

Treating persistent pain Your questions answered

Q. What is persistent pain?

A. <u>Persistent pain</u>, sometimes called chronic or ongoing pain, is pain that lasts for more than three months. It's a common problem that affects 1 in 5 Australians, so if you live with pain, you're not alone.

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The good news is there are many things that you and your healthcare team can do to manage your pain so you can get on and do the things that are important to you.

Q. How is persistent pain managed?

A. Persistent pain can be managed effectively with a combination of strategies. This includes self-care and lifestyle changes such as <u>exercise</u>, stress management and improving <u>sleep quality</u>. Some people may need to use <u>medicines</u> to help them get back to their usual activities.

Q. How can I manage my pain?

A. There are lots of things you can do.

Write down and keep track of the things you notice trigger your pain and the things that help you manage your pain. Knowing as much as possible about your pain and how it affects you means you can actively manage it and make informed decisions about your healthcare.

Exercise and stay active. Evidence shows that <u>regular exercise</u> improves symptoms such as pain, fatigue and poor sleep. It's also vital for maintaining flexibility, muscle strength, and bone health. A physiotherapist or exercise physiologist can help you work out an exercise program that's right for you.

Set goals. The most important thing to consider before starting any treatment is whether it helps you to achieve your goals. <u>Setting goals</u> to accomplish specific activities important to you in a given timeframe can ensure that treatment meets your needs or is being adapted or changed when necessary.

For example, your pain levels may impact your ability to walk your dog for long periods. Your goal may be that after 6 months, you can walk your dog around the local park for 30 minutes. By having a goal that's important to you, you can work with your healthcare team to ensure that your treatment plan is helping you achieve it.

Sleep well. Not getting enough <u>quality sleep</u> can worsen your pain; however, getting a good night's sleep when you have persistent pain can be difficult. If you're having problems sleeping, talk with your doctor about ways to deal with this. There are many options available to help you sleep better.



Learn different strategies for managing pain. You can manage your pain in many ways, and different strategies will work for different situations. For example, <u>heat packs</u> can help ease muscle pain, <u>cold packs</u> can help with inflammation, and gentle <u>exercise</u> can help relieve muscle tension. Try different techniques until you find the things that work best for you. Read our <u>A-Z guide for managing pain</u> for more information.

Pace yourself to avoid flare-ups. <u>Pacing</u> is an effective way to keep your pain at lower levels. It enables you to do the things you want to do by finding the right balance between rest and activity. Some tips for pacing yourself include planning your day, prioritising activities, breaking jobs into smaller tasks, alternating physical jobs with less active ones, and asking for help if you need it. Your doctor, occupational therapist, physiotherapist or psychologist can help you with tips and advice on pacing.

Manage your stress. Living with persistent pain can be stressful. Unfortunately, <u>stress</u> can worsen your pain by causing the muscles throughout your body to become tense or spasm. By easing your stress and muscle tension, you can help to reduce your pain levels and create a better sense of overall wellbeing.

Relax. Learn some relaxation techniques to reduce stress levels and related muscle tension. Try <u>massage</u>, <u>heat packs</u> and <u>gentle exercise</u>.

Reduce, don't stop. When you're in pain, it's usually better to reduce the activity you would typically do rather than stop altogether. For example, if you usually walk each night for 30 minutes, reduce this to 15 minutes and gradually increase this as your pain becomes more manageable. Slowly returning to your normal activities is an effective treatment for pain following an injury or flare-up. Get advice from your doctor or physiotherapist about increasing your activity levels safely.

Keep your family and friends involved by discussing your pain management plan with them. They can be a great source of support and encouragement.

Keep participating. Stay involved in your usual home, work, leisure and social activities. Social connections are extremely important. <u>Research</u> has shown that people who feel disconnected have higher anxiety and pain levels.

Take small steps. Waiting until you feel 100% before returning to activities or to work isn't a good approach. Small, gradual steps allow you to stay connected and mean that you can continue to do the things that are important to you sooner rather than later.

Q. What medicines are used to treat persistent pain?

A. Medicines may help reduce the pain you're experiencing when used alongside other treatments, such as exercise and stress management. But it's important to understand that medicines may not completely remove your pain.

