

# PAIN MATTERS

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## The Top Three Pain Management Principles

*Success in managing pain depends on your capacity to adjust and to make changes as needed. Dr Dennis Turk and Dr Frits Winter look at how you can stay involved in life*

### *Principle 1: Bringing More Physical Activity or Exercise Into Your Life*

Pain reduction comes about when you are reasonably able to exert yourself physically despite some discomfort or pain. Exercising within your limits can be therapeutic both physically and mentally. The keys to success in this regard are being active regularly and consistently. Our patients have taught us that if they establish a schedule and stick with it, they invariably feel pain less often and less intensely.

### *Principle 2: Ensuring Sufficient Relaxation*

Pain reduction occurs when you are able to relax despite the pain. Acceptance and peace can't coexist with struggle and tension. Our patients have taught us that balancing activity and rest and finding time each day for relaxation and enjoyment are crucial to pain management.

### *Principle 3: Bringing More Diversion and Fun Into Life*

Pain needs competition—diversions that help you focus on the things that are going well in your life or that create opportunities for well-being mentally and emotionally. This changes the scene from pain in the foreground and life in the background to life in the forefront and pain to the rear. Our patients have taught us that boredom and being stuck in a rut are roadblocks to successful pain management. Most people find the first two principles the easier ones (note we do not say 'easy') to implement. The third principle gives

many people the most problems. Consider the case of Fred.

*Fred had significant pain problems when his wife suddenly died. He was barely able to provide essential care for his three children. One evening, his son approached him about helping with a school project. Fred rudely sent him away—he was preoccupied with his pain and his loss. However, his son kept on badgering him. Troubled by vague guilt feelings about not paying attention to his children, Fred decided to try to get involved in the school project. He soon found that it was more complicated than he would have thought. He decided to break the project into manageable segments. Fred worked on the project with his son for half an hour before his son had to go to bed. Fred promised that he would continue to work on the project. It took him until two o'clock in the morning. Fred felt a sense of satisfaction. He crept upstairs and proudly placed the finished project next to his son's bed. While working on the school project, Fred did not focus on his pain. The pain did not disappear, but it faded into the background. It was no longer the focus of his attention.*

You need the healthy tension that is realized by social contact, creativity, and, yes, fun. Fun, as Fred learned, can be as unpredictable as the weather. One just has to decide to "go outside" of oneself to discover it. Developing hobbies, stimulating creativity, deepening social contacts, playing games, becoming adventuresome, talking, laughing, and even reading and writing can bring fun and color into your life.



## INSIDE

Notes	3
Readers' Forum	4
Get in Touch	4
Opioids for persistent pain	5
Yours in Yoga – Loosening up	8
Pain management in nursing homes	10
Bookshelf	11
A new approach to pain	11
Healthy Eating with Sophie Braimbridge	11
Pain Matters subscription form	12

Continued on page 2

For each person, what is fun will differ. Some find satisfaction in quiet pursuits, whereas others like the hustle and bustle of being in a crowd. If you are having difficulty with this pain management principle, remember to seek activities that fit you, but don't be afraid to step out of your comfort zone once in a while. Here are some additional pointers:

- Are you especially interested in concrete things? Are you practical? Activities such as crafts, car or motor repair, model building, sewing, woodworking, and quilting are practical and creative as well.
- Do you enjoy learning new things? Activities such as chess, bridge, crossword puzzles, and Scrabble often appeal to people who like to stretch their minds and learn new things. Other food for the mind can be found in libraries and on the Internet. (Be cautious with the Internet, however. There is also a lot of "junk food" online as well.) Mentally, you can go on voyages of discovery to far away, foreign regions; you can go back in time, to earlier civilizations; you can share the thoughts of the great thinkers; you can bury yourself in countless subjects or specialize. Especially when you are less able to be continuously physically active, enriching your mind can be a powerful antidote to pain.

## ***Pain reduction occurs when you are able to relax despite the pain. Acceptance and peace can't coexist with struggle and tension***

- Do you have artistic interests? Activities such as drawing, painting, music, drama, and literature are examples of artistic interests. You don't have to actually "create" to be creative. You can simply enjoy the creations of others. Being artistic includes "being" as well as doing. If you haven't considered such activities before, try to have an open mind. Try out different areas. There is a saying that is apt here: "The unknown is unloved."

- Are you interested in social activities? Volunteer work of all kinds, club membership, community center activities, special interest groups, or classes are examples of "fun" that might appeal to you once you've given them a chance. If you have a talent for organizing, volunteering for service clubs, political parties, community action groups, and the like, there are many opportunities for you to have fun doing what you do best. The main thing is to ensure that you have people in your life and that you keep meeting new people periodically. If getting around town is too difficult, write letters, telephone people, ask them to drop by. People are unlikely to visit unless invited. Take the initiative on your good days; later, even on your bad days you will find social companionship comforting.
- Do you like to work with numbers? Activities include starting collections, volunteering to be the treasurer for an interest group, joining or helping set up an investment club, and so forth.
- Do you have interests in nature? Are you interested in everything that lives and grows? You might choose to put some effort into container gardening, keeping an aquarium or terrarium, keeping a pet bird or cat (but not both!), putting together a herbarium, fishing, and ecological activities, among others.

In the table ***Partial List of Pleasurable Activities***, we include some additional examples of different activities that were suggested by our patients. By no means should these be viewed as a complete list of interests and activities. You may have some ideas that are very enjoyable that we have not even hinted at. Many others that we list will be of no interest to you whatsoever. What is important is for you to have a list of enjoyable activities that fit you and from which you can choose on a daily basis.

