

Living well with back pain

Workbook

This booklet has been developed by Specialist Clinicians within the Chronic Pain Clinic at the Queen Elizabeth Hospital, King's Lynn. It is based on our experience of treating patients living with chronic pain. We hope you find it helpful.



Contents

Welcome	3
Tip 1: Educate yourself on chronic pain	
• Chronic Back Pain. Where do we start?	4
• What is pain?	5
• What is persistent (chronic) pain?	6-7
• How is pain created in the body?	8-9
• Why has my pain not gone away?	10
• Understanding your spine	11-13
Tip 2: Consider a new self-management approach to manage pain	
• The BioPsychoSocial Approach to pain	14-15
Tip 3: Engage in meaningful activity and exercise little and often	
• Benefits of Exercise	16
• Lower back exercises	17
• Other types of exercise	18
Tip 4: Learn how to manage activities, know your limits and pace	
• Managing activities (pacing and prioritising)	19-20
Tip 5: Know your values so you can set goals and improve your quality of life	
• Values and goals	21-22
Tip 6: Optimise your sleep	
• Tips to improve sleep	23
Tip 7: Learn how to unhook from unhelpful thoughts	
• Working with unhelpful thoughts	24
• The Choice Point	25
• Unhook (how to)	26-27
• Drop the rope	28
• The worry tree	29
• Tips	30
• Coping with emotional distress	31-32
Tip 8: Learn mindfulness and relaxation strategies	
• Mindfulness	33
• Relaxation	34-35
Tip 9: Consider your diet	36
Tip 10: Have a “flare-up” plan	
• Flare-ups	37-39
A final word	40
Notes page	41

Welcome!

We have put this workbook together **to help you live well, despite your back pain**. Everyone's pain is unique and learning about yours can help you to manage it, however long you have been diagnosed and however your life is being affected, we believe that there is **hope**.

Chronic pain is a health condition that affects millions of people in the UK, so you are not alone. Living well with chronic pain is not necessarily about finding a cure. It is about **learning and developing strategies** to improve your quality of life, like with any long-term condition, such as diabetes or heart disease.



Figure 1 QEH Tree of Life Sculpture

Reading this workbook may not change your life – but taking on board our advice and applying ideas just might make a difference. There are questions for you to answer and sections to work through, look for this pen icon:



Even if you think you understand a particular topic, we encourage you to look again as you may find something new. Whilst the booklet has been written in a logical order, each topic can be considered separately so feel free to 'dip in and out of it' as you wish.

Chronic Back Pain

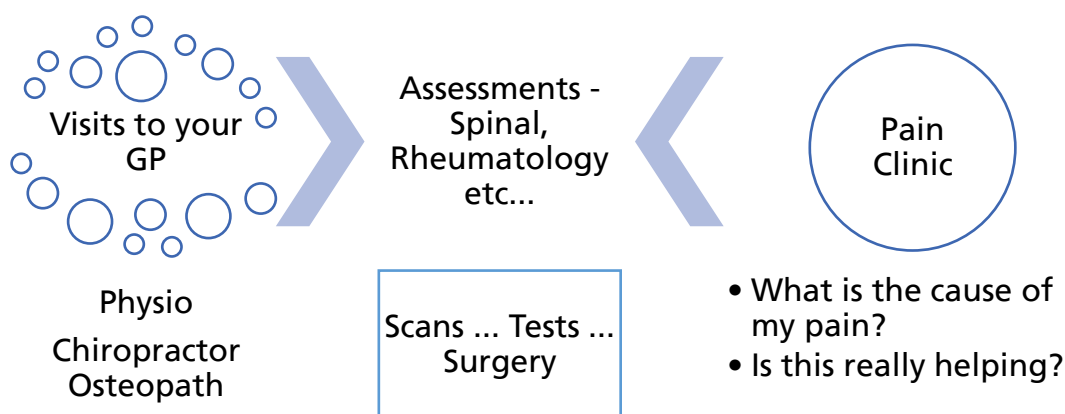
Where do we start?

It may have been quite a journey to get here; you may have seen many professionals and tried a variety of treatment methods, pain medications and injections. It may be that they have not worked. You might wonder why people respond differently to the same injury, problem, treatment, or medication.



Figure 2 Norfolk Road sign

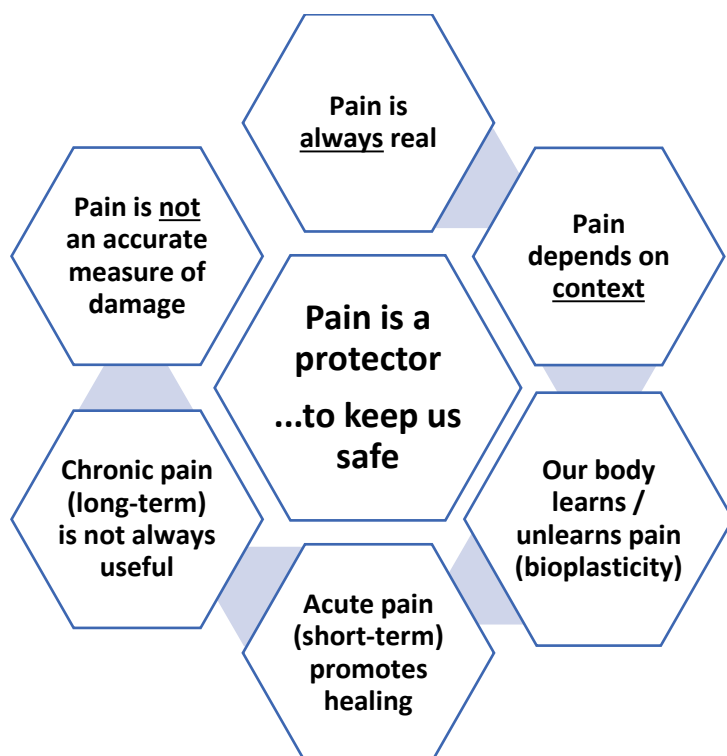
You may have felt disheartened, worried, or frustrated to be told that there is no cure for your pain and your treatment is about managing your ongoing pain. **Don't lose heart, read on.** Even if you have been struggling with living with pain for some time, we believe there is hope to develop new strategies to live well alongside your pain.



Understanding your pain is the single most important thing you can do to start on the road to recovery. We use the latest research to help us learn and understand how to manage pain more effectively and live well with it.

What is pain?

“An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage” (IASP 2020).



Do you have common neuropathic-type symptoms (nerve pain, neuralgia)?

- Tingling
- Itching
- Burning
- Stabbing
- Shooting
- Difficulty sleeping
- Difficulty resting
- Abnormal sensations
- Pain from something that's not typically painful

Scientists' understanding of pain has advanced considerably over the last 25 years. For many years, doctors had the view that pain had a physical or psychological cause. They now know **pain is much more complex**. **Chronic pain is pain that carries on for longer than 12 weeks or so**. Pain is like an internal alarm that alerts us to danger. It motivates us to stay **safe** and **change our behaviour** to take care of any problems in our body.



Figure 3 Ouch! Word Stock Image

- I am walking along, and I stand on a drawing pin that goes into my foot.
- The pain stops me from continuing to walk, I remove the pin, wash my foot, and stick a plaster on to promote safety and healing. The pain **changes** my behaviour.
- If I didn't experience the pain, I would have carried on, likely causing more damage to the tissues in my foot and possibly resulting in an infection.

Can you see how pain has protected me from these potential dangers?

What is persistent (chronic) pain?

Persistent pain is pain that carries on for more than 12 weeks, despite medication or treatment. Most people get back to normal following an injury or operation. Sometimes, however, pain that carries on can be from an underlying condition (such as osteoarthritis) or come on without condition or injury. We usually expect pain to settle with time, but sometimes the brain continues to send out pain signals that can be hard to stop; they feel intense and at times start for no obvious reason. Over time the nervous system becomes over-sensitive or over-protective. Our nervous system can cause pain when it is not expected, for example:

- Things that should hurt a little, hurt a lot
- Things that shouldn't hurt at all, start to hurt (e.g. normal movements or everyday activities)
- Pain spontaneously appears randomly in the body
- Old injuries start to hurt



Figure 4 Nerves – Word stock images

Why does the nervous system become over-sensitive?

Scientists do not yet fully understand why persistent pain starts. However, they have found that when we have pain for a long time, the nerve cells in our body physically change. The nervous system turns on to 'high alert'. The longer our nervous system protects us with pain, the better it gets at doing it. Like muscle memory when learning to drive, soon with practice we can drive on "auto-pilot".



Figure 5 Alarm - Word stock images

Let's compare our pain to a fire alarm...

A fire-alarm rings to warn of potential or actual fire. Just like our pain system "rings" to warn us of danger. What happens if the fire alarm malfunctions and becomes sensitive? It turns on by heat from a candle, on a hot day, or by using the toaster. An over-sensitive fire alarm activates too often. It goes off randomly, interrupting birthday parties, romantic dinners, or any other events where we might light candles.

Like a sensitive fire alarm, when the body's nerves become sensitive, they too activate too often, creating pain that interrupts daily life. What would you do if the fire alarm in your house kept ringing? Initially, you may call out the fire brigade to put out the fire. But if there is no fire and the alarm kept ringing, you would fix the alarm, rather than call 999. Treating chronic pain is similar to fixing a sensitive fire alarm. The main strategy is to help the nerves of the pain system become less sensitive. **The aim is to retrain your nervous system.**

What is persistent (chronic) pain? Continued

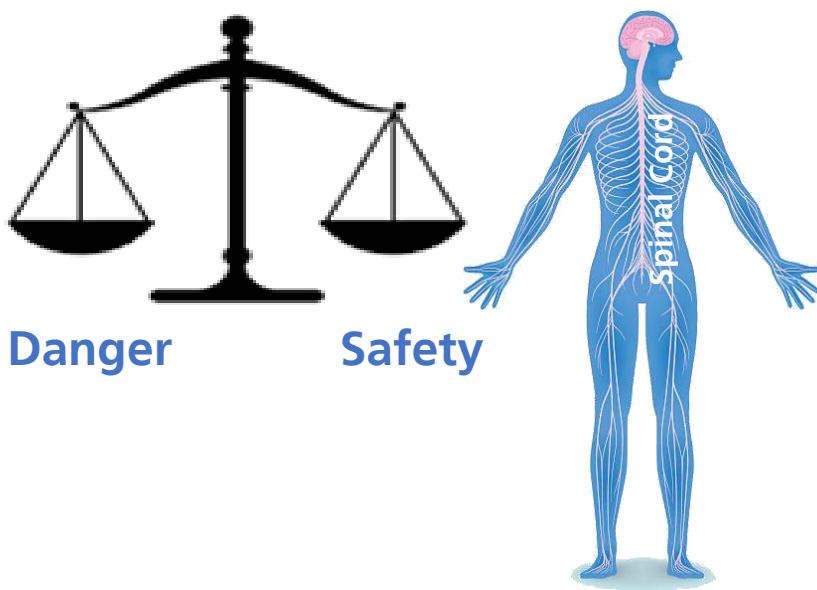
Does this mean my nervous system will be over-sensitive for ever?

No, scientists have found that just as nerve cells can change to become over-sensitive, they can also adapt to become less sensitive. **The nervous system can be trained to become less sensitive.** This is good news for people with persistent pain. In this workbook, we will be looking at various strategies, it will involve you doing things differently and thinking differently, and it will not happen overnight. However, with **practice**, **patience** and **persistence** change can happen.

