

PAIN SELF-MANAGEMENT TEN FOOTSTEPS PROGRAMME

Sean Jennings, Lived Experience Trainer

Ann Livingstone, Lived Experience Trainer

Depak Patel, Senior Clinical Pharmacist

Dr Laura Hissey, Health Psychologist

Zoe Rex, Specialist Pain Physiotherapist



**Wednesday 18th October
2023
Session Two**



Recap & Review

- What areas have gone well for you in exploring or using Ten Footsteps approach and/or other suggested resources

Responses in the chat...

- What struggles have you had? Let's problem solve them where possible

Responses in the chat...

Overview of Session 2

- **Focus on Footsteps :**
 - ▣ **Footstep 2: Acceptance**
 - ▣ **Footstep 3: Pacing**
 - ▣ **Footstep 4: Goal Setting**
 - ▣ **Footstep 5: Relaxation and Mindfulness**
 - ▣ **Footstep 6: Sleep**
 - ▣ **Footstep 7: Communication**
 - ▣ **Footstep 8: Managing moods**
 - ▣ **Footstep 9: Medicines and nutrition**
 - ▣ **Footstep 10: Managing Setbacks**

Ten Footsteps Training Programme





Footstep 2

Acceptance



What is Acceptance?

5



Acceptance

6

Non acceptance of Pain

“I do not like pain. I wish I did not have pain. My day would be better if I did not have pain. My day is ruined. Every day is like this. Why do I always have pain when I want to do something. All I want is to be pain free.”

Vs. Acceptance of Pain

“I have long-term pain which I have to manage”

Acceptance Continuum

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DENIAL

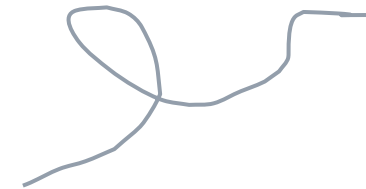


FURY/ANGER

Focused on **fight** to get rid of the condition/symptoms to exclusion of anything else

- An ongoing journey
- Different stages of acceptance/grief
- Results in changes and challenges in self-identity

INTERGRATING & MOVING ON



ACCEPTANCE

Working on improving life, without **focusing** on the pain condition/symptoms



RESIGNATION/DEPRESSION

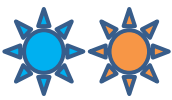
Given up fighting anything

Loss

Increasing Stress

Growth

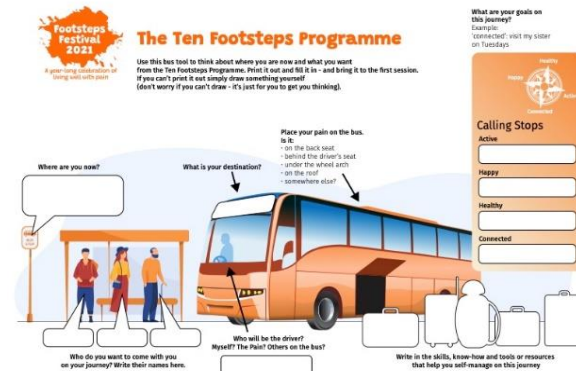
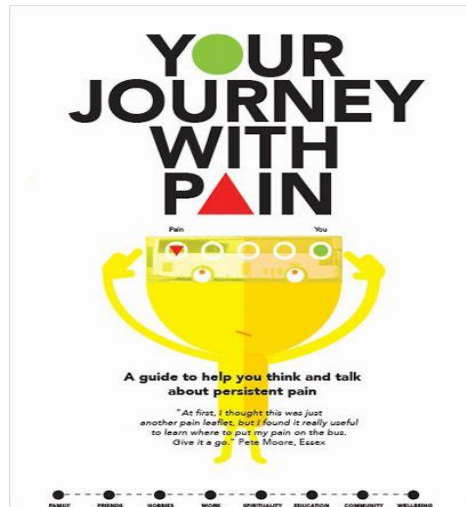
Decreasing Stress



Acceptance; Clinical Resources

8

- Two useful resources on LWWP website:
 - 1) Bus Journey – Written/ illustrated booklet



2) Pain & Me Video by Prof. Tamar Pincus (4 mins)

- Useful visual representation of the ongoing journey of change
- Highlights changes in individual roles & identities
- Demonstrates importance of investing in parts of self not related to

pain [footstep 2 - Acceptance - Ten Footsteps to Living Well with Pain \(livewellwithpain.co.uk\)](https://www.livewellwithpain.co.uk/footstep-2-acceptance)



Footstep 3

Pacing

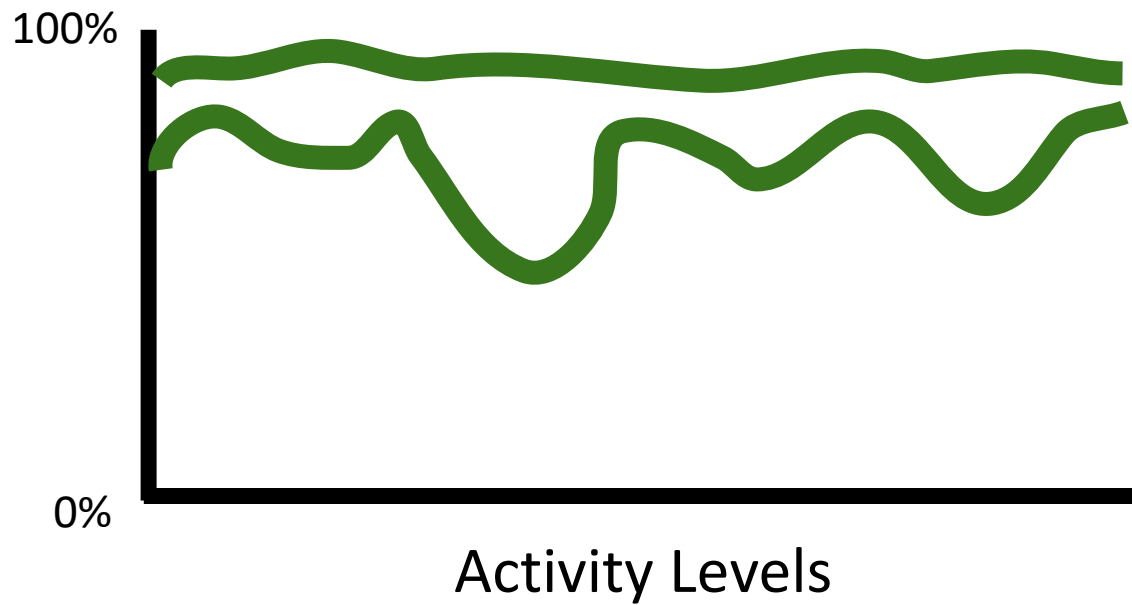


How might pain affect activity?

