Powell River
Division of Family Practice
A GPSC initiative

Powell River Chronic Pain Public Seminar – Questions Summary

Specific

What treatment is best for spinal degeneration pain, other than spinal nerve root blocks?
Many people with these changes respond well to gentle, then progressive, loading of the joints/spine. You should start with a health professional to keep you safe and to provide good "explain pain" education, then graduate to community-based movement programs, or home and life-based movement. Massage therapy can release surrounding musculature tension and reduce pain.

Any suggestions for chronic daily migraines?
The first thing is to assess whether there is a significant mechanical contributor from the neck. If there is a directional preference to neck movement, then treat this, or refer to a physiotherapist who will know how. Sometimes a neck massage can help. Migraines can also be related to stress, so start with calm breathing, and progress to gentle movement and mindfulness.

When is surgery the best option?
Surgery can be an option after less invasive therapies have not worked. For the best response, consult a surgeon who is familiar with your situation. In many conditions for which surgery is elective, an active self-management and movement approach is indicated first before surgery.

How does one explain the onset of chronic pain to an area of injury which has had previous medical procedures in the past but no chronic pain?
Explanations are always best in the patient's "language" with metaphors that align with life history. Injury is a trauma, and can leave the nerves in the area more sensitized … like that spot on your shin – months or years after a contusion. Most of the time the nervous systems don't pay too much attention to this area in the future. Sometimes pain doesn't follow its usual rules, and something that creates a physiological stress makes these nerves more sensitive, or allows more signals to get through to the brain. So, our job is to figure out how to decrease the signals passing from body to brain, and to make the tissues as healthy as possible (through movement) because this calms down the nerves and the signals.

What can I do about my arthritic knee or hip other than cortisone or surgery?
Start to move your knee or hip more, in a gentle way such as in water. Find your baseline and start from there, avoiding too much force which will make you regret the movement later. Arthritic joints do not need to hurt all the time. And maybe there are muscles that need some expertise of a PT to help re-engage. Massage treatments can help with hip pain, but not much on knees.

Are there any avenues of help for nerve pain?
Yes. Nerve pain is more difficult to change, yet it is changeable. Find someone who can guide you to moving around the area of the pain without leaving you worse. Start a daily practice of calming your nervous systems. Something that takes you to less fight and flight, and towards calm, peace and joy. You are learning how to turn the signals down, and this can continue to improve for months and years.

What type of results can you get by treating people with massage therapy?
Massage therapy can reduce muscle tension, and provide a relaxation response which reduces pain. Massage therapy can offer great results with torticollis, good results with lower back pain and muscle spasms, and some positive results with headaches and plantar fasciitis.

Most results from massage are temporary, though some research suggests lasting change when people with low back pain receive 3+ hours of massage a week. Use the decreased pain after massage to let you move and live with more ease.

Any suggestions for chronic daily migraines?
Many headache symptoms can be treated with standard pharmaceutical therapies, such as Tylenol or triptans, however, chronic headaches may require prophylactic therapy to decrease their frequency. (A prophylactic medication is one that is taken every day for prevention, rather than acute symptom relief.) Migraines are classified as chronic if they occur during at least 15 days per month over a 6-month period. Examples of medications for migraine prophylaxis include anticonvulsants, antidepressants and beta-blockers. Talk to your doctor about whether you might benefit from prophylactic therapy.

Another important part of managing chronic migraines is understanding what triggers them and what makes them better. Keeping a journal (available free at migrainecanada.org/diaries/) is recommended for more effective management of chronic migraines. Relaxation techniques, exercise, and avoiding your headache triggers are all valuable strategies to deal with chronic headaches outside of medication therapy.

Please explain hyaluronic acid.
Hyaluronic acid is a naturally occurring molecule found most abundantly in cartilage, skin, eyes, and the fluid that helps cushion our joints. Hyaluronic acid is approved by the FDA as an injection to treat knee pain in osteoporosis patients. It is also a component of some oral medicines marketed to help treat joint pain. Research suggests that hyaluronic acid reduces inflammation and may decrease joint breakdown by lubricating the joint. However, the effectiveness of hyaluronic acid therapy is questionable, as many patients treated with it do not report a significant reduction in their pain symptoms.