To sum up, when you can no longer perform what used to be your "normal activities," you will likely have a sense of empty space in your life. If nothing pleasurable is found to replace these activities, negative emotions such as irritability, depression, or sadness may fill up this space. Sometimes it takes a serious jolt to be released from these emotions. Then, unexpected sources of

strength and energy are found. The case of Eileen below shows how this happened to one of our patients. We hope that you won't wait for such an event to begin enjoying life and unearthing strengths and talents that you may not even know that you possess!

Eileen took part in our pain management program and was determined to improve her life. However, she was stuck. No matter what she tried, she felt her situation deteriorating. Walks became shorter; she started using crutches and eventually needed a wheelchair.

## ***Sometimes it takes a serious jolt to be released from these emotions***

A few months after starting our program, her son was involved in a serious car accident. During Eileen's difficulties, her son had always been a great support. Now he needed her help. To her own surprise and those who knew her, the new task, the new demands, released unexpected energy.

### **The 'What, How, and When' of Staying Involved in Life**

When you have a clear picture of the kinds of activities that interest you, it is important to make a choice and a plan. Ask yourself concrete questions:

- What do I want to do?
- How will I accomplish this?
- When will I start?
- What do I need to do to get going?
- What problems might get in my way?
- What can I do about potential problems that I anticipate or that arise unexpectedly?

It often helps to tell others what you want and plan to do on a daily basis. Seek advice and encouragement from others. Each evening take a look at what pleasurable activities you included in your day. How far did you get with your plans? Do your plans need adjusting? How might you bring even more pleasure into your daily life? ■

*This article is an extract from The Pain Survival Guide: How to Reclaim Your Life by Dennis C. Turk and Frits Winter, published by the American Psychological Association.*

## Partial List of Pleasurable Activities

### Hobbies

Do artwork	Learn and sing songs
Make pottery or ceramics	Play a musical instrument
Knit or do needlework	Start a collection of things that interest you
Photography	Work in the garden or with houseplants
Redecoration	Join a group or organization that shares your interests
Cooking	Visit an art gallery or museum
Do woodwork or carpentry	
Repair motors, clocks	
Write poetry, plays, short stories	

### Entertaining Activities

Watch television	Go to a zoo or aquarium
Listen to the radio, records, tapes, or CDs	Go to a sporting event, races
Go to the movies, a play	Go to a concert or ballet

### Social Activities

Spend time with your children, grandchildren, nieces, or nephews	Make dinner or a party for friends
Write, telephone, or e-mail friends	Join a club
Have lunch with a family member or friend	Join a self-help group
Visit neighbors or friends	Go to a bar or tavern
Invite neighbors or friends to visit you	Go to a party or on a picnic
	Play cards, checkers, or chess

### Educational Activities

Read books, plays, poems, magazines, short stories	Take a class in an area that interests you
Read the Bible, Koran, or religious texts	Learn a foreign language
Go to a lecture in an area that interests you	Look up information on topics that interest you in the library or Internet

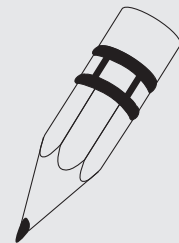
### Additional Activities

Take care of a pet	Monopoly, Scrabble)
Go for a drive in the country	Play table tennis
Take a trip (short or long)	Go swimming
Go shopping at a mall or one of your favorite stores	Start a new project
Can, freeze food, or make preserves	Go to a casino
Buy something for yourself or others	Listen to the sounds of nature
Have your hair done	Have a lively conversation
Spend time outdoors	Walk in the woods, mountains, or by the sea or lake
Rearrange things in your house	Go fishing
Make food or crafts to give away or sell	Go bird watching
Have a meal in a restaurant	Write letters
Go camping	Take a walk
Say prayers	Go to a garage sale
Go to people watching at a park or mall	Do volunteer work
Go to a health club or sauna	Travel with a group
Learn to do something new	Teach something to someone
Talk on the telephone	Copy your recipes for others
Watch birds or animals	Go on a nature walk
Play a board game (for example,	

### Other Activities

Now list other activities that come to your mind.

## Notes



### Pain: the 5th vital sign

The Chronic Pain Policy Coalition has launched a new campaign which aims to encourage healthcare professionals to measure pain with the same priority as temperature, blood pressure, respiratory and pulse rates. For further information, go to their website ([www.paincoalition.org.uk](http://www.paincoalition.org.uk)) where you can sign their online petition.

### New approach for Phantom Limb Pain

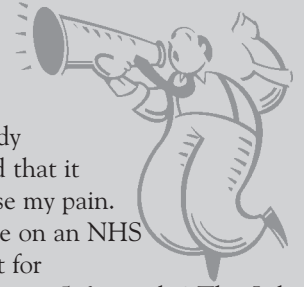
Training amputees to “see” and “move” their phantom limb can help improve phantom limb pain. Researchers at the University of Manchester have developed a computer system that enables amputees to visualise themselves with all their limbs and to control their phantom limb via a headset. One patient felt that her amputated hand was constantly clenched and in pain, but by using this technique she was able to feel movement in her phantom fingers and the pain began to ease.

### The Right Medicine, The Right Patient, the Right Time

This is the title of a “Manifesto” from The Association of The British Pharmaceutical Industry, which outlines ABPI policy on patient welfare, value for money, fairness in the NHS and investment in the future. The manifesto gives the Association’s policy on testing drugs for safety, pricing medicines, variations in the availability of medicines within the UK and ensuring that investment in scientific research continues. Nigel Brooksby, President of the ABPI, said “By being patient-centred we can shape a future where patients have access to the right medicine at the right time, in order to both improve patient care and help the NHS budget go further”.

*continued on page 6*

# READER'S FORUM



## Partners and family matter too!

I looked at your web page in the hope of finding something to help my husband with his chronic arthritic pain and found some interesting materials, but noticed that there was no section for partners or the family of pain sufferers. Can I suggest that this might be helpful, as we want to give support and understand but don't always know the best ways?