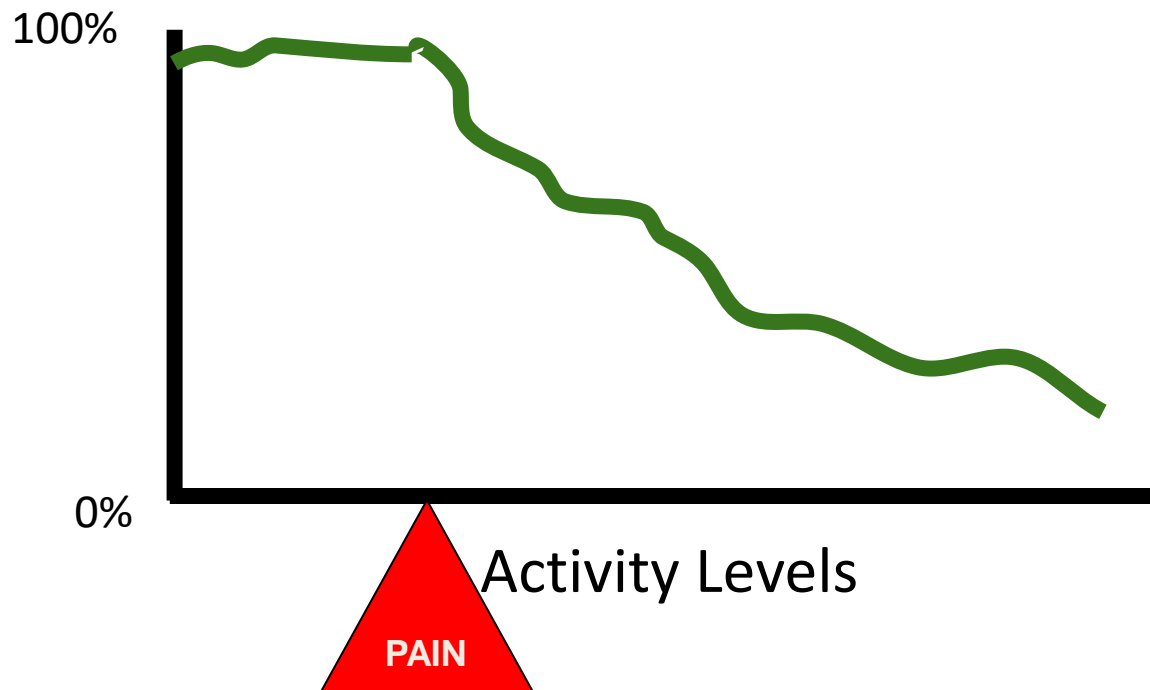


White board
activity

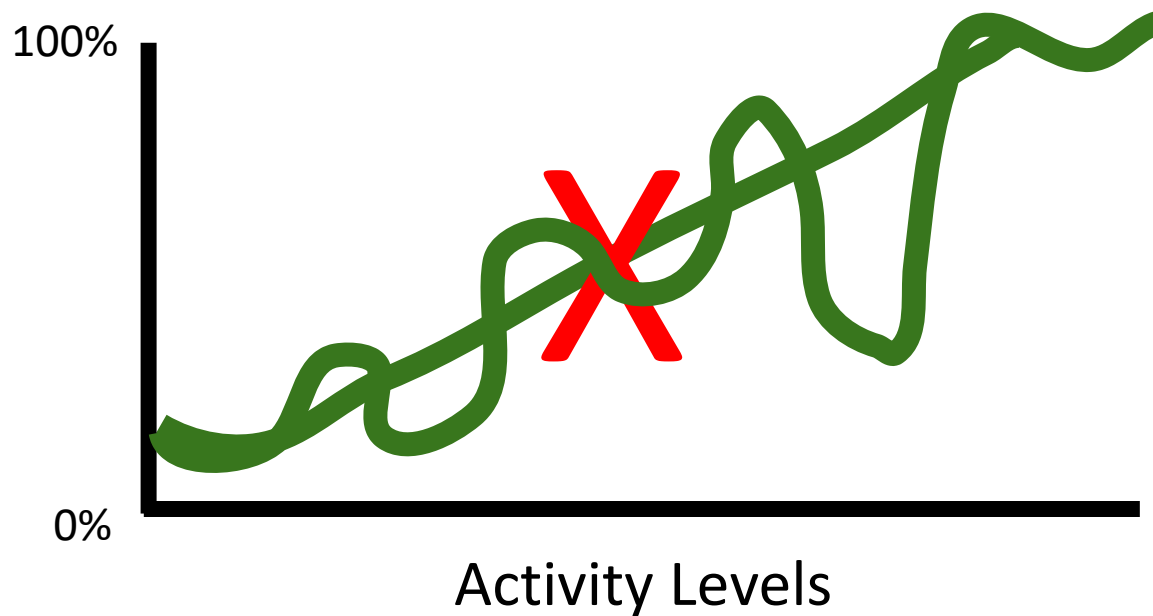
Normal Activity levels



Impact of Pain on Activity



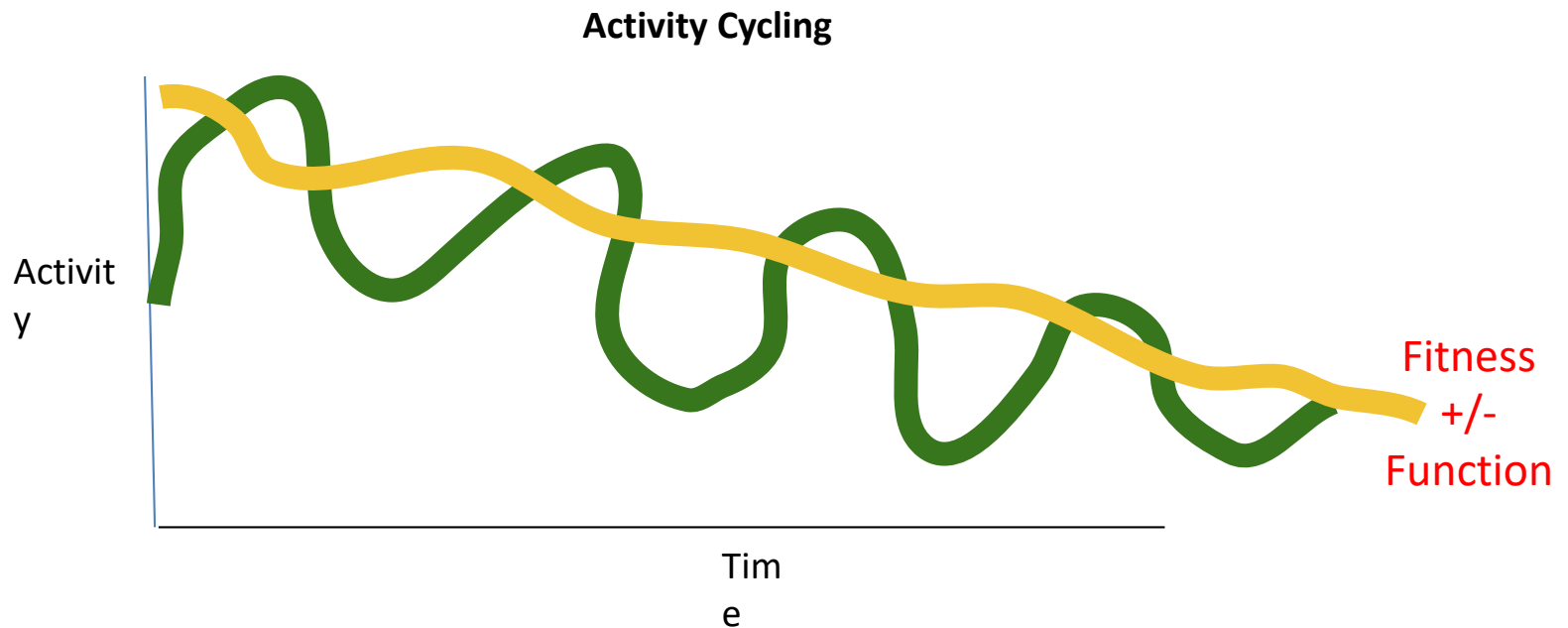
Normal Recovery



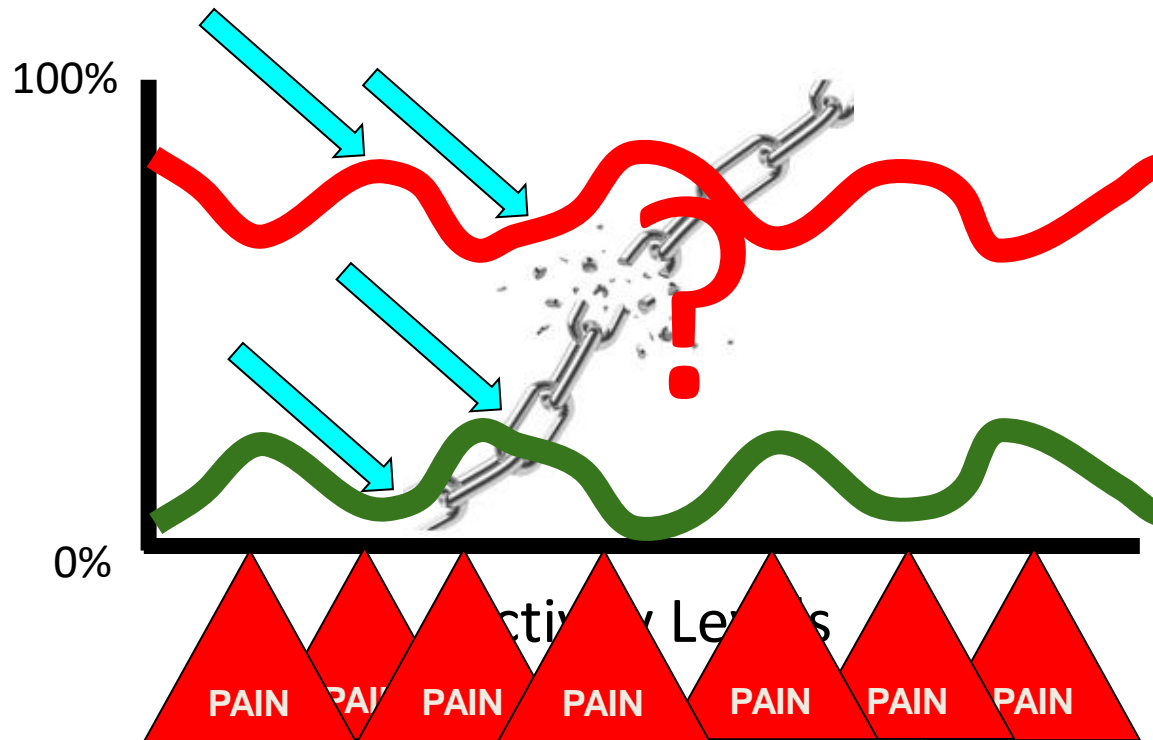
What might a recovery graph look like?