How is pain generated in the body?

Our nervous system is involved in creating pain, as is our brain. That does **not** mean pain "is all in your head"! Our nervous system consists of our brain, spinal cord and a network of peripheral nerves, which are spread throughout our body.

Here is a diagram and flow-chart to demonstrate the process:

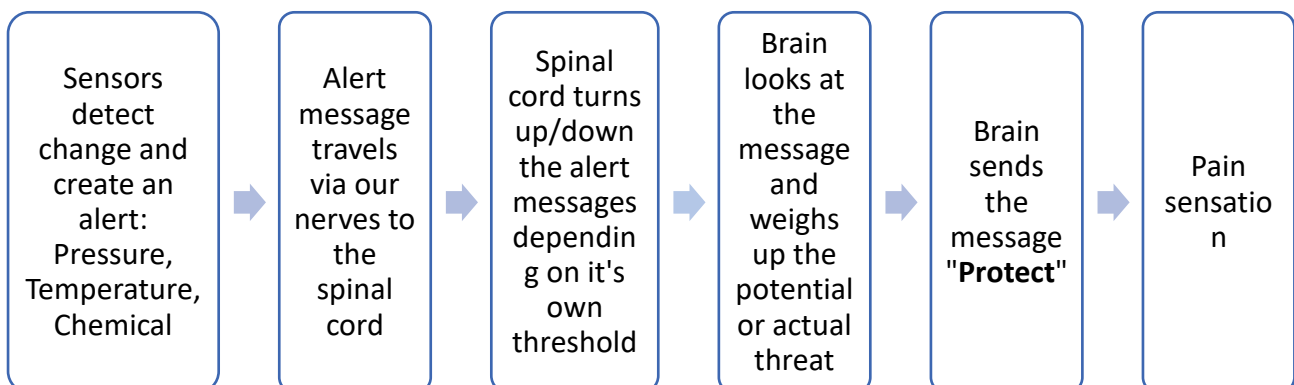


The **brain** looks at the danger message and considers:

- Experiences
- Beliefs
- Knowledge
- Body image
- Culture
- Memories
- Pain perception
- Sensory dimension
- Fight or flight mode?

What do you know what your brain considers?

Figure 5 Body, Brain, Nerves



How is pain generated in the body?

Scientists have found it is our **brains that decide** whether we experience pain, depending upon whether it thinks we are threatened and/or need protecting. It considers the warning messages from our sensors, as well as other information it receives or has stored. For example:

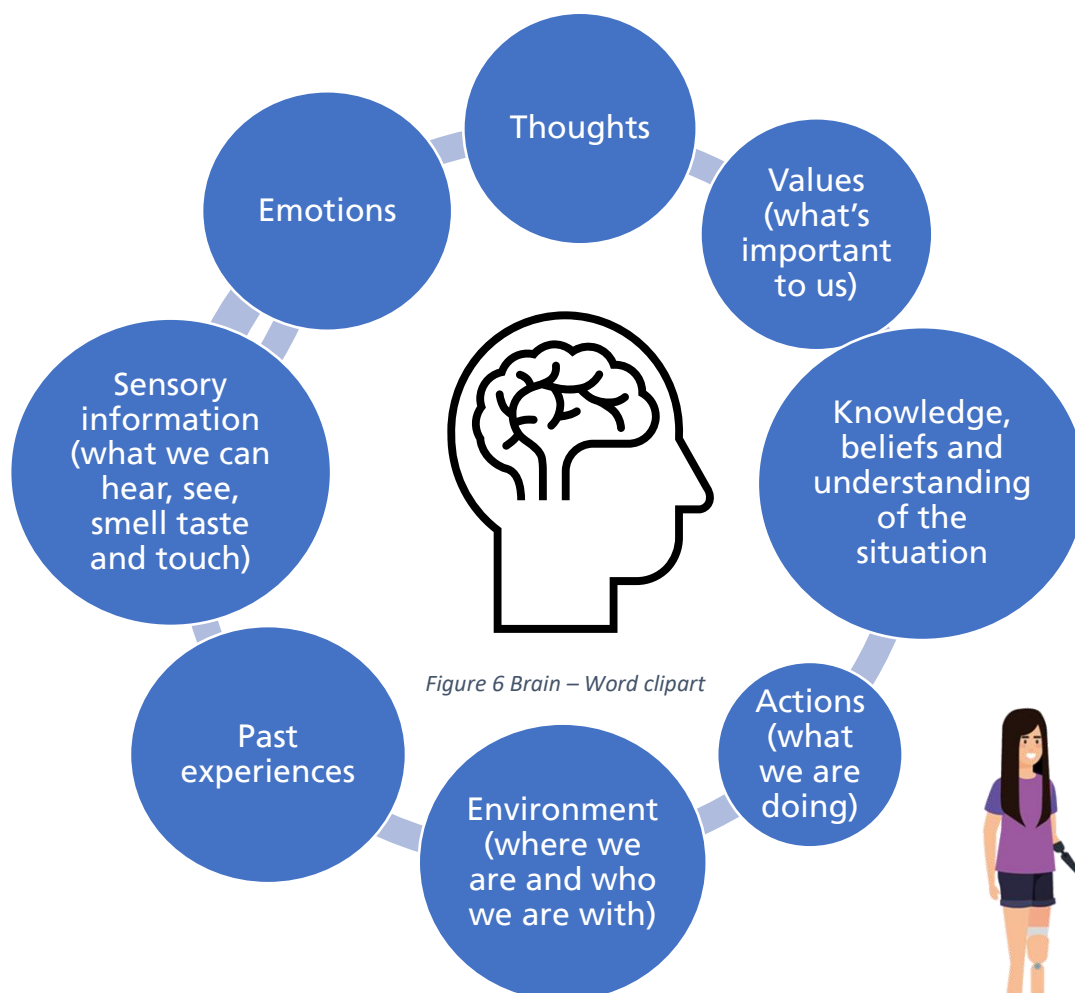


Figure 6 Brain – Word clipart



Figure 7 Phantom limb pain – but why does it still hurt?

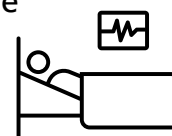
Remember, **the purpose of pain is to protect us from potential or actual danger.** However, sometimes our brain can come to the wrong conclusion. We can experience pain when we are not in any danger.

Are you saying the pain is in my head? No, your pain is real. Just because your brain decides whether you experience pain or not, it does not mean that your pain is imaginary or “in your head”. Scientists found that brains are always involved in producing pain. **There is no pain without a brain..**

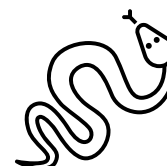
Real life story**How is pain generated in the body? Continued**

One day Professor Lorimer Moseley (a highly acclaimed pain scientist) was walking through the Australian bush with a friend. He felt something touch his left leg. Thinking nothing of it, he continued walking and chatting, until he suddenly collapsed. Lorimer woke up in hospital, and could not recall anything, only to find out that he had been bitten by a venomous snake. Luckily, he survived.

Several months later, Lorimer was walking in the bush again, when he felt something touch the side of his leg. Immediately he felt excruciating pain, bringing him to the ground. Clutching his leg, Lorimer shouted to his friend to call for help – “I’ve been bitten by a snake again!”. His friend immediately started looking for the snake but couldn’t find one. He asked Lorimer to look at his leg. To Lorimer’s amazement, there was a small scratch (probably from a stick) on his leg, but no snake bite. On realising that he hadn’t been bitten by a snake, Lorimer’s pain levels immediately started to ease and he continued his walk.



Why did Lorimer not experience pain the first time, when he was in danger, but did the second time when he wasn’t in any danger?



The sensors in Lorimer’s leg would have sent the same messages to his brain each time, but the first time his brain remembered that he had walked in the bush many times before and had scratches from bushes without any danger. His brain decided that he was not in danger and so did not need protecting with pain.



The second time, his brain remembered what had happened the previous time he felt a scratch on his leg, when he had been in danger for his life. So his brain protected him with pain, even though he was not actually in any danger this time.

Can you see from this example how our pain experience is influenced by lots of factors and is not necessarily related to damage to our body’s tissues?

Further Information

- www.tamethebeast.org (watch the video)
 - www.retrainpain.org
 - **Youtube:** Understanding Pain and What to do about it in less than five minutes
 - **Youtube:** Why Things Hurt
 - **Youtube:** Pain and Me: Tamar Pincus talks about chronic pain, acceptance, and commitment
 - **Youtube:** The mysterious science of pain - Joshua W. Pate
 - **Youtube:** TEDxAdelaide - Lorimer Moseley - Why Things Hurt (snake story)
- Book: The Explain Pain Handbook: Protectometer by GL Mosely and DS Butler



Why has my pain not gone away?

Pain is there to protect you. For acute pain (pain that lasts for around 3 months, the normal tissue healing time), this serves a purpose to allow for healing and prevent further injury. As we know from earlier chapters, **chronic pain persists due to changes and learning within the nervous system**, it becomes more sensitive as the brain holds a memory from what you experience.

Look at the 4 vertical lines in figure 8. Which one is the longest and which one is the shortest?

These lines are the same length but create an *illusion*. In the same way your body's nervous system creates an *illusion* in the way you experience pain and to what extent.

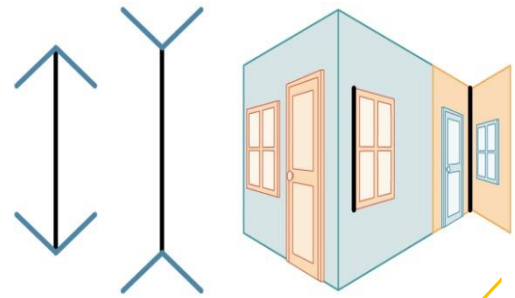


Figure 8 Which black lines are longer? *mlt*

Two people can have the same problem in their spine but feel very different levels of pain. Pain is affected by what is going on in your life, such as stress, the support or challenges from other people, or from other demands in your life.

Not one person is the same, therefore the management for a person's pain will vary. As healthcare professionals, we call this the **biopsychosocial** approach (see page 14 for more detail). For example:

<p>Biological Factor. Low back pain. MRI shows "wear and tear, and a small disc bulge, no surgery required"</p>	<p>Biological Factor. Body's alarm system, nervous system, becomes overly protective.</p>	<p>Biological Factor. Stamina, muscle strength, confidence is reduced as pain persists.</p>
<p>Psychological Factor. Mental health is affected, frustration, upset, worry</p>	<p>Social Factor. Socialise less, work or contribute to chores less, less hobbies/activities, ability to do things becomes less.</p>	

Figure 9 Car mechanic - Word stock images



For example: A car mechanic hurts his back fixing a car. It settles but re-occurs. An MRI shows a minor prolapsed disc. His symptoms settle but re-occur and become chronic, so he avoids bending forwards because this was how it first started. He begins to think that any activity involving bending forward will cause his back problem. Even thinking about the movement causes him fear, tension and anxiety. Avoiding the movement tightens his back muscles. When he later attempts the painful movement, he experiences more pain. A vicious circle develops – Avoidance – Fear – Body “forgets” normal movement – Pain.