The types of medicines used to treat persistent pain include:

- Non-steroidal anti-inflammatory medicines or NSAIDs (e.g. ibuprofen). These medicines are available
 over-the-counter and with a prescription, depending on their dosage and other ingredients. They
 come in tablet/capsule form (oral NSAIDs) or as a gel or rub applied directly to the skin (topical). It's
 important to note that oral NSAIDs are designed to be taken at low doses for short periods. Always
 talk with your doctor before starting NSAIDs, as they can have side effects.
- <u>Topicals</u>. These are rubs, gels, ointments, sprays, patches and creams applied to your skin. Some topicals contain medicines such as NSAIDs and corticosteroids.



- Paracetamol. The effectiveness of paracetamol in treating persistent pain is limited. However, some people report that it helps reduce their pain so they can be more active. And it may be an option for people who can't take NSAIDs.
- Corticosteroids or steroids (e.g. prednisolone). These medicines act quickly to control or reduce pain and inflammation. They aren't used for long periods as they're associated with serious side effects. Your doctor may prescribe them in tablet form or inject the medicine into a painful joint.
- Antidepressants (e.g. amitriptyline). Certain medicines used to treat depression are sometimes used for persistent pain.
- Anticonvulsants or antiepileptic medicines (e.g. pregabalin, gabapentin). Some medicines used to treat epilepsy can also help manage nerve pain.
- Medicinal cannabis. The evidence for the effectiveness of medicinal cannabis in managing persistent pain is limited; however, research is ongoing. As with any medicine, there are risks associated with using medicinal cannabis. Talk with your doctor about these risks before deciding whether it's right for you.

Note: Opioids are powerful pain-relieving medicines that effectively reduce acute pain (or the pain resulting from an injury or surgery). In the past, they were prescribed to treat persistent pain. However, research shows that they don't help manage persistent pain and can make people more sensitive to pain. Opioids also have serious side effects, so they're not generally prescribed for persistent pain.

All medicines should be reviewed with your doctor regularly to ensure they work effectively to help you manage your pain.

Q. I've heard about pain management programs. What are they, and can they help me?

A. Pain management programs may be an option if pain persists after three months despite treatment. These rehabilitation programs are designed to specifically address the range of factors affecting you, including:

- physical factors
- psychological issues, including your mood, stress, and poor sleep
- social factors, including how you manage your activities at home and how you can stay at work.

At these programs, you'll learn from health professionals such as doctors, physiotherapists, psychologists, occupational therapists and nurses how to manage your pain more effectively with the least side effects. Talk with your doctor about whether a pain management program would be helpful for your situation.

Q. What about surgery?

A. Surgery is rarely recommended to manage persistent painful conditions unless all other non-surgical options have been exhausted and it's considered medically necessary.

Q. How can Musculoskeletal Australia help?

A. Our nurses are available for you to speak with about arthritis and other musculoskeletal conditions, pain or any other musculoskeletal issues you have. You can contact them on weekdays between 9am-5pm. Phone 1800 263 265 or email <u>helpline@msk.org.au</u>. We also have a range of services – including free webinars – you can access on our <u>website</u>.



More to explore

- <u>Anxiety and depression linked to chronic pain</u> Dr Jacqui Stanford (video) Musculoskeletal Australia
- Chronic Pain Australia
- <u>Managing your pain</u> Versus Arthritis
- <u>Non-opioid management of chronic pain</u> Dr Caroline West (video) Musculoskeletal Australia
- <u>Options for managing chronic pain</u> Healthdirect
- Pain Australia
- <u>Pain management and musculoskeletal conditions</u> Dr Jacqui Stanford (video) Musculoskeletal Australia
- <u>Pain question planner</u> Healthdirect
- <u>Pain, the brain and your amazing protectometer</u> Lorimer Moseley (video) Musculoskeletal Australia
- painHEALTH
- <u>Persistent pain</u> Musculoskeletal Australia
- <u>The mysterious science of pain</u> Joshua W. Pate (video) Ted-Ed
- <u>Treating pain using the brain</u> David Butler (video) Musculoskeletal Australia
- <u>Understanding pain</u> (video) Brainman

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