Pain impact on Activity over time

Getting active, balancing activities and effort



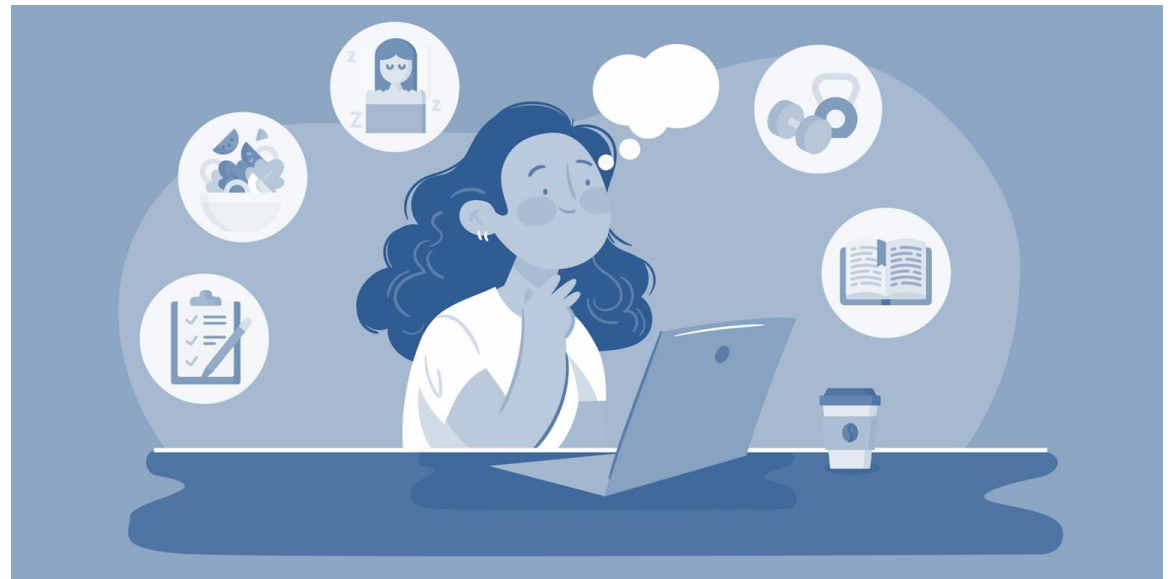
Separating Activity from Pain



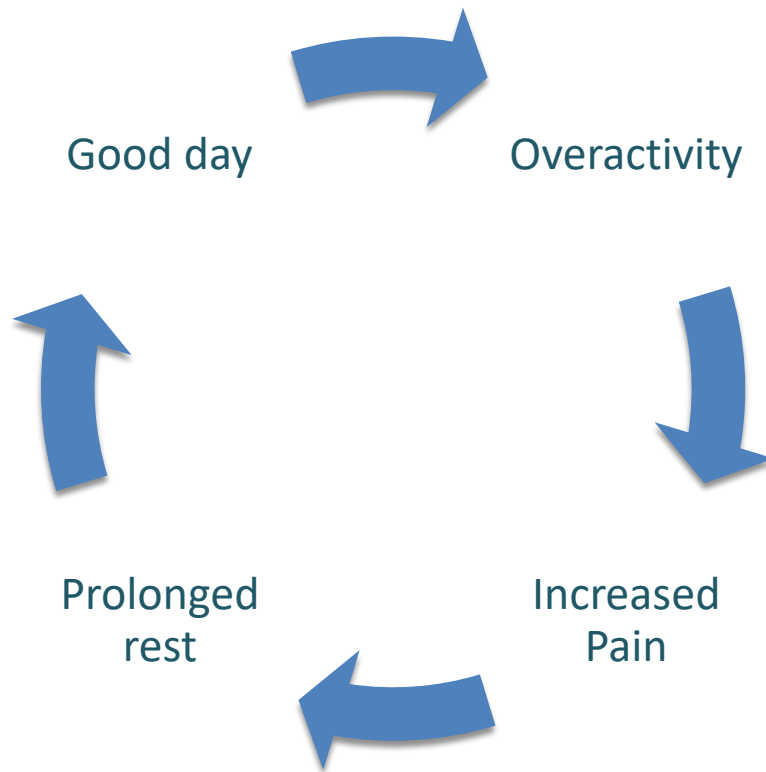
Pacing isn't always about exercise!

Other tasks

- × Work
- × Concentration
- × Focus
- × Energy levels
- × Socialising



Activity Cycling and deconditioning



- × Frustration
- × Feeling that pain/fatigue is in control
- × Reduced fitness levels
- × Reduced activity levels

Examples of when Pacing may be helpful

Pacing?

'I do everything in the morning....
because my pain is always worse in
the afternoon and evening'

'My pain is unpredictable;
I never know what it will be like.
I can't plan anything'

'My friends don't invite me anymore'
"They think I am unreliable"



Pacing Tools and Resources

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My activity diary

Use this in conjunction with Pacing – a really useful skill for people with pain from My Live Well with Pain

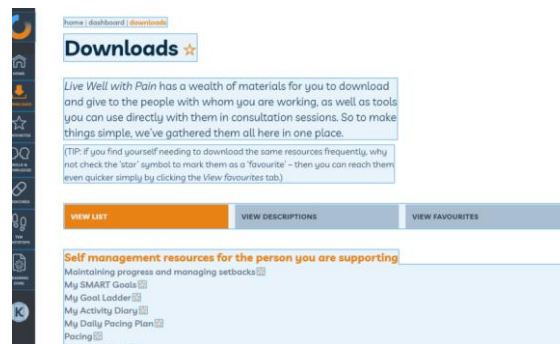


Time	Activity	How many minutes did you do?
8am	Shower Got dressed Made me and Anne some breakfast	10 5 20
9am	Washed the dishes and tidied the kitchen	25
10am	Sat with Anne and had a coffee and a chat Sat in kitchen and wrote a shopping list	45 15

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Understanding current activity patterns:

- Overactive?
- Underactive?
- Boom- Bust pacing?



<https://livewellwithpain.co.uk/wp-content/uploads/2022/09/My-Activity-Diary.pdf>

Getting active, balancing activities and effort



Pacing

A really useful skill for people who live with persistent pain



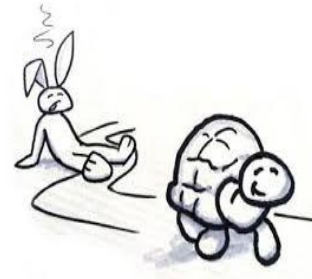
Pacing: approaching activity differently

- ❑ Breaking activity into **manageable chunks**
- ❑ **Balancing** regular, enjoyable activity & rest
- ❑ **Switching** between tasks
- ❑ Can include **thinking and concentration** tasks
- ❑ Can include non-active +/-**static** tasks (sitting etc)

Introducing the 3 P's (or 4)



- Later
- Tomorrow
- Today
- NOW



Plan: this can be applied to schedule, day, week, month

Prioritise: many things to do but what



Pace: Manageable chunks, task rotation, breaks, energy, conservation



Pause: not long, reflect, review, rest is ok

Task:(LETs): Freethink ...

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What helps you with your activity?



The graphic features a horizontal blue line with three circular markers. The central marker is larger and contains a white footprint icon. Below the line, the text 'Footstep 3' is in blue and 'Pacing' is in orange.

Footstep 3
Pacing

Pacing is a crucial skill to help patients break out of the 'boom and bust cycle' of behaviour and adopt balanced levels of activity. It is a number one skill for becoming more active despite the pain.

[Download and print the text of this footstep](#)

Sean's Activity/Pacing Story

- Tai Chi, resistance bands/weights.
- Kayaking/jet skiing/sailing.
- Walking/tennis/badminton.



