



Pain Management Workbook

Healthshare Information for Guided Patient Management



Name:

Date:



Pain Management Workbook

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Introduction

Welcome to the Healthshare pain management programme or PMP. We hope that you will find the course useful. We would like you to join the discussions during this course as much as you feel comfortable. Please remember to do the homework sections each week. This will help you to get the most from the programme.

Aims of the PMP

- To set and achieve some personal goal.
- To increase your activity levels.
- To understand and manage pain more effectively.
- To work together as a group.

House Keeping Rules

- Fire exits.
- Toilets.
- Respect for group members.
- Confidentiality.
- Do not discuss sensitive information outside the group.
- Self-disclosure. Only share what you are happy to share.

Course Outline

Each week the structure follows a pattern.

- Group Talk with discussion.
- Video clip.
- Quick Quiz.
- Movement.
- Workbook for Home.

Week 1: Making changes

- Why change?
- What to change?
- When to change?
- How to change?
- Barriers to change.

What to Change?

- See your work book exercise number one for this week's homework.
- Take time to complete one change item for the following week.
- Make this change something that is important to you.
- It should be something that you will be able to manage before the next session.

Making Changes (Exercise 1)

Question	Write your ideas below
What change do you want to make? Keep it simple.	
Why?	
What small steps can you take?	
What would help you?	
What obstacles might get in the way?	
How might you overcome obstacles?	

How to Change – The value of GOALS

It is very important to set goals. Goals let us decide what we want to achieve, and by when. Try to think of examples of short, medium and long term goals.

Goals also let us know when we have been successful. It is good to tick off goals as you make progress.

In order to change we need to set some goals. These should follow the SMART rule.

- The course will use goal setting to help make changes.
- Remember all goals should be set this way.



WARNING – Do not be too ambitious, we want you to succeed!

Remember – Goals do not need to be about exercise. It could be about family, work or anything important to you.

Example (You don't need to do this)

- S** Go for 30 minutes walk every day.
- M** 30 minutes every day for one week.
- A** Yes.
- R** Yes. I need to walk more and I enjoy walking.
- T** Complete by next week.

Now it's your turn (Exercise 2)

S

M

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T

S

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M

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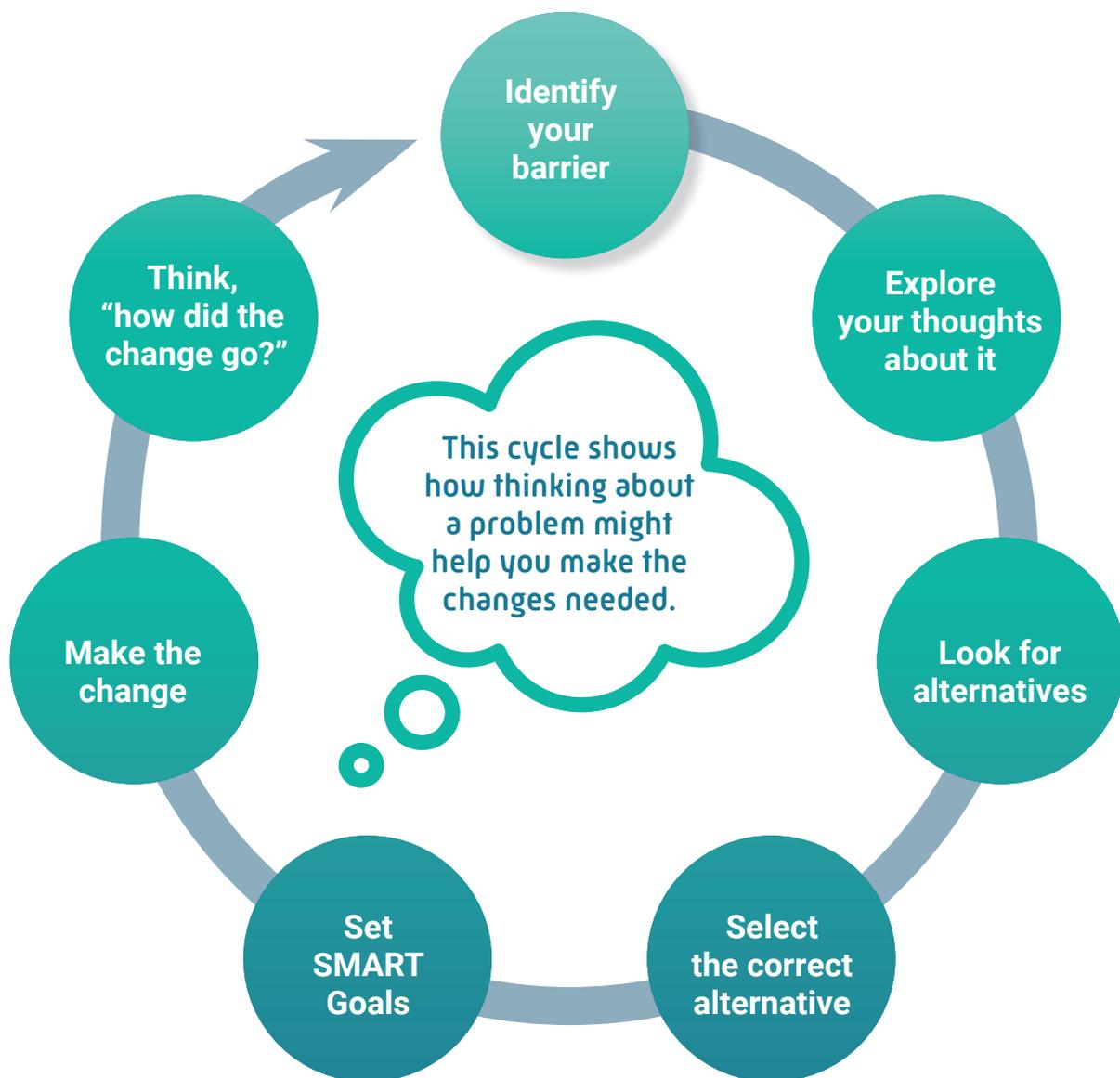
R

T

Barriers to change

There are many barriers to change. It is good to think about what these might be for you. You can then plan how to get over them. Remember barriers aren't just physical. Often they are our own thoughts and beliefs about things.