Diana Fagg (Mrs.)

## Belonging

My son found details of Pain Concern in the Internet and gave me your telephone number. Imagine my reassurance and sense of belonging when after calling I received a pack through the door containing information leaflets and a copy of Pain Matters magazine. I am now on morphine and pregabalin. But after suffering chronic pain for three years, I am finally reading about others who are

akin to me. This has been a more potent drug than any. I hope that I cannot only access help, advice and reassurance but also offer the same to others.

Carol McGovan

## Upset

My specialist wanted me to try a new drug for my neuralgia. I tried lofeprandine for 2 months with moderate success, but pregabalin is still proving to be the best with less side effects. I am very upset to hear that sufferers in Scotland can't get it, especially when nerve pain is so dreadful.

Recently I went to my local pain clinic. My GP is very supportive. She wrote beforehand. It turned out to be a complete waste of time. The specialist had none of my notes. She didn't know I had impaired vision! She had little experience of pregabalin. She insisted I tried amitriptyline again, even though

we'd already established that it doesn't ease my pain. She put me on an NHS waiting list for acupuncture in 5-6 months! This I think indicates how little she knew about the pain I am experiencing on a daily basis. Thank goodness there are people like you, to fight our cause and keep us up to date with new ideas.

Margaret Paske

Our star writer gets a copy of Dr Dennis Turk and Dr Frits Winter's new book *The Pain Survival Guide: How to Reclaim Your Life*, published by the American Psychological Association.

**What do you think? Send us your views. Write to Reader's Forum, Pain Matters, PO Box 13256, Haddington EH41 4YD e-mail: [info@painconcern.org.uk](mailto:info@painconcern.org.uk)**

## Get in Touch...

**Don't feel isolated with pain. Share your experiences, ask for suggestions or advice. It makes such a difference to hear from others who understand! Write to *Get in Touch, Pain Matters*, PO Box 13256, Haddington EH41 4YD, e-mail: [info@painconcern.org.uk](mailto:info@painconcern.org.uk) We'll give your letter a code and send on any replies to you.**

**My name is Mrs Nolan.** My pain started a year ago after a hernia operation. The surgeon cut two and a half stone from my belly. After the operation I could feel nothing. Then I started to get pain all over my body like constant electric shocks. My toes went black. They sent me for tests. They called in a neurologist who said there was nerve damage but the doctors haven't given me a cause. One doctor said there were vascular problems. While I was in hospital, the wound burst open causing further pain. I tried lying and sitting but I couldn't get comfortable. I used to cry every night in hospital. I felt too tight as if too much had been cut away in surgery – even now I can't bend to tie my shoes.

Since then it is as if my life has been taken from me. I feel as if all I can talk about is the pain. It is soul destroying to find myself shouting at my family because of pain. I have no one to pick up the phone and talk to who can understand. I saw a clinical psychologist to build up my confidence but after four weeks, she went on maternity leave. Now I am waiting for an appointment with the pain clinic. My doctor doesn't think I should be living independently any more but I want to. I have had excellent support from my physiotherapist. I still don't know how to cope with the pain. The worst pain is in my feet. I

would be happier if I could get my feet on the ground without so much pain. I used to be so active. I am trying. Every hour I try to get up and walk to the end of the passageway. Then I think I have done it! It keeps my morale up. I want to take up knitting and I have started a painting-by-numbers kit. I am trying to keep my thoughts away from pain and what has happened to me. I want to sort this out. I wonder if there is anyone out there with this pain? I would love to hear from you.

**Ref. 381**

**My name is Mike** and I am 30 years old living in Lincoln. I have chronic pain after spinal surgery. My aim is to return to work and given the right circumstances that can happen. I have a positive attitude and tell myself life is an adventure and something wonderful could be around the corner.

I'm looking to make contact with others who understand how this condition impacts upon daily life.

**Ref. 371**

**To reply to any of the *Get in Touch* contributors, send your letter to us and we'll pass it on.**



# Opioids for Persistent Pain

*Opioids have been around for a long time. They have been used for managing pain for centuries. They are commonly used for treating acute pain and for treating pain in the terminally ill, particularly cancer pain. A more recent development is their use in treating persistent pain (often referred to as chronic, non-terminal, non-malignant or non-cancer pain). It is still a subject of debate in the medical profession. Here is a summary of some recent data and views on the issue*

The opium poppy's role in history as a cause of wars, criminal activity and widespread addiction is well known. It is ingrained in our culture. Small wonder then that the use of medicines derived from this innocent looking flower excites concerns and fears. Opioids are medicines that are chemically similar or act in the same way as extracts of the opium poppy. Morphine and codeine are well-known examples.

## Weak or Strong?

Sometimes opioids are described as being weak or strong. But this may not be relevant to you. A weak opioid might be just the right drug for one person. A strong opioid might fail to give any help whatsoever. Modern research is looking at how our individual genetic make-up affects our response to medicines. It helps to explain why this is the case.

Medicines like opioids act through the body to alter its own chemical responses. In order for the body to be able to respond to a medicine, the part of the body that is being acted on must be able to recognize the medicine. The body's recognition and response involves regions on the surface of the body's cells called receptors.

There are differences in the way receptors work. These differences account for a lot of the differences

between people in the way we respond to drugs, what dose works and what side effects we feel. There is no one size fits all. You and your doctor have to work it out between you whether opioids are for you and if so which one and what dose. See the box *Cells, genes and finding the right medicine* for more detail.

## Different kinds of opioids

There are many different modern opioid medicines. They come in many forms – tablets that release the drug in the mouth, pills that you swallow, injections, patches to apply to the skin and others. Opioids are useful for some kinds of persistent pain but not all.

## Opioids are not the whole answer

As with all medicines, opioids can never be a panacea. They will always work best when they are part of a whole package of care aimed at helping you manage your pain.