Practicing explaining the 3 Ps: Break out rooms

Time	Activity	How many minutes did you do?
7am	Woke up. Had a shower	20mins
7:30	Woke the children up Made children breakfast I got dressed Helped children get dressed	5 mins 15 mins 30 mins
08:30	Drove children to school Walked to school gates and back to car	15 mins 15 mins
09:00	Drove to shop Picked up some shopping Drove home	10mins 20 mins 5mins
09:45	Unpacked shopping Sorted the laundry +put a load of washing on Did the washing up	15mins 20mins 25mins
10:45	Made cup of coffee, sat down	15mins
11:00	Hoovered downstairs Took washing out of drier- too much pain to put clothes away	15mins 5mins
11:30	Made some toast Pain really bad- watched TV	5mins 20mins
12:00	Fell asleep watching TV	1 hour
1:00	Did ironing	45 mins
1:45	Pain really bad- Watched TV	45mins

2:30	Drove to school Walked to and from school Drove home	15mins 20 mins 15mins
3:15	Pain really bad- cancelled child's swimming lesson, sat and watched TV with the children	1 hour
4:15	Made children their tea	20mins
4:35	Watched TV with the children	30mins
5:00	Fed the rabbit	10mins
5:10	Sat with children to do children's reading books and spellings	50mins
6:00	Ran the children's bath + got their pyjamas ready Bathed the children + Read them a story	60mins
7:00	Not able to stand for long as pain bad so put microwave meal in Ate dinner	5mins 30 mins
7:30	Packed the children school bags Made packed lunch for them	30mins
08:00	Watched TV	1 hour
09:00	Got ready for bed	20mins
09:20	Watched TV in bed	1 . 5 hours
11:00	Fell asleep	



Footstep 4

Setting goals



Values & Goals?



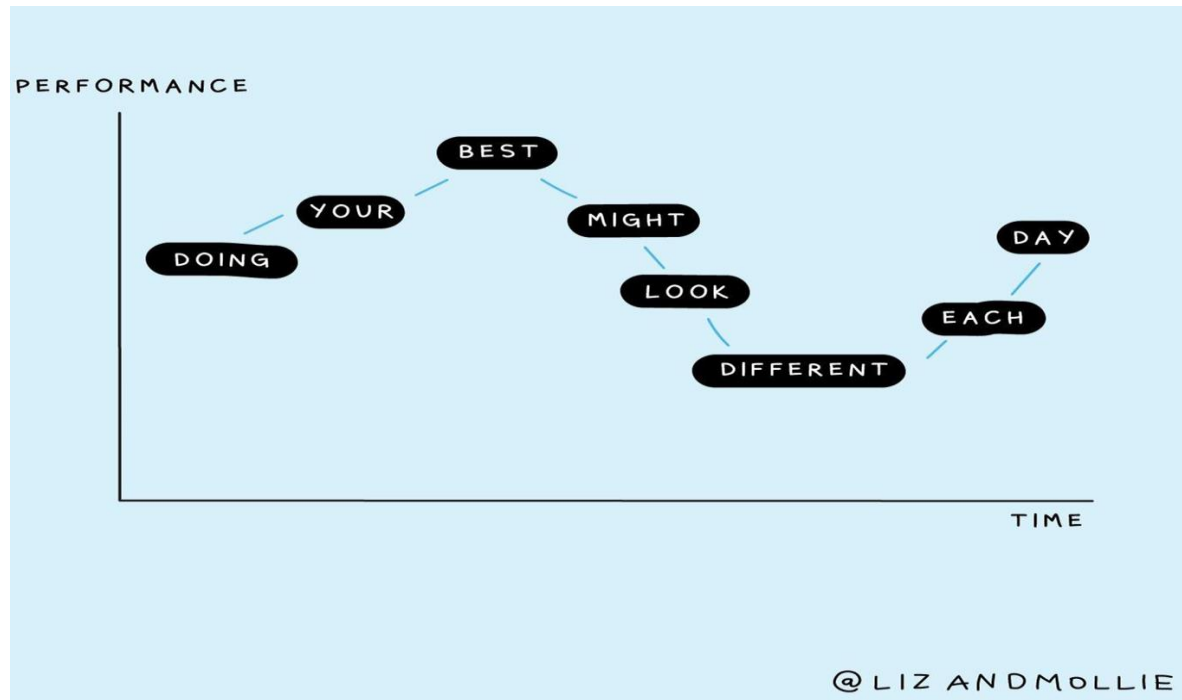
Values



Goals



Goals and Expectations



Footstep 4: Setting Goals



my LiveWell with pain

Goal setting – a great way of taking back control

A

Goals are a helpful way of noticing and recording the progress you make over time. Sometimes, for people with chronic pain, achieving your goals may take longer and require more planning. However, this doesn't mean it is impossible.

B

You will need...

One way of increasing your ability to reach your goals is to develop the skill of goal setting. As you'll see, goal setting helps you get back control in many different areas of your life and this, in turn, will increase your self-confidence.

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page 1

Footstep 4 Setting Goals

Get fitter, build skills, address fears, find resources



Their valued goals – not yours!

✘ **SMART-ER** Goal setting

Specific,
Measurable,
Achievable,
Rewarding , Relevant, Realist
Time-framed
Evaluate,
Review (revise, recommit)

✘ **Flexible**

My SMART goals

Use this in conjunction with Reaching goals and creating rewards - a guide to SMART goal setting from My Live Well with Pain



Area of my life	Example goals to give you inspiration	My SMART goals (you don't have to fill them all in)
Social/fun activities	Go out for a meal, watch a film, have a coffee with a friend, do craftwork, plant up a flowerbed	
Work	Paid or voluntary, staying in current role, reduce/increase hours, retrain	
Hobbies	Gardening, fishing, drama, walking, guitar	
Household tasks	Changing and making beds, cooking meals, vacuuming, cleaning, managing finances	
Physical activity	Stretches, walking to the shops, football in park, yoga, swimming	
Caring for myself	Having a bath, putting my own socks and shoes on, cooking a nice meal	

Reflections on Goals from LETs

- × What helped you?
- × What was challenging?
- × How can practitioners help?



Footstep 4 Setting Goals

Get fitter, build skills, address fears, find resources

Tips

- ✗ Write down or record goal
- ✗ Encourage problem solving
- ✗ Helpful feedback
- ✗ Reward! (Noticing the achievement)

My goal ladder

Use this in conjunction with Reaching goals and creating rewards - a guide to SMART goal setting from My Live Well with Pain



My goal is:

My SMART goal at the end of 4 weeks is to:

	Steps on the way to reaching my goal	Things that will help my progress	Things that might block my progress
Week 4			
Week 3			
Week 2			
START - Week 1			

Building blocks?



Building blocks: Helpful for your goals

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Can you think of examples of building blocks for Gardening?
(Answers in chat)

Building blocks for gardening

3

Standing

Bend

Lift

Movement

Holding something to
cut things



Working out a Starting point (Baseline)

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"Pick the building block(s) you think are likely to make the biggest difference"

Ask yourself:

"How much of this can I do on my worst days?"

If the answer is "I can't do it on bad days"

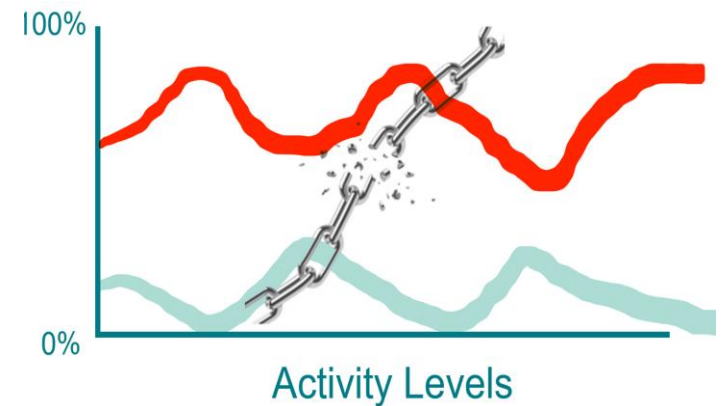
You will probably have to **start small**

Unpredictability and Consistency

Aiming not to over-do on "better days"

"Hand on Heart" question:

"Am I willing to do this in the presence of pain?"



Using your building block(s)

3

- × Set amount of activity (***building block***) to start with?
- × Aim to practise “***little and often***”
- × Treat it like an ***experiment***
 - *Trial and Error*
- × **Learning opportunities**
 - *even if it doesn't turn out as planned*



Bring a sense of curiosity

HEALTH BENEFITS OF EXERCISE

INCREASED & IMPROVED

THE EFFECT OF EXERCISE ON PSYCHOLOGICAL WELL-BEING

GROWTH
Exercise provides you with new challenges which make you feel as though you have an aim in life.