- Think of your personal barriers to change.
- Understanding how to overcome these will make changes more likely to succeed.
- Take a look at the problem solving worksheet below.
- Consider how your thoughts and feelings may affect your behaviour. (Note – we will be returning to this point throughout the programme. For now see the ABC diagram in your hand book).

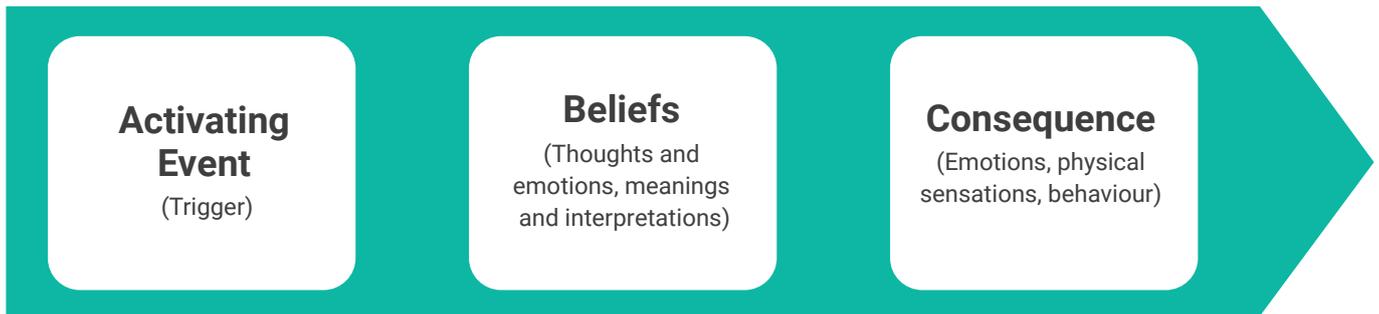


Problem Solving Worksheet (Exercise 3)

STEP 1	Identify your barrier.
STEP 2	Think of as many ideas as you can that might solve the problem. Include all the possible solutions.
STEP 3	Think of the advantages and disadvantages of each possible solution, writing them all down.
STEP 4	Choose the solution that looks most likely to work. This should be based on your thoughts in step 3.
STEP 5	Plan how you will carry out the solution with SMART goal setting. Consider what may go wrong and how to stop this.
STEP 6	Carry out your plans!
STEP 7	Review what has gone well and what could have been better.
STEP 8	If it was successful, move to your next problem. If not, try thinking again starting at step 3.

The ABC model of behaviour

- This diagram below shows how things influence the way we behave.
- It is important to understand that our past experiences play a large part in this.
- Our thoughts and emotions are also involved in how we act.
- Triggers influence how we feel, what we think and what we do.



Homework

1. Have you set a short term SMART goal for the week ahead?

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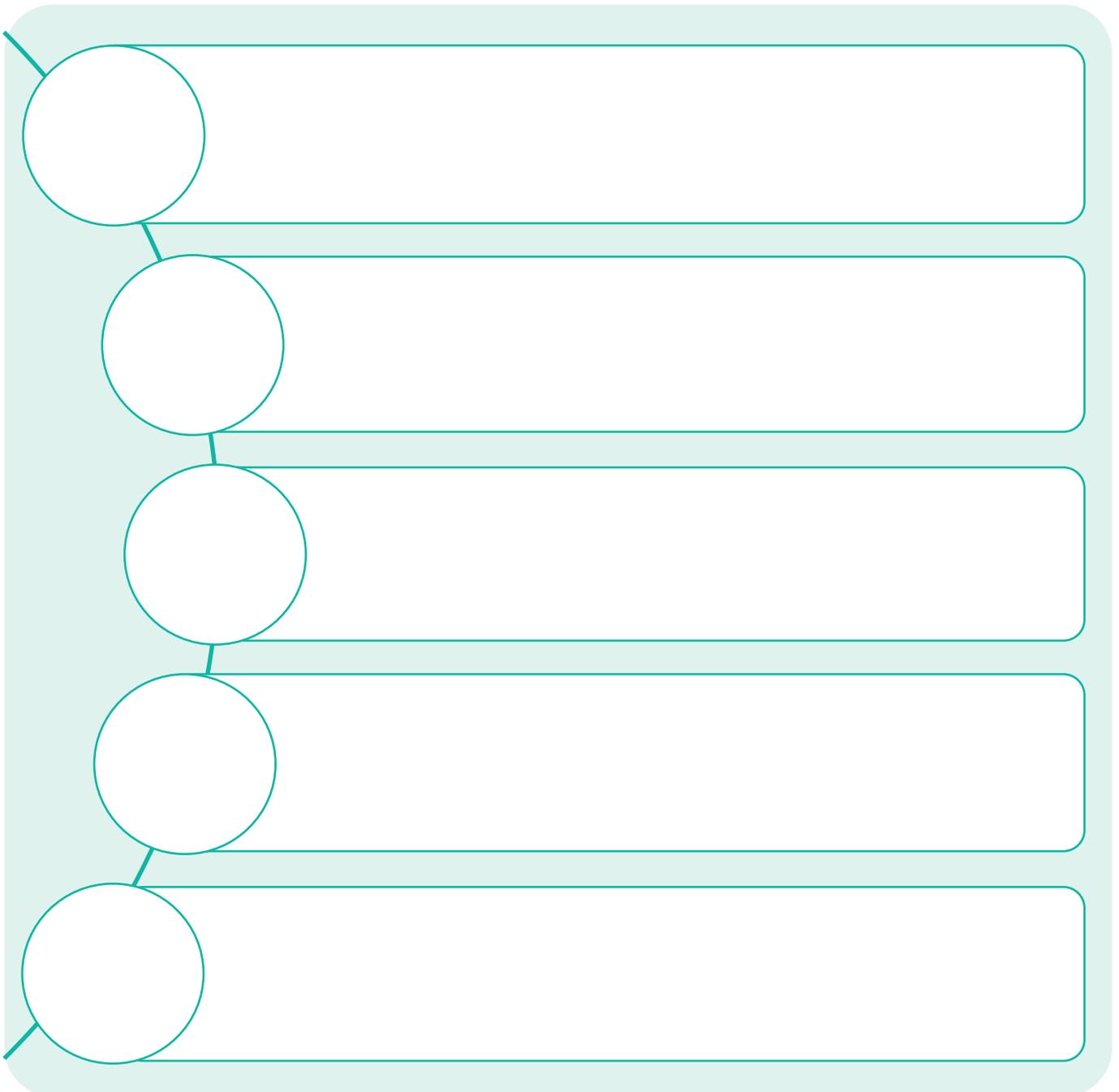
2. Have you completed the making changes exercise?

