MyoMedical
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Chronic Pain Self-Management Program

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Welcome to the Program

Welcome to the Chronic Pain Self-Management Program, called the CPSMP for short. This program and workbook have been designed for you — individuals who have chronic pain. Chronic pain, of course, includes many types of conditions from a variety of causes. Some of you will have low back pain, neck pain, or pain that radiates from your shoulders into your arms. Others of you may suffer from complex regional pain disorders, repetitive strain injury, fibromyalgia, or have phantom limb pain. Your pain may have been caused by a traumatic accident, a slight injury, or from nothing you can pinpoint at all. But despite the differences in your pain conditions or in what may have caused them, you all have one very important thing in common — living with pain.

Learning how to manage pain so that you can get on with living a satisfying, fulfilling life represents a daily challenge for each of you. The CPSMP will give you some tools to help you meet that challenge. This program has been delivered to over 500 people across Canada who have chronic pain and has been tested in two major scientific studies. The research studies found that, on average, people who have taken the program have more vitality, less pain, less dependence on others, improved mental health, and are more involved in everyday activities compared to people who have not taken the program. As well, they have increased confidence in their ability to manage their chronic pain and other symptoms day to day.

In the next six weeks, you will be given a great deal of information. You will be exposed to many ideas, and will learn different techniques to help you better manage your pain and the consequences of pain. You will be invited to experiment and try out these different tools and ideas. Some of them might be very new to you. But all of them have been tested with people who have chronic pain and they have been found to be helpful. So give yourself a chance. Experiment, even with the techniques that may seem unusual, and see what works best for you. You might be surprised at what you discover. One new idea or technique may help you turn the corner and realize that you do not have to let pain control your life!

Four Concepts

In this program, four concepts are emphasized:

1. Each person with chronic pain is different. There is no one treatment or approach that is right for everybody.

2. There are a number of things people with chronic pain can do to feel better. These things will not eliminate pain, but they will help you to better manage pain, and help you to become more active and more involved in life.

3. With knowledge and by experimenting, each individual is the best judge of which self-management tools and techniques are best for him or her.

4. The responsibility for managing your chronic pain day-to-day rests with you, not anybody else. Many people can be of help to you — your family and friends, your health care team. But, in the end, the responsibility for self-management is yours.

Five Guidelines

There are five guidelines or suggestions for you to follow so that you get the most out of the program.

- First, come to every session. Each class builds on the one before. Therefore, you will get the most benefit from the program if you attend all sessions.
- Second, ask anything you want. If time is short, you may be asked to hold onto your question until the break or after class.
- Third, do your homework activities. You will be asked to make an action plan every week and to report on how you did. There are also readings every week. Nothing will be collected or graded, but doing these activities will make this workshop more valuable to you.
- Fourth, give new activities at least a two-week trial before deciding what will work best for you. Don't give up too soon. Some activities need to be practised for a while before you start to see a difference.
- Finally, remember that what is shared with the group should stay within the group. Confidentiality is respectful to self and others.

How to Use This Book

The content of this book has been compiled from up-to-date information on different aspects of chronic pain self-management. The workbook is meant to be a companion to your attendance at the CPSMP sessions and should be used along with a companion book, *Living a Healthy Life with Chronic Conditions* (2007) by Kate Lorig and colleagues. After each session, the facilitator will indicate what sections of this workbook and the *Living a Healthy Life* book relate to what has been talked about and then you can read these sections in the coming week. This will give you more time to think about the topic in relation to your own special situation. The workbook contains many suggestions for you to try. Not all chapters in the workbook or in the *Living a Healthy Life* book will be discussed in the sessions but that doesn't mean they are not important. It's just that there is not enough time to go through the content of all the chapters in detail. However, you might find them very useful to read. Hopefully, this workbook and the *Living a Healthy Life* book can serve as a resource for you long after the CPSMP workshop is over.