MOOD
Exercise is related to positive changes in mood state and has been found to improve positive mood significantly. It also counteracts negative and positive effects experienced on a given day.

COGNITION
Exercise has been shown to have a number of positive effects on a person's cognitive functioning.

ATTITUDE
Exercise helps to improve your body image and therefore improves your attitude.

SELF ACCEPTANCE
Exercising can help to give you a more positive view about yourself.

FRIE
Exercising a more social and more positive role.

DEPRESSION
Exercising often in the short term, even just a few times a week, produces significant reductions in depression compared to once-a-week.

MASTERY
There are a number of effects on self-esteem when participating in a sport or activity.

AD
There are a number of effects on self-esteem when participating in a sport or activity.



Your role as a facilitator

- Praise
- Support problem solving
 - *Avoid telling them the solution*
- **Learning from difficulties**
- What would a friend do in same situation?
- Offer “past patient” examples





PAIN
GO AWAY



What **ONE** thing
could you start doing
this week?

Goal Setting activity

STEP 3 Do you have any problems or difficulties with:

- | | | |
|----|---|-------------------------------------|
| 1 | Walking or moving about, lack of fitness and stamina | <input checked="" type="checkbox"/> |
| 2 | Balance or recurrent falls | <input type="checkbox"/> |
| 3 | Side effects or problems with current pain medication e.g. tablets etc. | <input type="checkbox"/> |
| 4 | Pain relief | <input checked="" type="checkbox"/> |
| 5 | Understanding why persistent pain occurs | <input checked="" type="checkbox"/> |
| 6 | An unhelpful pattern of activity of doing too much, getting more pain, then doing too little | <input checked="" type="checkbox"/> |
| 7 | Eating the right sort of foods, weight changes | <input type="checkbox"/> |
| 8 | Disturbed sleep, tiredness or lack of energy | <input checked="" type="checkbox"/> |
| 9 | Managing mood changes of depression, anger, anxiety or worry | <input checked="" type="checkbox"/> |
| 10 | Relationship difficulties: with partner, family etc, or sex life concerns | <input type="checkbox"/> |
| 11 | Remaining in work or returning to work and/or training | <input type="checkbox"/> |
| 12 | Financial or money difficulties | <input checked="" type="checkbox"/> |
| 13 | Other difficulties (for example, concerns about housing, leisure or social events, drinking, gambling or drug use). Please describe here: | |

STEP 4

If you ticked more than three boxes above, please circle the three most important ones to change.

Task: work in 3s

Clinician and patient

Using the areas identified in the patient's completed Health check tool, support your patient to set a SMART goal.

Observer

Help the clinician and Patient to check that their goal is SMART

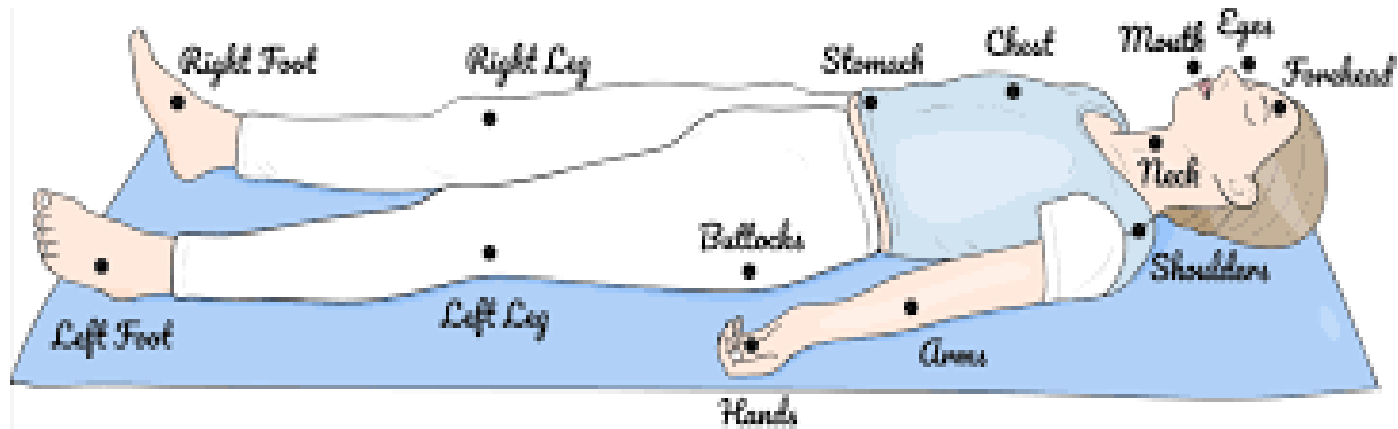
Write your SMART goal in the chat

Footstep 5

Relaxation and mindfulness



Activity: Relaxation



Progressive Muscle Relaxation

Activity: Mindfulness

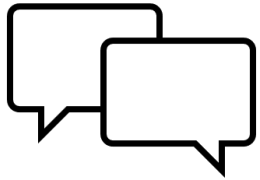


3 Pillars of Mindfulness Practice

What is the difference between Relaxation and Mindfulness?

- ✗ **They are very different although there may be some overlap in techniques**
- ✗ **Relaxation has an intention towards changing something**
 - 🔗🕒☐ muscle tension/slow breath/calm the mind) & feeling more relaxed
- ✗ **Mindfulness has an intention towards present moment awareness which may not always be relaxing**
 - 🔗🕒 to observe what is here already without necessarily changing it; giving opportunities to reflect on next steps and chose best action





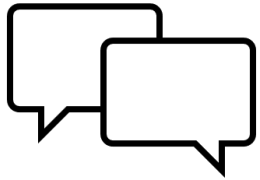
How might **Relaxation** be helpful?

What activities could be included in relaxation?



Benefits of Relaxation

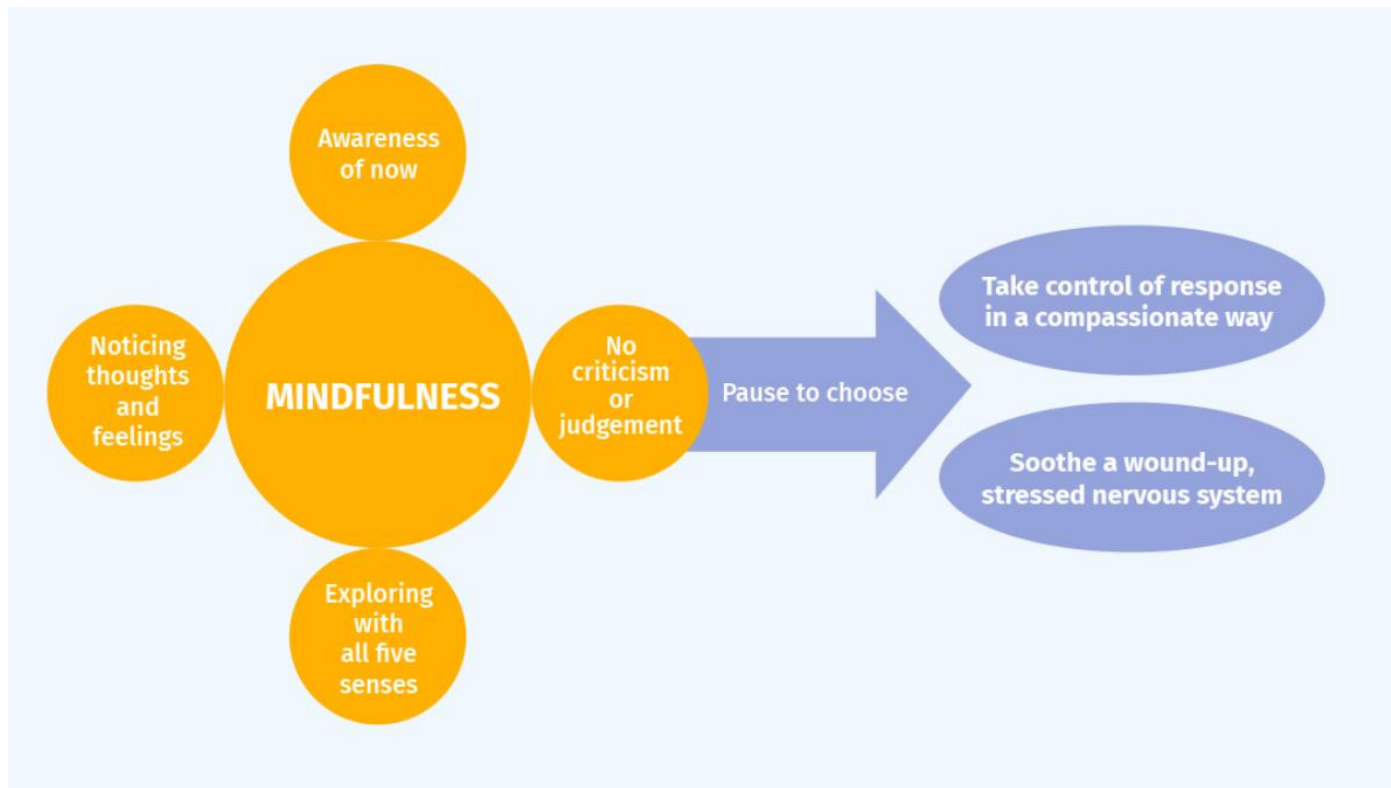
- R- May **reduce** pain. Muscle relaxation may reduce pain, while muscle tension may increase pain.
- E- Body reactions to **emotional** distress are reduced. (Muscle relaxation helps your body feel calm.)
- L- **Let's** you be at ease.
- A- **Awareness** of tense muscles increases so you can catch tension early and release it.
- X- X stands for a blank; you can fill in what other benefits you discover. You may notice that you sleep better when you use relaxation methods or able to concentrate more easily.