Question	Write your ideas below
What change do you want to make? Keep it simple.	
Why?	
What small steps can you take?	
What would help you?	
What obstacles might get in the way?	
How might you overcome obstacles?	

Week 2: Pain and sensitisation

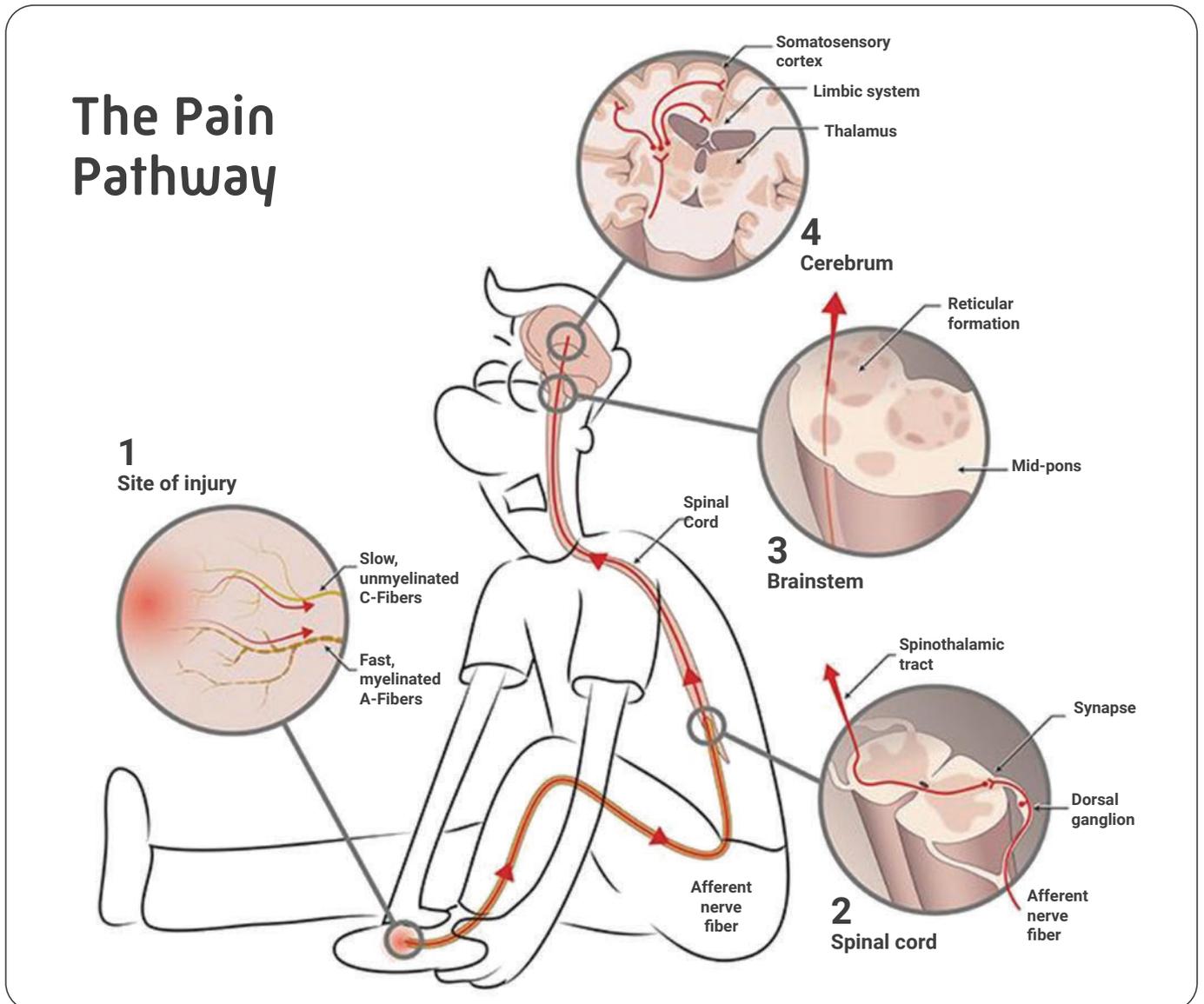
- What is pain?
- What types of pain can you think of?
- Recent pain or persistent pain.
- Thoughts, feelings and the outside world.
- Negative thoughts.

It might be good to make a few notes from the talk today in this section.