Are there any avenues of help for nerve pain?
Treating nerve pain can be a process of trial and error to find the safest and most effective therapy. In addition to non-drug strategies to manage pain, your doctor might prescribe you a medication to decrease the worst of the pain symptoms and help improve your functionality. Some common medications used to treat nerve pain are:
Anticonvulsants
-Gabapentin/Pregabalin: modify and reduce nerve impulses involved in the transmission of pain signals; act on different nervous system receptors than opioids and do not significantly alter serotonin or dopamine levels like antidepressants.
Antidepressants
-TCAs (amitriptyline, nortriptyline): relieve pain independently of their antidepressant effects. They block signaling between nerves both centrally and peripherally to cause analgesia (pain relief), and alter levels of serotonin and noradrenaline. Also useful for sleep and muscle spasms.

-Duloxetine (Cymbalta) and Venlafaxine (Effexor): antidepressant medications recommended as first-line options for chronic neuropathic pain; studied for effectiveness in diabetic neuropathy and chemotherapy-induced neuropathy

Self-Management

What does "pain self-management" mean? Once the pain begins, what is the first step in managing it?
Pain self-management is all the things we can do to influence/change pain. Self-management is part of every good pain management plan. The first step in managing it has not been researched. Clinically, the first step is to listen to the person in pain. The next step is to validate the pain and the person. Next we usually start by providing knowledge that pain is changeable and that the individual has some influence. This knowledge can be provided through a movement experience, through "explaining pain". And then most people benefit from learning how to breathe calmly at rest before we start to guide them in recovering movement and ability to perform life activities.

Self-management is about learning and practicing skills and tools that allow you to live easier and healthier with your chronic condition. It is about:

- Knowledge
- Easy movement
- Relaxation
- Mindfulness
- Support and partnership – with your healthcare providers (including doctors, physiotherapists, massage therapists, counsellors, chiropractors, etc,) and family and friends
- Patience, practice and persistence (all new skills take time to learn)

What are the most important details about my pain that you need to know?

- How it is impacting your life?
- What it is like now? (so we can compare later)
- Do you believe pain can be changed?
- Do you already know some ways to change it (rather than ignore or suppress it)?

How do you manage pain while waiting for an appointment (referral) that is several months away?
Some suggestions include:

- Calming techniques such as breathing longer, smoother and softer
- Releasing muscle tension
- Accessing therapists who may be available sooner
- Heat or cold
- Water exercises
- Getting help with sleep and finding the right medication management
- Doing things that bring you joy and laughter

How can you stop your body from being triggered easily? How do you block it? Can you ever cure it?
Be aware of triggers, careful to not put too much attention on it; but simultaneously do stay in touch with messages your body is sending. Mindfulness, meditation, prayer, laughter… anything that increases the evidence of safety. Most people state that over time the pain decreases and they recover more of life and more ease of movement. Some say it is gone.

What role does a doctor have when managing a patient's pain?
Most people interact first with their family doctor when they have chronic pain. The role of an educated General Practitioner is to act as a guide for chronic pain patients who are navigating their self-management journey. A family doctor can support a chronic pain patient by finding the right medications, being a coach and cheerleader, and often by being the captain of the team, bringing in the right practitioner at the right time.

Different doctors and different specialties will have different roles. For example, there's work going on in the Department of Surgery at VCH to address how to avoid people from getting chronic pain after surgeries. Research is also being done in the Department of Anesthesia with different operations to prevent acute pain from becoming chronic pain. VCH is also developing a Chronic Pain strategy.

All GPs in Powell River have been educated and have access to tools that the doctor and patient can use to help manage chronic pain.

Doctors are too busy to be a Case Manager. Can we have a Pain Manager or a Team?
We are very excited to share that in Powell River we have been working on a pilot project in partnership with Vancouver Coastal Health to trial a Local Pain Team. The Local Pain Team project is now in the pilot phase and consists of a Registered Nurse, Community Pharmacist, Psychiatrist, Pain Specialist and Substance-use Specialist.