The aims of managing pain and of opioid therapy are:

- Improving what you can do
- Improving your comfort
- Improving your psychological well-being
- Improving your quality of life



It is worth remembering that what you do to help yourself is at least as important as any medication you try. If your life is badly affected by persistent pain you can ask your doctor to refer you to a pain management programme. These aim to help you become better at managing pain in the long term. Pain Concern publishes some useful leaflets on self-help (see details at end of article).

## Following guidelines

Doctors do not try opioids as a first option; other drugs are likely to be effective in many cases and will be tried first. This is in accordance with World Health Organization guidelines. These were originally developed for relief of cancer pain, but doctors treating non-cancer pain also follow them. Your doctor will consider long-term opioid therapy only if a short-term trial has shown that opioids help your pain.

## Not for everyone

Some persistent pain will not be relieved by opioids. When pain does not respond progressively to increasing the opioid dose, doctors say the pain is "opioid-insensitive pain". The most common cause of this type of pain is physical nerve damage – such as crushed nerves. There are recent doubts about the value of opioids in treating lower back pain as well. Of course, the only sure way of finding out if opioids are going to work is to try them. It is frustrating for both you and your doctor if they prove of no

## Examples of opioid medicines

Opioids include the following medicines: buprenorphine (Temgesic, Transtec, Butrans), codeine and dihydrocodeine, diamorphine (heroin), fentanyl (Durogesic, Actiq), hydromorphone (Palladone), methadone, morphine (Oramorph, Sevredol, MST Continus, Zomorph, MXL), oxycodone (OxyNorm, OxyContin) pethidine, and tramadol (Zydol, Zamadol).

Opioids may also be given in combination with other drugs such as paracetamol.

Examples of combination drugs include Co-codamol, Kapake, Solpadol, Tylex, Co-dydramol, Remedeine, and Co-proxamol.

# Notes



## **The Book of the Knee by Paula May**

Sometimes a publication comes our way that defies classification or review. This little pamphlet (not really a book) with the author, we assume, active and resplendent in red coat and woollen hat on the cover is intended to help patients expecting to have a knee replacement in the U.K. We cannot endorse the information and advice in the pamphlet – it is a compilation of personal opinions, thoughts and experiences that are homely rather than expert; although there is a post-script by Dr. John Cormack. Much of the advice given on dealing with hospitals is obviously based on the author's experiences but these are unlikely to be identical in different areas of the country or even from hospital to hospital. However, the pamphlet does have real value in that the spirit of the author comes across. It shows how she faced the challenge of two knee replacements and survived with her positive outlook intact. It deserves to be read and could help, even inspire, many people, provided they see it for what it is – one patient's personal statement. Available for £3 from Paula May Paperbacks, 42 Dowdeshall Close, Putney, London SW15 5RL.

**Back to Posture** is a new illustrated booklet from BackCare giving excellent advice on good and bad posture. Thoroughly recommended and available from BackCare, 16 Elmtree Road, Teddington, Middlesex, TW11 8ST (Tel 020 8977 5474, email [info@backcare.org.uk](mailto:info@backcare.org.uk)).

## **Serotonin and The City**

Headaches are notorious for reducing sexual desire, but a recent study showed that desire is up to 25% higher in migraine sufferers. This is probably due to the brain chemical serotonin that is associated with reduced desire in people taking antidepressants. In contrast people with migraine have very low serotonin levels.

*continued on page 7*

value, so your doctor will assess your suitability for opioid therapy very carefully.

### **How do they work?**

Recent research tells us that opioids are particularly good at controlling how pain is perceived (in other words what the pain feels like). This is because cells in the part of the brain that controls pain perception have lots of opioid receptors. So, in some cases the benefit is not that the pain has gone away or even that it is less severe, but that the opioids allow the person to tolerate it better.

### **Why the caution?**

There are several problems with using opioids. Some relate to the medicines themselves and some to their legal status, making it harder for doctors to prescribe these medicines. There are social concerns about releasing opioids into society. Then there is the feeling some people with persistent pain have that they should not be taking them at all. As we said at the beginning opioids have had a pretty bad press.

### **Addiction and abuse**

This has been a matter of differing opinions between doctors. One side of the argument goes like this: drug addicts are not in pain and the medical use of opioids does not create drug addicts. This is countered by saying that denying addiction risk during opioid treatment of persistent pain does not help doctors use these drugs safely. This aspect of prescribing opioids worries doctors. A recent survey showed that 84% of doctors prescribing opioids were concerned about abuse of the medicine and 75% were concerned about addiction developing.

At one US clinic the level of opioid misuse amongst persistent pain patients was alarming. Of 196 patients monitored a third, 62, committed opioid misuse either by misusing their prescribed medicines or by obtaining opioids from other sources. These patients were more likely to be male and to have a history of alcohol or drug abuse. Doctors therefore face a dilemma when prescribing opioids for some one who had misused drugs in the past. They not only have to consider the patient but also who else might be given access to the drugs they supply.

### **Side effects**

Side effects are the more common problem. Your doctor will describe the

possible side effects and may prescribe some simple medicines to help alleviate them. The data sheets that come with the medicines also describe possible side effects and The British Pain Society has a useful leaflet on opioids that, again, goes into detail (see details at end of article). The trouble with long lists of side effects is that they can blur the message that for some people opioids are the only medical option. And in many people, the side effects wear off or are treatable with simple cures. Each person has to work out whether the main problem is drug side effects or the pain itself and the effect that it is having on their life. Living with some unwanted effects of the drug might be a lot better than that.

The most serious side effect of opioids is depression of breathing and this can be fatal in cases of massive overdose. Opioids depress a baby's ability to breathe properly, so doctors may not want to prescribe them during pregnancy.

