

PAIN MATTERS

THE MAGAZINE OF PAIN CONCERN

ISSUE 43 £2.00

Supported by the
Saturday Holiday Fund

Incapacity Benefits and Return to Work

Paul Watson gives a simple update of what has happened and how successful it has been.

How to return those on long term sickness benefit to work has been a significant problem over the last 20 years. In the late 1980s through to the mid 1990s the number of incapacity benefit days paid to people who were unable to work increased dramatically. Chronic pain was one of the key reasons for claiming. This led to a number of Government initiatives, as well as changes in the terms of qualification for benefits.

THE PATHWAYS TO WORK INITIATIVE

The pathways to work initiative is part of a Government aim to reduce the large numbers on Incapacity Benefit (IB) from 2.74 million people in 2005 to 1.74 million or fewer in 2015. The main aims of this initiative were:

- To provide skilled adviser support and action planning within 6 weeks of a person initially starting to claim incapacity benefit
- Easier access to a range of specialist employment and vocational rehabilitation programmes
- Improved financial benefits to encourage Incapacity Benefit recipients to move into employment
- Tailored support for recipients to come off benefits
- Engagement of employers and GPs.

Pilot sites were set up in the England, Wales and Scotland in late 2003 and early 2004.

Following the pilot programme introduction in six sites there was a commitment by the Government to extend the service to more areas of the UK. 15 sites became eligible for Pathways as it commonly became known. This was done without any evaluation of the success of the Pathways programme. A progressive roll-out of Pathways resulted in the programme becoming available in all areas by April 2008. This, in theory, means that all Incapacity Benefit recipients in the UK should be able to access the service now. So if you are entitled to IB Incapacity Benefit you should be able to access them through their local Job Centre via the Pathways Personal Advisors

THE CURRENT KEY FEATURES ARE:

- A Personal Capability Assessment that determines if you are entitled to the benefit claimed. A Capability Report is also undertaken, which should focus on the type of things you might reasonably be expected to do. This is different from a report on your ability to do your current or usual job or on what you cannot do. It may not be conducted for sometime after you have been signed on to incapacity benefit by your GP.
- Mandatory work-focused interview. Eight weeks after making an initial claim, you will be invited for an interview to identify your needs with respect to return to work. This may be put back in the case of serious illness or incapacity.

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- Access to a range of programmes to support preparation for work. The "Choices" packages as they are known vary between areas but include skills development, job seeking training and a Condition Management Programme. The latter aims to help you manage your health condition.
- A return to work credit where if you enter employment you can qualify for a weekly payment of £40 per week if you earn less than £15,000 per annum
- A Personal Advisors discretionary fund of up to £300 annually per person to support activities or purchases to increase your chances of finding work.

If you get a job but find you are unable to sustain it, you can move back onto benefits within 52 weeks (this could be extended to 104 weeks) without having to reapply and without a qualification period. This provides a safety net for when a job does not work out, so that you will not be left without income.

The interviews and the development of the personal return to work package is provided by Personal Advisors located in local Jobcentres. They are your first port of call if you are on Incapacity Benefit and are looking to return to work.

FUTURE CHANGES

The Government wants to replace Incapacity Benefit by 2013 with the Employment Support Allowance. The medical criteria for Employment Support Allowance will be more stringent and based on what the claimant can do. Additional support along the lines of Pathway would be given to help them find work. The small number of

severely disabled claimants will receive more money and will not be required to seek work. The expectation is that Employment Support Allowance will be temporary and claimants will be required to seek work according to their ability.

SUMMARY

Pathways to Work is now available through the local Jobcentre. The Government has repeatedly announced its commitment to Pathways to Work. The main effect for Pathways seems to be through the early referral to a Personal Advisor for advice in returning to work rather than allow people to settle into long-term unemployment. There does seem to be a small effect for returning people to work in the short term.

Professor Paul J Watson is President-Elect of the British Pain Society and author of Pain Concern's leaflet Back To Work. Incapacity Benefit is based on an article published in the British Pain Society's Newsletter.

FURTHER READING

1. Department of Work and Pensions. (2002) Pathways to Work: Helping people into employment. Cm 5690. The Stationary Office, Norwich.
2. Department of work and Pensions (2006) A New deal for Welfare: Empowering people to work. Cm 6730. The Stationary Office, Norwich

'Softening round your pain'

A newly-published book turns pain management theory on its head.



You need to fight the pain, right? Square your jaw and take it head-on?

Well, no. A recently-published book suggests that the stiff upper lip makes everything worse. In her book *Living Well with Pain and Illness* Vidya Burch advocates working **with** pain rather than **against it** – as she says, 'resistance to suffering ... is what makes pain so very, very painful'.