How might **Mindfulness** be helpful?
What activities could be included?



Mindfulness



Lived Experience – Relaxation and/or Mindfulness

- ✘ What do you do to relax?
- ✘ What relaxation strategies have you found helpful?
- ✘ What were/are the challenges in learning to relax?



Sean's Story...the other
way (skills not pills)

Giving HOPE

MINDFULNESS



x

GETTING LOST IN THOUGHT

Relaxation and Mindfulness Summary

- ✘ Relaxation and Mindfulness are skills
 - 💡🕒 An active process requires practice
 - 💡🕒 Learning this skill takes time
- ✘ They are different with different intentions
- ✘ Our role is to offer options to explore & signpost



LOG OUT



Footstep 5

Relaxation and mindfulness



Footstep 4

Setting goals and getting active



Footstep 6

Sleep

Relaxation is an important strategy in managing pain, stress and sleep problems. As well as participating in enjoyable and well-paced activities, people living with pain can learn some key relaxation skills based around breathing, mindfulness and shifting the focus of their attention.

It is important for people living with pain to know that both relaxation and mindfulness practice are skills that need to be practised.

Practising them is an active process, not just something that happens by

See this footstep as presented to people with pain who visit the site



Footstep 5 – Relaxation and mindfulness

Summary of key points

- ✓ Relaxation and mindfulness are skills that people learn and practice at regular intervals, like learning a language
- ✓ These activities are safe and evidenced to benefit mood and quality of life
- ✓ You can encourage people to choose relaxation methods that most appeal to them – there are many options
- ✓ By participating in a mindfulness course, people can become skilled in directing their attention to where they want it to be

Next footstep



Footstep 9

Medicines and nutrition



What we are clear about...at present

NICE guidelines [NG193 & NG215]

- Consider an antidepressant (amitriptyline, citalopram, duloxetine, fluoxetine, paroxetine, sertraline) (this is off label use see NICE information on prescribing medicines)
- Seek specialist advice for 16-17 year olds
- Explain that the medicines may help with quality of life, pain, sleep and psychological distress even in the absence of a diagnosis of depression

primary pain

NICE guideline [NG193] Published: 07 April 2021

- Do not initiate



Cochrane
Library

Trusted evidence.
Informed decisions.
Better health.

Title Abstract

Cochrane Reviews ▾

Trials ▾

Clinical Answers ▾

About ▾

Help ▾

Cochrane Database of Systematic Reviews | Review - Intervention

Antidepressants for pain management in adults with chronic pain: a network meta-analysis

Hollie Birkinshaw, Claire M Friedrich, Peter Cole, Christopher Eccleston, Marc Serfaty, Gavin Stewart, Simon White, R Andrew Moore, David Phillippo, ✉ Tamar Pincus Authors' declarations of interest

Version published: 10 May 2023 [Version history](#)

<https://doi.org/10.1002/14651858.CD014682.pub2>

Lived experience

What were your experiences
of using medication for pain?

Impact of medicines and pain – Sean's story

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- Not able to do all activities after operation.
- Exploratory operation, diagnosed nerve entrapment in scar
- Extensive social life all gone
- Feeling totally worthless
- High dose polypharmacy
- Weight gain through inactivity + medication

Task: Listen to Sean & Ann's stories

The Great OPIOID SIDE EFFECT Lottery



Opioids ('strong painkillers') can be really useful for a short time – after an injury or surgery. But longer term they aren't much help. **They only reduce pain for about 10 percent of people in the long term.**

So out of every 100 people, 90 get no benefit long term. And they'll still get the side effects.

If you're taking opioids, the chances are you'll be experiencing at least some of the side effects listed here. **Tick the ones that affect you, and you may decide it's time to review your medicines with your clinician.**

(Remember – never come off your medicines suddenly as this may cause other problems).

- Feeling dizzy, sickness 17 to 35
in every 100 people
- Sweating 35
in every 100 people
- Confused, sleepy 14 to 29
in every 100 people
- Constipation 20 to 40
in every 100 people
- Risk of falls and fractures
- Weight gain 29
in every 100 people

- Dry mouth 50
in every 100 people
- Reduced sex drive, erectile dysfunction, infertility 25
in every 100 people
- Unable to pass urine 4
in every 100 people
- Immune system affected
- Increased levels of pain
- Sleep problems 26
in every 100 people
- Forget things / memory loss 24
in every 100 people
- Euphoria (feeling high)
- Mood changes
- Emotionally numb

Other consequences

Tolerance – your body gets used to it, so the same dose is less effective than it used to be

Dependence – withdrawal symptoms if stopping suddenly or without clinical support

Addiction – psychological dependence and behaviour patterns develop

Misuse – not using them in a responsible way



Footstep 9: Medicines and nutrition

- ✗ We now know that pain medicines only reduce pain for about 40 percent of people who use them.
- ✗ Medicines appear to become less effective the longer people remain taking them.
- ✗ Side effects of pain medicines can have a major impact on a person's life.
 - 💡 Sedation, fatigue and weight gain can make it harder for people to become more active, something we are confident has a positive effect on pain and well-being.
- ✗ At least 50% of people with pain are overweight and pain medicines can make that harder to change.



So supporting a person with pain often involves making changes with both [medicines](#) and [nutrition](#) . .

.

Your role....

Guide the person in the safe and effective use of pain medicines, ensuring they do not inadvertently come to harm.

You can do this by:

- × Finding out whether the pain medicines are actually helping the person to do more in their lives, and similarly, what they still find difficult in spite of the medicines.
- × Helping the person to understand the risks and potential long-term harms of pain medicines, and exploring how these might be affecting them.
- × Ensuring you have introduced other concepts of supported self-management such as pacing and goal setting.

<https://livewellwithpain.co.uk/wp-content/uploads/2022/09/patient-medicines-decision-guide.pdf>

Using medicines for persistent pain



Think about whether your medicines help you to manage your persistent pain. This tool may help you decide about using medicines in better ways for you. Answer the questions below to help you think and decide.

How much do your medicines relieve your pain at present?
Circle the amount that is closest to your experience

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
(No pain relief) (Completely pain free)

Do you have side effects with your current medicines? YES NO
Circle yes or no

If yes, what are they?
Circle all the side effects you experience

concentration difficulties constipation sickness dizziness weight gain
hallucinations depression/low mood rashes blurred vision dry mouth
sexual difficulties Any other side effects? _____

Does the pain relief effect reduce despite increases in the dose regularly? YES NO
Circle yes or no

Do you get any of these dependence symptoms?
Circle all the dependence symptoms you experience

shaking tremours nausea vomiting diarrhoea itching aching muscles

Do medicines help in a setback with high pain levels? YES NO
Circle yes or no

Do they help you feel good about yourself? YES NO
Circle yes or no

Do they help you get a good night's sleep? YES NO
Circle yes or no

Do they help you to keep doing the things that are important to you? YES NO
Circle yes or no

Write down benefits and problems or side effects of taking medicines for your pain.