One last point. This program and this workbook are not meant to replace your ongoing medical care in any way. Rather, it is a supplement to that care. Feel free to talk over any aspect of the program with your doctor or others who care for you, including and perhaps most importantly your family. Or, bring a family member or friend with you to the program. Let them take part in your discovery of how to be a successful chronic pain self-manager.

Welcome to the Program

Chapter One

Understanding Acute and Chronic Pain

Overview

Pain is a part of being alive. It is a nearly universal experience, something that we all share as human beings... but at the same time, it is a most personal, individual and subjective experience. One person's experience of pain may not be the same as another person's. This chapter will provide you with some information about pain: different theories about pain, and the key differences between **acute** and **chronic** pain.

Theories of Pain

Ancient ideas

In Ancient Greece, pain was thought to be a "passion of the soul", much like sadness or grief. This idea of pain as an emotion was called the **affect theory** of pain and was prevalent until the 17th century. In 1664, the French scientist René Descartes developed a new theory. He thought there were specific pain receptors in the body that sent pain impulses along a pain fibre (or nerve) leading directly to a single "pain centre" in the brain. He also believed that the mind and the body were completely separate and that one did not influence the other. Therefore pain was a purely physical sensation. This **specificity theory** of pain persisted for three hundred years.

Modern ideas

Research in the 19th and 20th centuries has refined our ideas about pain, and that research continues today. We now know that:

- There is not just one pain centre in the brain. Rather the pain system is spread throughout the brain and spinal cord.
- There is not just one pathway for stimuli that can cause pain but several different pathways.
- We have nerve endings all over our body that are sensitive to a variety of stimuli that have the potential to cause us harm such as heat and cold, pressure, chemical contact and so forth. These are called nociceptive stimuli. Exposure to these stimuli causes particular patterns of nerve impulses. If the stimuli are intense enough, and if there are a lot of nerve endings firing, we can experience pain. But not always!

A key observation is that there is no exact relationship between the intensity of a stimulus and the pain felt. Two people can be in the same potentially pain-producing situation but have a very different experience. One can be in excruciating pain, while the other person experiences little pain or discomfort. Or, the

same person can experience extreme pain in one situation but not in another circumstance even when the stimulus is the same. Why?

The Gate-Control Theory

In the 1950's two prominent scientists set out to unravel the puzzle of pain. These were Dr. Ronald Melzack of McGill University, a neuro-psychologist, and Dr. Patrick Wall of Oxford University, a physiologist. They developed a new theory about pain based on their joint research over a number of years. The **Gate-Control Theory of Pain** was revolutionary and our thinking about pain has never been the same since!

The central idea is that there is a "gating" mechanism in the spinal cord through which nociceptive signals (from stimuli that might cause us harm) must pass on their way to the brain. Two things can happen:

- If the gate is "open", the signals pass through the gate and continue up to the brain where pain is perceived.
- If the gate is "closed" or "partially closed" then only some or none of the signals go to the brain. So pain is reduced or not felt at all.

The gate can be opened or closed in a number of ways, including the release of neurochemicals by nerve cells and by the brain itself. In other words, the brain can send messages down pain pathways to close the gate. Melzack and Wall believe that the actual patterns of nerve impulses are influenced by the past history of the individual, the meaning of the situation, culture, as well as physical factors. In summary, here is what Melzack and Wall said:

> Pain is a subjective, personal and variable experience affected not only by painful stimuli but also by social and cultural learning, the meaning of the situation and other physical, psychological and cognitive factors.

So the integration of the physical body, our feelings and emotions, and our thoughts and beliefs are all involved in the Human Pain Experience. Descartes was wrong... *the Mind and Body are connected!* That's why our approach to managing pain in the Chronic Pain Self-Management Program includes all of these elements.

(This is a very brief and simple description of some important ideas about pain. If you are interested in this topic, there are many resources for you to explore. See the end of this chapter and Chapter 14 of this Workbook for reliable resources.)