Recent Pain

- Hurt or harm warning.
- Resolves with healing or removal of the source of pain.
- Closely linked to tissue damage or risk of damage.
- May settle with simple medication.



Persistent Pain

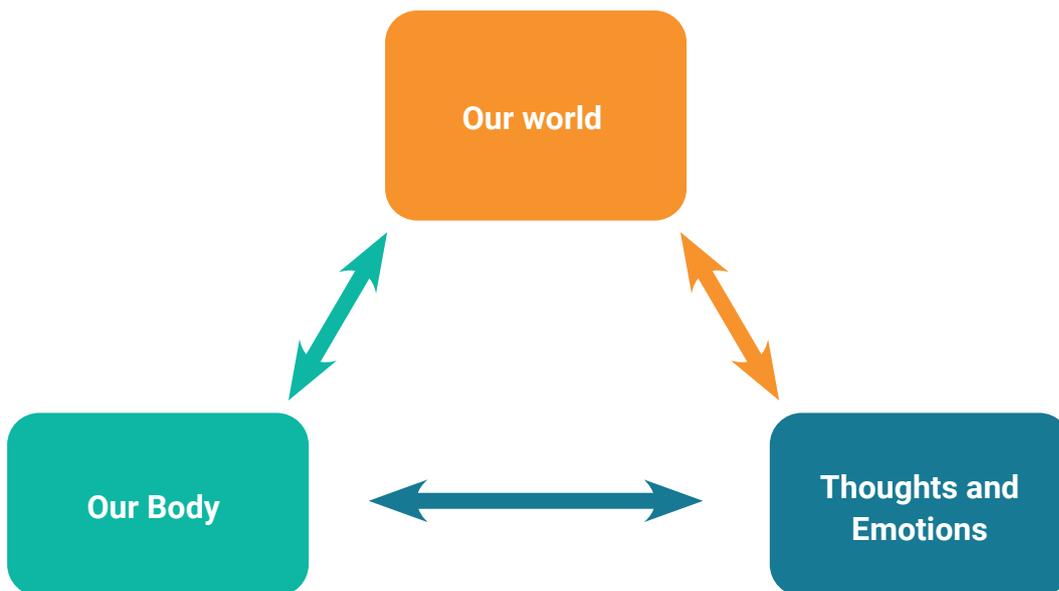
- Continues over a longer time.
- May continue after healing.
- Strong emotional aspect. Can cause low mood.
- Discourages activity.
- Variable intensity.
- Unhelpful.
- Can be difficult to treat with medication.

Sensitisation

- Scientists now understand pain a little better than in the past.
- How we process nerve messages changes with time.
- Patterns of pain can become more developed.
- Imagine a volume control for pain. It can be turned up, or turned down.
- Remember – hurt is not the same as harm.

Emotional Aspect of Pain

- Remember the ABC model. Now think of pain as the consequence “C”.
- There are still triggers “A”, and our thoughts, beliefs and emotions “B” will still be involved.
- What examples of thoughts or emotions might turn up the pain volume?



Unhelpful Thinking

- Thoughts and emotions can act as triggers.
- Unhelpful or negative thoughts need to be watched out for.
- Give some examples of negative thinking. It comes in many forms!
- Emotions can influence, and also be influenced by pain.
- Unhelpful language from medical experts can add to this mixture.
- Previous life experiences play a big role in how we react to things.

Homework

- Review the slides for this session.
- Set two goals to complete for the week ahead.
- Think of some triggers that increase your pain.
- Imagine some ways you might turn down your pain.



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Week 3: Activity

- Why is activity important?
- The value of exercise.
- Improve physical fitness.
- Improve mood.
- Increase confidence.
- Manage Pain.
- To get stuff done.

The Inactivity spiral



It is really important to keep active. Goal setting will help you to keep on track and to think of ways to increase your activity levels.

What counts as moderate physical activity

Any physical activity is better than none. It is never too late to get more active to improve health. Activities could include:



Walking



Gardening



Hiking



Dancing



Cycling



Active Recreation



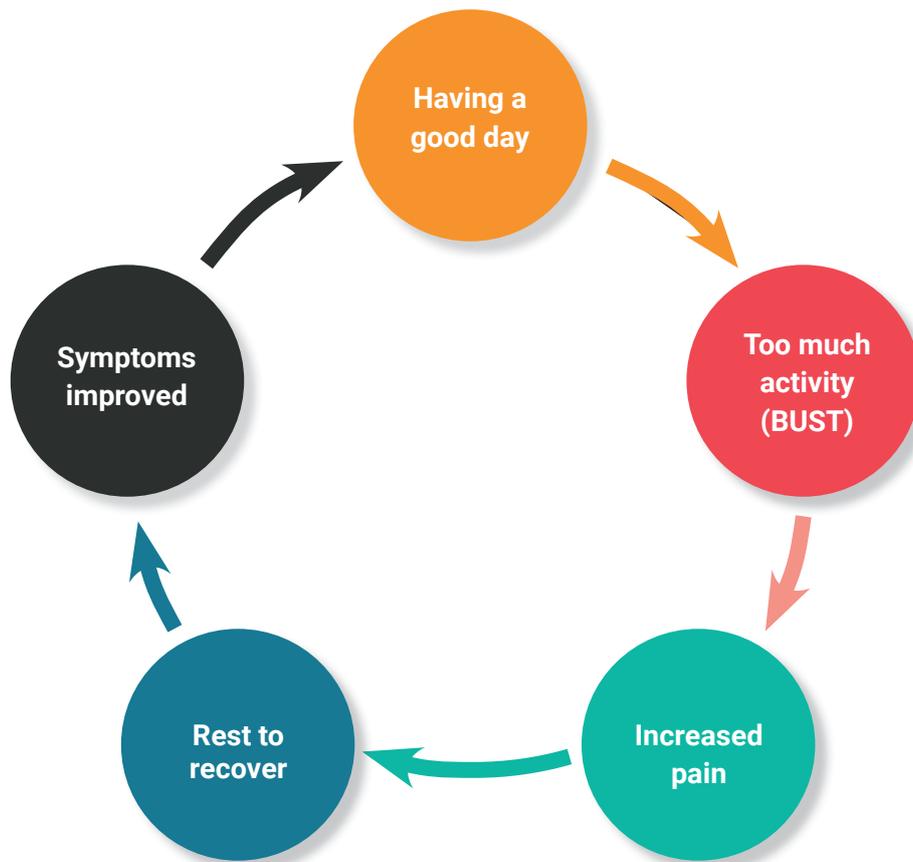
Swimming

Pacing

Although it is important for most people with persistent pain to increase activity it needs to be done carefully.