There is also some evidence that opioids can affect sex drive and lower resistance to infections. But persistent pain also has these effects, so again each person has to weigh the pros and cons.

The commonest side effects are feeling sick (nausea), dizziness and constipation. These can be treated. In the early stages side effects such as drowsiness might be troublesome

Tolerance can also be a problem. Tolerance is the need for higher and higher doses to achieve the same effect, even though the pain is not getting worse.

### **How are opioids used?**

Your doctor may want a urine sample to monitor for drug and alcohol abuse before starting opioid therapy. In the first few weeks of therapy, your doctor will monitor your progress quite closely. During this period it is quite likely that the dose will be altered depending on the level of pain relief and how bad any side effects are. Therapy can fail at this stage. Often this is because people don't follow their doctor's instructions on how much medicine to take and when. It is tempting to skip a dose if you are not in much pain but this can make finding the right long-term dose extremely difficult.

Once the early stages are over you and your doctor may decide to keep the opioid treatment going, if it is helping

you to lead a more normal life and if side effects are not too troublesome. At this point you may feel that you depend on the medicine, because it is helping so much. This is not the same as addiction. People living with persistent pain have a long term condition and depend on medicines in the same way as some one with diabetes or Parkinson's.

### Stopping opioids

Talk to your doctor first if you want to stop taking opioids or if you want to reduce your dose. Your doctor will give you a plan of gradual dose reduction. This will avoid unpleasant withdrawal symptoms.

### The last word

Opioids can never be the complete answer to persistent pain. But if they help you to do more and to enjoy life more then you may want to discuss with your doctor the benefits and problems of long term therapy. There is no evidence that long-term opioid use creates irreversible physical harm,

although side effects can be troublesome. Not all people with persistent pain should be treated with opioids. However, if you are one of the small number of people who are helped by opioids then you have the right to seek that relief. Increasingly studies are finding that opioids can be safe and effective for managing persistent non-cancer pain if used sensibly. ■

### Further Reading

*Opioid Medicines for Persistent Pain, Information for patients and Pain Management Programmes for Adults, Information for patients.* Two useful booklets (£1.00 each) available from The British Pain Society, Third Floor, Churchill House, 35, Red Lion, Square, London, WC1R 4SG. [www.britishpainsociety.org](http://www.britishpainsociety.org).

Pain Concern's *Information Pack*, a set of leaflets to help you manage your pain. Available from Pain Concern, PO Box 13256, Haddington EH41 4BE. Send three stamps with your request.

## Cells, genes and finding the right medicine

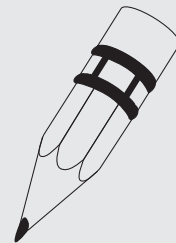
Have you ever looked at a billboard close up? When you look at a large picture from a distance you can see the image we all recognise – a famous model or a luxury car or simply a series of letters spelling words. But if you get up close you see that the image is made up of a series of coloured dots that look nothing like the picture. Only when these dots are organised in a certain way do they make the right image.

Our body is made up of cells that are even tinier than the dots that make up an image. Only powerful microscopes can see them, but everything that we do – indeed everything that we are - involves the way cells function and interact. Each cell has a control centre (the nucleus) that contains an identical copy of the genes we inherited from our parents. These genes are the chemical instructions for the cell that make each of us unique and make humans different from mushrooms or koalas!

Genes control proteins. Proteins control everything else. The way the cell responds to drugs depends on proteins. That is why the way you and I respond to the same drug may be different. I have some different genes from you; this means some of the proteins in my cells are different from proteins in your cells. Receptors on the surface of cells are what enable a cell to recognise and respond to a drug. Receptors act through proteins.

On top of that, the way our body gets rid of drugs also depends on proteins in cells. So, whether a dose stays in the body for 3 hours or 6 hours (for example) depends on our genetic makeup. That is why so much of finding the right medicine and finding the right dose seems like trial and error. Doctors are not yet able to read your genes! So be patient when trying what your doctor recommends.

## Notes



### New Treatment for Postherpetic Neuralgia

Postherpetic neuralgia (PHN) is nerve pain that follows a shingles attack. It is commonly experienced as shooting, stabbing and burning pain. The affected area can become sensitive to the slightest touch or the lightest breeze. The older you are the higher the risk of developing postherpetic neuralgia. Now a new treatment is available in UK. Versatis is a self-adhesive medicated plaster. It contains a cooling gel and lidocaine, an anaesthetic which provides long-lasting pain relief.

### Educating doctors

The Osteoarthritis Education Programme (JOINT) ([www.jointeducation.co.uk](http://www.jointeducation.co.uk)) is a new education programme aimed at GPs. It covers both diagnosis and management of osteoarthritis. Dr Garth Logan, President of the Primary Care Rheumatology Society, says "JOINT outlines a holistic approach for GPs and other healthcare professionals managing osteoarthritis that will have a direct and immediate benefit for their patients.

### New NICE website

The National Institute for Health and Clinical Excellence (NICE) has re-launched its website to provide a comprehensive, user-friendly, authoritative and up-to-date source of information on public health and clinical guidance for NHS professionals and patients. Users should be able to find what they are looking for quickly and easily, and there's a "get involved" section to encourage more participation in the work of NICE, [www.nice.org.uk](http://www.nice.org.uk).

### It's a Wrap

PainConcern does not endorse any product, but we do like sometimes to point out what's available so that readers who want to give something a try can go ahead. ThermaCare® is a pain Relieving Heatwrap for single-use application to neck, shoulders, wrist etc. The product is intended for strains and sprains rather than persistent pain, but we guess it could be helpful in flare-ups. We would certainly like to hear from readers if they have found this product or any other useful. Available from chemists.