Vidya Burch's own credentials suggest that her views on pain are worth taking on board. At the age of only 17 she damaged her spine, aggravating a congenital weakness. Six years later she suffered terrible injuries, including a fractured spine, in a horrific car accident. In the 30 years since then she has been in chronic and frequently intense pain.

Vidya Burch told *Pain Matters* that her journey to the principles of 'mindfulness' began with a hospital chaplain who asked her to think about a time when she'd been happy. It was,

as she later recognised, a classic visualisation technique.

'I hadn't thought of my mind as something I could work with. That lovely man helped me develop a real fascination with the mind. I realised that my mind was healthy even though my body wasn't, and my mind could be turned to something different even though I was still in a hospital bed.'

Struggling in hospital one night to get through the hours of pain, Vidya Burch realised: 'You don't have to get through until morning. You only have to go through the present moment.'

She was invited to a Buddhist retreat and began to study meditation as a means of accepting her pain.

'Buddhism is commonsensical and non-violent, but at first for me the attraction was the people rather than the philosophy. They were comfortable in their skin, in a way that I wasn't. I learned to accept what I couldn't change – it's so obvious when you think of it. Not rocket science, and it works for everything: coping with grief after bereavement, coping with a horrible boss at work.'

The next step was to found Breathworks, which helps people to manage their pain through meditation, body awareness and creative approaches to living.

*'I started it partly for myself,' Vidyamala told **Pain Matters**. 'One goes through cycles of feeling alone, and it helped me to be around people. Leading a course helped with my isolation as well as other peoples.'*

Her new book brings her wisdom and experience to a wider audience. Based to a large extent on cognitive therapy and on Buddhist meditation principles, it is a life-changing book which could turn your approach to pain on its head. Accept your pain, work with it, is the message. Save the energy you're wasting on fighting something that just fights back.

The book draws its inspiration from the Buddhist principle of mindfulness. The author defines this principle as *'live in the moment, notice what is happening and make choices in how you respond to your experience rather than being driven by habitual reaction'*.

The idea of studying one's pain, of considering the body and looking for pleasurable experience among the pain, may sound abstract and utopian, but that would be a serious misjudgement on this remarkable book. Its exercises, mental and physical, are intensely practical and inspire a change of attitude to pain.

We are accustomed to regarding pain as two different experiences: the pain itself, and the condition that causes it. Vidyamala recognises this by quoting the Buddhist legend of the 'two

arrows' – the physical pain, and the mental pain. First we feel the pain – then we feel stressed, worried and frustrated because we're in pain. Vidyamala's philosophies, she agrees, won't cure the pain – but by removing the 'second arrow' of mental pain, the physical pain becomes easier to handle.

The key is *acceptance* – stop running away from the pain, accept it as part of your personal experience in life, and plan your aims and aspirations realistically to achieve what can be achieved without stress.

Most of us follow the 'boom-and-bust cycle' – work too hard and play too hard while we feel well, then collapse in agony into bed and lie there losing fitness once we've overdone it. The book urges us to accept we're not Superman, to pace ourselves and not beat ourselves up if we can't complete the 'to-do' list. Of all the comments from Breathworks clients, I particularly liked the one from a lady who suddenly realised that just because you've started the washing-up, you don't need to finish it. She has learned she can stand for ten minutes – so she sets a timer, stops after ten minutes, and continues after a rest.

This is a gentle, calming, inspiring book which provides a pragmatic approach

to dealing with chronic pain. Don't be put off by the Buddhist meditation focus if you haven't encountered it before – the gentle humanity of Buddhism is an inspiration. There's a quote from the Dalai Lama *Everyone wants to be happy, nobody wants to suffer*. Well, of course that's the case – but it was said in recognition that everyone does have to suffer eventually, and that we need ways of coping.

The sub-title is *The Mindful Way to Free Yourself from Suffering*. Vidyamala stresses that reading this book won't make the pain go away. But it will help you take a new approach, and teach you to deflect that 'second arrow' of worry and stress.

Vidyamala's maxim is softening around your pain. Her concise advice is *'Stop – take a deep breath – see if you can find some choice.'*

Reviewed by Alison MacKintosh

Living Well with Pain and Illness – The mindful way to free yourself from suffering by Vidyamala Burch, is published by Piatkus at £16.99

Breathworks courses are currently available in 13 towns throughout the UK and Ireland, and by distance learning. For more information, go to www.breathworks-mindfulness.co.uk



Notes



Acupuncture: Scientists still haven't got the point

Acupuncture has only become widely available in the west since the 1970s and scientists still poorly understand it. It is known that stimulation of acupuncture needles can release endorphins (the brain's own pain killing chemicals). More recently it was shown that the stimulation of nerve endings by acupuncture needles causes release of chemicals that control the nerve cells in the spinal cord giving an immediate pain killing effect. Not only that, but inhibitor nerve cells in the spinal cord are stimulated by acupuncture and this can have a longer lasting effect by blocking the transmission of pain signals to the brain. Acupuncture also acts on the brain via hormones such as serotonin that are released because of needling.