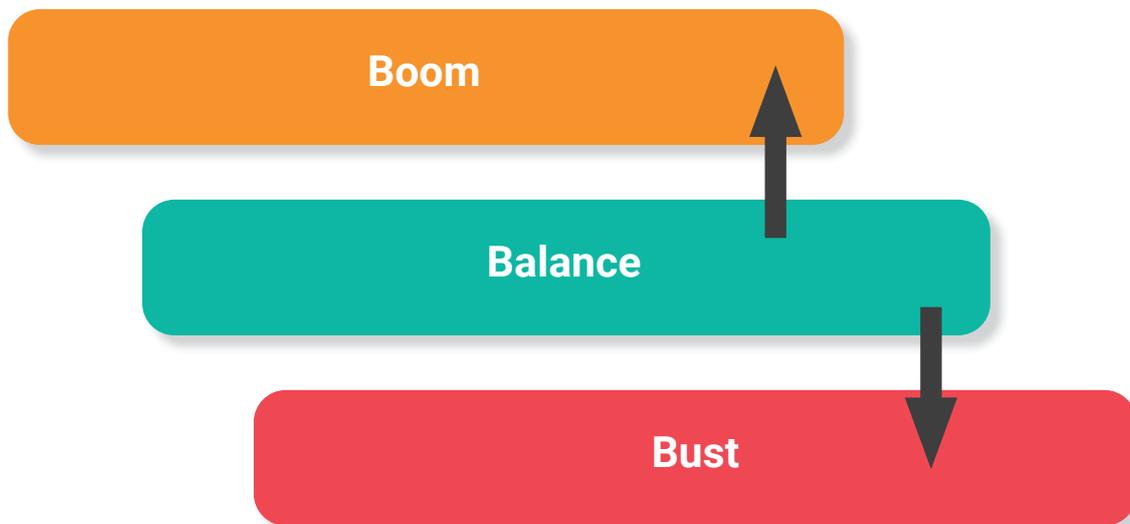
You do not want to push yourself too far and then have a flare-up that sets you back! We call this “Pacing”. It is very important that you understand what this means.

Your BASELINE is the amount of that activity you can do in comfort.



Baselines and Graded Activity

- Find your baseline for the activity.
- Do not go over your activity limits.
- Set Goals for gradual step ups (just 10% to 20%).
- Review how you did.
- Set more goals.



Relaxation

There are many ways to relax. You have probably tried some. You may have your favourite methods for relaxing. Here is a list of some you may like to try.

- Breathing exercise.
- Progressive muscle relaxation exercise.
- Simple Mindfulness.
- Go for a walk.
- Meet a friend.
- Play some music.
- Any others?



Homework

- Complete your activity planner and diary.
- Set some goals.
- Practice some relaxation.



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Complete your Activity Planner and Diary

In order to plan your weekly activities it is useful to think ahead. This will help with both goal setting and pacing. Try to think of an activity for each section of the day. Remember to include recovery times if needed. Take time to reflect on how well it went. This will help you plan the following week.

Day of the Week	Morning	Afternoon	Evening	How well did you do? Very well, well, or not so well
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Week 4: The Social Aspects of Pain

- Pain can be very limiting. It may put you off joining in with things.
- It may stop you planning things.
- You may feel people judge you because of the pain.
- It is important not to let this happen.
- Be watchful for negative thoughts. Sometimes we make errors in our thinking.
 - Communicating pain.
 - Family and friends.
 - Thinking errors.
 - Getting out and about.

Remember to keep setting goals. Some of these can be about doing things with other people. It is also important to think about how people see you.

People may not include you if you appear to be in a lot of pain. This may lead to isolation and missed chances to do enjoyable things.



The value of sleep (why it matters)

- What is the value of sleep?
- Sleep and exercise.
- Pain and sleep.
- Sleep and mood.
- Too much or too little?

Sleep allows both our bodies and minds to recover from the previous day. Without enough sleep we will never be at our best.

Most people find that taking regular exercise helps to improve sleep patterns. Sleep and exercise are both important when managing persistent pain.

If we do not get enough sleep our mood will also suffer. At the same time we do not want to spend too long sleeping. This is not good physically or for our mood. You need to find the right balance for you.

Sleep hygiene (How to improve your sleeping habits)

- Environment – bedroom set up.
- Avoid Stimulants – caffeine, alcohol, screens, light and noise.
- Establish patterns. Use wind down habits.
- Include relaxation.
- Try a sleep diary.
- Keep on track and keep practicing.

Homework

- Complete the sleep diary. Try to do this for a full week.
- Work on sleep hygiene rules.
- Make a note of the things you feel help you to sleep better.
- Set your weekly SMART goals.
- Try to review the earlier sessions in the workbook.

