

PAIN MATTERS

THE MAGAZINE OF PAIN CONCERN

ISSUE 39

Supported by an unrestricted educational grant from Pfizer Ltd

Pain the 5th vital sign and a new manifesto

The Chronic Pain Policy Coalition has published an important new pain manifesto. This is a summarised version. The full document can be found on the website www.paincoalition.org.uk or by phoning 020 7202 8582.

'Pain is what the patient says it is'

M McCaffrey and R Sternbach

Chronic pain is pain that persists beyond the normal time of healing (generally considered to be three months) or occurs in diseases in which healing does not take place. Chronic pain can occur when no obvious cause can be found, and is thought to be due to changes in the nervous system. Chronic pain is often accompanied by severe psychological and social disturbance.

7.8 million people live with chronic pain in the UK. It is thought that a third of all

households in the UK have at least one adult who is in pain, and in a quarter of those households, two adults are in that position. Risk factors for developing chronic pain include ethnicity, female gender, lower socio-economic status, manual work, older age and social isolation. Chronic pain can affect people at any and at different stages of life.

Of those people living with chronic pain in the UK, around three-quarters are of a working age between 18 and 65 years. When asked in a survey 'have you experienced pain today?' 13% of 15-24 year olds and 35% of people in the over-65 age group answered 'yes'.

Chronic pain effects daily life

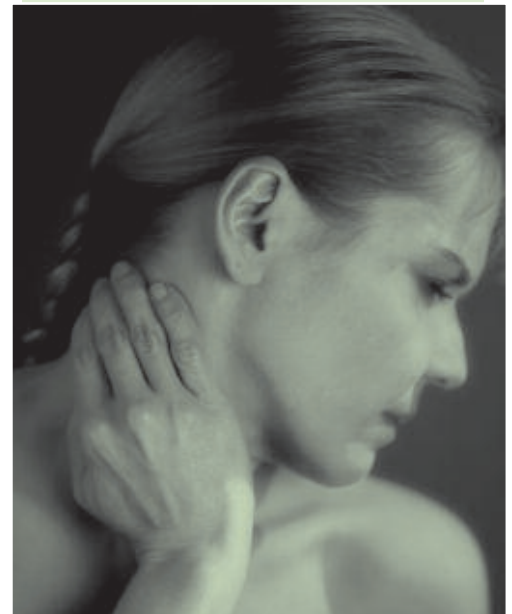
"The pain effectively stopped my mother from moving about. This meant she could no longer do the things she liked, such as gardening. This, in turn, led to depression and mood changes."

Patients Association 2006

Impact on the individual



British Pain Society 2006



INSIDE

CPPC Manifesto	1
5th Vital Sign Campaign	4
Readers' Forum	4
Get in Touch	4
Calming Skills	5
Get in touch	6
New Treatment for Fibromyalgia	6
Pelvic Pain Support Network	7
Pain Matters subscription form	8

Continued on page 2

Individuals living with chronic pain can feel isolated, Individuals living with chronic pain can feel isolated, lonely and excluded from the mainstream of society. They may struggle to maintain relationships with friends and families, employers and work or school colleagues.

In 50% of all cases, chronic pain lasts for more than a decade and in 21% of cases for more than 20 years. In only 12% of cases, the symptoms are resolved in less than two years.

For people of working age who live with chronic pain, the odds of quitting a job are 7 times above average. Half of all people living with chronic pain go onto lose their jobs.



Pain Ladder, Professor Ceri Phillips 2007

Chronic pain is one of the most costly conditions in modern western society

Professor Chris Eccleston

Financial costs to the individual:

- Services and therapies for treating pain e.g. over-the-counter medication, osteopathy.

- Loss of income for patient and possibly carer.
- Intangible costs associated with deterioration in the quality of life of patients and their families.

Financial costs to the wider economy:

- Health care costs
- Sickness payments
- Disability claims
- Reductions in productivity and absenteeism
- Social care and support to people suffering with pain
- Informal care provided by families

It is estimated that the total cost of back pain was £12.3 billion in 2000.

The magnitude of the costs associated with chronic pain is comparable to other major health issues that command greater attention. For example, in Sweden the total cost of back pain is three times higher than the total cost of all types of cancer.

The cost of work days lost is three times the cost to the NHS of chronic pain.

The World Health Organisation says that pain treatment should be considered a basic human right

In the UK, a patient with chronic pain is most likely to be initially treated by their GP. Pain services exist in most secondary care NHS trusts in the UK, but are variable in their resources and in the services they provide.