Understanding your spine

Understanding how your spine works can reduce fear of movement and improve activity levels. **The important message is the severity of your symptoms does not equal the size of the 'problem'.** An MRI scan does not show a sensitive over-protective nervous system (often the main cause of chronic pain). One person may have many changes on an MRI and little pain, whereas another can have little changes and lots of pain. It depends how an individual's nervous system responds.

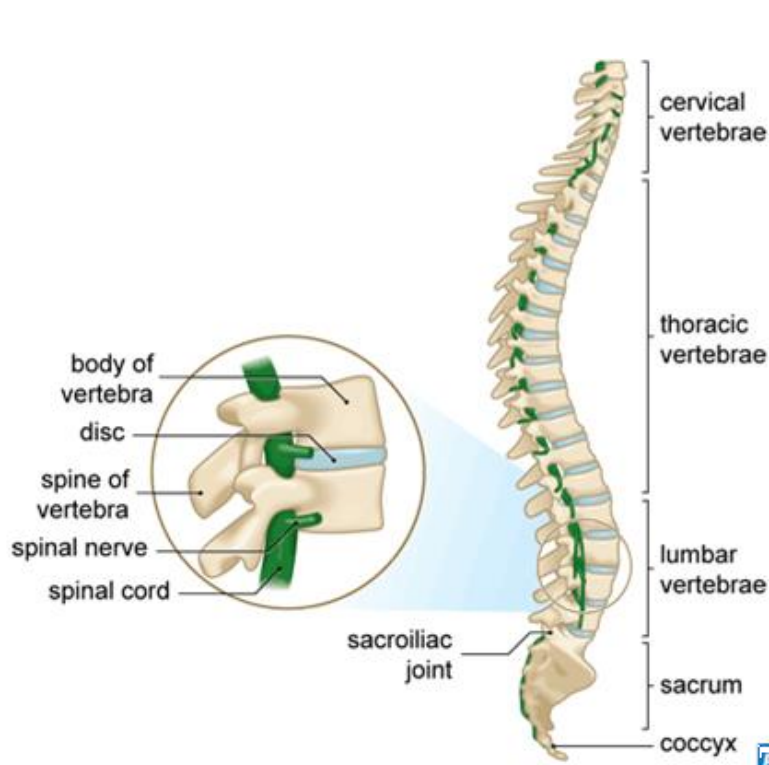


Figure 10 Anatomy of the spine

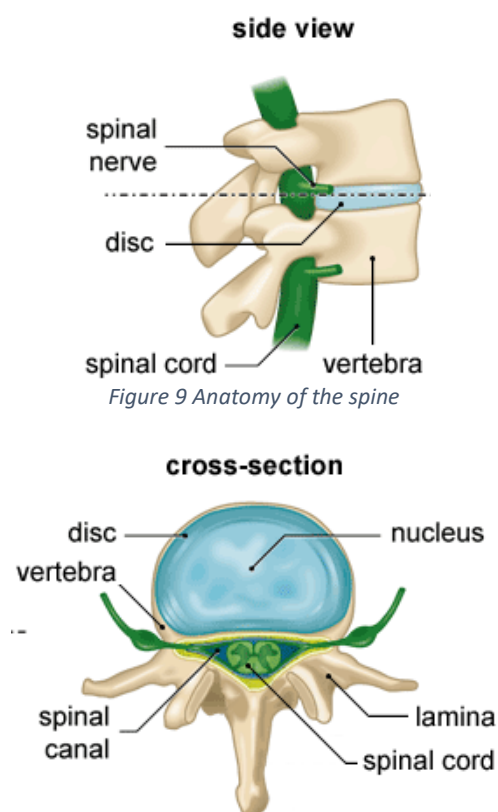


Figure 11 Anatomy of the spine and discs

What happens when you have 'a slipped intervertebral disc'?

Discs don't slip in and out but move slightly forwards and backwards when you move. A disc prolapse, disc bulge or herniated disc can occur gradually as a result of repetitive, uneven or sustained movements. A secretary sitting for long periods of time could just as easily get a disc bulge as a manual labourer. The disc can press on the nerve, which may cause arm or leg pain.

Figure 12 in this booklet shows where the symptoms of spinal nerve irritation may present in the body.

For example, if you have groin pain it could suggest irritation between the 1st and 2nd bones of the lumbar spine. Irritation at the base of your neck, between the 6th and 7th bone of the cervical spine, can cause weakness and/ or pins and needles in your fingers.

Understanding your spine - continued

<p>Spinal cord and nerves</p> <ul style="list-style-type: none"> • The spinal cord connects the brain to the rest of the body. • The spinal cord lies in the spinal canal and passes inside each vertebrae. • At each vertebrae there are a pair of nerves (nerve route), which come from the spinal cord, through the space by each facet joint. • Nerves connect to all of the body enabling muscle control, movement and feeling. If a nerve is irritated, the limb can feel weak or you may get numbness or pins and needles. 	<p>Bones and joints</p> <ul style="list-style-type: none"> • Bones in the spine are called vertebrae. • They protect the spinal cord and link together – ‘like bobbins sitting on top of each other’. • 7 vertebrae in the neck (cervical spine). • 12 vertebrae in the middle region. (thoracic spine) • 5 vertebrae in the lower back (lumbar spine). • Joints on either side of the spine bones are called facet joints, which allow movement and prevent over-twisting/bending. 	<p>Muscles and ligaments</p> <ul style="list-style-type: none"> • Muscles and ligaments are controlled by nerves coming from the spinal cord. • They attach to the spine and other bones in the body to control and allow movement. • As we get older, muscles naturally become less flexible. • If we reduce our activities and do less exercise muscles can get stiffer. • There are specific ligaments that run either side of the intervertebral disc and give extra support.
<p>Intervertebral discs</p> <ul style="list-style-type: none"> • Sit in between each vertebrae and have a: • Fibrous outer part • Gel-like inner part • They are: • Sturdy shock absorbers • Don't slip in/out but move slightly forwards/back when you move your spine 	<p>Curves</p> <ul style="list-style-type: none"> • The spine has natural curves • It can be described as ‘S shaped’: • <u>It goes slightly:</u> <ul style="list-style-type: none"> • Out at the base of the skull • In at the neck • Out in your midback (thoracic spine) • In at your lower back (lumbar spine) • Out at your pelvis/ bottom 	<p>Function</p> <ul style="list-style-type: none"> • Gentle movement of the spine is important as it keeps the joints lubricated and the discs healthy. • Exercise helps to keep the muscles strong and can assist daily activities • Movement = exercise = function

Understanding your spine - continued

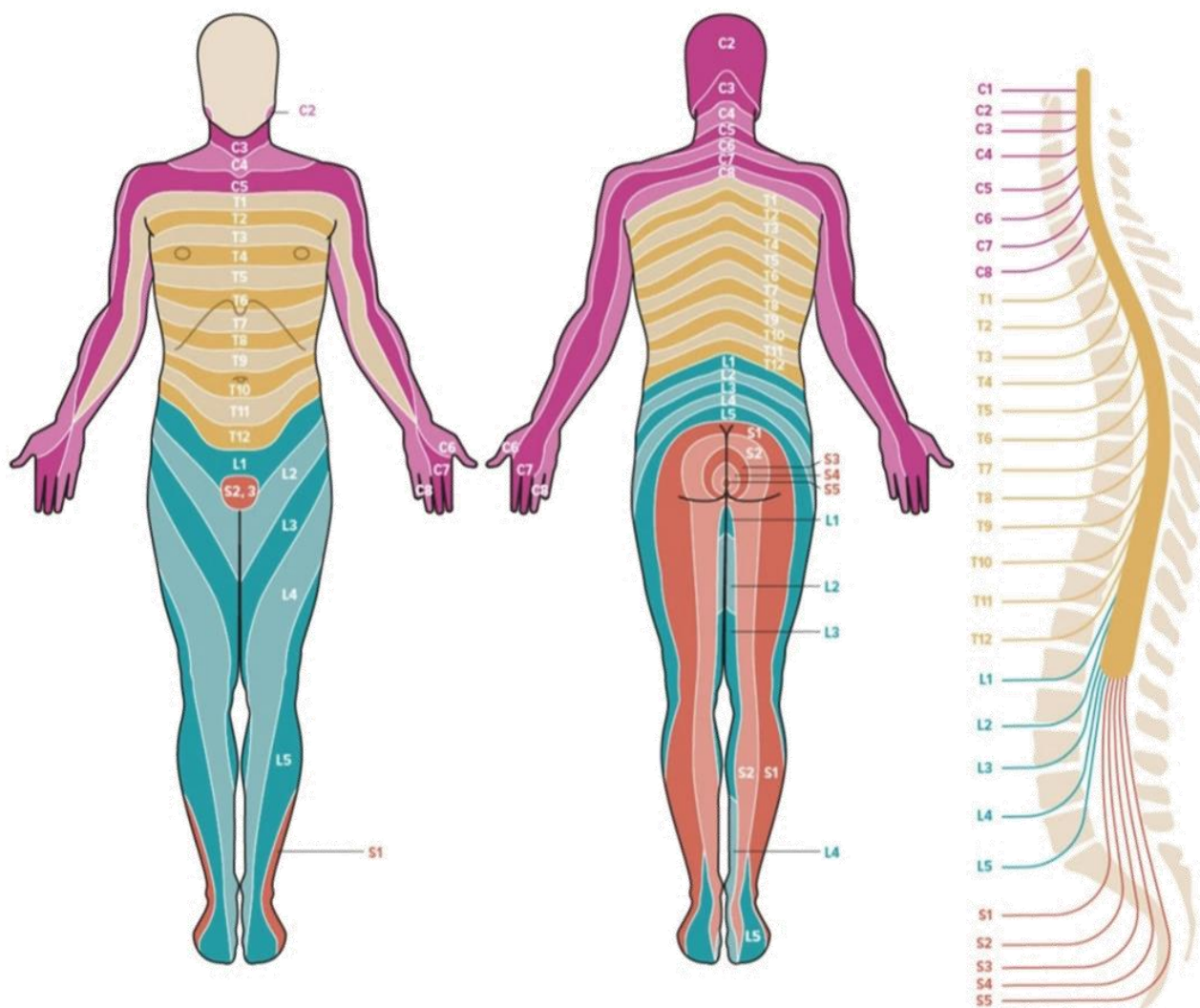


Figure 12 Dermatomes - areas of skin that are connected to a certain nerve route

Symptoms to look out for:

You should discuss with your GP if you experience any new symptoms in the future, that include:

- ❖ Feeling unwell with new/different back pain, e.g. fever or sweating that wakes you from sleep
- ❖ Difficulty passing urine or having the sensation to pass water that is not there
- ❖ Impaired sexual function
- ❖ Numbness/tingling in your genitals or buttock area
- ❖ Loss of bladder or bowel control
- ❖ Loss of power in your legs

Your GP should be your first point of contact for any new symptoms. The Pain Clinic is unable to respond urgently to queries; symptoms can of course be discussed in planned appointments.

The Biopsychosocial Approach to Pain

Scientists have found that **lots of factors influence the pain we experience**. This is known as the **biopsychosocial approach**. Scientists found that anything that threatens our body, lifestyle, happiness, or function, increases the likelihood of our brain producing pain and increases the duration and severity of our pain.