Modified Sleep Diary

	Did I nap in the day?	What stimulants did I have?	I got up at ...o'clock	I slept for ... hours	I went to bed at ...o'clock	I didn't sleep well	I slept well	What might have helped me sleep better?
Monday								
Tuesday								
Wednesday								
Thurs								
Friday								
Saturday								
Sunday								

Set your weekly SMART goals

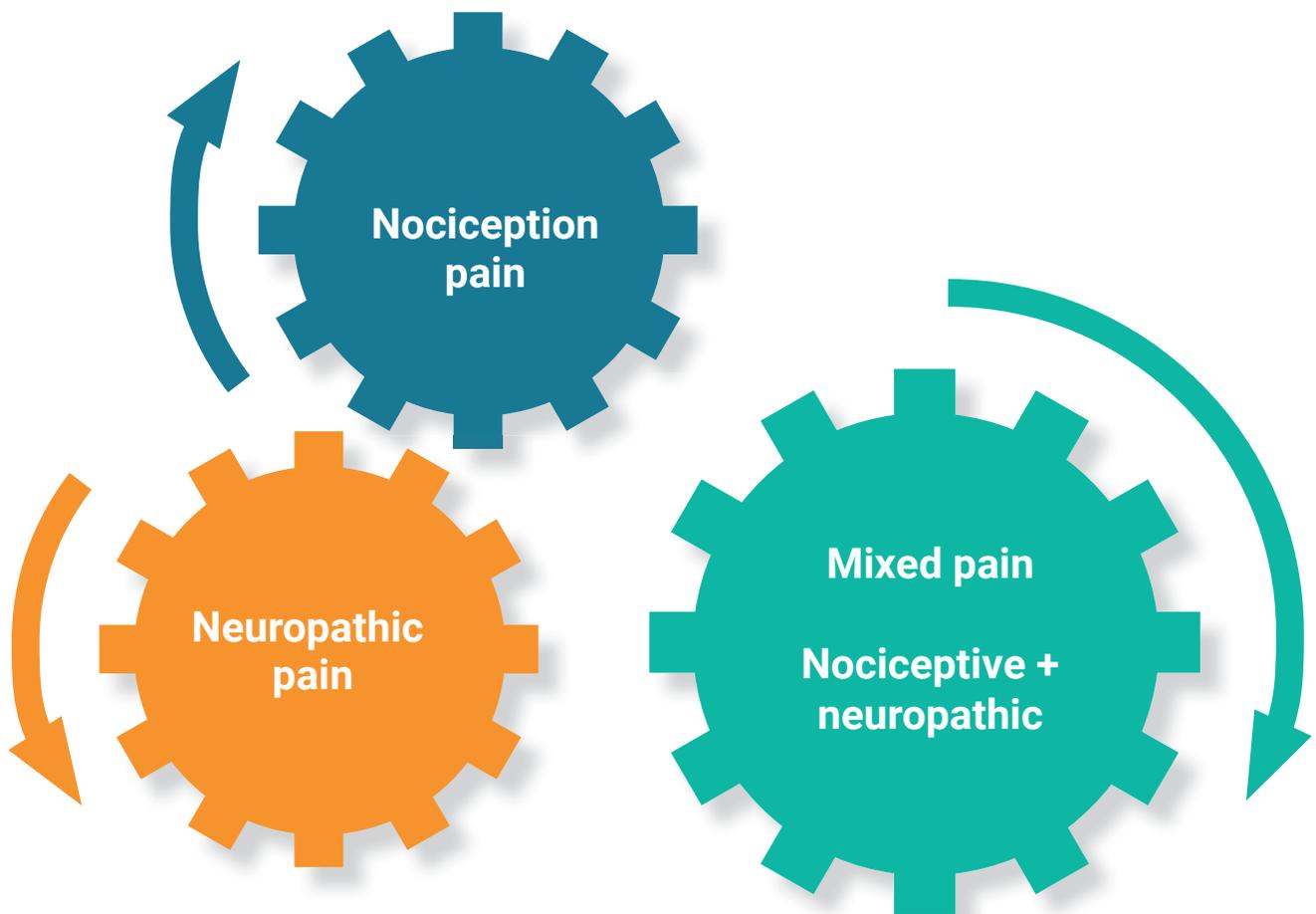
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Week 5: Pain Medication

- There are 2 types of pain – nociceptive and neuropathic.
- Pain is produced through different pathways in our nervous system.
- This is similar to road lanes e.g. slow, fast, cycle and bus lanes.



Considering the different pathways of pain

- They need different types of medication – to work at different speeds, tissues and parts of the brain.
- Some work in small doses and act faster e.g. fentanyl – imagine a motorbike.
- Some work in larger doses but act slower – e.g. gabapentin – imagine a tractor.

We are not the same!

- Each one of us is different in many ways.
- We respond differently to various treatments, including medication.
- We may need different type of medication for similar pain.
- We also respond to different dosage levels.
- Pain responses and dosage varies with age.
- Associated disorders and other medication.



What are the medication options?

WHO pain ladder

Mild pain (2-5/10)

- Analgesics - e.g. paracetamol
- Anti-inflammatory - e.g. ibuprofen, aspirin, naproxen

Moderate pain (5-8/10)

- Mild opioids - e.g. codeine, tramadol or dihydrocodeine
- Combination meds - cocodamol / codydramol

Severe pain (8+/10)

- Strong opioids - e.g. morphine, fentanyl, oxycodone
- Combinations

Neuropathic medication: 2 types

1. Anti-depressants e.g. Amitriptyline, Nortriptyline and Duloxetine

- This increases chemicals in the Central Nervous System that reduce pain signals.
- Takes time to work – may feel some relief after a week or so, but maximum relief takes several weeks.
- Dose is increased gradually to minimise side effects.
- Doses are lower than used for depression.
- Never stop abruptly as may have withdrawal effects.
- Common side effects are nausea vomiting, dry mouth, constipation.