After the first set of patients have completed a 12-week trial period, an evaluation will be done to assess outcomes and the value of having implemented this new initiative.

What are successful outcomes when managing chronic pain? How can I measure outcomes? How do I find the limits to movement when the "target" keeps moving?
The most important measurement is quality of life or of function. If the target is moving, then don't look for the limits. Get really good at listening to your body and mind for possible signals that it is time to stop or modify. Make plans for the days you overdo it, because this will happen.

What is the format of a self-management support group?
There are two regular FREE self-management support groups in Powell River:

- *Powell River Pain Self-Management Group* (by People in Pain Network), meets monthly, first Tuesday of the month, 2pm-4pm, Powell River General Hospital. Call toll-free 1-844-747-7246 to register. http://www.pipain.com
- *Chronic Pain Self-Management Program* (by Self-Management BC), 6-week program, Fridays, 10am to 12:30pm, Powell River General Hospital. Call 1 866-902-3767 / 604-940-1273 to register. http://www.selfmanagementbc.ca

The format for the above programs is as follows:
Powell River Pain Self-Management Group
The format of this program was designed with help from professional group leaders.

- Opening Welcome
- Review of Agenda
- Review and agreement to follow group guidelines.
- 5 to 10-minute guided meditation

- Check in (talk about the past month, report on brief action plan, if applicable). A new group member would talk about what brings them to the group.
- Education* segment: topic or speaker about pain self-management
- 5 to 10-minute relaxation / breathing exercise

*Topics include speakers/videos on mindfulness, changing negative thinking, Neil Pearson's 5 Free Steps and other webinars done by Neil, Lorimar Mosely, Jon Kabat-Zinn, neuroplasticity, pacing, safe movement, grief and conflict, acceptance, medication, chiropractic, etc

Chronic Pain Self-Management Program
The Chronic Pain Self-Management Program is a six-week workshop that helps people with chronic pain to better manage their symptoms and their daily lives. The workshop provides information and teaches practical skills. It gives people the confidence and motivation they need to manage the challenges of living with chronic pain.

To download an **overview** of the Chronic Pain Self-Management Program, click here.

Workshop groups meet once a week for 2½ hours, over six weeks. There are ten to sixteen participants in each workshop. In the workshop, you will learn how to:

- use techniques to deal with problems such as frustration, fatigue, isolation and poor sleep;
- exercise for maintaining and improving strength, flexibility and endurance;
- use of medications;
- communication skills;
- healthy eating;
- pacing activity and rest; and
- how to evaluate new treatments

Participants take an active role in the workshop. They set individual goals each week and work to accomplish their goals throughout the following week. Participants are asked to share their goals and progress with the group.

Emotion

How does chronic pain affect our emotions?
People with chronic pain often report depression, anger, anxiety, grief, fear…

Having chronic pain is an exhausting experience; it certainly adds to stress, interferes with sleep, and consequently is naturally going to have an adverse effect on emotions. People with chronic pain are more apt to have a disconnection with happiness, joy, love, peacefulness. Science shows that these changes are associated with changes in the part of the brain that are involved in emotions and emotional regulation. One of the ways to help these emotions is to learn techniques which decrease fight-flight and freeze responses. Through mindfulness techniques, we can control that stress and improve our mood, which will help the pain, even if changes in the mood are caused by the chronic pain.

What is the psychological impact of chronic pain?
It can be devastating. However, people can learn to regulate emotions more, relearn how to focus on what they want to, and become more fearless again. For some people there can be positive changes in psychology.

How common is depression in individuals with chronic pain and is there a pattern to watch for?
Statistically, people with chronic pain are 3 times more likely to be depressed,
and people with depression are 3 times as likely to develop chronic pain. People who have had mental health problems in the past are more likely to develop chronic pain in the future.

How does mindfulness and box breathing work?
Mindfulness offers many positive changes. It helps us to wind down the parts of the brain that are involved in ruminating on past events, and on predicting negative future. It engages pathways in the brain that are involved in pain management. These pathways are different from the ones associated with endogenous opioids, so they can be used in addition to opioids. Awareness is required for self-regulation – mindfulness is one of the first steps to self-regulation. And mindfulness is associated with slow breathing, which is also pain relieving.