The claims made by traditional Chinese medicine are not supported evidence but the effectiveness of acupuncture in some circumstances in relieving pain, and controlling nausea and vomiting is well documented. There is also undeniably a placebo effect at work as well. Scientists are still trying to find out how, or even if, acupuncture works, but in the meantime it remains a popular and reportedly effective treatment for some pain conditions.

Cluster headaches treated by nerve stimulation...

Patients with severe headaches at the National Hospital for Neurology and Neurosurgery in London have benefited from a new nerve stimulation therapy. Cluster headaches are very severe and are hard to treat. Daily medication is sometimes effective and some patients have been given deep brain electrodes, which is obviously not without its risks. Now doctors have implanted electrodes on the occipital nerve under the skin in the head and neck and the patients have remote controls to adjust the stimulation. Although it took weeks or months to show an effect three quarters of the patients said they would recommend the treatment to others.

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PAIN MANAGEMENT STANDARDS NEED 'REAL POLITICAL WORK'

The Scottish Parliament's **Cross-Party Group on Chronic Pain** has called for measures to raise awareness of chronic pain and to promote consistency in treatment standards throughout Scotland.

The Group, set up by former MSP Dorothy Grace Elder, is made up of consultants on the frontline of pain services, to advise Scottish lawmakers on issues and concerns facing people who experience persistent and chronic pain.

Dorothy Grace Elder highlighted the need for 'real political work' to keep pain management high on the country's health agenda.

In response to a comment Dr Mike Basler (Glasgow Royal Infirmary) that there are inconsistencies in standards even within the same health board area, Dr Gavin Gordon (Victoria Infirmary, Glasgow) said that a business plan was required to address the problem. Christine Grahame MSP proposed a campaign to push chronic pain up the political agenda and ensure it did not 'gather dust'.

The Group discussed resource issues: Dr Gordon explained that the funding would be £100,000 over two years, and that budgets had been devolved back to health boards to manage and implement.

Dorothy Grace Elder commented that this is 'old money' and that no new finance is in place; Dr Richard Simpson MSP replied that although the current Scottish administration is dealing with 'a tight spending review', funding could be available from the two per cent efficiency savings.

The meeting agreed three initiatives to raise awareness of the need for better and more consistent pain management resources:

- Convenor Mary Scanlon MSP proposed a Holyrood debate – she observed that the last debate took place six years ago and there are now new MSPs in the Chamber
- An event will be organised at Holyrood to present the current state of service standards in the various health boards, and groups of patients will be given the opportunity to meet local MSPs to discuss their concerns.
- Christine Grahame proposed lodging a petition with the Public Petitions Committee, on a specific issue which might be referred up to the Health and Sport Committee.

Convenor Mary Scanlon MSP thanked Dorothy Grace Elder for her work in setting up the cross-party group, and commented that the 'excellent turnout' of MSPs reflected the level of interest in chronic pain.



Pilot MCN takes shape

A pilot Managed Clinical Network is taking shape and has identified five target areas, the Scottish Parliamentary Cross-Party Group on pain management heard at a recent meeting.

Dr Gavin Gordon, consultant in pain medicine at the Victoria Infirmary in Glasgow, explained the working procedure and aims of the pilot scheme which is taking place in Glasgow and Clyde.

Dr Gordon explained that the Health Board oversees the process, which starts as a series of meetings inviting all interested parties, including the voluntary sector and patient representatives as well as primary care and community groups, to get together to map out how to improve pain services in their area. This provides a structure and an impetus to change things collectively.

The group has identified five areas to tackle, and Dr Gordon explained these as:

“Planning and strategy: To set out our stall for the next two years and beyond

Standards: So we can assess our service and its progress.

Education: In theory for as many groups as we can – from patients/carers to doctors at all levels.

Pathways: To simplify the patient journey where possible

IT: To underpin all the above developments.”

As the project is intended to be a pilot for Scotland, Dr Gordon has requested input from beyond Glasgow and Clyde to develop generic guidance for future projects elsewhere. As he told the Cross-party Group, ‘Given the demography of Scotland I want to avoid the temptation of thinking that what is good for Glasgow is good for the rest of the country.’

Dr Gordon is asking anyone interested to make contact with him.

Ms Mary Scanlon MSP, chairing the meeting, said that MCNs could be rolled out throughout Scotland.

READERS’ FORUM

Good can come from bad

I have severe pain due to a cut nerve during an operation. I have been prescribed painkillers and diazepam, which help a little but not completely.