2. Anti-convulsants e.g. pregabalin and gabapentin

- This medication calms the nerves through reducing pain signals sent from damaged nerves (e.g. neuropathy) or overly sensitized nerves (e.g. fibromyalgia).
- Takes time to work.
- Dose is increased gradually to minimise side effects.
- Never stop abruptly as may cause withdrawal effects.
- Common side effects are dizziness, drowsiness.

Common side effects

- Constipation – increase fluid fibre intake, consider lactulose senna, movicol.
- Dry Mouth – boiled sweets, artificial saliva.
- Nausea/vomiting – anti-emetic cover when starting new medication, usually settle may need to adjust dose.
- Sleepiness – Adjust time of dosage e.g. amitriptyline – take the dose earlier.

Managing side effects

- Most likely to occur when starting or changing medication.
- May go away as your body adjusts to the medication.
- If side effects outweigh benefit of medication then will require reviewing.

It is important to remember

- Each type of medication works on different aspects of pain.
- Dosage of medication varies between individuals.
- A mix of medication may be needed to address persistent pain.
- Remember side effects are common with medication.
- Understanding why and when side effects occur may help to manage them.
- Don't expect to get zero pain.
- Most pain medication only reduces the pain by 20-30%.

NOTE: Always discuss with your doctor or consultant before making any changes to your medication use.

Week 6: Managing flare-ups and moving forward

Aim of the day is to understand....

- What is a flare-up?
- Why do they happen?
- What should you do?
- Can they be avoided?
- Are flare-ups useful?

What is a flare-up?

- A flare-up, or set back, is when you have days of increased pain.
- It is the same pain you have felt before, with the volume turned up.
- Flare-ups may last for a few hours to a few days.

Why do flare-ups happen?

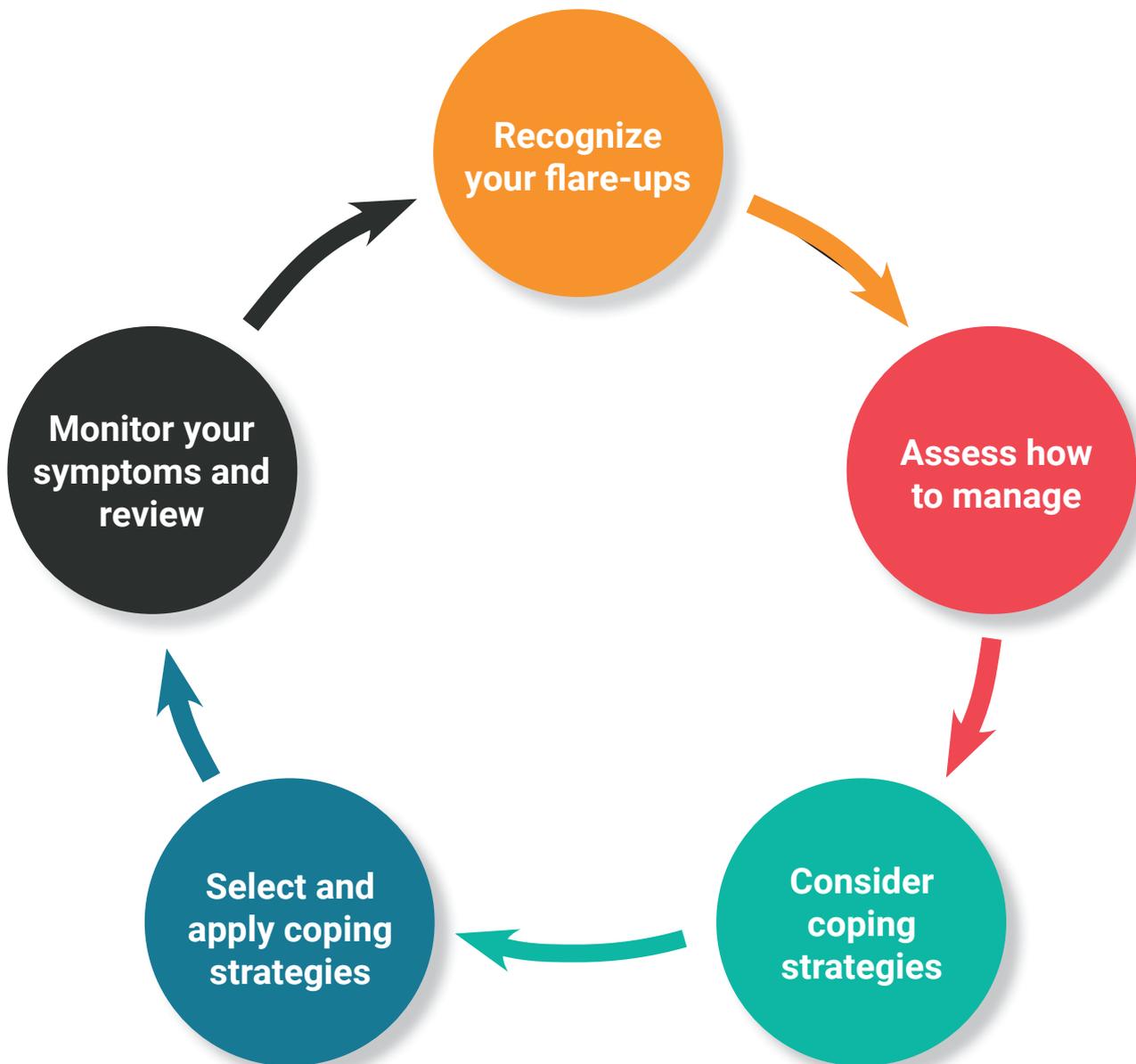
- Physical.
- Emotional.
- Boom and Bust.
- Other triggers?

Note

- Remember new pains or symptoms are NOT the same as a flare-up.
- These should always be checked out if you have concerns.