# Loosening Up

with *Margaret Graham*



If you are suffering from chronic pain, whatever the cause, you may be aware that you are not as active as you would like to be. Then the oft-repeated 'What you don't use – you lose' can take on a bit of a scary image. You might be aware too that pain is making you tense up – in the muscles and in the mind. That awareness is not conducive to relaxation either. Knowledge is one thing, but how exactly does one go about loosening up and 'using' so you 'don't lose'?

Your GP may be your first port of call. You may be referred for physiotherapy or, if you're lucky, go on a pain management course or expert patients' scheme. But what can you do to complement these, or start moving again at home?

The following are some tried and tested movements that may help. All may be done seated on a chair if preferred. They take your body slowly and gently through its normal range of movement. It is a 15 minute yoga-style workout, though you can also choose parts of it to use at odd times during the day, when you become aware of an area tightening up.

Don't underestimate the benefits of doing 15 minutes of regular exercise. It can 'oil the joints', work the muscles, improve the circulation, produce natural 'feel good' substances, calm the mind AND give you more energy. The mind exercises involved can influence some of the body's physiological processes and improve your concentration too.

## Before you start

- It is recommended that anyone with a medical condition should seek their doctor's advice before starting a new exercise regime, however gentle.
- If you are on pain medication the usual advice is to work the body during the time that pain relief is most effective, but again you can check this with your medical advisor.
- Use a space in your home where you will not be interrupted.
- Don't exercise on a full stomach.

- Wear loose clothing (including undergarments) and remove footwear if possible.
- When seated, rest your feet on a cushion if your legs are short.
- Move slowly and smoothly.
- Listen to your body. If you feel strain or (unusual) pain STOP. Slow down or rest if you feel breathless. You are making an effort but not straining.
- Don't work a joint while it is inflamed.
- Adapt a movement if necessary to make it comfortable.
- However short the practice is, start and end with relaxation. Also take a few moments to rest and let your breath settle between movements.
- There is no competition, even with yourself – we all vary from day to day, hour to hour.
- Follow breathing instructions if you can, but otherwise just let your breath flow freely. Keep breathing!

Please don't be put off by the above list most of it is just common sense. It is still safer to move than do nothing!

## Stretch your imagination

An additional hint for people with pain or limited movement is to use visualisation: if a movement is restricted or impossible, close your eyes and imagine carrying out the movement slowly and perfectly. Strange as it may seem just doing a movement mentally can be of benefit to the body.

## Relaxation

Wriggle yourself comfortably into the chair. Sit well – evenly and tall, but not stiff. Close your eyes or look down. Take a deep breath; let out a good sigh. Feel you're sighing away your troubles. Sigh deeply again, feeling your body growing heavier as you let go. Allow your breath to flow the way it wants. Rest quietly for a minute or two, aware of how everything is becoming calm and slowing down.



To prepare for action again, start to breathe more deeply, open the eyes and straighten up if you've slumped a little.

## Action breaths

Rest your hands palms down on your thighs. As you breathe in slowly and smoothly through your nose let your arms gently lift up (they don't have to go all the way up, just as far as the in breath takes you). As you breathe out let them drift slowly back down onto your lap. Once you get used to doing this you can squeeze in the abdomen as you breathe out, relaxing it as you breathe in again. Repeat 3 or 4 times.



Breathe IN Breathe OUT

## Walking

Walk steadily up and down, on the spot or go through the motions seated. Swing your arms in time.

## Picking grapes off the ceiling

This involves stretching with one arm towards the ceiling, then with the other arm. Keep it going four or six times, trying not to sway from side to side.



Put both hands on your head. Keeping your head straight, straighten one arm, stretch up, up, up towards the ceiling with your fingertips. Pause a moment and feel the stretch going right through that side of your body. Release the stretch, placing the hand back on your head and let it rest. Repeat the stretch with the other arm.

## Pulling in the rope

This can be done as well as or instead of picking grapes. Place both hands on your chest, then stretch forward with each arm in turn, as if pulling in a rope.

### Shoulder circles

Sit or stand tall. Raise your right shoulder very slowly towards your right ear, taking it backwards, down, then up again towards the ear. Repeat twice more, then work the other shoulder.

### Neck movements

Do these slowly, smoothly and hold the position (but not the breath) for about five seconds.



Sit tall. Move your chin slowly down towards your chest. Pause, and feel the weight of the head helping the neck to lengthen. Then slowly lift the head straight.

Keeping the rest of the body still, put the head on one side, ear moving down towards the shoulder.

Don't let the shoulder pull up – that's cheating. Pause. Slowly straighten the head. Then repeat to the other side.



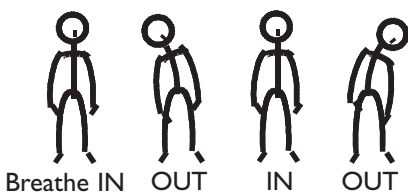
**Pendulum movement** – start with your chin towards your chest. Circle your chin across your chest to look over your right shoulder. Then make a big semicircle across your chest to look over your left shoulder. Aim to keep a smooth movement going as you make the semicircles across your chest, twice in each direction.



**Warning** – don't roll your head in a full circle, taking it right back so that the chin is up towards the ceiling. It can strain the neck.

### Side slips

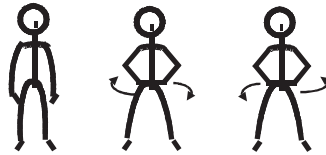
(Standing or seated) As you breathe in, lengthen up through the spine, leaving your arms hanging limply by your sides. As you breathe out, lean to your right, letting your head, shoulder and arm droop down sideways towards the floor. Feel the stretch through the left side of your waist. As you breathe in slowly return to the upright position. Pause, then repeat to the other side. Repeat 2 or 3 times.