Benefits + Problems or side effects -

Now look through your answers. Are there more benefits or problems in taking medicines?
Circle the answer that applies to you

More benefits More problems

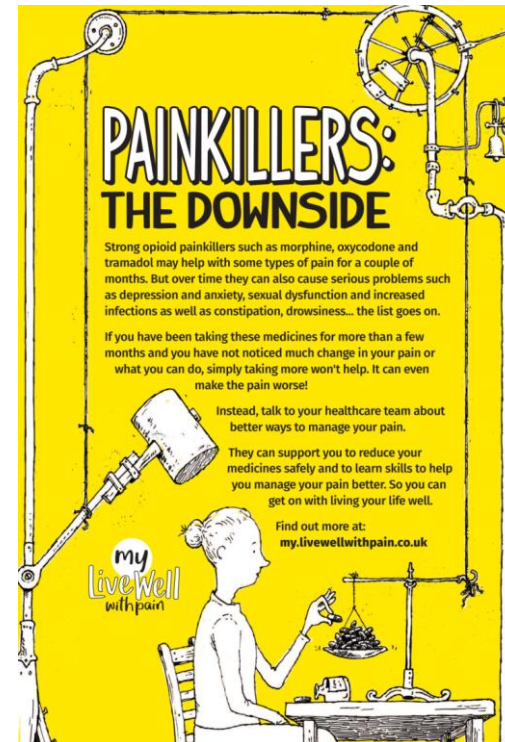
Choose from these medicine options for you now.
Tick your choice

Stay on the medicines
 Explore ways to reduce or make changes to them
 Plan to gradually reduce and stop

Changing the conversation...

It is not a person's fault that they often want more or different pain-relieving medicines when they are not likely to be aware that they do not 'work' for everyone.

- × We should be mindful that people who have taken pain medicines for long periods of time, may feel confused that they are only just being told.
- × For the majority of people, despite publicity about the risks of analgesic medicines, being told that 'painkillers do not kill pain' challenges their beliefs.
- × It is important to give people time to process and make sense of the information.



<https://livewellwithpain.co.uk/wp-content/uploads/2022/09/painkillers-poster-2.pdf>

Actions practitioners can take

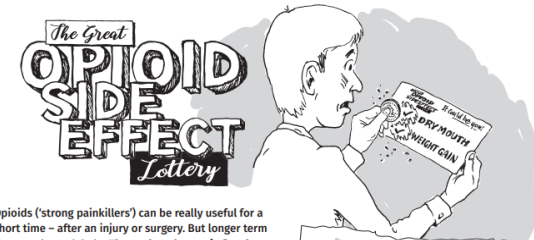
- × Whilst most people will not gain much benefit from taking pain-relieving medicines, it is not possible to know who those people are until they have taken them
- × Understand the evidence/guideline around the use of analgesic medicines in particular pain conditions. It can be easier not to prescribe in the first place, rather than try to stop medicines later on.
- × When an analgesic is prescribed, ensure the patient understands it will be a trial and not an indefinite prescription.
- × Agree a goal with the patient which will be used to review whether the pain-relief is helping or not. This could be an improvement in sleep, a short daily walk or something they feel is achievable and meaningful. A goal should be agreed whenever a dose is changed and even if the patient is already taking analgesics. ([Footstep 4: Setting goals](#))
- × Agree what dose will be prescribed, if it can be increased, by how much and when.
- × Agree when the review will be – normally two weeks after starting the trial in the first instance.

If you are planning to start a prescription, explore the resources in our [Medicines: starting a prescription](#) section

Tapering pain-relieving medications

- ✗ We are all being encouraged to review analgesic medicines, especially for people who have been using them for extended periods of time or at high doses e.g. greater than 120mg oral morphine equivalent daily dose.
- ✗ Whilst it is important not to continue medicines that are unhelpful or which are harmful, it can cause patients to feel targeted or that they are having changes made without their agreement.
- ✗ Patients tend not to know what the side effects of a medicine are, so consider asking them what other issues they have noticed or problems they are experiencing. These can then be linked back to the medication

If you are planning a medicines review, explore the resources in our [Medicines: resources to use when reviewing prescribed opioids](#) section



Opioids ('strong painkillers') can be really useful for a short time – after an injury or surgery. But longer term they aren't much help. They only reduce pain for about 10 percent of people in the long term.

So out of every 100 people, 90 get no benefit long term. And they'll still get the side effects.

If you're taking opioids, the chances are you'll be experiencing at least some of the side effects listed here. Tick the ones that affect you, and you may decide it's time to review your medicines with your clinician.

(Remember – never come off your medicines suddenly as this may cause other problems).

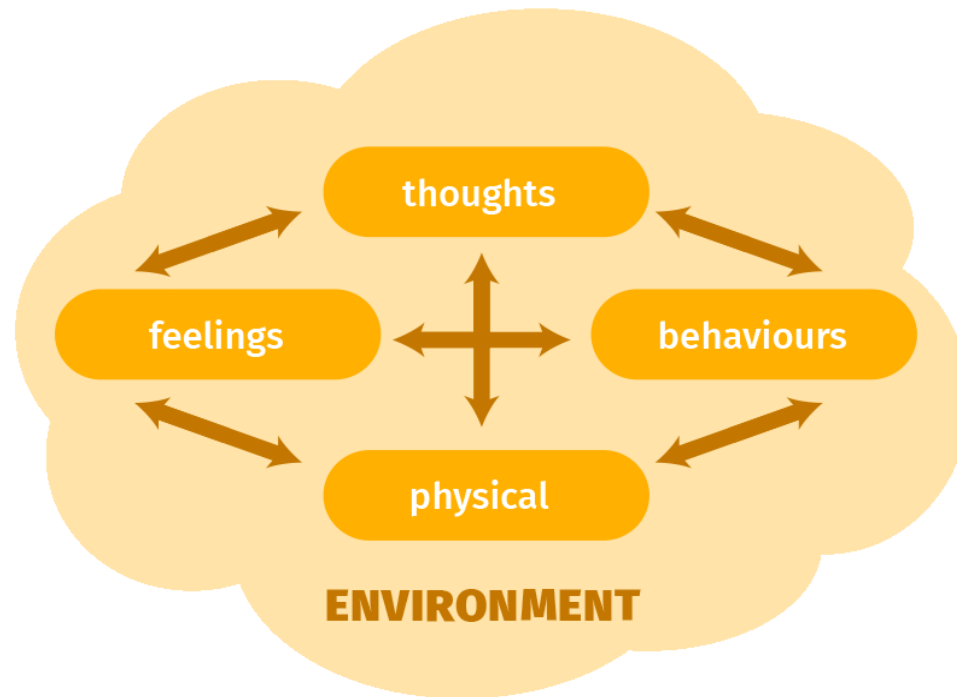
- Feeling dizzy, sickness 17 to 35 in every 100 people
- Sweating 35 in every 100 people
- Confused, sleepy 14 to 29 in every 100 people
- Constipation 30 to 40 in every 100 people
- Risk of falls and fractures
- Weight gain 29 in every 100 people

- Dry mouth 50 in every 100 people
- Reduced sex drive, erectile dysfunction, infertility 25 in every 100 people
- Unable to pass urine 4 in every 100 people
- Immune system affected
- Increased levels of pain
- Sleep problems 26 in every 100 people
- Forget things / memory loss 24 in every 100 people
- Euphoria (feeling high)
- Mood changes
- Emotionally numb

Other consequences
Tolerance – your body gets used to it, so the same dose is less effective than it used to be
Dependence – withdrawal symptoms if stopping suddenly or without clinical support
Addiction – psychological dependence and behaviour patterns develop
Misuse – not using them in a responsible way