What to do?

- Keep calm and relax.
- Use your coping/ pacing strategies and medication to help you through.
- Set sensible goals to get back on track.
- Try to work out what triggered this flare-up.
- Then try some problem solving to reduce the risk of it happening again.
- Use your flare-up plan.



Complete the flare-up plan exercise below

What are my possible triggers?	Things I should do	Things I should not do
<p>How could I avoid these causing a flare-up?</p>		
<p>What should I do during a flare-up?</p>		
<p>What goals should I set to get back on track?</p>		
<p>What have I found useful before?</p>		

When I feel _____,
I can...

do simple yoga
poses



When I feel _____,
I can...

talk to myself about what's
happening right now



When I feel _____,
I can...

think of my
favorite things...
season, colour, day
of the week, animal, food



When I feel _____,
I can...

picture the people
I care about



Course conclusion and summary

Over the last few weeks we have looked at the topics below. Take a little time to review the each of the sections.

- Change.
- Pain and Sensitisation.
- Activity, Pacing, Graded Activity, Relaxation.
- Social Aspects of Pain. Sleep Hygiene.
- Pain Medication.
- Managing Flare-ups.
- Summary and Evaluations.

Moving forwards

- This course is just the beginning.
- Practice the strategies and exercises.
- Keep setting goals.
- Learn to manage flare-ups.
- Keep active.
- Use the websites and links in your workbook.

Pathway through pain

1. Understand your pain and fear it less.
2. Explore relaxation and meditation techniques to reduce pain.
3. Get fitter, starting with a simple stretch programme.
4. Set some goals and work towards them in a measured way.
5. Re-examine your thoughts about pain and the situations they occur in.
6. Improve your approach to pain and recovery activities such as sleep.
7. Measure your progress and notice what's working.
8. Discover the approach to pain management that works best for you.
9. Above all stay positive!

Appendix 1:

Unhelpful thinking styles

- We are all prone at times to unhelpful thinking.
- It happens more often when we are under lot of stress or are feeling low.
- These thoughts can make us feel even more stressed.
- When you can recognise unhelpful thinking, you can start to challenge it and change it. This can reduce stress and help you feel better about things.
- Here are some ways of looking at unhelpful thinking styles.

Catastrophizing

- You expect things to go wrong, no matter what.
- You tend to magnify and inflate events and how awful they will be.
- You over-estimate the chances of things going wrong.
- Any setback is seen as a never ending pattern of defeat.
- For example “I didn’t get hired for the job; I’ll never get any job.”

All-or-nothing thinking

- Things are either ‘good-or-bad’.
- You have to be perfect or you are a failure.
- There is no middle ground.
- You place people or situations in ‘either/or’ groups.
- There are no shades of grey.
- It does not allow for the complexity of most people and situations.
- If you don’t do as well as you thought you would, you see yourself as a total failure rather than seeing that you are just going through a bad patch and you do have lots of good points.

Personalising

- You blame yourself or take responsibility for anything horrible even if it has little or nothing to do with you.
- If something bad happens you think it is your fault straight away.
- An example of this is when a parent blames themselves for their child getting a poor school report. “My son is not doing well in school. I must be a bad parent.”

Negative focus

- You focus on the bad things about a situation.
- You also forget about anything that was good.
- You focus on your weakness and forget your strengths.
- When things do go well you think that they ‘don’t count’.
- For example “My friend says I look good today. She is only being nice. She doesn’t really mean it.”

Jump to conclusions

- You assume things about people or things that happen without any proof or evidence.
- Mind reading: you think you know what someone else is thinking. For example: “He ignored me because he hates me” or “My friend hasn’t phoned for ages, she doesn’t like me anymore”.
- Fortune telling: you predict that something will go wrong.
- For instance “I just know something awful is going to happen”.
- Or when someone is feeling very low they may think that they will never feel better, ever.

Living by fixed rules

- You have very rigid rules about how others and you should behave.
- People who break the rules make you angry.
- You feel guilty when you break your rules.
- You often use the words ‘should’, ‘ought’, ‘must not’ and ‘can’t’.
- This leads to guilt and distress.
- The more rigid the rules are, the more upset, angry, depressed or guilty you are likely to feel.

Emotional reasoning

- You respond to your gut feeling and emotions.
- Your thoughts lead you to believe your feeling without any proof.
- For example, your thoughts are: “I feel bad so it must be bad! I feel anxious, so I must be in danger.”

Responding to memories

- Current events can trigger upsetting memories.
- You can start to recall a similar event from the past that did not go well.
- This leads you to feel the same way as you did in the past.
- You may feel that you are in danger now.
- This can cause distress.
- These distressing thoughts are not based on what is really going on.
- They are based on the emotions you felt when it went badly.

Appendix 1:

Exercises tips

1. Choose exercises you enjoy e.g. weights, yoga, walking, swimming etc.
2. Consider some aerobic exercises in all programs e.g. walking, swimming etc.
3. Some discomfort with exercises is acceptable.
4. Avoid exercises which causes pain to continually increase or spread down arms or legs.
5. Start slowly and consistent across days.
6. Don't do more on good days and less on bad days.
7. Slowly pace up the exercises by increasing the amount of exercise, before increasing the intensity of the exercise.
8. Consult your physiotherapist if you are not sure.

Appendix 3:

Website links

<http://ableradio.com/>

<https://www.arthritisresearchuk.org/>

<https://www.britishpainsociety.org/>

<http://www.moodjuice.scot.nhs.uk/>

<https://sleepcouncil.org.uk/>

<https://www.paintoolkit.org/>

<https://www.nhs.uk/tools/pages/blood-pressure.aspx> - Check your blood pressure

<https://www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx> - Check your own BMI

Further support for you, after you have completed this course, can be found on our service website.

