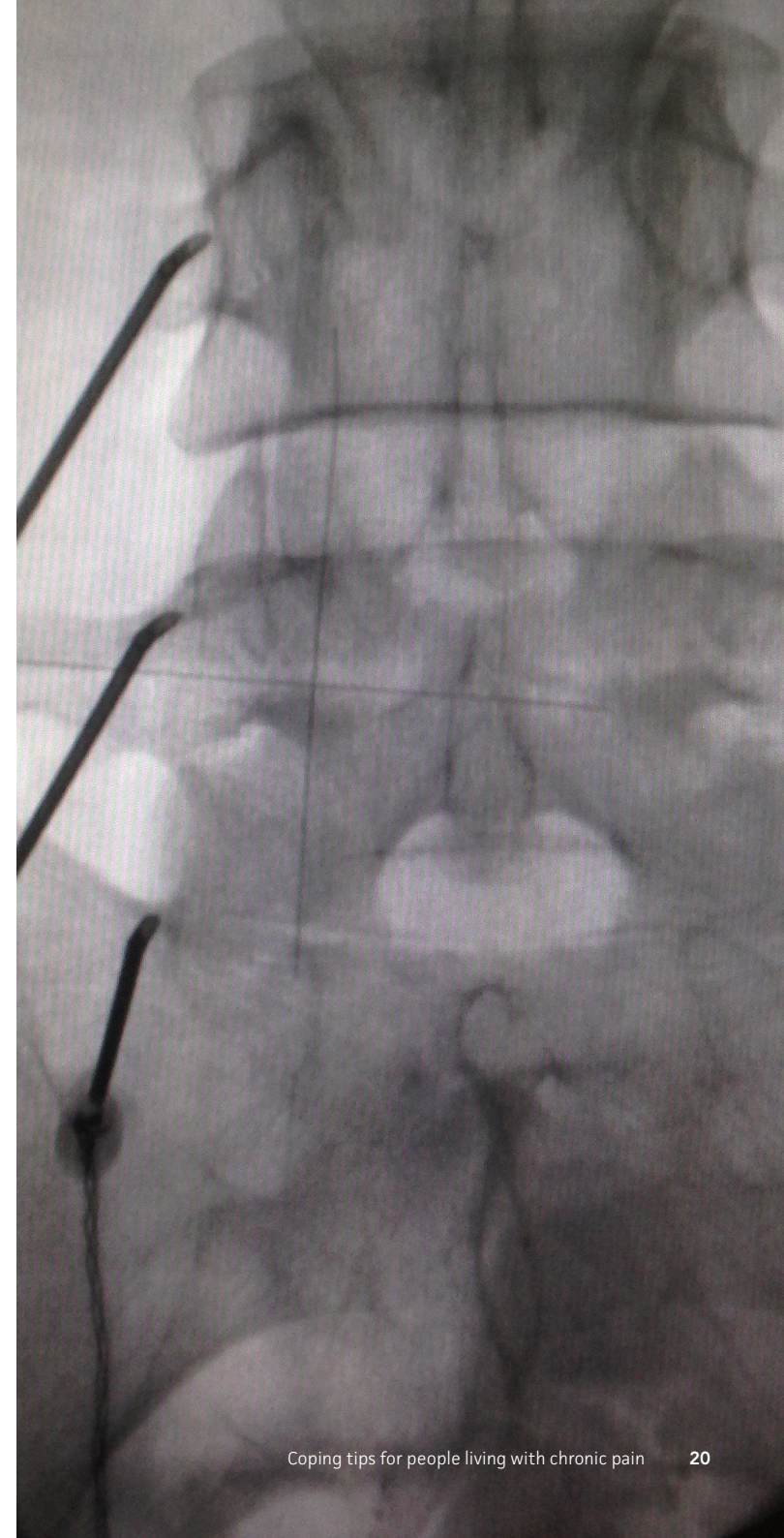
What are some of the treatment innovations for chronic pain?

Interventional pain medicine uses the principles of a tiered approach to the diagnosis and therapeutic treatment of chronic pain conditions. This tiered approach is like climbing up some stairs, where you try one step and if this doesn't work, you step up to the next level of treatment.

As you move up the treatment steps, the treatments are more likely to help you but they also carry bigger risks.

Some treatment steps may include:

Step 1: Uses non-opioid pain medications and lifestyle changes focusing on improving your physical and emotion well being. This aims to get you in the best shape you can be in using simple techniques first.