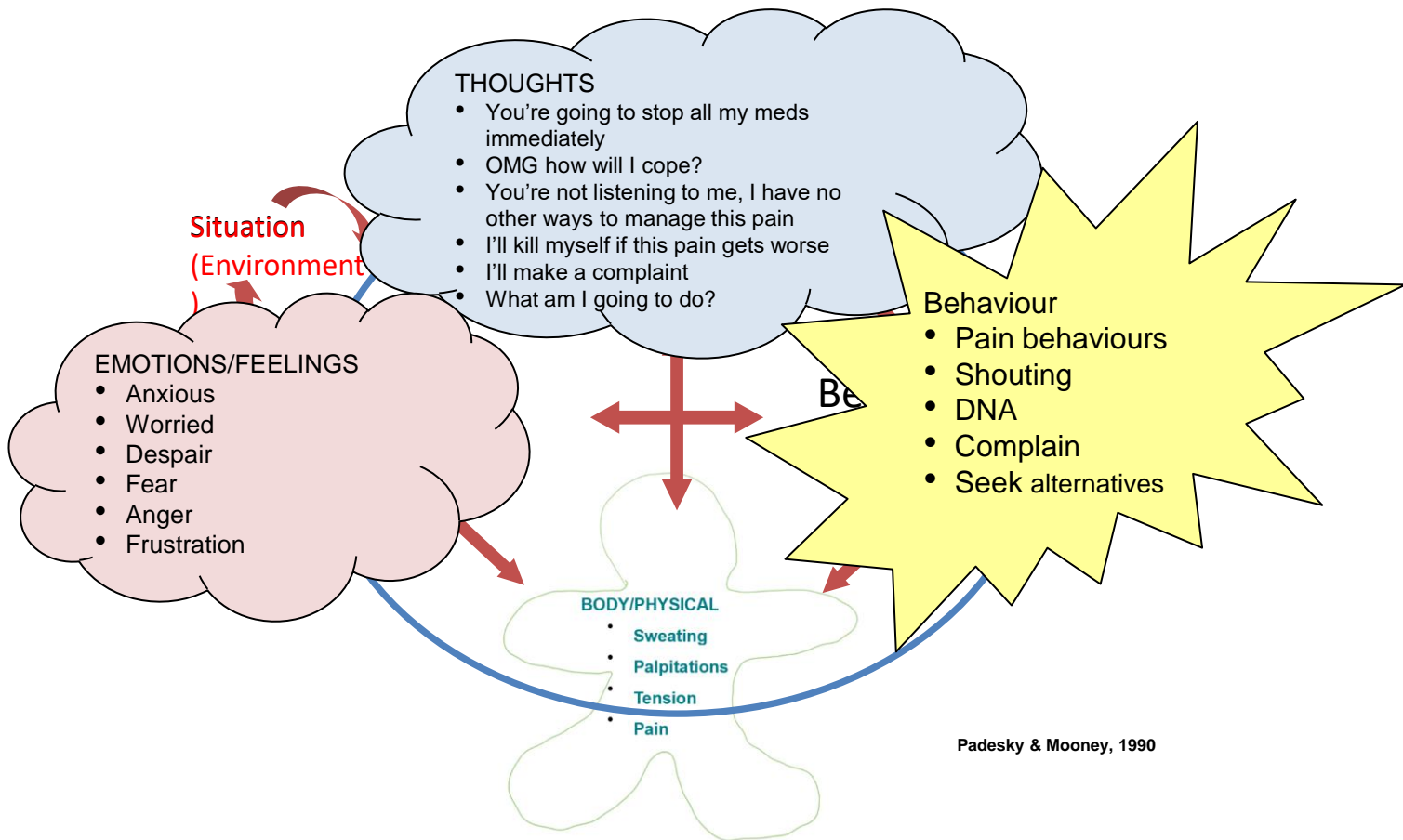


The five areas model



The “5 Areas Model” & Deprescribing

“My advice is to reduce the medications you’re taking”



Padesky & Mooney, 1990

Nutrition

- A combination of medication side effects, together with being less active can lead to becoming overweight.
- Affects at least 50% of people with pain.
- losing weight is likely to be useful, but 'diets' may be psychologically unhelpful
- More positive outcome: focus on **healthy eating with greater levels of activity**
 - ▣ **high quality nutrition** e.g. a Mediterranean type diet as suggested in NHS Eat Well
- Public Health England recommend a vitamin D supplement daily for all and a dose of 10 micrograms/day to limit emergence of osteoporosis, especially in autumn/winter
- If you have access to local weight loss support services, consider referral – this group support may also help with social connectedness



Nutrition

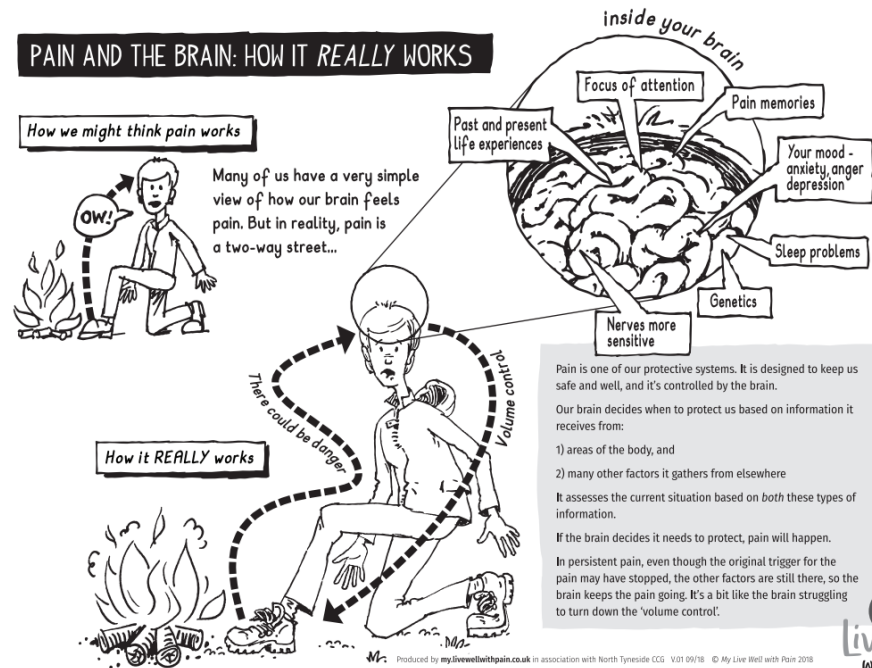
The role of the gut and the microbiome....

- Gut is full of trillions of bacteria, viruses and fungi. Some of these are good and some are bad.
- These are collectively known as the **microbiome**.
- While some bacteria are associated with disease, others are actually extremely important for your immune system, heart, weight and many other aspects of health.
- Emerging research around the role of the **gut microbiome in regulating pain**.



Review of Pain and the brain

- Pain is an output of the brain
- Protective mechanism: protect by pain alarm
- The decision of the brain on whether to sound the pain alarm is based upon information that reaches it from all parts of the body e.g.
 - the tissues,
 - different parts of the brain such as areas responsible for emotion and memory and
 - the gut/microbiome



How does the gut microbiome influence health?

There are a number of different ways in which the gut microbiome can affect key bodily functions and influence health

- **Digesting fiber:**
 - producing short chain fatty acids, which are important for gut health.

- **Helping control your immune system:**
 - The gut microbiome communicates with immune cells, thus controlling how your body responds to infection

- **Helping control brain health:**
 - The gut microbiome may also affect the central nervous system, which controls brain function and brain health e.g. neurotransmitter production
 - The gut is physically connected to the brain through millions of nerves. therefore, the gut microbiome may also affect brain health by helping control the messages that are sent to the brain

- **Microbiome diversity**
 - Lack of diversity in the gut microbiome or an imbalance of bad bacteria, triggers a low level inflammatory and immune response
 - This can sensitize the CNS and increase the volume of the danger messages reaching the brain

How Can You Improve Your Gut Microbiome?

To have good gut health we need a **wide range of different types of bacteria** or microbiome.

The food you eat directly influences the diversity of your gut microbiome



- ❑ **Diverse range of foods:** e.g. legumes, beans and fruit (lots of fiber)
- ❑ **Fermented foods:** e.g. yogurt, sauerkraut and kefir
- ❑ **Limit your intake of artificial sweeteners**
- ❑ **Prebiotic foods:** e.g. artichokes, bananas, asparagus, oats and apples
- ❑ **Whole grains**
- ❑ **Plant-based diet**
- ❑ **Foods rich in polyphenols** e.g. red wine, green tea, dark chocolate, olive oil and whole grains.
- ❑ **Probiotic supplement**
- ❑ **Take antibiotics only when necessary**

Footstep 9 – Medicines and nutrition

Summary of key points

- ✓ Pain medicines remain a major part of most people's pain management, however they are poorly effective for the majority of people
- ✓ Side-effects of pain medicines, especially opioids and gabapentinoids, can make living with pain much harder but few people are aware of the problem.
- ✓ It is important to change the conversation about pain medicines, focusing on what they enable the person to do, rather than whether they take pain away
- ✓ Nutrition is important for a person's general health and well-being. The focus should not be just on weight loss but supporting someone to make healthier choices, when possible and to see food as part of their management plan



Thank You

Any Questions?

www.livewellwithpain.co.uk

info@livewellwithpain.co.uk