However, they have also found that **anything that makes us feel safe, stronger, better, healthier, more confident, more secure and certain, reduces the likelihood of our brain producing pain** and therefore reduces the duration and severity of pain we experience. Examples of factors that **influence** the pain we experience:

Biological

Things that occur in the body, things we hear, see, smell, taste & touch and things we do

Psychological

Things we think and believe and emotions

Social

Places we go, people in our lives, and life events

Here are some examples of factors that can **increase** our threat level:

Biological

Over-doing things, having a cold or infection, becoming less fit

Psychological

Being fearful of movement, thinking "I'm useless" depression/ stress/ anxiety

Social

Not seeing friends, not doing hobbies, family / relationship issues & work, housing or financial problems

Here are some examples of factors that can **reduce** our threat level:

Biological

Doing activities in manageable ways, relaxation, getting good sleep, gentle exercise.

Psychological

Learning about our back pain, focusing on what you can do, knowing you're not the only one in this situation.

Social

Spending time with friends, doing hobbies, being with people who understand.

Later we will explore how we can use this approach to manage our pain levels better.

The biopsychosocial approach to pain - continued

What influences your pain experience?

As we have discussed, we know that **multiple factors** influence the onset, duration and severity of our pain experience. Therefore, there are **many things we can do** to manage pain. It can be useful to identify factors that influence your pain. **If you understand your pain signals, you can learn how to manage them.**

Over to You

Write down any things in your life that make you feel **threatened, worried or increase your pain experience:**

Biological

Psychological

Social

Over to You

Write down any things in your life that make you feel **safer, happier, or reduce your pain experience:**

Biological

Psychological

Social

By trying to reduce the factors that contribute to **increasing** our “threat level” and increasing the factors that **reduce** our “threat level”, we can start to calm down the sensitivity of our nervous system. It may not be possible to change or eliminate all the factors that contribute to our pain levels, but **by looking at those things that we can control, we can learn to manage our pain more effectively.**

Benefits of Exercise

Since having chronic back pain, you may have seen a change in the type and amount of activity you can do. There may be things you struggle with, things you feel anxious to do, and other things that you cannot do at all.

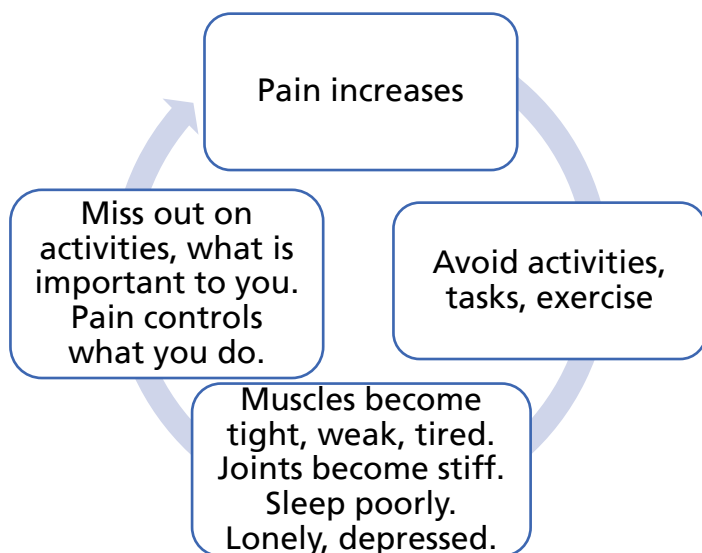


Figure 13 It all becomes a cycle...

On the other hand, you may have tried pushing through the pain, but our guess is this has just makes things worse!

Exercise is really important for our bodies. This does not mean running marathons; **all daily activities count.** Mild discomfort is normal when using muscles and joints that are not used to working.

Regular exercise and movement:

- ✓ Improves function, fitness and confidence to do other things
- ✓ Helps release endorphins (the body's natural pain killers)
- ✓ Improves a sense of well being
- ✓ Reduces stress and tension in your body
- ✓ Can improve sleep and energy
- ✓ Helps maintain or loose weight,
- ✓ Can improve bone density
- ✓ Reduces risk of major illness

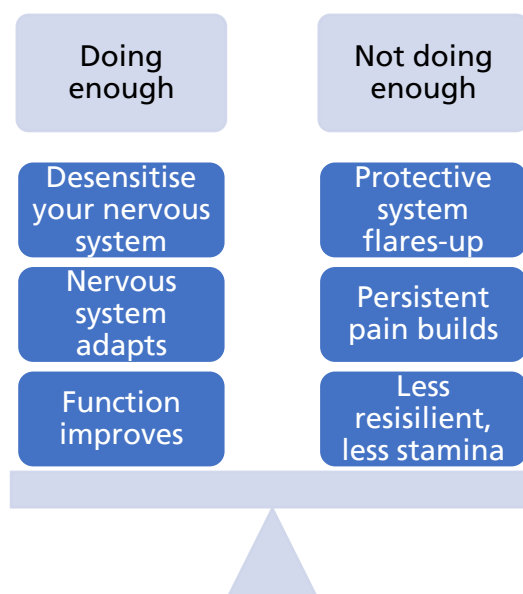


Figure 13 Find the balance between...

- "No pain = no gain". No, pushing through will increase pain.
- Remember: **"Know pain = Know gain"**, the more you understand your pain, the more you can work with it to improve your activity levels over time.
- 'I'll exercise when my pain is gone'. Try not to, we need regular movement.
- Remember: **"Motion is lotion"**, our bodies need regular movement.

Exercises – lower back exercises

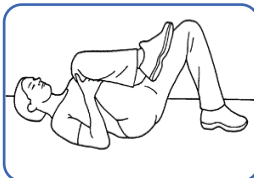
Choose an activity you enjoy



Start slowly (start with one movement or one minute).
Increase in small, manageable steps.

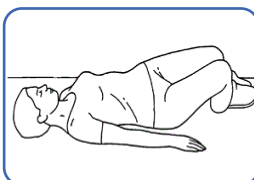


Little and often is best. Quality of movement is better than quantity.

**Knee holds**

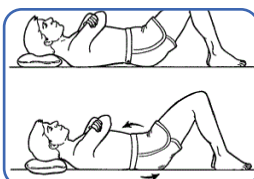
Position: either sit, lie on your back, or lie on your side.

Action: bring one knee towards your chest, hold to gently stretch. Lower that knee. Repeat a few times on each leg.

**Knee rocks**

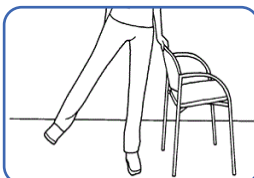
Position: Lie on your back with your knees bent.

Action: move both knees together to one side. Hold. Now move both knees to the other side. Repeat.

**Pelvic Tilts.**

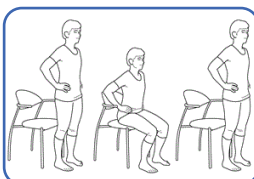
Position: either lie on your back with knees bent, sit or stand

Action: pull in your tummy muscles slightly, rock your pelvis backwards and gently squeeze buttocks. Hold. Relax. Repeat.

**Leg side lifts**

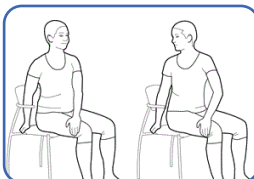
Position: Stand, rest your hands on a support.

Action: Lift your leg sideways, bring it back in, keep your back straight. Repeat.

**Chair sit to stands**

Position: Sit on a chair or bed

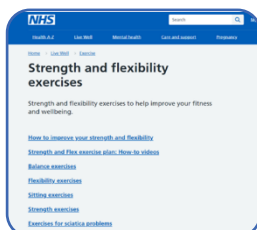
Action: Sit to stand from your seat, as slowly as you like. Repeat.

**Seated Twist**

Position: Seated.

Action: Turn to look behind you, as shown. Hold the stretch. Breathe. Relax and repeat the other way.

Exercises - Other types



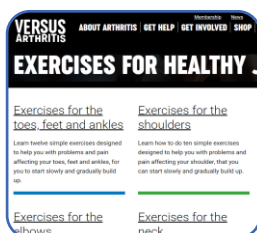
Strength and flexibility exercises, NHS

www.nhs.uk/live-well/exercise/strength-and-flexibility-exercises/



Seated all body strength, NHS, Youtube

<https://www.youtube.com/watch?v=Zx2sT3wXWOM>



"Exercises for healthy joints" Versus Arthritis

Search online.

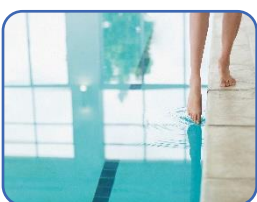
For any online video, start with 5 minutes or less - you do not need to try and keep up or push through the whole length of the video to begin with.

The next chapter discusses how to introduce new activities with chronic pain.



Yoga - seated or any position

Seated: <https://www.youtube.com/watch?v=FX3ioBpJ5fk>



Walking in a pool, aqua aerobics, swimming

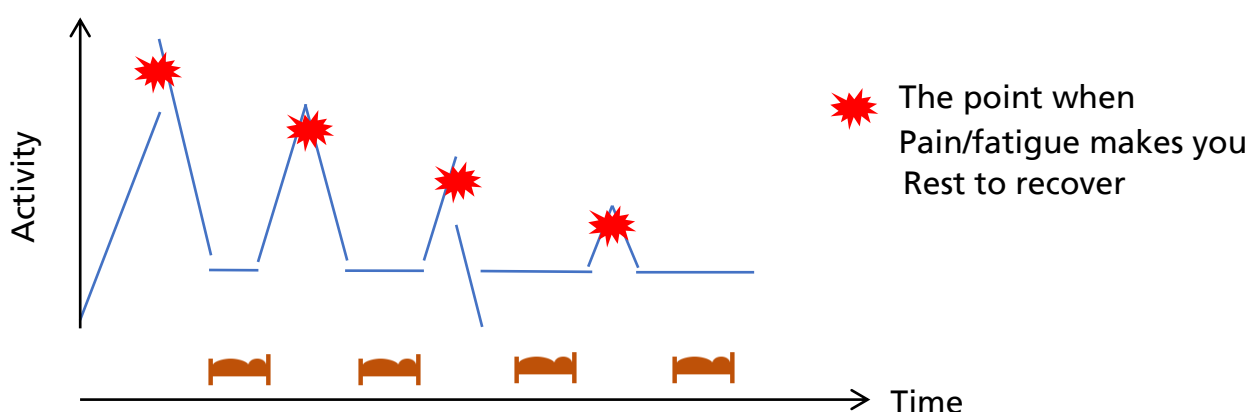


Tai Chi - seated or any position

E.g. online video taught by Ros Smith (search on [YouTube](#))

Managing Activities

One of the problems with an oversensitive nervous system is that when we try and do more activity, our brain thinks we are in danger as it may hurt, so it protects us with more pain. Unfortunately, over time we do less before the pain comes on and we take longer to recover. **How do you decide when it's time to stop doing something?** Is it when the pain gets so bad that you cannot go on? That is a very common way to do things, but unfortunately if you have an overprotective brain, that approach can make things worse.