Breathe IN OUT IN OUT

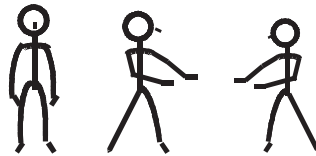
### Hip circling

Best done standing up. Stand tall, holding the back of a chair for support if necessary, otherwise have your hands on your hips. Place your feet wider than your shoulders. Make slow, smooth circles with your hips in a clockwise direction up to ten times (you're allowed to bend your knees a bit while you do this), then repeat in an anti-clockwise direction.



### Twists

Standing: Raise your arms out to the side and twist your trunk and hips to your left, shifting your weight onto your left foot. Then twist your trunk to the right while shifting your weight to the right foot. Keep it flowing up to 10 – 20 times.



Seated: (this is a slower movement) Sitting tall, raise your arms forward between waist and shoulder height. Keeping your knees facing forward, slowly turn your arms, head and trunk to the right. Pause, then smoothly return to your starting position. Then turn to the left. Repeat 2 or 3 times in each direction.



Breathe IN Breathe OUT Breathe IN

### Forward bend

Sit tall with your hands resting on your thighs. Imagine that there is a stick down the back of your jumper so you can't round your back. As you fold forward, breathe out, drawing your tummy in, keeping the back straight and chin tucked in. Slowly straighten up as you breathe in, keeping your back straight and your chin in.



Breathe IN Breathe OUT Breathe IN

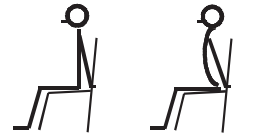
The same movement can be done standing, with the hands resting on a chair back. Just go to a right angle position (a half forward bend), it helps if you soften or bend the knees slightly. It's not cheating!



Breathe IN Breathe OUT Breathe IN

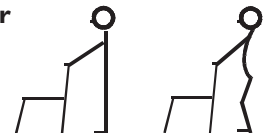
### Backward stretch

Move a little towards the front of your chair. Reach behind to hold the chair if possible. Breathe in as you arch your back, pushing the chest forward and up, but don't lift the chin. (We call this the Barbara Windsor position). As you breathe out, slowly return to an upright sitting position.



Breathe OUT Breathe IN

or



Breathe OUT Breathe IN

You can do this standing if you prefer, either holding the chair, or with your hands into your lower back. Again, you can bend the knees a little.

### Knee bends

An 'Evening all' type movement (if you remember Dixon of Dock Green). Standing, holding a chair or table for balance, slowly bend your knees, keeping the back upright and the heels on the floor. Don't let the knees roll in. It doesn't look a big movement, but you'll feel it in your calves. Repeat several times.

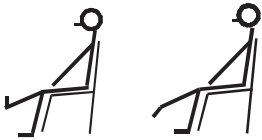


Breathe IN Breathe OUT Breathe IN

continued on page 10

## Foot movements

Do these seated. Raise one leg a little. Point the toes hard away from you. Now do the opposite – bring the toes up and push the heel away from you. Keep it going for a while.



Lastly rotate the foot very slowly, as if you've got a pencil attached to your big toe and you're drawing a circle with it. Don't let the rest of the leg get in on the act. Now circle it the other way. About 4 times in each direction. Repeat with the other foot.

## Relaxation

Sit comfortably, but not slumped, feel everything slowing and settling down again. Slowly sigh out, relaxing your shoulders and hands, sigh again, relaxing your forehead and jaw. Feel each part of the body from your feet upwards growing heavy and relaxed. To enhance the relaxed state you may like to imagine resting somewhere pleasant – real or imaginary. In your mind's eye look around this special place and enjoy it with all your senses. When you are ready, take your time to come round, breathing deeply and having a good stretch.



## And finally...

All the groups I work with say that what takes the greatest effort is simply making yourself get down to practising on your own. We can all identify with that. However, with a little self-discipline, you may be able to work loosening movements into your routine two or three times a week. If you do, I'm sure that you will soon feel some benefit. It's certainly worth a try. ■

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Further reading: *Keep Moving Keep Young – Gentle Yoga Exercises* by Margaret Graham, Conker Productions. Available by post from Conker Productions, 1 Langley Lane, Ifield, Crawley, West Sussex RH11 0NB, £9.50 inc p&p, cheques made out to "Margaret Graham".

# Pain management in nursing homes

2007 is Global Year Against Pain in Older Persons, and pain management in the elderly needs to be improved! The Patients Association and Picker Institute have published the results of a survey into pain management in nursing homes. It reveals the shocking extent to which frail and elderly people are left in pain unnecessarily.

Nearly 2 in 5 residents had experienced constant pain and some described their pain as excruciating. Most of them said a doctor or nurse had never asked them about their pain or talked to them about how it could be treated. Where GPs and nursing home staff had discussed pain management, only rarely had they included the patient in their discussions!

Ninety per cent of those in pain said that their pain restricted what they could do. Pain disturbed their sleep, left them fatigued, restricted their mobility and stopped them being able to take part in social activities. A few had suicidal thoughts. Many felt depressed and miserable. One 95-year-old woman admitted, "I will cry every night nearly, the pain is so bad."

Older people tend not to complain. That is why it is so important to encourage GPs and nursing home staff to be "proactive to the possibility of a patient in their care who could be suffering from exhausting and debilitating pain" (Claire Rayner).

## Further reading

- The full report *Pain in Older People – A Hidden Problem* is on the Patient's Association website [www.patients-association.org.uk](http://www.patients-association.org.uk).
- *Pain in the Elderly*, Pain Matters magazine, issue 37.
- *Global Year Against Pain in Older Persons*, [www.efic.org](http://www.efic.org).