Acute and Chronic Pain

A truly satisfactory definition of chronic pain simply does not exist. One common misconception is to think of chronic pain as being just like acute pain except that it persists. But acute pain and chronic pain have some important differences. Have a look at the chart later in this chapter that compares acute and chronic pain. Understanding the differences between acute and chronic pain is essential

for you to better cope with and deal with your chronic pain condition.

Acute Pain

All of us have experienced **acute pain**. Whether it is a stubbed toe, a sore throat, or even surgery, these are pains that have an identifiable cause and go away once healing has taken place. Pain in these situations is a very important part of the body's defence mechanism because it warns us of danger and harm. It has SURVIVAL VALUE. We pay attention to pain and do what we can to alleviate it.

The biological mechanisms of acute pain have been studied extensively and are well understood. Inflammation often results from an injury or illness which triggers the release of substances that start the healing process but also "open the gate" to allow signals to go to the brain to be interpreted as pain. As well, the brain and spinal cord release other neurochemicals such as endorphins, the body's "natural pain killers", to help us cope with pain. The release of endorphins has been found to have a powerful pain reducing effect.

It is important to understand that because acute pain has a survival function, our response to it and our approach to its management is very different from chronic pain. In the early stages, acute pain can be associated with anxiety and fear. We wonder: What is the cause of the pain? How bad will the pain get? Will it go away? But once we understand the cause, or have sought treatment, our emotional response usually subsides as we start to feel better.

With regard to activity and exercise, acute pain often means that we should rest in order for healing to take place. If we have surgery, for example, or have the aches and pains of the flu, being too active can slow healing. We need to rest. But as the pain and the healing improves, we gradually increase our activity.

Likewise our role and the role of the health care provider is very clear: we go to the doctor for a diagnosis and to get advice on how to treat our condition, and for the most part we follow that advice. We don't tend to argue about whether we need our appendix out or whether we need to take antibiotics for a severe bacterial infection. So the roles are more clear when one has an acute pain problem. And the pain eventually goes away.

Chronic Pain

But what if the pain does not go away, and becomes **chronic**? Chronic pain is defined as pain lasting longer than 3 to 6 months, which is beyond the normal time for healing and recovery. Unlike acute pain, chronic pain can vary considerably in intensity. It is often unpredictable, and can affect multiple areas of the body. Once pain has persisted beyond the normal time for healing, pain no longer warns us of immediate danger and therefore it has NO SURVIVAL VALUE. It just must be endured.

Unlike acute pain, the biological mechanisms of chronic pain are not completely understood, but we are learning more from research all the time. In short, chronic pain is thought to be a disturbance of the natural pain system. Pain signals keep

Comparison of Acute and Chronic Pain

	Acute Pain	Chronic Pain
Duration	**Time-limited** *(with a tooth ache, appendicitis or broken bone, we know we have a problem right away but we get better)*	**Lasts for more than 3 - 6 months** *(pain lasts beyond the usual time for healing and recovery).*
Intensity	**Often intense** *(depending on the cause).*	**Varies in intensity from mild to excruciating.**
Location	**One area of the body** *(most often).*	**One area or multiple areas of the body** *(can be affected).*
Function	**Has survival value. Warns of danger and harm.**	**Has no survival value. No longer warns of immediate danger.** *(But remember, you can have acute pain on top of chronic pain.)*
Cause	**Biological mechanisms of acute pain are fairly well understood.** *(Many neuro-chemicals are released at the site of injury and in the brain such as endorphins to reduce pain sensations and promote healing).*	**Mechanisms of persistent pain are not well understood** *(but it is thought to be a disturbance of the natural pain system. There is a depletion of substances like endorphins. Also, changes can occur in the central nervous system that keep pain going).*
Emotional response	**Associated with anxiety and fear.** *(Subsides once cause is known or pain goes away).*	**Chronic pain is a form of chronic stress.** *(Associated with irritability, fatigue, helplessness, isolation, etc.).*
Treatment	**Cure is common.** *(Antibiotics will cure the tooth ache; surgery will cure the appendicitis).*	**Cure is not common.** *(Pain may be long term).*
Role of activity & exercise	**Rest is often best for acute pain.** *(Rest allows healing to take place).*	**Activity balanced with rest is best for chronic pain.** *(Healing of damaged tissues and nerves has already occurred).*
Role of health care provider(s)	**Diagnose and treat** the underlying problem and the pain.	**Teach and advise** *(Health care providers teach you what to expect; advise on treatment & lifestyle changes)*
Role of person with pain	**Follow treatment advice** of health care provider. *(You don't want to argue with the health professional about getting your appendix out or taking the right antibiotic for a severe infection).*	**Partner in health care – responsible for daily management.** *(Health care providers partner with you and advise based on your needs, but you are the only one who can manage your condition on a day-to-day basis).*