So what is the answer? **Calm the sensitive nervous system and retrain the brain to be less protective with time and perseverance.** There are some specific ways that can help you to retrain your brain to cope better with activity:

Pacing	Planning and Prioritising
<ul style="list-style-type: none"> • Stopping activities before your symptoms tell you to. • ... is VERY difficult because it does not feel natural to stop when you can carry on. • Pushing until the pain tells you to stop, reinforces the brain to be protective. • Pacing means: <ul style="list-style-type: none"> • Changing position regularly. • Changing tasks to avoid repetitive movements. • Taking small breaks. • Breaking tasks down into smaller chunks. • Vary your mental, physical, social tasks as all can be exhausting. 	<ul style="list-style-type: none"> • To have change, we need to make changes. We often have routines of activities that we do when we are well, that do not always work for us when we have pain. • Spread out activities over the day and week. • Prioritise what is most important to you. • Have you ever started a job and then struggled to finish it? Perhaps you have pushed yourself to get it done and suffered later? It is really hard to leave a job unfinished, but if you think about breaking down tasks into smaller ones it may be easier to stop when you need to.

Managing Activities - continued

How can I do more?

If the purpose of this workbook is to help you to do more – then why does it seem we are telling you to do less?! In order to calm the nervous system, **start working within your pain limits – not pushing through them**. As your body becomes less protective you will start to do more.

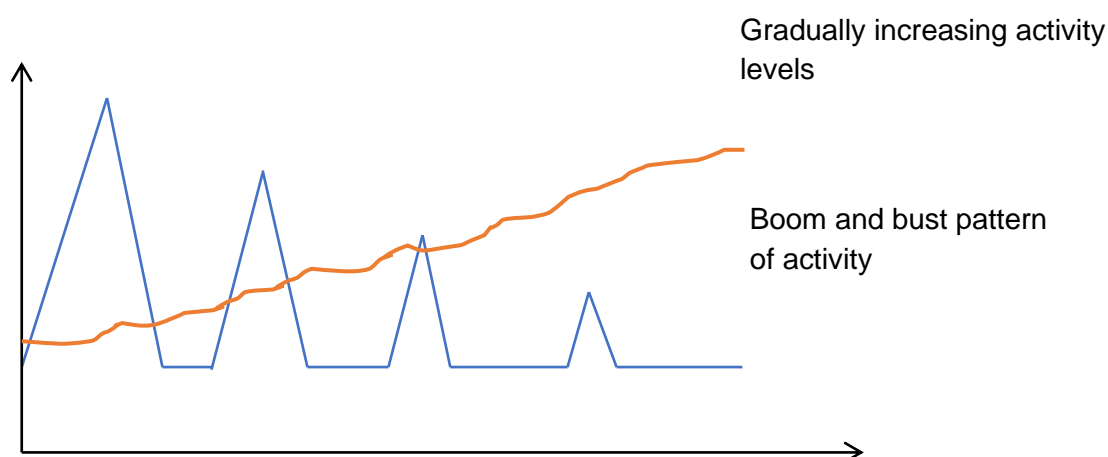


Figure 14 Boom-bust pattern versus slow increase

Over to You

Work out your limits. Think of some activities you could pace. Write how long you do them for, and how long it takes before your pain worsens.

Activity	How long I do it for at the moment	How long before my symptoms worsen	How long I could change to do it for
<i>E.g. Washing up</i>	<i>Until it's finished! (15 minutes)</i>	<i>5 minutes</i>	<i>4 minutes</i>



Values and Goals

Many things may have changed since experiencing back pain. You may have:

- Stopped doing the things you enjoy
- Reflected on what you used to do, feeling sad, frustrated, and/or fed up
- Lost motivation to try anything at all because it is not the same as before
- Felt like the you are not the same person anymore

These are all very common feelings for those living with chronic pain. Pain can make us consider what is important in life, for others it feels like this becomes lost in just trying to cope. **If we spend our energy fighting against our pain, we lose sight of what is of value to us.** Moving towards what we value will give us **direction** on how to manage our health - to feel less restricted, to enjoy life.



Figure 15 Where are you heading?
Word stock Images



Figure 16 What do you want to achieve?
Word stock Images

What are values?

- Values are the beliefs and principles you think are important in the way you live. The things you **care** about.
- Values (should) determine your priorities, guide your decisions and motivate you in life.
- **Values are like a compass guiding our direction. Goals are more like landmarks we reach along the way.**
- Every one of us is different, our values will also be different.
- Values often change over time, what is important to us at 18 years old may not be the same as at 45.
- When we cannot act according to our values, we can feel frustrated or lost. Sometimes we do not realise how much we value something until we are unable to act on it.
- **1** Example: Being a mother to children.
- **2** Example: Being a good friend.
- **3** Example: Being independent.
- **4** Example: Going on holiday.

Are goals important too?

- Goals are the things we want to **achieve**, where we can see progress and help move towards our values
- Someone once said, "if you aim at nothing, you are sure to get there"!
- Living with pain makes everything hard. It can be difficult to feel motivated to do things that we enjoy.
- Break goals down into smaller ones
- Any goal should be **SMART**: **S**pecific, **M**easurable, **A**chievable, **R**ewarding and **T**ime-limited.
- These examples link up with values:
 - **1** Example: walk children to school, be able to walk 10 minutes by 2 months and build up to 20.
 - **2** Example: see a friend weekly.
 - **3** Example: be able to put my socks on again by using a sock aid.
 - **4** Example: to be able to sit on a plane for 2 hours by July.

Values and Goals - continued

Over to You

Have a go at writing down your values. Start with, "I value...", or "it's important to me that..." or "I care about..." Consider your values in the following areas:

- 1. Family relations
- 2. Friendships, social life
- 3. Career, employment
- 4. Education, personal growth, and development
- 5. Hobbies, fun, leisure
- 6. Spirituality
- 7. Citizenship, environment, community life
- 8. Health, physical well-being

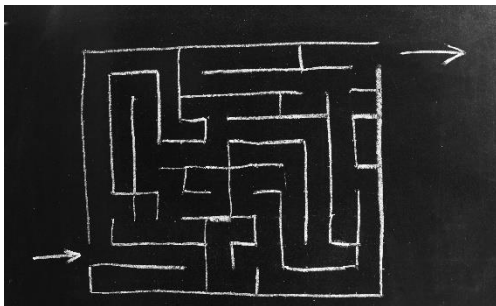


Figure 17 Word stock image



Over to You

Now think about setting goals based on your values and what struggle with. Think about the things that might get in the way so you can plan how to overcome them.

What I value	What I want to do	When I will I aim to achieve it	What might stop me	What I can do
<i>I value my friendships and being a good friend</i>	<i>Meet up with my friends for coffee once a week</i>	<i>2 months' time</i>	<i>Being in too much pain. I might not cope.</i>	<i>Go out once for 30 mins, somewhere close-by, tell my friends so they can support me.</i>



Tips to Improve Sleep

Scientists are discovering just how important sleep is; our muscles repair themselves, memories are stored, hunger hormones that regulate appetite are produced and parts of our brain that help us manage stress are more active.

Tip 1: **keep in sync with your body's natural sleep-wake cycle (body clock)**

- Go to sleep and get up at similar times every day.
- Naps - limit to 20 minutes, early afternoon, if you can.
- When feeling sleepy, do something mildly stimulating; call a friend, wash the dishes...

Tip 2: **consider your light exposure to regulate your circadian rhythms**

- ... that are affected by the hormone melatonin, produced when it is dark (making us sleepy), and less when it is light (making us alert)
- Get sunlight in the morning, spend some time outside during daylight
- When indoors, be in a position near natural or artificial light
- Reduce light exposure at night, avoiding screens 1-2 hours before bed
- If safe, have your bedroom as dark as possible when you want to sleep

Tip 3: **exercise in the day** (movement + activity)

Tip 4: **think about what you are eating and drinking**

- Limit caffeine and nicotine and avoid big meals at night
- Avoid too many liquids before bed, including alcohol.

Tip 5: **wind down and clear your head**

- Write thoughts down
- Wind-down period before bed
- Make relaxation your goal, not sleep

Tip 6: **optimise your sleep environment**

- Dark, noise reduced, cool temperature (18°C)
- Comfy bed; mattress topper, enough room
- Bed is for sleeping and sex

Tip 7: **think about your sleep position**

- See images.

Tip 8: **seek professional advice**

- App: Pzizz.
- App: Sleep station (free with GP referral)
- Online: The Sleep Charity

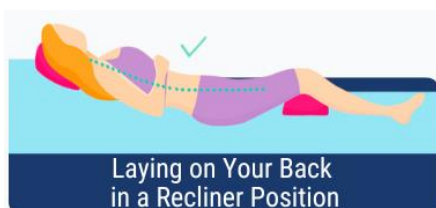


Figure 18 Duvet-day? (Word stock image)

Figures By Redefine Healthcare ©

Working with Unhelpful Thoughts

Does your mind ever say these things to you?

- "I just want to get rid of this!"
- "I can't do anything useful"
- "This is too hard"
- "I can't cope"



Figure 19 Thoughts (word stock image)

Ours do too! So does every other person we meet.

Now take a moment to reflect on what else your mind does that is unhelpful:

- Does your mind ever compare you harshly to others?
- Does it criticise your efforts, or tell you that you cannot do the things you want to do?
- Does it ever dredge up unpleasant memories from the past?
- Does it find fault with your life as it is today and conjure up alternative lives where you'd be ever so much happier?
- Does it ever drag you into scary scenarios about the future and warn you about all the possible things that might go wrong?

If so, good news! It sounds as if you have a **normal human mind!**

The normal psychological processes of a normal human mind can become destructive, and sooner or later, they create psychological suffering for all of us.

The mind can be a double-edged sword. It's very useful for all sorts of purposes, but if we do not learn how to handle it effectively, it can hurt us.

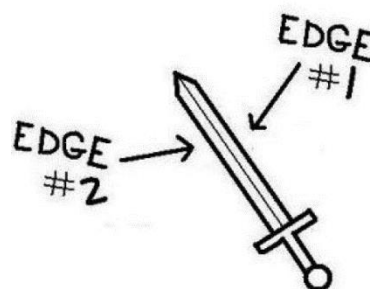


Figure 20 Double-edged sword?



Figure 21 word stock image

On the **bright** side, our minds can do lots of clever things like help us predict and plan for the future; share knowledge; learn from the past; imagine things that have never existed and go on to create them; and communicate with other people.



Figure 22 word stock image

The **darker** side of our minds is that we use them to lie, manipulate, and deceive; to dwell on and "relive" painful events from the past; to scare ourselves by imagining unpleasant futures; and to create rules for ourselves that can often be life constricting or destructive.



Watch this short, animated video on **Youtube** to learn about how the human mind has evolved and how this creates some suffering for all of us: <https://www.youtube.com/watch?v=kv6HkipQcfA>

Working with Unhelpful Thoughts - The Choice Point

All day long, humans are always doing something, cooking dinner, drinking coffee, playing with the kids, watching movies, even just sleeping in bed. Some of the things we do move us towards the life we want to live - acting effectively, behaving like the sort of person we want to be, treating ourself and others the way we want to deep in our heart, doing things that better us in the long term - we call these '**towards moves**' (see figure 22). Some things we do move us away from the life we want to live – acting ineffectively, behaving unlike who we want to be – "**away moves**".