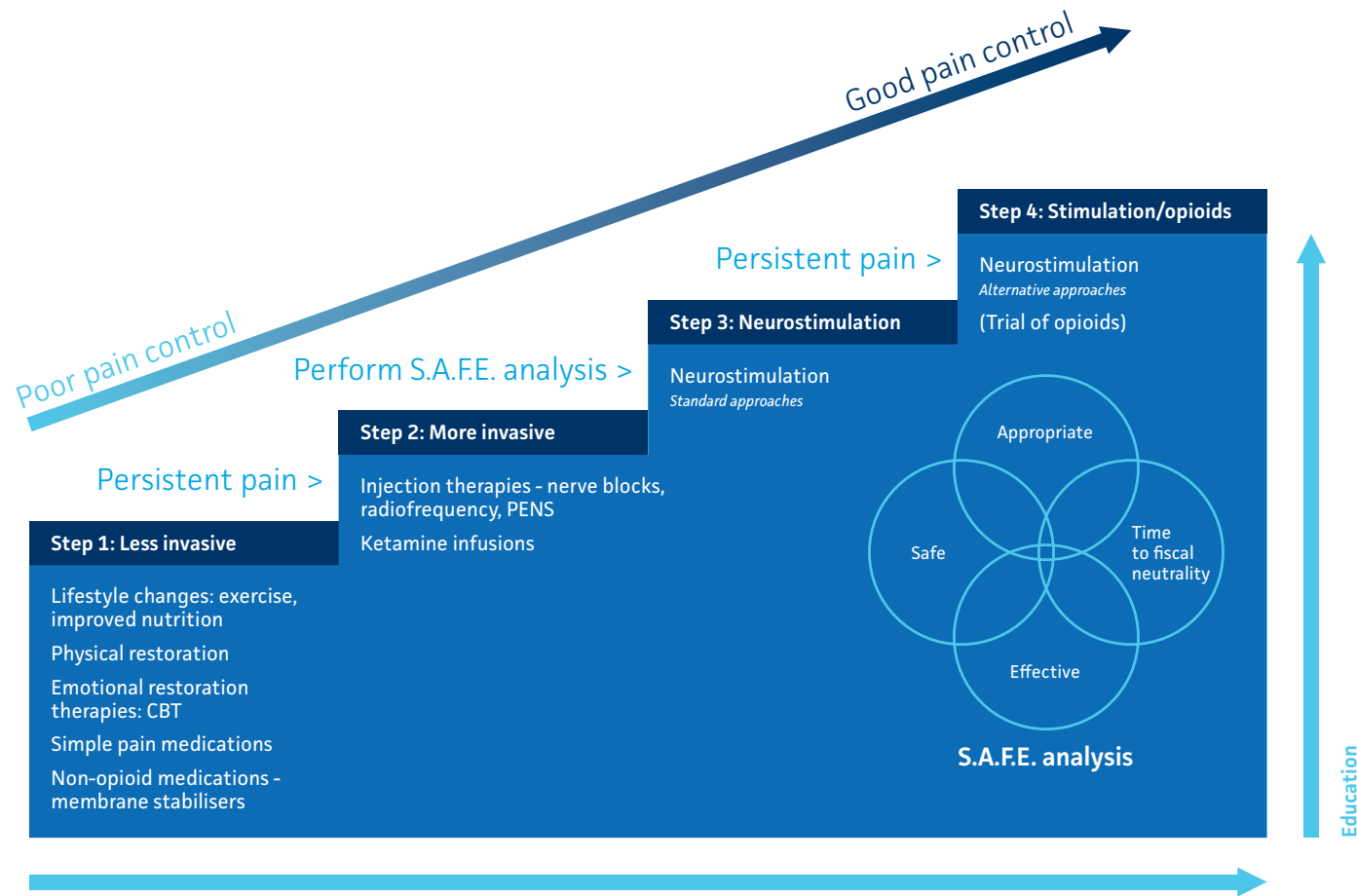


Step 2: Chemical blocks use needles to inject and block nerves with local anaesthetics (usually for diagnostic purposes), steroids and other medications (like clonidine) can also be applied directly to nerves. An example would be using medial branch blocks to assess whether your back or neck pain may be coming from the small facet joints of your spine. If your pain is reduced by the test injections, then you may progress to a treatment called radiofrequency neurotomy.

Radiofrequency treatments use current that applied directly to nerve(s), through needles, that generate high temperatures (90°C) at the tips of the needles which then breaks down the nerves. This can then result in prolonged pain relief lasting anything from 4 months to 2 years. This is called *radiofrequency neurotomy*. The current can also be used to apply lower temperatures (42°C) directly to different nerves, which causes pain reduction without actually breaking down the nerves. This is called pulsed *radiofrequency*.