For me, I have joined a church, which has a good social life. I have found prayer and meditation work for me. Also I have been writing letters and articles to various newspapers and magazines. This not only distracts me, but also gives me pleasure writing and occasionally seeing my name and photo in print – and any money I receive, albeit a small amount in most cases, is a great incentive.

Maybe, just maybe, one day I will win a big prize that I wouldn’t have won if I was not in so much pain. I believe

good can come from bad. I am determined to not let pain control me at all, and to be positive. I hope this letter is a comfort to all who suffer pain.

Catherine Hiscox

Versatis is good for back pain

I was interested to read the article on Versatis pain plasters for post herpetic neuralgia.. I have chronic back pain which started when I fell off a chair. At the pain clinic the doctor tried an epidural. That didn’t work. So he recommended that I try Versatis plasters. I don’t know what I would do with out them. I use painkillers as well. - Voltarol gel and fentanyl patches but the Versatis plasters have made such a difference.

Eileen Parrott

**What do you think? Send us your views.
Write to Readers’ Forum, Pain Matters,
PO Box 13256, Haddington EH41 4YD
e-mail: info@painconcern.org.uk**

Our star writer gets a copy of Vidyamala Burch’s book *Living Well with Pain and Illness: The mindful way to free yourself from suffering.*

PAIN AND PHYSICAL DISABILITY IN ADULTS

In November Anne Damerell attended a workshop organised by the British Pain Society.

In her introduction the British Pain Society President Dr Joan Hester described the process by which pain signals reach the brain. She listed influences on the amount of pain felt: heredity, age, gender, learned behaviours, mood, sleep anxiety, and development in childhood. For example, it is now known that premature babies subjected to painful treatment on the assumption that the nervous system was undeveloped suffer more pain in adult life.

Professor Chris Main of the Primary Care Medical Centre at Keele University spoke on the psychological impact of pain. The idea that a message travels from the site of injury along nerves to the brain, is processed, and then travels back to the site was first proposed by the 17th century philosopher Descartes (the man who said “Cogito ergo sum” – I think therefore I am). This implies that pain may be modified by changes to the brain or nervous system. The gate-control theory (1965) that competing stimuli such as TENS can shut out pain sensations was a useful model for testing how psychological factors can influence pain. There are differences in how parts of the brain receive pain sensations, and this can be used to influence the brain's response and improve skills in managing pain.

Beliefs and emotions can affect perception of pain, e.g. beliefs about control and ability to cope can be helpful. Fear of pain, and mistaken beliefs that pain implies further injury, can lead to further disability. The relationship between pain and disability is complex and individual, but it includes psychological and social learning factors which can be modified. Pain behaviour can be influenced by social context, e.g. the presence or absence of the spouse. The skilled therapist can use these factors to help the patient manage pain. Researchers are investigating why some people are more disabled than others with apparently same causes. The main focus of pain management programmes is reactivation.

Next Professor Paul Watson from the University of Leicester reviewed the evidence base for physiotherapy and other non-pharmacological treatments to relieve pain, correct impairments and optimise function.

Manual therapy: there is good evidence of short-term efficacy of manipulation in relieving back pain and increasing range of motion. There is generally no benefit from continuing for more than a few weeks. Patients enjoy **massage** but there is little evidence of its effectiveness.

Exercise maintains physical function and helps pain management. The advantages of specific versus generalised

exercise programmes are being studied but results are not yet clear.

Electrotherapy (e.g. ultrasound, lasers, functional electric stimulation.): The evidence base for most of these, apart from TENS, is pretty thin so far, and actual practice is variable.

Acupuncture can be moderately effective in low back and neck pain and in osteoarthritis of hip and knee.



Heat therapy can relax muscles and **cold** therapy can reduce inflammation and bleeding. Both are useful in short term.

Education and advice are particularly useful in progressive diseases, e.g. feeling in control reduces the number of flare-ups in rheumatoid arthritis. Education on posture and seating can prevent and relieve some pain and disability. Information should be properly targeted: leaflets in waiting rooms are mostly picked up by toddlers.

Margaret Graham and I attended the same workshop group on community services for people with pain and disability. Our group's discussion produced comments on the importance of asking people (e.g. people with learning or cognitive disability, or people in care homes) directly about pain, and the need for targets for time to access ongoing services the existing 13 week target only refers to the time from referral to first outpatient appointment. Margaret reported that many people in care homes suffer unnecessary neck and shoulder pain caused by sitting in chairs whose arms are too high.

The final plenary session produced calls for Expert Patient Programme-type courses for carers; for more medical education on pain and disability; for liaison with local authorities on e.g. non-public swimming sessions; for consulting rooms big enough for motorised wheelchairs; and for more specialised nurses.