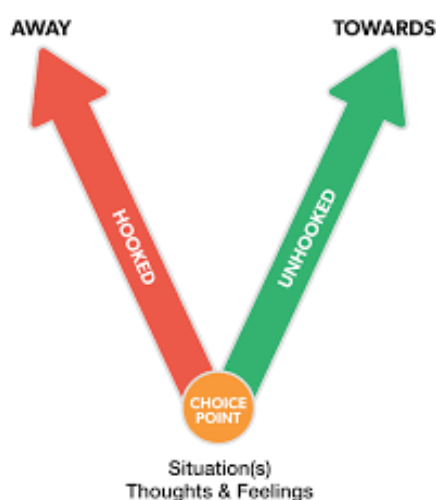


Figure 23 The Choice Point

When life gives us what we want, it is easier to choose 'towards moves'. Unfortunately, life just is not easy, and it does not give us what we want for very long. As we go about our day, various challenging situations, difficult thoughts, and feelings arise that we tend to get 'hooked' on, 'away moves'. Almost every psychological disorder, stress and anxiety, depression and addiction, boils down to this: one becomes hooked by difficult thoughts and feelings and we do 'away moves'.

There are times when we can unhook from difficult thoughts and feelings and do 'towards moves' instead. The more we do this, the easier it is to choose towards over away, the better life gets.

When we're in these challenging situations, we have a choice to make; how are we going to respond? Do we unhook and do 'towards moves?' Or do we get hooked and do 'away moves?' As we develop our 'unhooking' skills, and know clearly what matters to us, we will have more choice in our response.



Watch a short video on **YouTube** that explains the choice point:
<https://www.youtube.com/watch?v=OV15x8LvWAQ>

Working with Unhelpful Thoughts with Pain - Unhook

Examples of unhelpful thoughts around pain, do you recognise any?

- I must do the task until its complete.*
- If I do not do it, then I am lazy.*
- I should be able to do it!*
- I better not move at all in case it hurts me.*
- I cannot do anything anymore.*
- What if it gets worse, will I end up....?*
- I am not good enough.*
- If I use my aids, everyone will judge me.*
- Everyone thinks I am exaggerating.*



Figure 24 What thoughts 'hook' you? Word stock image

We may get hooked by unhelpful thoughts, they stick and become repetitive. We believe and dwell on them. They pull us away from doing what matters.

These **thoughts can make it harder to manage pain**. They may encourage you to overdo an activity and push through pain, which we know makes it worse. The thoughts may also make avoid activities, causing more muscle weakness and joint stiffness. Thoughts can lead to anxiety or low mood. They can encourage you to avoid adjusting around your pain, using aids, avoiding social situations, or you pretend you are fine when you are hurting and need rest.

For example: Sally values the creativity and friendship she enjoyed from a crafting group but struggles to sit due to pain. She gets unhelpful thoughts "if you can't do it like you used to, then there's no point, is there?" Thoughts hook Sally, she feels stuck, making it hard to see how she could adapt around her pain. So Sally does nothing, no creativity, no social contact, she feels low and hopeless. If she could unhook from these thoughts, she might adapt and try crafting for a shorter time, try a different position to sit, or ask a friend over to her house to craft.

For example: Matthew values being productive and helping others. He told his wife he would clean the house today and after 30 minutes of hoovering, his back pain is already shouting at him. He knows he should pause and rest to look after himself, but his thoughts are saying "that's not good enough, do the task until it is complete!". This thought hooks him and pulls him towards overdoing, he hovers until the whole house is done, and then has a pain flare-up. Matthew was unable to move much for several days and ended up being unproductive, unable to help care for his children, frustrated and unhappy. If he could unhook from those unhelpful thoughts, he might have tried pacing his activity, taking rest breaks, spreading the tasks out across the week, and stopping within his limits so that his pain does not flare, and he may be more productive in the long run...

Working with Unhelpful Thoughts – Unhook (continued)

Our thoughts affect our behaviour. The good news is, we can behave in a way that is different to our thoughts. **Have you ever been given an awful gift from someone close to you, something you did not like at all?** Your thoughts might tell you, “Wow that’s awful, I don’t want that!”, it may give you the urge to throw it away or refuse it. However, because you value the relationship with this person, you probably did not behave this way! Instead, you may have taken the gift and thanked them. This shows how we can behave differently to how our thoughts tell us to.

You might wonder, how do we know *which* thoughts to unhook from? Which thoughts are helpful and help you move towards your values? Which thoughts are unhelpful and pull you away? It may be hard to sort through them because they move so quickly. Ultimately, we have a choice about which of our thoughts to follow and act upon.



Figure 25 Unhook from unhelpful thoughts (word stock image)

Over to You

Think about what matters to you. What unhelpful thoughts do you notice that hook you and pull you away from your values?



What “away moves” do you make? (Behaviours, actions...)

What thoughts help you to make moves towards your values?

Unhooking From Unhelpful Thoughts – Drop the Rope

“Thoughts are just thoughts and are not facts”. Just because we worry, that does not mean anything bad will happen, after all if we could tell the future, we would all be lottery winners! So, what do we do with unhelpful thoughts? Do we fight them off or get rid of them?

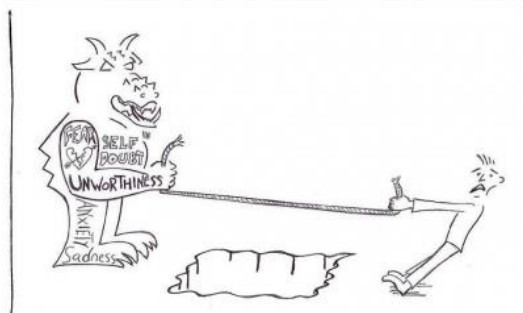


Figure 26 The tug-of-war metaphor

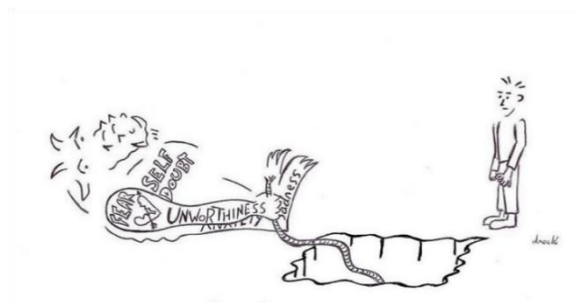


Figure 27 How about dropping the rope?

Imagine you are playing tug of war with a monster. The monster is a metaphor for problems in life; depression, feelings of shame, physical pain... Between you and the monster is a huge pit. Problems can feel overwhelming, like the monster will pull you into the pit. You may think if you just pull the correct way then *you* could pull the monster in instead, problem solved, hurray! However, as hard as you try it can seem impossible. You coil the rope around your hands, dig your feet in, but to no avail. Why does it not work? Perhaps because there is no such thing as a life without problems.

In another direction are your values, you feel a deep desire to move towards what is important but worry if the monster follows. The pit is deep but not so wide that it cannot jump over it. However, if you continue to pull on the rope, you cannot move towards the things that matter. So, what to do? **Try dropping the rope.** What does that mean? If you let go, the monster can wander. Worries, negative thoughts and emotions can feel scary, but do they harm you? No. Letting go means letting these problems show up; they do what they do, while you continue to move towards what is important to you.



Figure 28 (word stock image)

Now, imagine you are in a swimming pool. Happily swimming, getting on with an activity you value. Suddenly, a beach ball (representing unhelpful thoughts and difficult feelings) bumps into you. You push it under the water to move it away but it keeps popping back up. You stop swimming but you could let the ball be and let it bump into you every now and then. You know it is there, but you are not spending time or effort dwelling on it, you allow it to be.

Unhooking From Unhelpful Thoughts – The Worry Tree

The worry tree can help you **notice when a worry is about something you can do something about**. Then you can think of solutions, make a plan and let the worry go. For example, with a worry like, “will I be late for my appointment as there have been road works?” You could find out if the road works are there, find a diversion or leave a little earlier.

However, a worry might be a *hypothetical* worry, a worry about an imagined future that may never come to pass and which you cannot control. For example, “what if they cancel my appointment?” This hypothetical worry can cause distress and not help you, as there is nothing you can do to affect the outcome. It is helpful to unhook from a hypothetical worry and let it go.



Figure 29 The Worry Tree – how to unhook

You might be thinking, “Well I’d love to let it go, but how do I do that?”

- Remember you cannot stop thoughts coming into your mind, this is normal because it is what thoughts do.
- Remind yourself that thoughts are just thoughts, not facts
- Remember you can notice the thought but choose not to explore it, not to try pushing it away, just let it be.

Instead of getting hooked into the thought, dwelling, and exploring it, try the techniques overleaf to give you distance from a thought.

Unhooking from Unhelpful Thoughts - Tips

1. Saying to yourself, "I notice that I'm having the thought that...."

Example: Derek has a recurrent unhelpful thought: "I'm worthless". It makes him distressed, and he spends hours dwelling on the ways he feels worthless, which makes him feel worse. Now, when Derek notices this thought, he says, "**Ok, I notice I'm having the thought that I'm worthless**". He finds it does not have the same emotional punch. He recognises the thought is not a truth or anything to dwell upon, it is just a thought. This little bit of distance helps him unhook, interrupts his dwelling and enables him to choose to do something to look after himself or engage in something that matters to him. The thought does not disappear, but it no longer has his full attention.

2. Thanking your brain, "thanks for that brain, I'm going to do it anyway"

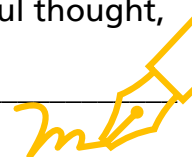
Example: Sandra thinks about going out and she gets a lot of unhelpful thoughts; "what if people don't like you? What if you can't cope?" They come quickly and they make her feel so anxious that she wants to avoid going out. When she recognises the unhelpful thoughts and says, "**Thanks brain, I know your trying to look after me, but actually I'm going to do it anyway because it's important to me**". This helps her unhook by noticing the worries and that enables her to make a choice to do what matters. She still feels some anxiety and thoughts still pop up, but she knows that does not mean anything bad will happen. She can experience the thoughts and still go out with her friends.

3. Naming the story if the thoughts come up repeatedly

Example: Remember Matthew and his tendency to overdo? This happens when he is hooked into thoughts like "That's not good enough, you have to do a task until it is complete!". Matthew starts naming the story when he has these thoughts, saying to himself: "**Oh here we go, it's the old 'I'm not good enough if I don't get it all done' story again**". This helps him unhook and notice the unhelpful thinking pattern, which helps him choose to take a break and pace. The thought does not completely disappear, but he is able to recognise, that it is just an unhelpful thought, and enjoy his break.

Over to You

Try these unhooking techniques on an unhelpful thought, write what you notice.



Coping with Emotional Distress

Humans feel a range of normal emotions, and ups and downs in mood. Some feel good; happiness, contentment, or excitement and some are difficult to cope with; sadness, anger, or anxiety. Sometimes, emotions can feel intense, get stuck and cause distress. They can start to affect our behaviour and functioning. When our emotions are dysregulated (out of balance) we feel unsafe, out of control, distressed, stressed, panicked or angry, or numb or zoned out. This activates the **stress response system**. **It is hard to think clearly and live the way you want to when emotions are dysregulated, particularly when living with chronic pain.**

Emotional regulation means bringing the body back to a calmer state to think and function as we want to, recognising and making room for your feelings. Learning to allow yourself to accept self-care and compassion, **your needs, and feelings matter**. It might be tempting to ignore or squash feelings down – this might feel better for a short while, but if we keep putting them into a box, they build up and overflow. Pent-up feelings can pop out in overwhelming ways, and we may act in ways we later regret. For example, pushing down annoyances until we explode at an unlucky person, or bottling up sadness and crying unexpectedly.