There are no national guidelines for the treatment and management of chronic pain in the UK.

Expertise in treating chronic pain is scarce

40% of patients living with chronic pain are not satisfied with the treatment they are offered. It is clear that pain management services in the UK are not what they should be.

Just 14% of patients living with chronic pain have seen a pain specialist. This has increased from 7% in 2002, but the UK continues to lag significantly behind the USA and other parts of Europe in providing specialist pain management facilities.

What is the role of the CPPC?

During the past year the Chronic Pain Policy Coalition has brought together

patients, professionals and parliamentarians who are committed to providing appropriate services for the prevention, management and treatment of chronic pain in the UK.

Through study, listening exercises, the sharing of good ideas and best practice, the Coalition have identified key approaches and simple actions that could make a real difference to the quality of life of people living with chronic pain.

The Coalition's five point pain manifesto

1. Education: so that pain is an integral part of all professional training

As the first step to improving pain management services in the UK, we call upon professional and governmental bodies to monitor standards in education, training and practice in pain management so that deficiencies can be redressed.

Early professional education

Principles of good pain management should be part of the compulsory core curriculum for all medical school and professional training courses.

Recruitment of pain specialists

A top concern of patient groups in our "hearing the voices" series was the ongoing closure of specialist pain clinics around the UK.

Continuing professional development

If a multidisciplinary approach is to be supported for patients living with chronic pain, then *continuing professional development* in pain management is vital for a wide variety of professionals including doctors, nurses, physiotherapists, psychologists, occupational therapists and other allied disciplines.

While we support the growing number of GPs developing a special interest in pain management, it is important that an appropriate level of training be provided to all GPs.

2. Empowerment: to support people in making decisions about their condition

We call for appropriate information and support to enable people with pain to understand their condition and to make informed decisions about the management and treatment options available to them.

Accessible advice and information

The NHS and other service providers have a key role to play in providing accurate and accessible information about the causes of pain, the range of pain management solutions which may be available to them, and details of those organisations which may offer additional support.

Information is vital for patients in relieving feelings of helplessness and encouraging greater responsibility and informed decision-making about the prevention, management and treatment of the pain they experience.

Support in changing lifestyles

Patients should expect local health services to provide access to appropriate support facilities that can help them to manage their pain more effectively.

A pain management programme can help to address the physical, psychological, emotional and social aspects of chronic pain and produce significant long-term improvements in quality of life for patients living with a wide range of painful conditions.

Self management courses

We suggest that employers and Primary Care Trusts consider supporting the provision of self-management courses, which are designed to help people manage their own chronic pain.

3. Collaboration: so that all stakeholders share in a joined-up patient strategy

The causes and effects of chronic pain are so numerous and long term in their nature that an effective management strategy has to involve a large number of stakeholders working closely with one another.

Multidisciplinary health care

In recognising that a range of specialist expertise is vital to delivering the best possible patient outcomes, we call upon Primary and Secondary Care to work together and provide multidisciplinary care that is capable of matching specialist therapy to the needs of individual patients.

The top concern of patient groups in our “*hearing the voices*” series was the closure of existing pain management clinics.

A cross-departmental approach

In view of the long term costs of chronic pain to the whole economy, we call upon the Department of Health and Department of Work and Pensions to work more closely with each other to help those people living with chronic pain to return to or remain in work. This is both good for the economy and good for your physical and mental health, boosting self esteem and quality of life.

Strengthening patient, employer and GP relationships

One of the key messages in our “*hearing the voices*” series was the need for reform of the sick note and a review of the GPs role in making decisions about whether or not a patient is fit for work.

The standard sick note provides a GP with two possible diagnoses: “*you need not refrain from work*” and “*you should refrain from work*”.

It would be more useful for the employer and patient to work with the GP in developing a more detailed plan of action, perhaps with the support of a specialised occupational health nurse where necessary. It is highly unlikely that chronic pain will get better simply by giving up work all together.

4. Early Access: to prevent acute pain becoming chronic pain

We call for increased understanding by all sections of society of chronic pain as a significant problem and for early interventions to manage it.

We wish to highlight the importance of policies that encourage early access to services that help people most at risk of developing chronic pain before they begin a characteristic downward spiral of ill health, disability, depression and unemployment.

A cultural change

Individuals must be ready to alert their GP or employer to early symptoms of chronic pain, particularly in the case of slow developing conditions like musculoskeletal disorders. They must not shy away from complaining for fear of being a burden, which was a common theme highlighted by patients in our “*hearing the voices*” series.