Bookshelf

Manage Your Pain by Dr Michael Nicholas, Dr Allan Molloy, Lois Tonkin and Lee Beeston, Souvenir Press, £14.99

A book that covers a lot of ground and does it well. Its major strength is in the sections on self-help and life-style. The sections on drug therapies and other medical treatments serve as an overview and make the point that pain treatments need to be combined with self-help to get the best results. Overall this book is thoroughly recommendable for any-one wanting to understand their pain and what they have to do to get on top of it. As the blurb on the cover says: The path out of the wilderness starts here. Recommended.

My Journey with Pain by Vivien Finch, Publish America £10.00 plus £1.50 postage and packing

This is a personal account of a long quest to find relief for constant severe headaches and facial pain. Vivienne tells of her journey as she seeks to find a cure for her "atypical facial pain". She explores Western, Eastern and holistic medicines, all to no avail. Vivienne describes her torment and deep depression, which led her to two suicide attempts, one being in front of a top neurologist when he told her there was no more treatment to help her. She went to America to a "Head and Facial Pain Specialist". She describes her exhilarating visits to New York while waiting to undergo surgery that sadly fails to relieve the pain. Dipping into other areas of her life, Vivienne writes about her abused childhood and later the trauma of the premature deaths of two husbands. Despite this, Vivienne manages to tell her story with humour and a positive outlook.

The book is available to buy from the author. Her email address is vivfinch@tiscali.co.uk

Pain Concern

The SIGN guidelines on headache are a landmark publication (see page 00). Pain Concern's Heather Wallace was a member of the guideline development group. As a follow up project, NHS Quality Improvement Scotland has drawn up draft Neurological Standards which cover headache. In November Anne Damerell attended the British Pain Society Seminar (read her report on page 00). She also attended the AGM of the Neurological Alliance. We submitted comments on NICE's draft low back pain guidelines. Also in November Heather Wallace attended NICE's workshop on neuropathic pain. Going by our helpline, these guidelines of the management of this type of pain are greatly needed.

We held our AGM in November. It was a chance to bring together our many hard-working volunteers who make everything possible. Finally we could like to thank those you who have sent Christmas cards and letters wishing us well.

Notes



..or by Nasal Spray

Meanwhile British/Swedish drug firm AstraZeneca has released information showing that their drug zolmitriptan can provide fast relief from episodic or cluster headaches when applied by nasal spray. Professor Goadsby, Neurologist at the University of California said that "this will make a real difference to those affected by this horrible problem."

New Website for Migraine

Migraine Action plan is an on-line self help tool for migraine sufferers (www.migraineactionplan.co.uk). Its aim is to help migraine sufferers understand the impact migraine has on their lives and develop an action plan. The site consists of simple questionnaires that feed into a simple action plan. The site is supported by the City of London Migraine Clinic and GlaxoSmithKline. Other sources of information on migraines include the Migraine Trust (www.migrainetrust.org); NHS Direct (www.nhs.uk); and The Migraine Action Association (www.migraine.org.uk).

Superfoods are no better than any other fruit and veg

Blueberries, pomegranate juice, seaweed have all been called superfoods with claims that they can improve intelligence, health and make us live longer. There is in fact no evidence for this and a standard healthy diet with lots of locally grown fruit and vegetables is not only a lot cheaper but in health terms is better as you will eat more fresh food if it is cheaper.

Laid back backs are healthy backs!

Doctors in Aberdeen have recently decided that back pain is less likely if you sit in a laidback posture half way between upright and horizontal. Slouching is definitely bad for back pain, but so is the upright posture usually recommended according to this research.

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EASING ARMS

Do you have wonky arms?

I do. Or more precisely I have inherited hypermobile elbow joints. Long ago I'd noticed that when holding my arms by my sides, palms facing forward, they went off at an acute angle. My husband pointed out that this is 'not normal' for arms. One of my students, a 92-year-old retired homeopathic doctor joked that I must have inherited an ancestor's 'water-carrier arms'. It's no joke though, when the joints are aching and easily strained by everyday activities such as carrying shopping bags and stretching exercises.

Hypermobile joints

I am not that unique. I notice that there are always a proportion of students in my yoga classes who share this feature completely unawares. Many people are too flexible – hypermobile - in some joints and a small minority have Hypermobility Syndrome, in which symptoms such as joint pain and dislocation occur. Being 'double jointed' is not a bundle of laughs. The problems associated with hypermobile joints are still not widely known. However, an article in the British Wheel of Yoga magazine (*Spectrum, Spring 2008, 'Yoga and Hypermobile Joints'*) has shed some fascinating light on the subject. The author, Dr Rowena Nicholson, has kindly given permission to share some insights with you.