Step 3: Neurostimulation is when we can activate parts of the nervous system using microelectrodes connected to a small implantable battery. This uses the same principle as pacemakers that are used to control an abnormal heartbeat, except now we can use these specialised pacemakers to control abnormal nerve function that causes chronic pain. We can pace the nerves, which scrambles the pain signals of the nerves and reduces pain. Neurostimulators can be applied to any part of the nervous system, including the spinal cord or smaller nerves. When applied to the spinal cord, we call this spinal cord stimulation.

Fig 1. A typical tiered approach to multidisciplinary pain management.



Adapted from, Poree L. et al. Spinal Cord Stimulation as Treatment for Complex Regional Pain Syndrome Should Be Considered Earlier Than Last Resort Therapy. Neuromodulation 2013; 16:125-41



Moving away from the biochemical era to the bioelectrical era

The practice of medicine is slowly moving from a chemical era into an electrical era. What this means is we are starting to understand and use high technology to manage diseases and this includes chronic pain. This technology that we are now using appears to be very effective in some pain conditions. The technology we are talking about is neurostimulation or neuromodulation, which means **using technology to target the nervous system** to control diseases. We already use this technology and it has been around for about 30 years but nowadays the technology is highly sophisticated, which means we can use it for multiple pain conditions.

Neuromodulation is also used in other parts of medicine. For example a cochlear implant is used to stimulate the nerves in the ears to restore hearing in deaf people and deep brain stimulation is used for people to reduce abnormal movements in diseases like Parkinson's disease.

A temporary 1-2 week trial of a neurostimulation device is first performed. This is where you wear the battery taped to your skin with only the electrodes inserted temporarily in your body. The electrodes are inserted into your body using specialised needles.

If you have a trial of neurostimulation or spinal cord stimulation, you have a 70% chance of having a greater than 50% reduction in your pain.

These are very good statistics when it is compared to pain medications alone, which only help less than 50% of patients they are trialed on.

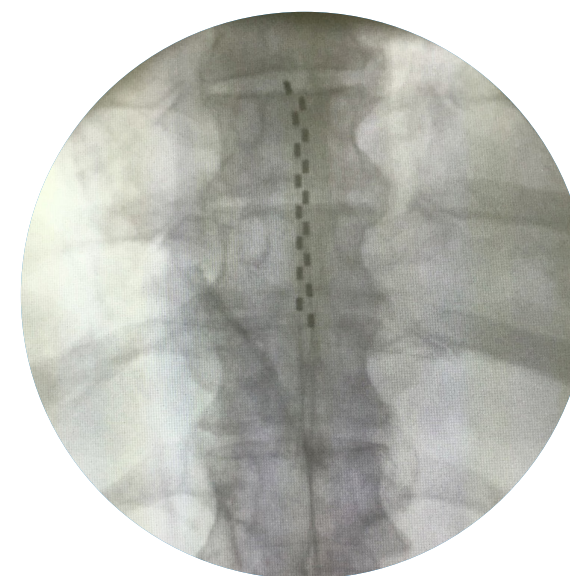
How do you know whether you should be considered for neurostimulation? The key is to talk to your pain specialist. Pain conditions that may improve with neurostimulation include:

- Pain following previous spinal surgery or fusion,
- Complex regional pain syndrome (CRPS),
- Pain following nerve damage.
- There are other indications for neurostimulation but these are best discussed with your pain specialist.

Risks of neurostimulation

[Read more about neurostimulation here](#); indications and risks.

Like most pain treatments, neurostimulation is not risk free but generally the common risks are considered mild and can include lead movement (migration), infection, pain over the battery site and sometimes, losing the effect of treatment over time. There have been reports of rare but serious complications following neurostimulation treatments. Neurostimulators can be removed if needed.



What can I do starting right now to get my chronic pain under control?

Here are some principles and approaches to getting back in control of things. These are the things that your pain team would focus and expand on during your treatment. But you can get an understanding of what it involves right now, so you can start taking back control of your life.

Be curious about your pain

This means start asking your healthcare providers questions about your pain; what do they plan to do to get your pain controlled? What is their plan for your pain medications? Are they planning pain injections? How are they going to get you fitter and stronger? Read pain blogs from reputable sources and start gathering information on chronic pain and more specifically, your pain condition and how it is affecting you.

Don't just accept treatment plans without understanding what the plan is. Ask questions. It's your body, so start taking back control.