Any breath that slows down the pace, and extends the exhale will alter blood pH towards normal values and decrease fight or flight. Slow breathing releases more serotonin and engages more of the parasympathetic nervous system.

Nutrition

What is the success rate of changing your diet?
This varies a lot, and depends on what you are looking for in terms of success and what diet changes you are thinking of implementing. Losing weight and keeping it off is very hard according to the statistics and is not a good indicator of success. However, if you want to make some small lifestyle changes that will have an impact on your wellbeing and long term health it is possible to be more “successful”. Some people can get symptom relief with a few dietary changes, but it depends on the cause of the pain and what the symptoms are.

Why do sugar, grains, nuts and seeds (and their oils), and saturated fats all increase my pain?
There is not really one straightforward answer to the question. It important to notice what helps and hurts you and act accordingly. Here is a response from a HealthLink BC Dietician:

A dietitian would need more information from this client to try to sort out which of the listed foods may be related to that individual's allergy (usually a protein) or intolerance (gut pain from bloating, resulting from gas) or other dietary reason (reflux from a large, fatty or late meal), or not dietary-related at all. The client would also need a physician's help in sorting out the cause of pain, and whether it may be dietary-related.

If the pain is related to arthritic inflammation, although “low inflammatory diet” or “anti-inflammatory diet” don't appear in the titles, many of the foods showing promise for lowering inflammation are found in eating guidelines that emphasize fish and plants (vegetables and fruits, lentils and beans, nuts and seeds), and low saturated fats and processed foods. These healthy eating guidelines may also help your clients

with weight concerns to achieve healthier weights, which may help reduce pain by lifting weight off joints.

Some examples of consumer resources include:

- **"Your Good Food Guide**" for arthritis, and **"Using Supplements to Treat Arthritis".** Available on the Arthritis Society website (under 'Optimizing Self' tab)
- **Plant-based Diet Guidelines**
- **Mediterranean Diet**
- **Using the DASH Diet to Help Lower Blood Pressure**
- **Antioxidants and Your Diet**

There is no scientific evidence that avoiding nightshade vegetables (including potatoes, tomatoes, eggplants and sweet and hot peppers) helps to improve Rheumatoid Arthritis symptoms.

For additional questions regarding nutrition, food information or dietary guidance, call **HealthLink BC at 8-1-1 and ask to speak with the dietitian.**

Movement

When you are in so much pain and told to exercise but you can't because of the pain, what do you do?
We need to think of exercise in a different way – maybe as movement, or as activities of daily living. Start with small things, even if they feel too small to be helpful. Sometimes you need to learn how to breathe calmly, release muscle tension and regulate negative emotions before starting movement. Keep hold of the idea that we need to keep everything calm while moving to decrease the evidence of danger.

Sometimes you need to start with imagined movements – when the pain is really bad. Gentle exercises in a hot or cool pool, or whatever you think you can do, can help.

When dealing with multiple systemic issues, and movement is not an option, what are some strategies?
Mindfulness, other meditation, prayer, relaxation, self-hypnosis, music, yoga nidra….
Consultation with a physiotherapist is also a good idea; often a physio can help you find some movement that even a bedbound patient can do, which will help.

Why does exercise work to a point, then plateau and not continue to improve [the pain]?
Sometimes it plateaus because you need to add other ingredients – learning how to progress without holding your breath or body tight, while knowing one is safe and won't regret it later, while paying just the right amount of attention to the pain…
Sometimes you need to switch the movement or exercise so you are doing something novel, or learn to have more fun while you are doing it.

How do you balance sitting, walking, standing, and lying down?
This is very individual. The idea, though, is to try as best as you can to get up before you regret it. If you only move when the pain has increased a lot, then the protection mechanisms learn that the only way you will listen is if it screams.