firing in the nervous system even though there is no new nociceptive stimuli outwardly causing the nerves to fire. The system is like a broken heating system in a house. Imagine that you set the thermostat to 65 degrees but your furnace keeps turning on and working so that the house is 80 degrees and going up. Either the themostat, the wiring, or the furnace are broken... or maybe it's a combination of all three. Chronic pain is like that... it's a disturbance of a complex system.

Science has discovered that when the body is bombarded with persistent, high levels of intense pain signals, the spinal cord eventually loses its ability to respond effectively. Areas of the spinal cord and even the brain itself may be affected. Because of changes in the cells of the spinal cord and the brain, some people become more sensitive to pain over time. For others, pain that was once located in only one area of the body seems to spread to other areas. That's why people don't get "used to" having chronic pain.

Another finding is that people with chronic pain may have a depletion of certain neurochemicals like endorphins, serotonin (important for sleep and mood regulation) and probably many others that are part of regulating the pain system. It's as though the body can't keep up with the demand. The good news is that there are things you can do to increase the levels of these helpful neurochemicals such as exercise, relaxation, laughter, and positive thinking. All of these have been shown to have a positive impact on pain. Note that unlike acute pain, you need to be active when you have chronic pain. Balancing activity and rest is the key.

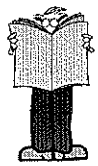
Understandably, the emotional response to chronic pain is different from acute pain. In one sense, chronic pain is a form of chronic stress and can be associated with ongoing tension, anxiety, fatigue and a host of difficult emotions like frustration and anger. They can lead to feelings of helplessness, isolation, and depression. Questions like: *Why me? Why is the pain persisting? What do I really have? How can I explain this to other people when I can't understand it myself?* All these questions and concerns are very real. But the way forward is to learn as much as you can about your condition and how to manage it, be kind to yourself, and make a decision to enjoy your life even with chronic pain. That's what being an active self-manager is all about.

Different Roles

This brings us to the appropriate roles of the person with pain and your health care providers. Read Chapter 1 in *Living a Healthy Life with Chronic Conditions*. Here the differences in roles between having an acute health problem and a chronic health problem are clearly outlined. The relationship between you and your providers should be one where collaboration and partnership are the cornerstones of care. Health care professionals may well be experts in disease, however, YOU are the expert in your own life, and YOU are the expert in your chronic pain daily experience. This partnership with your health care providers is a journey. Advice and lifestyle changes they suggest should be based on your needs, but remember that you are the only one who can manage and take responsibility for managing your condition on a day to day basis. This program

will help you discover ways to be an active self manager and to live a healthy and satisfying life.

To Read More



Margaret Caudill (2002). *Managing Pain Before It Manages You.* New York: Guilford Press. (Read Chapter 1).

Corey, D. (1993/2004). *Pain. Learning to Live Without It.* Toronto: Macmillan Canada. You can download: *www.healthrecoverygroup.com/pmp/resources/pain-part_1.pdf* (Especially read Chapters 1-7).