Over to You



Try these techniques to **regulate emotions**, and **calm the nervous system** (below and in the following few pages):

Exercise, Hobbies, Activity	Soothe your senses	Drop the anchor
<ul style="list-style-type: none"> • Exercise relieves stress and physical tension • Exercise reduces stress hormones and stimulates natural "feel-good" hormones • Exercise can be day to day activity, hobbies, movement that you enjoy • Hobbies calm us by absorbing our attention and interesting us, giving us relief from unhelpful thoughts 	<ul style="list-style-type: none"> • Self-soothing skills are important. You may wish to have a few items to use when needed, to calm you and activate your parasympathetic nervous system (regulate stress). • Think about what soothes the 5 senses; touch, taste, hearing, sight, smell • Examples: a picture or view you enjoy; a nice fragranced candle; a hand cream you like; the sound of the sea, feeling a breeze. You might enjoy movements, like being in a rocking chair. Everyone is different, the options are endless. 	<ul style="list-style-type: none"> • Like unhooking, you can "drop anchor" for: • Handling difficult thoughts, feelings, emotions, memories, urges and sensations more effectively. • Switching off auto-pilot and engaging in life. • Grounding and steadying yourself in difficult situations. • Disrupting rumination, obsessing and worrying. • Focusing your attention on the task or activity you are doing • Developing self-control; and as a 'circuit-breaker' for impulsive, compulsive, aggressive, addictive or other problematic behaviours.

Coping with Emotional Distress – Over to you

Over to You

Make a list here: Please note you are not trying to turn away from, escape or avoid what is happening in your inner world. The aim is to expand your focus, remain aware of your thoughts and feelings, continue to acknowledge their presence and at the same time, connect with your body through **grounding techniques**.

What hobbies, exercise, activities can help you with stress?	What works for you and soothes your senses?	Dropping anchor & 5,4,3,2,1 Senses
		<ul style="list-style-type: none"> • Try the "ACE" cycle for 3 minutes and repeat as needed: • Acknowledge thoughts and feelings that show up. Be curious and observe your inner world. • Come back to your body and connect with it. Push your feet into the floor, press your fingertips together, stretch your arms, shrug your shoulders, breathe • Engage in what you are doing. Refocus your attention. Look around the room, notice 5 things you can see, 4 things you can hear, 3 things what you do/feel, 2 or 1 what you can smell or taste



Download some free audio recordings of 'dropping anchor', varying from 1 to 11 minutes. Listen to these and use them as a guide to help you develop this skill. Download or stream them from the left hand box on this webpage: <https://www.actmindfully.com.au/free-stuff/free-audio/>

© 2019, Russ Harris www.TheHappinessTrap.com

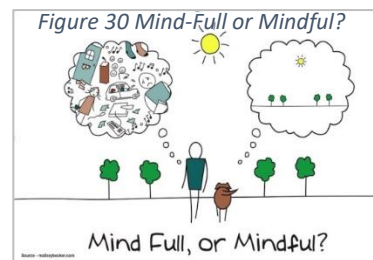
Mindfulness


Mindfulness & Mindful breathing	How to practice mindfulness Visualisation, leaves on a stream	How to practice "mindful moments"
<ul style="list-style-type: none"> • Our minds wander 50% of the time. • The aim is to concentrate on the present moment, on purpose, without judgement. • To notice and accept thoughts without supressing or engaging with them. • Have you ever driven on a familiar journey and arrived at your destination without remembering how you got there; where the body is present and driving the car but the mind is elsewhere? • Being mindful helps train our attention and exercising our "attention muscles" to become fitter. • We can take more choice over our focus of attention, rather than allowing our attention to be dominated by things that make us feel stressed, like pain. 	<ul style="list-style-type: none"> • Imagine that you are on a train platform. The trains that pass are your thoughts, feelings and memories. There is no denying that the trains are present because you can see them as clear as day. What you can do is decide whether to get on the train. The practice of mindfulness is the act of staying on the platform and allowing the trains to pass you by. • Or imagine you are by a stream. Place any thoughts onto a leaf and allow the stream to carry it away. Remember; it is not about denying or ignoring thoughts. It is simply about choosing not to engage with them at that given time. • Sit or lie comfortably. • Notice the weight of your body as you rest. • Notice the movement as you breathe. • Notice how it feels to inhale, exhale, in your nose, chest, tummy. • Notice thoughts, sounds, tension, emotions but bring your attention back to breathing. • Try not to analyse, just notice and breathe. 	<ul style="list-style-type: none"> • You can do anything in life mindfully - it is not about meditations. • It is the difference between being a human being or a human doing. For example, you might be having a shower and while you are in there, you are busy thinking about everything to come in the day ahead- very much a human doing. • Or you could have your shower and notice the sensation of the water on your skin, the temperature, the smell of your shower gel or shampoo, any sensations in your body - here you are a human being, just being in your sensory experience for a moment. • You can be mindful at any time, when brushing your teeth, whilst walking, when cuddling your pet, whilst eating, listening to music or when having a cup of tea, the opportunities are endless!

Relaxation

Practising regular relaxation can help us to manage stress and pain. Many people find it hard to relax, our bodies hold physical tension, which can increase pain.

- Practice in a quiet room, turn off your phone.
- Find a comfy position and loosen tight clothing.
- Practice once a day, and as often as you wish.
- Most people find their mind wanders, try not to worry, bring your focus back.
- When you have finished, enjoy the relaxed feeling.
- Remember, **learning to relax is a skill and takes time and regular practice.**



Mindful Breathing	Stop, drop, flop	Guided visualisation	Progressive muscular relaxation
<ul style="list-style-type: none"> • A different approach to managing stress and pain. • Concentrate on the present moment, notice the feeling and movement in your body as you breathe in and out, without judgement or criticism. 	<ul style="list-style-type: none"> • Good for tension in shoulders and neck. • Can be done anytime. • STOP what you are doing. • DROP your shoulders gently • FLOP your head gently forwards and breathe deeply. 	<ul style="list-style-type: none"> • Sit or lie. • Picture a safe, pleasurable setting; your favourite place, walk, park, holiday or somewhere imaginary. • Involve your senses, imagine what you can see, hear, smell, taste, feel. Say and/or think; CALM, RELAX. • Stay in your safe place for as long as you need. 	<ul style="list-style-type: none"> • Proven to help people with chronic pain. • This technique helps teach your body to notice the difference between tension and relaxation by going through different muscle groups. • Do not tense too tightly in a painful area. • Notice when you let go of tense muscles, how they relax. • You can do one muscle group, or the whole body. • Search online or for a video - go to: https://www.youtube.com/watch?v=-276RQYyLKc
<p style="text-align: center;">Over to You</p>	<p style="text-align: center;">Over to You</p>	<p style="text-align: center;">Over to You</p>	<p style="text-align: center;">Over to You</p>
<p>➤ Could you let the thoughts pass?</p> 	<ul style="list-style-type: none"> • When could you try this exercise? Boiling the kettle or after a stressful email? • How did it feel? Release any neck tension? 	<ul style="list-style-type: none"> • Where is your safe, happy, and/or favourite place? • How did you feel after imagining this place? 	<p style="text-align: center;">Over to You</p> <ul style="list-style-type: none"> • Practice

Relaxation – continued

The Department of Clinical Health Psychology has produced six free audio relaxation tracks for patient use. Please read through the general guidelines before you try the exercises. Do not listen to relaxation recordings whilst driving or operating machinery. If the exercises cause you any distress or worrying thoughts do not continue without consulting a health professional or your GP.

Over to You

You can access the free audio relaxation tracks online here; <http://www.gehkl.nhs.uk/relaxationaudio.asp>

Track Guide

Track 1: Morning beach imagery (9:21mins)

Track 2: Forest visualisation (12mins)

Track 3: Stretch and relax (20:10mins)

Track 4: One Word (2:10)

Track 5: Garden relaxation (18:03)

Track 6: Mindfulness (5:24mins)



Figure 31 Leaves on the Tree of Life (QEHLK)

Mental health support

If you feel so distressed that thoughts of harming yourself or ending your own life have been in your mind, then please visit your GP as soon as possible and ask for help. If you cannot visit your GP and feel that you cannot keep yourself safe, call 111 and ask for mental health support.

www.mindfulness.org

www.freemindfulness.org

Samaritans

Tel: 116 123

Email: jo@samaritans.org

- www.samaritans.org

Mental Health Matters

Tel: 0191 516 3500

Email: info@mhmm.org.uk

- www.mhmm.org.uk

Rethink

Tel: 0300 500 0927

Email: advice@rethink.org

- ww.rethink.org

Mind

Phone: 0300 123 3393
(Monday to Friday, 9am to 6pm)

- www.mind.org.uk

SANE

- www.sane.org.uk/textcare
- www.sane.org.uk/supportforum
- www.sane.org.uk/support

Apps:

- Headspace
- Calm
- Stop, Breathe, Think
- Insight Timer

Diet

Like medications, the foods we eat influence our body's function which can have both positive and negative impacts on our health. Diet is a proven contributor in chronic pain and inflammation. Certain foods can trigger pro-inflammatory markers. We do need inflammation in some cases, but when inflammation becomes chronic, we can start to see problems.

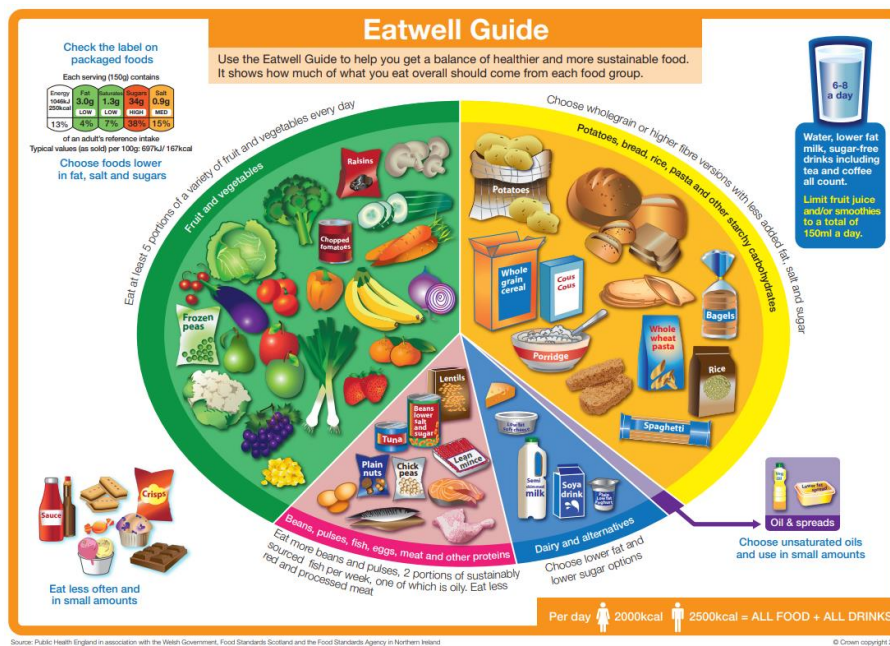


Figure 32 NHS live well guide

When you have found some meals that you like, make a note, and gradually build up a collection of your favourite ones. If you are trying to improve the content of your meals to make them healthier, try removing something each day or week such as one less sweet snack or replace a fizzy drink with water.