Here is one chronic pain patient's advice:

Balancing these activities is possible even if it is a challenge. It is about changing your position before you hurt more than usual. It can be a moving target, so start by finding out how long you can do each activity before it begins to hurt a little more and write down that amount of time. Also write down the early "pain alarms" that you noticed. Practice these times until you are confident that you have found these times even on the more painful days.
After you have found these "baseline" times, you may want to add just a few more minutes (5 to 10 minutes) making sure that you do not overdo the amount of time for each activity. You may want to use a small timer to prevent overdoing it. When you increase the time a little, it is very important to ask 2 questions:

- *Is this safe?*
- *Will I pay for this later?*

If you feel that you are safe and you are confident that you will NOT pay for this later, then:

- *Take slow calm breaths*
- *Relax your body tension*

These 2 activities help to tell your brain that you are OK and it is not dangerous to do this increase in activity. The hardest thing is to go slowly and increase in very small increments, but you are worth the time and effort. I know that this works because I add more and new activities like this all the time.

What is Somatic Movement? How does it address chronic pain?
Somatic Movement can mean different things, but most include learning to pay more attention to messages of the body like breath and body tension and subtle sensations – to get more in touch with the body, and befriend it. In some, there are also techniques to help to reconnect with and love the body even when it is in pain.

Marijuana

What do you think about medical marijuana?
Marijuana can be considered as another tool in the tool kit; it can help some sleep but so can a CPAP (Continuous positive airway pressure therapy) machine or a hot bath.

Cannabinoids are currently recommended as a third- or fourth-line option under Canadian guidelines for certain types of chronic pain (neuropathies) after other medications have failed. Studies have been done using various cannabinoids, from synthetic prescription pills (Nabilone) to smoked plant material, and although some evidence has been found to support their use in pain therapy, there still exists a lot of conflicting data. Until more detailed guidelines and regulations are developed, the use of cannabis for pain treatment will likely only be considered for special circumstances.

Self-management of chronic pain with cannabis is not recommended and should always be under the supervision of a physician and with a valid prescription.

Some barriers to medicinal cannabis use include its adverse effect profile and its process to obtain it legally. Cannabidiol, or CBD, is thought to be the main therapeutic component of marijuana. All naturally-grown marijuana contains CBD as well as THC, which is the main psychoactive component. The ratio of THC: CBD can determine the drug's effect on the body, as a higher THC level causes more psychoactive effects such as those listed below.

- Adverse effects due to THC: headache, dizziness, drowsiness, fatigue, dry mouth, nausea, paranoid thinking, and dissociation. Cannabinoids can impair reaction time, motor coordination, and visual perceptions, and can also produce panic reactions, hallucinations, flashbacks, depression, and other emotional disturbances. Evidence suggests that smoking marijuana increases the risk of lung cancer by 8% for each joint-year of smoking. People with at least 10.5 joint-years of exposure appear to be at a 5.7-fold higher risk of developing lung cancer than nonsmokers.

With the legalization of marijuana, how will that affect pain management?

Because of the illegal issues with marijuana, there is really a large gap in good evidence to support its use. There is no doubt that a large number of people take cannabinoids to take them to a place where they feel no pain. There are lots of other drugs that meet that criteria (such as alcohol, heroine, and cocaine). When you have chronic pain, it can be tempting to take those drugs, and the legalization of marijuana will make the process to obtain the drug easier. However, self-management of chronic pain with marijuana without a doctor's guidance is still not recommended. It is more often than not that the long-term disadvantages of taking those drugs are outweighed by the advantages. That being said, there is some suggestion that cannabinoids might improve function in some select groups with individuals with chronic pain. The legalization of cannabis will allow us to do the legalized studies to monitor conditions and what sub doses of cannabinoids will work best. The management of chronic pain will not change until we fully understand where cannabinoids should fall in the hierarchy of chronic pain therapies.

Medication

Opioids take my pain away. Why shouldn't I be taking them?

When taking any drug for chronic pain, the measurement of long-term success is whether that drug allows you to do more of the things that you want to do. In the short term, opioids can often help you achieve that success.

When used on a long-term basis, however, opioids tend to stop working. As people build up a tolerance, they depend on opioids with little improvement to their function. The amount of medication needed to take the pain away increases, as do the side effects. The balance of benefit vs. harm weighs heavily on the harm side as you need higher doses of opioids. Over the longterm, opioids rarely improve function for pain.