We call upon the Government to look at improving the incentives for employers to invest in occupational

health schemes. Special provision should also be made for small businesses.

5. Measurement: of pain as the fifth vital sign

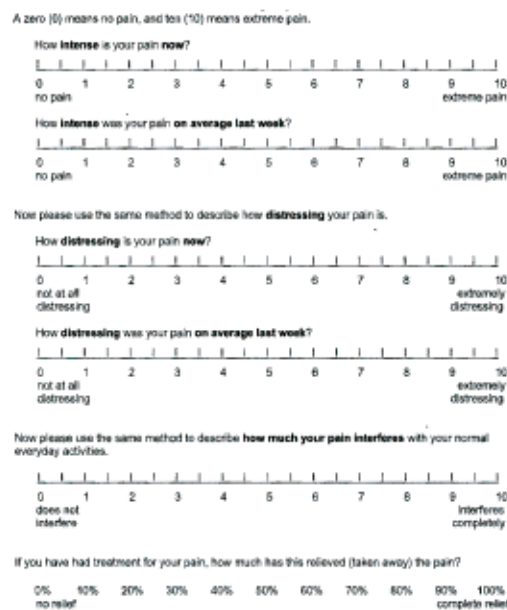
Pain should be regarded as the 5th vital sign to raise awareness of the presence of pain. All health professionals should routinely measure a person’s pain and then act on the information obtained.

The four widely recognised vital signs are blood pressure, pulse, respiration and temperature. If pain were routinely assessed with the same priority as these, then a great deal of unnecessary suffering, stress and anxiety could be avoided.

The ten point scale we propose is easy to use, readily understood and would impose little extra cost or time commitment.

5th Vital Sign Pain Rating Scale

This measurement approach would illustrate to patients that healthcare



professionals listen to and recognise their experiences, and help to overcome the current perception that they fail to listen to their views about the level of pain they experience.

Once the information is obtained, then we hope it will help bring to a reality the basic human right of rapid access to appropriate pain relief and, where necessary, referral to a pain specialist who will be best placed to develop an effective pain management programme. ■

PATIENT CASE STUDY - MEASURING PAIN AS THE 5TH VITAL SIGN

Kate, from Edinburgh, says:

In my 25+ years of chronic pain I do not think my pain has ever been overtly assessed. Even when I have been lying on a waiting room floor because I could not bear to sit or stand, doctors have stepped over me with no comment, no doubt conditioned to regard it as “pain behaviour” and therefore to be ignored and discouraged.

Starting with pain as the 5th vital sign, there should be much more effort by medical staff to initiate a conversation about pain.

Women have a particularly difficult time if they allow “emotional” and “distress” elements to come into their descriptions of pain because medical settings are so predominantly male, with parameters favouring the male patterns of expression. I know that my female GP is far more empathetic and useful in helping me to manage pain.

Looking back over some awful years, I know that if I could have just said more forcefully that the pain was unbearable and that I needed more effective analgesia, rather than being stoic and assuming that I was receiving all possible help, I could have avoided some agony.

We therefore call upon professional organisations, patient groups and parliamentarians to campaign for pain to be regarded as the 5th vital sign.

You can help the 5th Vital Sign campaign!

An Early Day Motion (EDM) has been tabled in the House of Commons. If enough MPs sign it there will be a debate in parliament. This is what it says:

Chronic Pain (Number 1741)

‘That this House welcomes the Chronic Pain Policy Coalition report; applauds its efforts in bringing together leading patient groups, major professional organisations, key parliamentarians and large United Kingdom employers to share good ideas and best practice; notes the shocking evidence that 7.8 million people in the UK live with chronic pain; further notes that around half of these also develop depression and go on to lose their jobs; supports the Fifth Vital Sign campaign asking that pain be routinely assessed alongside blood pressure, pulse, respiration and temperature; and urges the Government to consider the Five Point Pain Manifesto as an appropriate, forward-looking and cost-effective approach to dealing with this silent epidemic.’

You can help the campaign if you could write to your MP, or (if you are a voluntary organization) to any MPs with whom you work, urging them to sign the motion. Ask friends and colleagues to do likewise.