- Somebody whose shoulder joints are hypermobile may have a history of dislocation. If this applies to you, you (and hopefully your yoga or exercise teacher) will be aware what movements cause this.
- Injury/dislocation can sometimes lead to restricted movements.
- She explains that people with hypermobile joints usually have poor joint position sense, and will be out of alignment without being aware of it. If, for example, someone's elbows hyperextend (i.e. bend backwards a bit), they may go into

hyperextension when asked to hold their arms out straight. Dr Nicholson says "Yoga is very good at re-educating the body, so that the student becomes more aware of their alignment, and can use their body without unconsciously hyperextending...It is all too easy to go into extreme stretches without being aware of how much the joints are being stressed, until experiencing pain the next day. In most people, the ligaments prevent undue stress being placed on a joint, but in hypermobility, this safety mechanism is not effective."

Dr Nicholson recommends that it is therefore important to make sure that the new student errs on the side of caution until they (and their teachers) have more awareness of what movements work or don't work for them.

Nevertheless, stretching and releasing is important for hypermobility. Students can still experience a feeling of stiffness and muscle tension despite a wide range of movement. The skill is doing this without joint stress.

It may not be obvious that someone has hypermobility. They may have had injuries or dislocations, which have led to a **reduced** range of movement in that particular joint.

The doctor has some reassuring words

"The slow movements of yoga allow the student to build muscle strength around the joints, without straining them. This muscle strength helps to support and hold the joint, so that there is less strain upon it. This means that if a student has symptoms associated with their joints, they may need some creative modifications or alternatives."



An example of this applied to the arm exercises, would be to use gentle elbow circling rather than 'windmilling' the whole arm.

So what else can we do to protect our joints?

Whenever someone practises yoga there is an emphasis on going as far as is right for the individual. This is even more important for people who have hypermobile joints, who may have to learn how far this is. Bear in mind also that everything can fluctuate, and what you can do one week may not be possible the next, depending both on your joints and what you have been doing that week.

Which brings us to: no **competition** (even with yourself). So no prizes for those who can go to the nth degree, pushing themselves to perhaps harmful limits. An example of good practise is in Chi Gung, where the

advice is to work – move and stretch - at 70% of your capacity to obtain health benefits.

Advice I give to all those I teach, and which is particularly important to those whose joints are over-flexible, is **never lock a joint**. I'm always saying this in regard to knees. Whether its doing a forward bend, just standing tall or resting in your easy chair with your feet up, keep the knees slightly bent

(over a rolled up towel for support in the last instance). Many people with knee pain have found this good habit has brought some relief.

Similarly, with the arms: when stretching to the sides or upwards, keep the arms soft and slightly bent at the elbows. If I had done this when I was heaving all the shopping bags perhaps I'd not have caused or aggravated the tennis (or was it golfers?) elbow I had at the time. Dr Nicholson puts it this way: "Watch for tendency to rotate and hyperextend joint when arms out at shoulder height.

May have increased carrying angle (- when arms by sides, forearm angulated away from the body). No problem, can't 'correct'!"

Wrist joints can hyperextend too, and there may be reduced mobility due to injury here. If you take weight through your wrists, for example on your hands and knees doing the yoga 'cat' or 'dog' pose, your wrists may be stretched into hyperextension. You could try alternative hand positions (e.g. weight through knuckles/fist rather than palm), but these are less stable and more sore on the fingers, so avoid prolonged use.

Tai Chi, Chi Gung and similar 'moving meditations' are particularly good for the joints, as there is never any locking or rigidity. And there is a lot of joint circling.

Make sure warm ups are thorough, with particular emphasis on joint circles to increase synovial fluid production - literally 'oiling the joints'.

Holding tight

Whatever the condition of our joints, something we can all suffer from is holding excess tension in various parts of our body without realising it. A chronic pain condition is particularly challenging in this respect. Although usually unaware of it, unnecessary tension may cause or aggravate stiffness, aches, pain and various other problems that make us feel below par. Shoulders and hands often suffer as a result of this.

Tune in

It helps if you can tune in and notice your own tension habits. For example, you might tend to keep your shoulders drawn up towards the ears. Shrug them a couple of times and let them relax down and feel the difference. Similarly, are the arms on your favourite chair too high, so when resting with your arms on them your shoulders are pushed up and can't relax properly? Do you tend to keep your arms tight in towards your sides? Do you clench your hands, or hold things too tightly? How tightly, for example, are you holding this magazine? (You might want to, let your hands go limp at the wrist and give them a little shake before continuing). Notice if your knuckles show white on the steering wheel or if you could loosen the grip on your toothbrush and still use it effectively.

Becoming aware is half the battle. Learning general relaxation, as in Yoga, is recommended if you suffer in this way, and many people find lessons in the Alexander Technique are particularly helpful.