Self-management and preventative strategies are essential for best results in pain management. Opioids can be of some benefit if used in conjunction with other means to help yourself. Speak to your healthcare provider about self-management options first, then assess the risks and benefits of opioid and other drug treatment.

Is it wise to switch pain medication every 6 months? For example, from tablets to patches, and to other opioids?

There is little to be gained by switching between opioids other than to possibly minimize side effects. Tables and patches are just different ways of delivering opioids. Switching between opioids to try and improve pain symptoms and reduce tolerance is not a useful strategy, as all opioids work at basically the same receptors in the body and are broken down into similar active components through metabolism. The

main differences between opioid medications is whether they are long-acting or short-acting, and how potent they are. An effective strategy to treat a type of chronic pain that responds well to opioids, such as cancer pain, is to combine both long-acting and short-acting opioids throughout the day.

What do you do when the medication causes the pain?
A pain medication that causes pain does not sound like a very effective pain therapy. Successful drug therapy can sometimes be a balance between safety and effectiveness. While we try to find the most effective medication to treat a condition, it also has to be safe. If a medication is effective for treating another condition but is causing pain to the point of being intolerable, it is important to speak with your doctor or pharmacist to have the treatment reassessed.

Worthwhile talking about is opioid-induced hyperalgesia – the technical term given when opioids can actually make the pain worse. This fairly often happens in chronic pain when people are on high doses of opioids. Ironically, the solution is a gradual reduction in the opioid dose: the pain often gets better and the side effects lesson.

Why does medication (and meditation and exercise) work to a point, then plateau and not continue to improve? Why does one pain medication work on one area and one work on another part of the back, and then suddenly stop after being chronic?
To understand, we need to think about why opioids work in the first place. They work because we produce our own natural opioids that work through opioid receptors in our body, and when we take opioid drugs on a regular basis, our body stops producing its own opioids. We actually reduce the number of natural opioid receptors. So, the same dose of opioids will work less and less for pain relief, so therefore you build up a fairly rapid tolerance of opioids so you need the same amount or more. Side effects go up even though pain relief doesn't, so you get to a point where the benefit of the pain relief outweighs the disadvantage of the side effects.

All interventions have their limit. If each of these (medication, meditation and exercise) decreases the pain, then it might make sense to use them all, layered together. Most pain management is about learning how to turn it down, not turn it off. Improving functionality is an important, if not the most important, goal in chronic pain therapy.

Can you provide more information about balancing medication (like Tylenol/Advil) with activity?
An important part of living with chronic pain is knowing what activities can cause the pain to get worse. These activities are called triggers, and may include the act of sitting, or needing to stretch a certain way to perform a daily chore. Understanding what triggers your pain is an important first step, because it can determine what time of day your pain medication should be taken. For example, someone with issues falling asleep due to a painful joint that flares up when they lie down might benefit from Tylenol a half-hour before bed. Similarly, taking your preferred pain medication before a daily walk, routine chore, or other triggers can help with anticipating the pain and treating it before it gets out of hand. "Chasing the pain" by taking a medication when the pain is at its worst is less desirable, as most medications take some time to reach full effect.

Medications do not usually stop pain, but decrease it. Use the decreased pain to move gently and mindfully because movement is the better long-term treatment.

The use of all medications should be gauged by a functional goal. In other words, does taking a medication allow you to do more of the things you want to do in life? If it does, you should look at taking that medication; if it doesn't, then you shouldn't.

Do repeated cortisone shots become a problem for joint health?
Corticosteroid injections into affected painful joints (called an intra-articular injection) can be less harmful for joint health compared to oral cortisone, as the injected medication works directly at the site to reduce inflammation rather than spreading significantly throughout organ systems to cause adverse effects. However, long-term oral corticosteroid therapy is known to be associated with osteoporosis. Patients with a chronic inflammatory condition that require daily oral corticosteroids are recommended to also take Vitamin D and calcium to reduce the risk of developing osteoporosis.