Understand your body and mind

This means that you should accept that you have chronic pain and that it might be with you for a while but this doesn't mean that you should accept that there is nothing that can be done about it. There is something that you can do about your pain. In fact you are doing something this very minute in reading this eBook.

Understand your pain and what it is doing to you and how the pain is affecting you physically as well as emotionally.

Start by using a diary to make notes on how your pain is making you feel during the day. Do you feel tired or stressed? Are you sleeping too much or too little? Are you feeling anxious? Do you worry too much? What are you worrying about? The past or the future? There are many questions you should now be asking about how your pain affects your body and mind, so start by making notes.

Understand your pain medications and how best to use them. Why are you on them? Are you on the right doses? Do your medications cause side effects? Are your medications helping? Are your medications safe?

Consider if you are right for pain interventions and/or neurostimulation trials.



Organise your body and mind

Now that you understand what the pain is doing to your body and mind, it's time to start being proactive and start organising things.

Start by building your team of pain experts. Work with them to set up a plan of action.

Set goals for yourself every step of the way. These goals should be both physical and emotional goals e.g. my aim is to take my kids to the park for an hour twice a week or my aim is to sit through a meeting at work.

If you don't have goals, you don't have something to strive and work towards.

Make the goals attainable and reach them in the time frame that you set. Remember not to be too hard on yourself if you don't reach your goal, as no plan is perfect and may need to be changed or revised and that's ok too.

Relax your body and mind

Give yourself a break and be good to yourself. Learn how to accept things and be present in this very moment. Being present in this very moment of your life is a form of meditation. This is also called being mindful or practicing mindfulness.

Mindfulness is defined as a moment-by-moment awareness of your thoughts, feelings, bodily sensations and surrounding environment, which is characterized mainly by accepting what they are without judging whether these thoughts or feelings are right or wrong.

Just sit for 2 minutes, right now, and become aware of the following few things and focus on each of them for 30 seconds:

1. What are you thinking?
2. What are you feeling?
3. What can you see?
4. What can you hear?

You are now being present and mindful.

[Click here for a link to getting started with daily mindful practices.](#)

Motivate your body and mind

Use positive words and thoughts. Seek inspiration and motivation to get yourself in a good frame of mind and once you have done this, you will find it easier to get yourself back on track.

3 easy ways to get motivated are:

1. Get positive. A way for feeling positive is to work on ways of feeling optimistic.
2. Get rewarded. This means reward yourself for the good things that you do. And no, chocolate, is probably not the best way to reward yourself.
3. Get peer pressure. Spend time with people that will support you and push you a little out of your comfort zone. This is the basis of peer pressure and it works on adults just the same as it worked on us when we were kids. The difference is as adults we can use peer pressure to our benefit.



Move your body and mind

Learn how to pace yourself, physically and emotionally.

You might even consider getting a digital movement monitor and learning how to use it to reach your physical goals.

Perform graded exercise, which means start low and go slow but moving your body is vital to getting back on track. Remember to take it in small steps. When you do things in small steps we call this pacing.

Pacing is a key skill in learning to manage your energy levels and pain levels.

This involves pacing your exercise and daily activity so your movements do not flare-up your pain levels. Once you have learn t how to pace yourself, you will then be able to gradually increase your physical activities that you do. Improvements in your general physical functioning help you to become more active, fitter and healthier.

Remember as you pace yourself and increase the things that you do, you might experience some increases in muscle pains and this is because you might be using muscles that you haven't used for a long time. Remember to not be hard on yourself and remind yourself that these pains are good pains.

A trick to pacing yourself is to use a timer, on your smart phone or even just a simple timer that you can clip to your clothes. Set the timer for a few minutes before you expect to get your pain and then when it goes off, stop and have a rest, for a few minutes, before you set the timer back on again. You will be amazed at how this simple technique can conserve your energy levels and support your improvement.



Nourish your body and mind

What you put in your body could affect the pain that you are feeling. Because some pain is inflammatory in nature, if you eat lots of foods that are pro-inflammatory, they may actually make inflammation worse and hence make your pain worse.

Pro-inflammatory foods for you to cut out of your diet might include the following:

- Refined sugars (white, brown and cane sugar) – diets high in refined sugars decreases immunity and contribute to overall inflammation in the body.
- High omega 6 fatty acids (safflower, sunflower, soybean, corn oil) – these fatty acids leads to inflammation contributing to many health problems. Note this is omega '6' and not omega '3', which is good for you. Good omega '3' fats can be found naturally in fish, including salmon and tuna.
- Red meat and processed meats – often high in saturated and trans fats, which when consumed in large quantities are linked to increased cardiovascular disease risk and other health risks associated with the processing of meats.
- Trans fats increase 'bad' cholesterol and lower 'good' cholesterol and promote unhealthy weight gain and inflammation in the body. The worst

for trans fats are commercially baked goods like doughnuts, cookies, crackers, muffins, pies and cakes.