Movements and sequences to safely stretch and ease arms and shoulders

Yours in Yoga,

Margaret Graham

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Notes



Firm withdraws drug for diabetic neuropathy

We reported in the last issue that Belgian drug firm UCB was applying to market Vimpat for pain relief in diabetic nerve pain. UCB is withdrawing the application based on the European drug regulators's opinion that there was insufficient evidence for the scale of beneficial effect of the drug in diabetic neuropathic pain. Vimpat is being marketed for the treatment of epilepsy.

Disability group debates right to work

RADAR (The Royal Association for Disability and Rehabilitation) has organised a series of debates on the motion that "This house believes that the majority of disabled people can and should work". For more information contact Mya.Stevens@radar.org.uk

Palliative Care in Wales Gets Makeover

The Welsh government has introduced measures to improve palliative care. If consultant-led multidisciplinary teams are delivering services that meet various new performance standards, then new funding will be made available. All voluntary hospices will have to meet these criteria to get the funding. The most pressing improvement identified by the Welsh Government was the availability of help out of normal hours. This was in response to families reporting the devastating effects of feeling unsupported out of hours and not knowing who to call.

Patient Power: Mothers in Labour have Pain Relief on Tap

Mothers in labour at St Michael's Hospital Bristol can control their own epidurals throughout labour. This enables mothers to feel more in control and be more aware of the birth rather than feeling totally numb. On the other hand if they need more pain relief they can just top up. Mothers and midwives have welcomed the trial.

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HOW TO DO MORE

QUESTION

How can I learn to relax? I'm in too much pain. Even on the pain management programme I couldn't manage the relaxation exercises.

ANSWER

Simple calming techniques can help counter the tension and anxiety that so often drive pain levels up. Yet a lot of people with chronic pain tell us that they find it impossible to relax. One way to counter this is to practise relaxation in small baby steps. Maggie Phillips suggests starting with the smallest part of a breathing exercise such as breathing in, and let go of the rest. Once that step feels good you could try adding another step, for example saying to yourself the word "breathe" while breathing in. Here are some other tips:

- When you practise breathing exercises, don't force your breath in an attempt to breathe deeply and slowly. Take shorter shallower breaths at first if that is easier for you;
- Relaxation can feel weird at first, but stay with it;
- Try practising when your pain levels are relatively low;
- Try some simple stretches before you relax. Stretching lengthens muscles making it easier for them to relax;
- Find paths to relaxation that work for you:
 - Progressive relaxation techniques, where you tense and relax the major muscle groups;
 - Meditation, yoga;
 - Hypnotic suggestion;
 - Visualisation;
 - Listening to music or a relaxation CD;
 - Some people find that exercise helps them relax;

- If you're religious, try study of the scriptures, chanting, prayer;
- Biofeedback;
- Make a commitment to practise regularly, going at your own pace.

"What is required is the courage and patience to keep exploring until you find the right combination that tips you away from pain, tension, depression and despair towards vitality, peace, comfort and well-being"

Maggie Phillips: *Reversing Chronic Pain: A 10-point all-natural plan for lasting relief*

USE YOUR WATCH OR PHONE

Heather says, "On our pain management programme we were given a wrist watch with a timer. We had to wear it for a week. It beeped every 20 minutes, reminding us to check our tension levels regularly. We had to check:

- Breathing – is my breathing too shallow or am I holding my breath?
- Muscle relaxation – am I feeling relaxed? Can I feel any of my muscles tensing up?
- Negative thoughts – are any of my thoughts making me feel low? Can I replace these thoughts with positive thoughts that will improve my mood and help me cope better?
- Posture – Am I holding my body in such a way that part of me is becoming tense? Am I slumping?

I remember scanning my body noticing where tension had built up and then softening in those areas and taking several deep breaths. It only took a few moments. It was an eye-opener to see how quickly tension builds up when you are in pain. I still practise this exercise regularly throughout my day. It has become a habit so I no longer use the beeper. I find that it is much easier to deal with tension and pain if I intervene early – before pain has a

chance to build up. I get fewer flare-ups. I am sure it is due partly to this technique. I have learned to be "vigilant." Sometimes it is as if I am on autopilot, checking for tension while I'm getting on with other things.

VIDYAMALA BURCH'S THREE-MINUTE BREATHING SPACE

An excellent way to bring mindfulness into everyday life is through the three-minute breathing space. This is a pause in which you stop doing everything for three minutes. You sit quietly in a comfortable position or if you prefer, you can stand, lie down or adopt another posture of your choice. It's a great way to help you become more aware of what you're doing, how you're feeling and so on, and you can usually find a way to slot a breathing space into your activities throughout the day at regular intervals.