Why isn't there a doctor or program in Powell River for spinal injections?
Dr. David May offers spinal injections in Powell River. Ask your family doctor for more information about spinal injections, and/or about the Local Pain Team.

How do you know how much methadone is enough?
Finding the right dose of methadone is a careful and slow process, as it entirely depends on the patient's response. Once again, we try to not only find the most effective dose, but the safest. Usually, "enough methadone" is the lowest effective dose. The lowest effective dose is that which alleviates pain with the least burden of side effects.

What do you think about organic sulphur in alleviating pain?
Sulphur is a naturally-occurring element found in all body tissues, and is included as an ingredient in many natural health and homeopathic products. The sulphur found in the ligaments of our bodies declines with aging, which may be the reason why sulphur is sometimes marketed as an oral therapy for pain. We might conclude that supplementing with extra sulphur outside of what we already receive in our diets (found in proteins and some vegetables) could help repair deteriorating tissues and therefore alleviate pain in these tissues.

However, there is no current evidence that supports oral or topical sulphur use in pain management. In addition to it likely not being effective, orally consumed sulphur can also cause diarrhea and aggravate gastrointestinal conditions. Bottom line: any chemical (including opioids and sulphur) that claims to have a therapeutic effect is, by definition, a drug and will also have side effects. Focus on self-management which is much more of a magic bullet than any drug.

After 40 years of pain medication, where do I go from here?
It's probable that there is not going to be a new wonder med on the horizon. The more powerful gains will be had through mindfulness, and stress-reduction and self-management programs.

Opioids take my pain away. Why shouldn't I be taking them?
Opioids are useful for acute injuries and some types of chronic pain, such as cancer pain. The main concern with using opioids is the physiological dependence that comes with their continued use and the associated difficulty in stopping them. Additionally, becoming tolerant to higher doses of opioids is dangerous, as the amount of pain relief stays the same but the potential for serious adverse effects (respiratory depression, coma) increases. Although Opioid addiction is also a serious consequence that can

stem from starting opioid therapy.

> *Dependence vs. Tolerance vs. Addiction*
> Dependence is a progressive physiological adaptation to a drug that can result in tolerance. (Tolerance refers to the same dose of a drug producing a smaller effect each time.) With opioids, sometimes the dose is increased each time a person becomes tolerant to the previous effective dose, causing a cycle that results in dependence to a higher dose of opioid medication. Although dependence is a normal, physical response, it results in withdrawal symptoms when the medication is stopped too quickly. These symptoms can be minimized through careful, slow decrease of the dose over time.
> Addiction is different from dependence in that addiction is a behavioral pattern of compulsive use and obsession with obtaining the drug even after it may cause physical and emotional damage to the user. A person who has an addiction to opioids also has a physical dependence that causes withdrawal symptoms associated with a high relapse rate.

It is important to note that dependence/tolerance do not predict addiction, and it is better to say that opioids and other addictive drugs have a higher risk for addiction than other medications that do not affect dopamine, rather than saying opioids are addictive.

Pain

Can you ever cure pain?

> *"Some patients report that their chronic pain is gone, or really only there when they do the wrong thing. Pain is part of life, and it is a protection, so I believe that the question is not about having no pain."*
> Neil Pearson

By definition, chronic pain means you've had it for a long time. And as with all chronic illnesses, there is an expectation that you will continue to have it for a long time in the future. Some chronic pain does get better, but some doesn't – it follows an unpredictable course. It's probably not helpful to look for a curing model for your treatment because you'll be looking for a magic bullet to fix the disease, when control is a more realistic aim. The good news is that there are lots of improvements that you can achieve with a self-management approach.

If your pain is acute in a specific part of your body, how can your brain block it?
There is an off-switch for pain. We don't know where it is or how to turn it on. Blocking pain is only biologically useful when there is something else happening that is more dangerous.