- Alcohol irritates the stomach lining and liver and, in high amounts, leads to unnecessary caloric intake which may contribute to obesity.
- Food additives and preservatives like MSG, aspartame, food dyes are often triggers of inflammation in people who are already experiencing inflammatory conditions such as arthritis and colitis.

Anti-inflammatory food that you may introduce into your diet include:

- Kelp contains fibre and minerals such as iodine for healthy thyroid function.
- Wild salmon has essential fatty acids that are anti-inflammatory and are required for optimal brain function and cell structure.
- Turmeric contains curcumin and ginger contains gingerols which can help reduce pain and swelling in muscles and joints.
- Green tea contains flavonoids, which are a group of compounds that have anti-inflammatory and anti-oxidant activity.

- Blueberries are high in anti-oxidant and anti-inflammatory compounds that are beneficial for all kinds of health conditions.
- Extra virgin olive oil contains polyphenols that are protective to the heart and blood vessels.
- Nuts and seeds like walnuts, almonds, sesame seeds contain essential fatty acids, which have anti-inflammatory action.
- Garlic and onions contains sulfur-containing compounds that improve immunity and are anti-inflammatory.
- Papaya contains an enzyme papain that helps improve digestion, and nutrients such as vitamin C and beta-carotene, which are anti-inflammatory and help improve tissue healing.
- Coffee and tea can reduce inflammation.
- Good omega '3' fats can be found naturally in fish, including salmon and tuna.

[Here is a bit more reading on anti-inflammatory diets for pain patients.](#)



3 quick nourishing tips

1. Drink more water.

A 2011 study in the British Journal of Nutrition found that even mild dehydration in men reduced vigilance and memory and increased tension, anxiety, and fatigue.

2. Reduce the bad fats in your diet.

Put down that French fry. A 2009 Cambridge University study found that high-fat diets made laboratory rats not just slower but dumber.

3. Reduce the sugars in your diet.

A recent study found that a diet high in fructose slows the brain, hampering memory and learning. Omega-3 fatty acids—found in salmon, walnuts, and flaxseed—can counteract the disruption.

Rest your body and mind

Did you know that sleep hygiene means habits that help you to have a good night's sleep and feel rested when you wake up in the morning.

Tips for better sleep may include:

- Obey your body clock and get into a sleep routine which means go to bed and wake up at the same time.
- Improve your sleeping environment means work on your bedroom. Have a good mattress that is clean. Keep the room temperature right; not too hot and not too cold. Keep the bedroom dark. The bedroom should be used for 2 things only, sleep and intimacy, so get rid of that TV and annoying phone.
- Avoid stimulating substances like alcohol and caffeine before bed. Sleeping pills are also well known for disrupting your sleeping pattern. They are useful only for a few days and then can disturb all your brain's sleep triggers. Rather try some relaxing herbal teas like camomile or peppermint.
- Relax your mind before bed. Try different ways to reduce worry because worry can cause insomnia. If you worry a lot, you could even schedule some 'worry time' earlier in the evening for 15 minutes so you don't have to worry when you get into bed.

What can I do starting right now to get my chronic pain under control?



Rekindle relationships

Chronic pain can destroy even the strongest of relationships.

It's time to step back, assess, and figure out how to rekindle your relationship. You have committed to each other and it's time to dig deep and go the extra mile to get things fresh again.

It's important to remember why you love your partner and recapture some of the romantic fun you had early in the relationship. This can be done even if you have chronic pain.

Always remember that your partner is struggling with you and your chronic pain in that he or she may feel completely helpless and is not sure how to support you in getting back on track.

Reconnecting with your partner is important for both of you and can help you both feel better about your lives and your relationship despite your chronic pain.

[Here are a few tips on getting that spark back.](#)



Pain Specialists Australia

Pain Specialists Australia is a pain management clinic staffed by qualified pain specialist physicians who manage chronic pain using a spectrum of medical care that includes medications and cutting edge pain interventional procedures that are combined with a multidisciplinary team and lifestyle approach delivered by allied health pain experts like physiotherapists, occupational therapists and psychologists.

Because pain is a personal experience and complex we believe that patients shouldn't manage pain alone and that they should be empowered to play an active role in their own pain management.

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