In writing to MPs the following points might be useful:

- Around one in seven people live with chronic pain.
- Chronic pain is a major humanitarian issue and has significant economic impact on society.
- The total cost of back pain alone was estimated at £12.3 billion in 2000.
- The annual cost of incapacity benefit for claimants with musculoskeletal disorders was £126 million in 2004/5.
- Half of people living with chronic pain go on to lose their job.
- Half of people living with persistent pain go on to develop depression.
- If pain were routinely assessed with the same priority as blood pressure, pulse, respiration and temperature, then a great deal of unnecessary suffering, distress and anxiety could be avoided.
- Pain services and the use of appropriate treatments and techniques in primary and secondary care can reduce the cost and burden of chronic pain.

Calming Skills

Learning relaxation or calming skills is a tried and tested approach to the vicious circle of pain and tension that can so easily drag us down. It does not always produce quick results and this can be deeply disappointing to people desperate for relief. Dr James Hawkins offers some wise counsel.



What progress can you expect?

- Learning calming skills is like learning any other skill.
- The first challenge is to practise regularly.
- Then you start noticing some early signs of improvement.
- Then your more troublesome symptoms ease as well.

Skills learning

Learning calming skills is in many ways like learning any other skill. Being able to read these words is an example of a skill that you have already successfully learned. There are many other such examples of your successful learning: so in the past you have learned to walk and talk. You may have learned to drive, to type, to ride a bicycle, to play a musical instrument or to cook. We all have different skills that we have learned and now use quite naturally. At first, when they were new, these skills may have seemed a bit strange or difficult. Before very long however we learned to use them almost as if we had always known them. They have become second nature to us and it can be hard to remember how we ever found them new or difficult. We may even wonder how we ever got along without them. It is just the same when we learn calming skills.

Additionally learning to be calmer can be fascinating and a lot of fun.

The first challenge is to practise regularly

When you first start learning a new skill, the initial challenge is to get competent at the skill itself. It is only once you are reasonably good at it that you can expect to be able to do something useful with it. When we have our first driving lessons, we don't drive anywhere that we really want to go to. We probably practise in some quiet side road so that we can learn to work the gears, the handbrake and so on. Only when we are reasonably competent at handling the car are we likely to drive to somewhere that we actually want to get to. It's the same with calming skills.

After the first week or so of practice, you will know you're likely to be on the right track if you are practising regularly and if you occasionally open your eyes at the end of a practice and can honestly say that it was quite enjoyable. All your symptoms may be just as troublesome, but you are learning what can be an extremely helpful skill. In a little while you can use this skill to get somewhere useful – just as with learning to drive.

Then you start noticing some early signs of improvement

After a further week or so you are likely

to begin to notice some general benefits. If for example you were learning calming skills to help with migraines or with panic attacks, these symptoms might be just as bad as they always were, but you might have for example started to sleep rather better, be less snappy with family and friends or feel generally less under pressure.

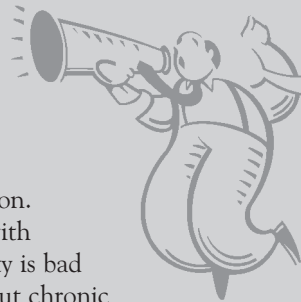
Typically the symptoms that most bother us are more entrenched and take a bit longer to improve than some of the milder more general symptoms we may also be suffering from. It's as if it has been a long hard winter. Some children have made a large snowman in the corner of the garden. This snowman represents our most entrenched symptoms. As spring comes, we notice the grass beginning to show through all over the lawn before the snowman itself really begins to melt. So our most entrenched symptoms often take longer to melt away than the less severe more general symptoms we may also have.

Then your more troublesome symptoms ease as well

We may well need to develop and use the calming skills for a few weeks before seeing significant improvements in our most troublesome symptoms. However we can monitor whether we are on the right track by checking that we are practising regularly and at least occasionally finding it enjoyable. We are also likely to notice general benefits before the more specific problems we are most troubled by start to resolve. You might be particularly lucky and notice important improvements in your state surprisingly quickly, but that's a bonus. The more usual pattern of progress is as I have described it. It's the same as learning any other skill. So, learning to drive initially involves simply learning to handle the vehicle. Then we can go on short journeys. Only after that do we drive to places we really want to get to. ■

*Dr Hawkins specialises in the treatment of stress-related symptoms, working through the charity "Good Medicines". You can try practising calming skills using his CD *Coping with Persistent Pain*. It's available from British Holistic Medical Association, PO Box 371, Bridgwater, Somerset TA6 9BG. Orderline 01278 722000, www.bhma.org. The CD costs £13.00. •*

READER'S FORUM



I'm in Charge!