If you have a chronic disc problem, in which you're unable to stand for any length of time or walk any distance, how would controlling your pain change this situation?
All pain is related to what is happening in the tissues of the body and how the systems are responding to or dealing with this. When you learn how to calm your nervous systems, and to perform activities that alter the chemistry of your body, you can change the way systems respond to signals from your disc. You can even change the signals that make it to your spinal cord and brain – so you have less pain when you stand and walk. If you can stand and walk longer, then the disc and other tissues will be able to regain some of their previous health and resilience. Maybe not normal, but if they are healthier, once again you

can stand and walk longer. (By the way, disc problems do not always get worse with age. Many with disc problems report less problems over the age of 60 than under).

To note: Discs can heal; often people keep reinjuring discs by the way we sit and move. Strength is not the answer. Poor movement habits must be reprogramed - like having the concave lumbar spine be convex a lot, or utilizing poor chairs and bending habits as a way of life. Consider paying attention to your body and habits to avoid triggers and make changes that feel better for your body.

How can you stop your body from being triggered easily?
Find the triggers and minimize. Use all calming and peaceful activities and techniques – do some every day! Get really good at these.

Why is pain so exhausting?
Fatigue is another way to make you stop or change your behavior. If the pain interferes with sleep, and/or if it changes daily movement, both of these things make us more tired. And pain is a stress.

Why do I hear "the tests are normal" when I still have pain?
Pain is not only related to structure. The medical world focuses on structure and anatomy. But pain is a physiological process – more about how things function than about structure.

Why is chronic pain so hard to treat compared to acute pain?
When pain is acute we can usually just treat the body. When pain is chronic, we need to treat the person – the pain changes so many aspects of our life and our physiology.

Why is pain education so important to my recovery?

> *"If we start with beliefs that pain cannot be changed, that I have no role or capacity in changing it, that pain is an accurate indicator of tissue damage, then we focus on toughing through it, suppressing it, and other strategies that do not lead to long term improvements."* Neil Pearson

Did you know that:

- Pain is real
- Pain is changeable
- You can influence pain
- Pain is not an accurate indication of tissue damage
- There are ways you can use movement and mindfulness to change pain
- There is good science supporting all of the above.

When you understand these ideas, and when they make some sense to you, then this knowledge will provide hope and direction for how you might try new things, to see how much your pain can change, and how much you can recover movement and life.

Other

Is home care available or house calls?
Some therapists in Powell River will make house calls. In the case of a palliative care, some physicians will visit the home.

Is there pain management support available for people who have dementia and are in care facilities? Is there a cost involved?
Some massage therapists will do treatments in the different facilities in Powell River. Many people are covered by extended plans, etc. Pain management is severely limited when there is dementia – we don't really know how to apply self-management in this case.

Will medical ever cover the costs of pain management? (e.g. classes, yoga, exercise?)
Evidence is building of the positive effects of yoga. Some insurance companies are starting to pay for it. Through Pain BC and other groups, we are moving forward with creating community-based movement programs that will be low or no cost. In Powell River, there are currently two free Self-Management Classes managed by Self-Management BC and the People in Pain Network. At the time of writing this, there is a weekly, by donation, 1-hour Relaxation and Gentle Movement for Chronic Pain Management class. Visit www.painbc.ca/PowellRIver for information and resources to support you on your pain journey.

Is there funding available to receive treatments such as massage, physio, counselling, etc.?
Funding sources currently available include MSP, Veterans Affairs Canada, RCMP, WCB, ICBC.
Some counselling services are covered by MSP, but even if you are low income, most massage and PT requires co-pay.

When you have work and/or children, getting to all of these seminars and classes seems hopeless or impossible. Can you comment?
Pain interacts with priorities, and work and family are big ones. Because a lot of pain management involves self-management, which requires a foundation of knowledge for many people, we need to continue to build resources, apps, online programs, books, etc. to support people in different ways. Are you part of a community? Family, babysitters, and friends can be valuable support. There are several online self-management resources at www.painbc.ca

These questions were compiled at the April 26, 2018 Chronic Pain Public Seminar at the ARC Community Events Centre in Powell River. Audience members worked together in groups to come up with chronic pain-specific questions for the Expert Panel. The responses assembled here are comprised of culled answers from Peter Behr, Heather Divine, Chris Drummond, Joe Geneau, David May, Meghan Molnar and Neil Pearson.