## Claire Rayner says:

**"Some things about getting old are inevitable. You are not quite as strong as you used to be. You don't sleep quite as soundly as you used to. Your memory plays you up a bit. But one thing that is not inevitable and should never be regarded as inevitable is pain. There are older people who think that aches and pains and difficulty with movement are all due to age but it is not true. These can be helped and prevented, so do learn about what pain management means and take action accordingly. I have!"**

*Claire Rayner served as a member of the Royal Commission on Long Term Care of the Elderly. She is patron of Pain Concern and president of the Patients Association.*

# BOOK SHELF



**How to Beat Pain by Christine Craggs-Hinton, Sheldon Press, London, 2005 £7.99**

This is a chatty, personal little book. The author's preface contains an disclaimer: she is not able to dispense medical advice, prescribe remedies or take responsibility for those who treat themselves without the consent of their doctor. There is no shortage of books or other sources of information about pain and we cannot recommend this book as a source of advice. Rather, it should be read as an account of one patient's views formed during her own journey from severe illness to better health through improved diet, trigger point therapy, Alexander technique and exercise.

**Your Guide to Back Pain by Dr John Tanner, Hodder Arnold, Abingdon, Oxon, 2005, £8.99**

Published in partnership with the Royal Society of Medicine this book aims to demystify jargon, dispel myths and describe how it feels to live with some-one with back pain. This is a thoroughly recommendable book written by an established author with a good track record of explaining the complexities of this condition to a lay audience. BackCare have endorsed this book and receive 50p for every copy sold. Recommended. Available from Bookpoint Ltd, 130 Milton Park, Abingdon, Oxon OX14 4SB. Phone 01235 827720. [www.hoddereducation.com](http://www.hoddereducation.com)

## A New Approach to Pain

Readers of *Arthritis Today*, the magazine of the Arthritis Research Campaign, had a chance to read Professor Anthony Jones describe the progress his Pain Research Group at Hope Hospital, Salford is making on understanding the causes of chronic pain. ARC funded his research to study what is going on in the brain when we perceive pain and how drugs control that.

They have studied patients whose pain arises from long-term joint damage and patients whose pain is not associated with tissue damage (for example, fibromyalgia). There are two main pain recognition systems in the brain. One is near the middle of the brain (the medial system) and one is at the side of the brain (the lateral system). The researchers started imaging brains of healthy volunteers to find out what these two systems do. The medial system turns out to be involved mainly in the emotional aspects of pain (our feelings about how bad it is), while the lateral system has the more practical job of locating the source of the pain. Osteoarthritis pain was found to have a large emotional (medial) component and so treatments that affect the medial system are more likely to be effective. Fibromyalgia sufferers were found to focus on the unpleasant aspects of pain (medial pain system) and so for

fibromyalgia sufferers too, drugs affecting how pain is perceived should bring benefits.

Professor Jones' group has also been working on how people with chronic pain anticipate pain. Firstly they monitored the electrical activity of the brain in normal volunteers when anticipating pain; then they compared that with how chronic pain patients anticipate pain. The way chronic pain patients anticipate pain is different and may contribute to the maintenance of pain. Intriguingly, the group also found that noise made pain less unpleasant.

The group has also confirmed the direct link between pain and depression again highlighting the beneficial effects of serotonin-enhancing anti-depressants in chronic pain. Drugs such as morphine act on the medial pain system and patients with arthritis can use morphine to alter their perception of pain – they still feel the pain and know where it is (lateral system), but it is more bearable and less unpleasant (because morphine acts on the medial system). The research continues. For more information about ARC contact: ARC, Copeman House, St Mary's Court, St Mary's Gate, Chesterfield, Derbyshire, S41 7TD. Tel: 01246 558033; email: [info@arc.org.uk](mailto:info@arc.org.uk); web: [www.arc.org.uk](http://www.arc.org.uk).

### Sophie Braimbridge's Grilled aubergines with miso

A very simple recipe. Miso has a wonderful intense taste that is rich, salty and tart. It is a base note to many Japanese recipes and keeps for ages in the fridge once opened. Traditionally red miso is used, but any good miso will work.

**Serves 4 as a side dish or starter**

800g (1¾ lb) aubergines

sea salt

2 level tablespoons miso

2 tablespoons mirin or sake, sherry or vermouth

2 teaspoons sugar

Black and white sesame seeds

**Cut** the aubergines in half lengthways and score the cut sides in a criss-cross pattern, avoiding cutting too deep into the flesh and losing the shape. Sprinkle with salt and leave to sweat for 10 minutes. Rinse in water and squeeze dry, then wrap in kitchen paper.

**Preheat** the grill or oven to medium.

**Grill** or bake the aubergines for about 15 minutes until completely cooked. Some vegetables can be al dente but not aubergines.

**Make** the miso paste by mixing the miso with the mirin or alternative alcohol and the sugar. When the aubergines are cooked, smear the miso mixture over the top, so that it is completely covered. Sprinkle with the sesame seeds, covering half with white and the other half with black.

**Serve** warm, and with plain rice if serving as a light vegetarian main dish.

*Award-winning chef Sophie Braimbridge and dietician Erica Jankovich have written Healthy Eating for IBS, which is packed with delicious, healthy recipes like this one. It's published by Kyle Cathie and supported by the IBS Research Appeal.*



# Campaigning on pain

## Pain Concern

PO Box 13256, Haddington EH41 4YD

Tel: 01620 822572

Fax: 01620 829138

E-mail: [info@painconcern.org.uk](mailto:info@painconcern.org.uk)

[www.painconcern.org.uk](http://www.painconcern.org.uk)

Registered charity no. SC023559

Patrons: Claire Rayner Neville Shone

### Putting you in control

- Information and support for people who live with pain and those who care for and about them.
- Listening-ear helpline.
- Free leaflets to help you manage your pain – send three second class stamps for our information pack.
- Our magazine *Pain Matters* brings you the best of self help:
  - How to cope with pain.
  - How well are our pain services working?
  - Updates on the latest developments.

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