The first thing to do is to stop what you're doing and to be still, perhaps with your eyes closed (or half-closed). You can ask yourself, "How do I feel in my body at this moment?" and gradually allow yourself to become more aware of the various physical sensations in the body. Then allow yourself to experience the gentle movements of the body as you breathe. Where there's physical pain, take your attention to it with a kindly attitude and let any muscles that have tightened around the pain soften on the in-breath and the out-breath. You can also become aware of how you're feeling emotionally and what sort of thoughts are passing through your mind.

If you remain aware of the breathing in this way, as well as of any sensations, feelings and thoughts for at least three minutes, you'll probably find you become calmer and more centred, and able to return to your activities with a more grounded, fresher perspective.

Vidyamala Birch: *Living Well with Pain & Illness*

Honing your pain management skills

NEW YEAR'S RESOLUTION

January is traditionally the time when we set ourselves new challenges for the year. It is a good time to brush up on choosing goals.

- Your goal should be measurable. You should know when you have achieved it. So, replace a vague goal like "I want to get more exercise" with "I want to walk the dog 10 minutes every day."
- Your goal should be specific. You should know what steps or actions you should need to take. A goal like "I want to be in less pain" could become "I want to reduce my pain from a daily average of 8 out of 10 on a pain scale to 7.5 by the practising the techniques I learned on the pain management programme and by taking my pain medication."
- Your goal should be realistic. You should know that you can do it, taking into account your current pain levels and your ability. Don't set yourself up for failure. It is better to set easy goals and enjoy success than to set a goal that you can't achieve yet. Remember that tough challenges can be broken down into a series of mini goals, each of which prepares you for that bigger goal. For example, if you want to get back to work full time, a mini preparatory goal might be: "I want to volunteer 2 hours a week".
- Your goal should be desirable. It should be important to you now and give you satisfaction. Pain can leave a big hole in your life, especially if you have had to give up your usual activities. It can make you immensely sad. At Pain Matters we decided to list some pleasurable goals. The first four we came up with (in no particular order) were: watching your favourite, funniest DVDs/television programmes, learning to play an instrument or sing, birdwatching (use a birdfeeder

to bring the birds to you), spending time with children. What would bring you some pleasure?

When you've decided your goal, the next step is pacing.

- Set your baseline – the amount of an activity you can manage even on a bad day. If your goal is to walk the dog for 10 minutes, start with what you know you can do now. That might be a 3-minute walk. Stick to that time, especially on those days when you have less pain and you are tempted to do more.



- If you are choosing a new activity, estimate what you think you can do without significantly increasing your pain, and start with 10%-20% less than your estimate.
- Practise regularly. If you practise your walk every day you will soon be able to raise your baseline. By week 2 you may be able to walk 4 minutes a day!

OUR TOP RECOMMENDATION FOR 2009

If you want to improve your pain management skills, practise, practise, practise. It is now recognised that geniuses aren't just accidents of birth. It is the many hours they spend on practise that makes them stand out.

Notes



New Scottish Guidance on Headaches

A new guideline from the Scottish Intercollegiate Guidelines Network (SIGN) covers the major causes of headache from migraine to tension headache. It highlights the problem of over-medication in the treatment and development of chronic headache. Overuse of all acute headache treatments can themselves cause headache, known as 'medication overuse headache'. Stopping the overused medication usually results in improvement in symptoms.

Headache is common, affecting over 90% of the general population in the United Kingdom (UK). It accounts for 4.4% of GP consultations and 30% of neurology outpatient consultations.

The guideline will help general practitioners decide when to refer patients to secondary care and emphasises that most patients with headache can be managed by GPs and investigations are rarely needed. Patients keeping a diary recording their experiences with headache can aid diagnosis.

Dr David PB Watson GP said: "People often don't attend their GP for headache because they believe that treatments for headache are not very effective. As this guideline highlights, this is not the case. In fact, correct management of headaches can lead to real improvements for patients and this guideline brings together the best available evidence in order to aid diagnosis and treatment."

Government Aims to Get Patients to the Right Specialist Faster

Back pain patients will be able to access physiotherapists without a GP referral as the government extends its patient choice agenda. Other health professionals such as dieticians and speech therapists will be able to take bookings straight from patients. A trial in England showed that back pain patients that were able to access physios direct were 50% less likely to be off work for more than a month with their pain than patients that had to wait for a GP referral. The Chartered



Campaigning on pain

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- Our magazine *Pain Matters* brings you the best of self help:
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THANKS GO TO

Anne Taylor, Mick Serpell, John Finch, Pete Moore, the Royal College of Physicians, The Chronic Pain Policy Coalition, Pfizer, Grunenthal, Souvenir Press, Alison MacKintosh, Martin Dunbar. Editor: Heather Wallace. Copy editor: Vicki Soul

Designed by Creative Link, North Berwick

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