Quick bites	Bountiful breakfasts	Luscious lunches	Delightful dinners

If you would like to learn more visit:

www.nhs.uk/live-well

Managing Flare-ups

You will no doubt have experienced times when your symptoms worsen, and you are unable to do the normal things you would do. This is called a “flare-up”, a temporary increase in unpleasant symptoms. This may be due to overdoing it, or from life throwing a curveball that raises stress levels. Unfortunately, it is not always possible to avoid flare-ups so it is good to have a plan of how you will handle it if it happens.



Figure 33 (word stock image)

Firstly, **try not to panic**. Remember, flare-ups are most likely to be related to your nervous system protecting you, rather than any actual damage. **Every flare-up has a flare-down.**

Secondly, **have a flare-up plan ready**. Often when a flare-up occurs, it can be hard to think clearly and make decisions. It can be difficult to know what to do for the best. If you have a flare-up plan ready it can enable you to manage them more effectively, reducing their length and intensity.

Here are some things you may wish to include:

- **Reduce your sitting, standing, and walking levels.**
Whatever your normal limit is for how long you can sit, stand or walk, reduce it. You can gradually increase these limits as your flare-up subsides.
- **Review your pacing**
Have another look at what you are doing and increase your rest breaks. Review the **Pacing** section to remind you what to consider and gain some fresh ideas.
- **Prioritise what needs to be done.**
You can't do as much, so prioritise what is really important for now.
- **Continue to stretch/exercise gently, if possible, but reduce the amount.**
It is important to keep moving but reduce the exercise you normally do. You can gradually build back up once the flare-up settles. Work out which movements are helpful and avoid those that tend to increase your symptoms.
- **Increase relaxation**
There are many different ways to relax. Concentrating on your breathing can also help. Look at the relaxation strategies mentioned earlier in this booklet or look at diaphragmatic breathing on YouTube.

Managing Flare-ups – continued

- **Use what helps to ease your pain, more often**

Heat packs, TENS, having a warm bath or shower... During this time, use those things more often.

- **Do Not** use a **TENS** machine if you have a pacemaker; unstable heart problems; unstable epilepsy or you're trying to get pregnant. Seek advice from your midwife or relevant healthcare professional.
- **Heat/ice.** Do not assume that a flare up is an indication of inflammation and that you should use ice; if you find heat more helpful use that instead.
- Apply **creams** – warming/cooling/relaxing
- Take your **medication** regularly, and if you feel this is not helping seek further advice from your GP or Pharmacist. If you have been successfully reducing your medication, do not worry if you have to increase it for a few days, **provided you stay with the dose that has been prescribed.**
- Use different types of mental **distraction** – a puzzle, jigsaw, read, music...

- **Accept help**

It can be hard to accept help. Once you start to pick up again you can reduce the help that you need from others. Keep a list of people who support you.

- **Be practical**

It is more difficult to do everyday activities when you are having a flare-up. Think about how you can make daily activities easier during this period and include these ideas in your flare-up plan. For example, do your shopping on-line; or wear clothes that are easy to put on and more comfortable to wear.

- **Communicate with others how they can help**

Often the people around you will want to support you but do not necessarily know how. Tell them how they can support you. This may include practical as well as emotional support. Sharing your flare-up plan with others, can also help them understand the strategies you use during this difficult period.

- **Manage your mood**

Sometimes people notice their mood lowers when they are having a flare-up. See previous sections in this booklet on managing unhelpful thoughts for strategies. If you are unable to do the activities that usually boost your mood, consider alternative activities that are physically and mentally less demanding.

- **Set small realistic goals**

As you are going to be more limited, your goals need to reflect what you can do at the moment. Set small, realistic goals so that you feel you are making progress. If you have larger goals you are working towards, you can get back on track once the flare-up is reducing.

Managing Flare-ups – continued

- **Keep a record of what helped, so you can learn from it**


Often it is possible to identify what caused the flare-up and it is useful to learn from this. Sometimes it is useful to talk to the people around you as they often notice what you have been doing that may have caused the flare-up.

- **Plan a reward for your flare-down**

It can be hard to stay positive when you are going through a flare-up, so planning something nice to do for when your flare-up improves can help. This can be very simple but it will feel very rewarding when you manage to do it.

Over to You

My flare up plan	
1.	Reduce sitting, standing, and walking levels – how long? How far? How many steps or minutes? ...
2.	Pace myself, how? ...
3.	Prioritise, how? ...
4.	Continue to move, stretch, exercise, but reduce or avoid what worsens a flare, for example:....
5.	Try a relaxation strategy, write which one you will try: ...
6.	Write what helps to ease pain (heat/TENS etc.): ...
7.	Accept help and communicate with...
8.	Manage your mood, thoughts, and feelings by...
9.	Set a goal and reward...



A Final word

We hope you find this booklet helpful. Remember “Rome wasn’t built in a day”! It takes time and commitment, support, trial and error. Top tips:

I find things I can do, making them the focus of the day rather than pain

Each day I have a 30 minute relaxation spot. I just stop, wonderful.

I set boundaries for the day that are realistic

Real life story

“You do realise this pain will be with you for the rest of your life.” Said my Pain Consultant. No, I did not realise but the reality of what she said set me up for the challenge ahead. Some 30 years on I look back at the journey, which has meant dealing with chronic pain daily. The input from the pain clinics has been invaluable, both in terms of treatment and support. Yet they can only show you ‘how’, as it is down to you to take it on board - to enjoy the benefits. Each day is a different challenge. I regard my chronic pain as the enemy- luckily, I often come out on top; yet there are bad days, which I accept. Having a positive attitude towards pain keeps me determined. Two songs also drive me: ‘Don’t give up’, K. Bush and P. Gabriel, along with ‘Search for the HERO inside yourself’ by M People. Both songs inspire me and are great to play when I feel down.

Here are some other links that you may wish to look at:

- Pain education videos
<https://forms.gle/uctZoJaNHwWp7Dev7>
https://www.youtube.com/watch?v=C_3phB93rvI
- 23 and ½ hours exercise information video
<https://www.youtube.com/watch?v=aUalnS6HIGo>
- Chair yoga
<https://youtu.be/zK8plxjOi0k>
- Action on Pain Telephone helpline: 01553 828926
www.action-on-pain.co.uk.
- Practical guide to self-management
www.paintoolkit.org
- Flipping pain
<https://www.flippinpain.co.uk/>
- Explain Pain 2nd Edition (2013) – Butler and Moseley Book
- Manage your pain: Practical and Positive Ways of Adapting to Chronic Pain (2019) – Nicholas; Molloy; Tonkin and Beeston Book
- Coping successfully with pain (2002) – Neville Shone Book

Notes page

Write down key tips and advice you have gained from either this booklet, from your pain health-care professionals, and/or from attending the back pain programme (a 6 week, 2hr/week course for those known to QEH pain clinic living with back pain).


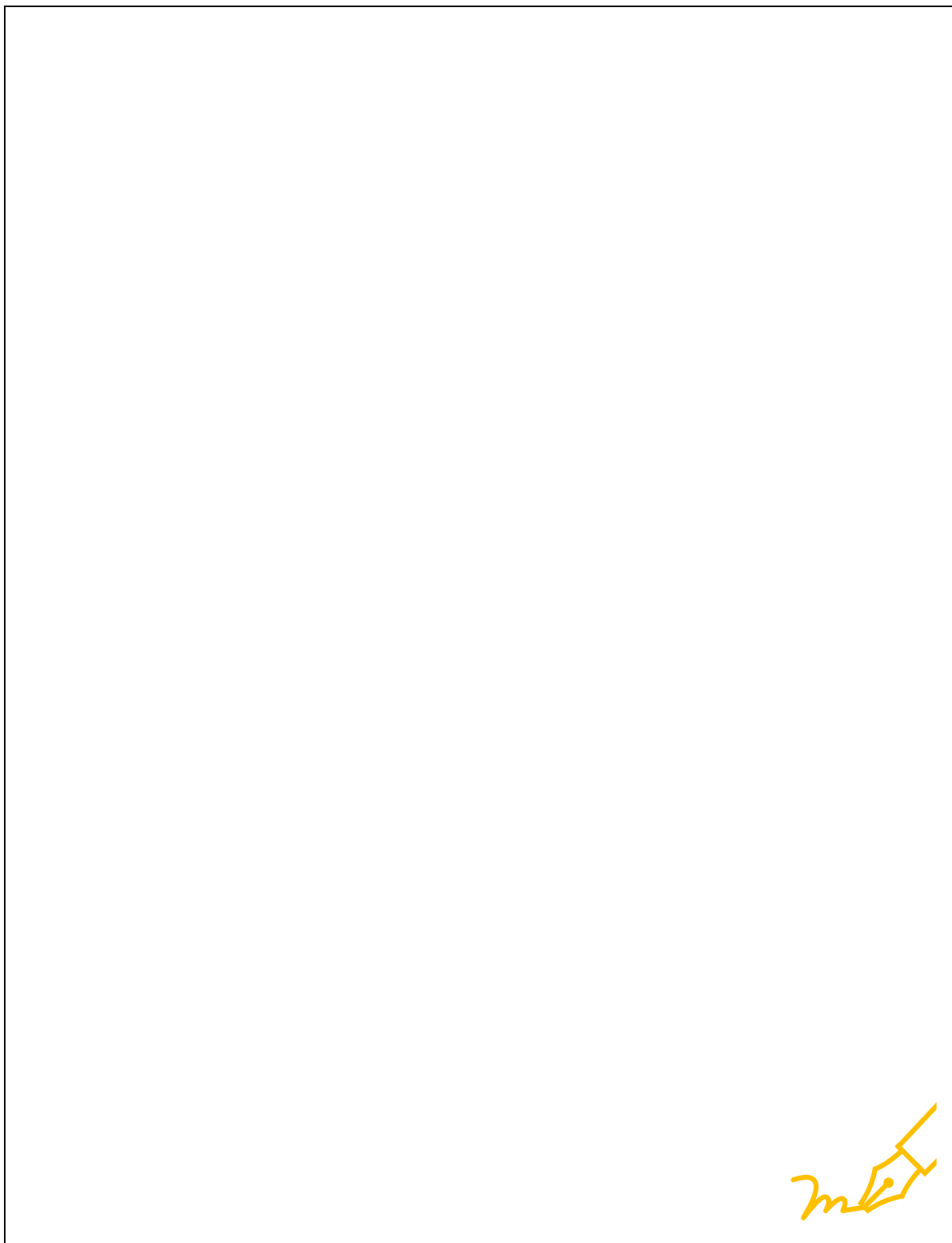




Figure 34 Tree of Life (QEHL photo)

Pain Clinic © September 2023. All rights reserved.

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust.

Version 2. Review September 2028.

Feedback

We appreciate and encourage feedback. Scan the QR code below using the camera on your smart phone or visit www.ratemynhs.co.uk



If you need advice or are concerned about any aspect of care or treatment, please speak to a member of staff or contact the Patient Advice and Liaison Service (PALS):

Telephone: 01553 613351 or 01553 613343

Email: pals@qehkl.nhs.uk

Letter: PALS, The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust, Gayton Road, King's Lynn PE30 4ET

The Trust endeavours to ensure that the information given here is accurate and impartial.