I found *Opioids for Persistent Pain* (issue 38) very interesting and helpful. I have lived with a damaged, distorted lumbar spine for 55 years and managed to cope with a large family and interesting career. Two years ago the normal discomfort I was used to became very painful – the summer was very hot and one moved as little as possible. I seized up. I had severe osteoarthritis in the damaged bone – no problem with my hips and knees. I felt miserable not being able to sit or stand for more than 30 minutes at a time.

My GP referred me to a pain clinic. I found the consultant and his team very helpful. I was prescribed 10 mg oxycontin every 12 hours. It suited me.

I feel I'm in charge of the pain. I have learned to be more aware of my posture, and to pace myself when gardening etc. I have regained my zest for life. I do not have any side effects or constipation with the prescribed dose. I have discussed the risks of addiction with my GP and consultant. I feel confident the opiates are right for me. I am not pain free but I do feel I'm in charge.

Jeanne Severs (Mrs.)

Living with pain

I would like to thank Dr Beverly Collett for her excellent article in *Pain Matters* (issue 37). It is the first time I have been able to understand why I have had ten years of pain after a knee operation (and two more!), which failed. And thanks to Pain Concern for the

excellent information. Coping with immobility is bad enough but chronic pain makes it worse! The lady on the helpline who answered my phone call was so kind and patient.

Rosemary Scaife

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

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 We'll give your letter a code and send on any replies to you.

My name is Alan. For around eleven years I have suffered from chronic pain in the back passage and under the left buttock, which has moved into the left groin and inner right thigh in recent times. I am presently suffering increased pain for no apparent reason, and there is even more intense pain in all those areas at the end of sexual intercourse.

I would be pleased to hear from similar sufferers, male or female, whose pain increases dramatically by the reason described, and more importantly, if a solution to it has been given or undertaken.

Ref. 391

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

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



Pelvic Pain Support Network

Julie Birch cares passionately about pelvic pain. She explains the work on an important network

Who we are

The Pelvic Pain Support Network is a registered charity. It is a patient-led organization with a board of trustees who are all patients or carers, and is run entirely by volunteers. We have been supporting men and women with a wide range of pelvic pain conditions since 2000. We have an advisory panel of clinicians, researchers and health professionals who have an interest in pelvic pain from many areas of expertise and countries including the USA, France, Germany and the UK.

Our aims are: to provide support, information and advocacy for those with pelvic pain, their families and carers;

- to promote the education of the public and the medical profession by raising awareness in all matters relating to pelvic pain and its treatments;
- the advancement of research to increase knowledge and understanding of the impact of pelvic pain.

Events

The charity actively participates in many local, national and international meetings and conferences, giving presentations and workshops for clinicians, patients and the public. A workshop in December 2006

was on the subject "Managing Long Term Pelvic Pain" as part of the Royal College of Gynaecologists' Endometriosis and Long Term Pelvic Pain event for patients. The event and the workshop were productive and well attended, with patients and clinicians travelling significant distances to participate.

International Survey

In 2006 we coordinated an International Internet survey of more than 600 patients views about services for pelvic pain and the impact of a range of pelvic pain conditions on patients' quality of life. The participants were predominantly from the USA, France and the UK. The main findings were that patients have access to a limited range of treatments, many of which are of little benefit. Gynaecologists were the most frequently consulted specialists in all of these countries but patients in the USA were more likely to have consulted a neurologist and patients in France were more likely to have accessed the expertise of an interdisciplinary team. Patients who had accessed such a team had found it helpful.

Website

The Pelvic Pain Support Network website has recently been launched:

www.pelvicpain.org.uk. It provides:

- support and information for those with pelvic pain, their families and carers;
- patients' experiences, managing and communicating about long term pelvic pain;
- information about the diagnosis and treatment of pelvic pain for health professionals;
- clinical research: articles and links.

Future Work

During 2007 we intend to further develop the website to inform and support patients and clinicians. Conditions that will be covered include: Adenomyosis, Adhesions, Chronic Prostatitis, Dysmenorrhoea, Endometriosis, Fibroids, Fibromyalgia, Irritable Bowel Syndrome, Nerve damage, Pelvic Inflammatory Disease, Pudendal Neuralgia, Painful Bladder Syndrome/Interstitial Cystitis and Vulval Pain.

We would be pleased to hear from those with an interest in pelvic pain whether they are patients, carers, clinicians, health professionals or researchers. ■

Website: www.pelvicpain.org.uk
E-mail: info@pelvicpain.org.uk

New Treatment for Fibromyalgia

Pregabalin, manufactured by Pfizer and sold as Lyrica, has been approved in the United States for the treatment of fibromyalgia. Over 6 million people in the US suffer from this persistent pain disorder and until now there has been no government-approved treatment.

Fibromyalgia is little understood (see our leaflet on the subject) but is associated with widespread chronic pain, hypersensitivity to mild stimuli and anxiety. As with other similar conditions anti-epileptics and anti depressants that work on particular nervous pathways in the brain have been shown to bring good relief, but Lyrica is the first drug to be licensed specifically for this condition.

As with other chronic pain conditions pregabalin is likely to be most effective

in some patients when used with other drugs that tackle pain in a different way allowing the therapy to deliver a "double whammy" to the misbehaving nervous system. However, based on recent US trials, many patients will have good relief with pregabalin alone. Whether pregabalin or other drugs used in chronic pain would be most effective for an individual patient will depend in part on the accompanying psychological conditions. If depression is present then Pregabalin is likely to be less effective as a single treatment, but if sleeplessness and anxiety are the symptoms that accompany the pain then pregabalin is likely to improve the accompanying psychological disorders as well as the pain.

Although, there are usually psychological symptoms with

fibromyalgia, doctors no longer regard fibromyalgia as a psychological condition and the development of evidence based licensed medicines for this little understood pain condition brings new hope for sufferers. This medicine is currently licensed for post-herpetic and post-diabetic neuropathy in the UK and hopefully more indications will follow.

However, the Scottish Medicines Consortium has yet to allow pain sufferers in Scotland to reap the benefits as it still does not recommend the use of Lyrica for the treatment of peripheral neuropathic pain, which affects a third of cancer patients and up to a fifth of those with diabetes. The Scotsman quoted Pain Concern as saying the decision was "desperately disappointing".



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.

Campaigning on pain

Pain Concern

PO Box 13256, Haddington EH41 4YD

Tel: 01620 822572

Fax: 01620 829138

E-mail: info@painconcern.org.uk

www.painconcern.org.uk

Registered charity no. SC023559

Patrons: Claire Rayner Neville Shone

CONTRIBUTIONS TO PAIN MATTERS

Ms and artwork can only be accepted on the understanding that Pain Concern is not liable for their safekeeping. Pain Concern assumes that the first British serial right of any contribution is offered on submission. The editors reserve any right to edit any articles/letters appearing in the magazine. The views expressed in *Pain Matters* are not necessarily those of Pain Concern executive committee. The executive committee of Pain Concern cannot be held responsible for any of the content of *Pain Matters* or recommend any equipment or services mentioned. Pain Concern is not engaged in rendering therapeutic or other professional services. Professional advice should be sought if necessary.

COPYRIGHT

Pain Matters is fully protected by copyright. All rights reserved. Nothing in it may be reprinted or reproduced wholly or in part without written permission. Copyright © A publication of Pain Concern. Issue 39 is published on 31 July 2007.

THANKS GO TO

Adam Martin and the Chronic Pain Policy Coalition for permission to reproduce material from A New Pain Manifesto, Dr James Hawkins for his article on Calming Skills, Julie Birch for information about the Pelvic Pain Association.

Designed by Creative Link, North Berwick

PAIN CONCERN MEMBERSHIP SUBSCRIPTION

For £7.00 you can receive four issues of our magazine. Alternatively, support our work by joining us as a member for £12.00, and receive our magazine + our annual report.

Send this application form with your payment to: Pain Concern, PO Box 13256, Haddington, EH41 4YD. Cheques/postal orders should be payable to 'Pain Concern'.

GIFT AID IT*

Make your subscription or donation to go further, Gift Aid it. Just tick the box below.

I want all donations I make from the date of this declaration, until I notify you otherwise, to be Gift Aid

Using Gift Aid means that for every pound you give, we get an extra 28 pence from Inland Revenue, helping your donation go further. £10 can be turned into £12.80. Imagine what a difference that could make, and it doesn't cost you a thing.

Name _____

(Block Capitals)

Address _____

E-mail: _____

Postcode _____ Tel No. _____

Send me Pain Concern's quarterly magazine *Pain Matters*. I enclose (tick which applies)

£7.00 subscription fee _____

£12.00 membership fee _____

Names and addresses are stored on disk unless otherwise requested.

*To qualify for Gift Aid, what you pay in income tax or capital gains tax must at least equal the amount we will claim in the tax year.

This form can be photocopied