

Newsletter

AUGUST 2011

Vol 2 No 3

Pain Support ACT

Pain Support ACT (and surrounding region) is a support group for people living with persistent pain, their families and carers. We are positive in outlook and want to learn and share with others in an informative and supportive environment. We embrace those with persisting pain of any kind, whether diagnosed or not.

Pain Support ACT (PSACT) is a support group administered by Arthritis ACT incorporating Osteoporosis ACT. The support group does not provide any medical or legal advice. You should always consult your healthcare or legal professional for such advice.

Our contact: (02) 62811036 or Arthritis ACT (02) 6288 4244.

EVENTS

OUR OWN MEETING DATES FOR YOUR DIARY

AUGUST: Handling the Emotions that go with Pain and other questions you raise

When: Fri 26 August 2011 12.30-2pm

Share a cuppa/byo lunch and chat before the speaker starts at 1pm.

Speaker: Ms Marion Swetenham, Pain psychologist, Clinical College BA (Hons) M.Clin.Psych, Grad. Dip. Sci. Med (Pain Mgt).

Where: The large Meeting Room, ACT Sports House (former primary school), in Hackett: 100 Maitland Street, Hackett, Phone: 02 6230 7800

Public transport/access to venue: Catch Bus No.2 from Civic interchange to Hackett and alight at the corner of Madigan St and Maitland St. Sports House is in the old school building on your left. The bus 2 leaves Civic at 12.02 getting to Hackett at around 12.24pm. It is not an accessible bus, but the building is fully accessible.

Other Transport: Call 62811036 if you need help with transport.

Cost: Gold coin optional donation to help with postage, memberships etc.



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SEPTEMBER: Picnic at the Botanical Gardens**When:** Wed 21 September, 12.30-2pm+.**Where:** Lawns near the Crosbie Morrison Centre (map next time); tables and chairs are available there**What:** BYO sandwiches and soft drink/tea/coffee. Have a chat over lunch and enjoy the Gardens in Spring.**Who:** Ourselves, anyone living with pain, family members and friends/carers**Access:** Disabled parking at rear of Crosbie Morrison Building. During the week ACTION bus route 3 runs through the Australian National University, along Daley Road, and stops close to the gardens. The closest stop is on Daley Road, across from Burton and Garran university residential halls, or call 62811036 to seek transport or other help.**Cost:** free**OCTOBER: “Mindfulness” and how it can help****Venue:** To be advised.**When:** Date t.b.a. October 12.30 to 2.00pm. Come early to get a cuppa. Bring your lunch if you like.**Speaker/practitioner:** Katrina Muir, Pain Support member**Cost:** Gold coin optional donation to help with room hire, postage etc.**Transport/access to venue** Tba**Other Meetings and courses**Chronic Conditions Alliance Seminar Series**Topic:** Centrelink benefits and accessing them**When:** 15 September , 7-8.30pm**Speaker:** from Centrelink**Location:** SHOUT, Building 1, Pearce Community Center, Collett Place, Pearce.

A full list of topics for the year is available – call 62811036 or see

<http://www.actcca.org.au/>Living a Healthy Life with Long Term Conditions coursesThese valuable courses are free and are run by the ACT Government. For a full list contact (02) 62811036 or see <http://www.health.act.gov.au/health-services/community-health/community-health-services/chronic-illness/> .**Where:** Belconnen Health Centre; Tel.62079977 8-5pm Mon Fr to book/enquire**When:** Thurs 1 Sept, 2-4.30pm; Fri 28th Oct 12.00-2.30pm**OR****Where:** Arthritis ACT: Tel. 62884244 to book/enquire**When:** Fridays, 14, 21, 28 October 12.00-2. **OR****OR****Where:** Phillip Health Centre: Tel. 62079977 8-5pm Mon Fr to book/enquire.**When:** Thursdays 20, 27 Oct 10.00am-2.30.

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Challenging Pain Workshops: Arthritis ACT

Learn skills and techniques to manage your chronic pain and regain control of your life. It is a short course delivered in 2 x 2.5 hour sessions.

Date: Wed 28/9 and Wed 5/10

Time: 1:00pm to 4:00pm.

Cost: Members \$15.00 - Non Members \$25.00.

Venue: Ground Floor Conference Room, 27 Mulley Street Holder, Disabled Parking.

Bookings Essential - Phone: 1800 011 041.

ARTICLES

Lunch for National Pain Week

Last month about 15 of us had a very enjoyable lunch at the Hellenic Club to celebrate NPW and our achievements in dealing with pain and to have a bit of fun. There were some unusual and colourful hats and clothing in evidence, as well as aqua balloons and little surprise presents. We were thanked by Chronic Pain Australia for participating in the NPW. A pity we forgot to take some pictures!!

University of Canberra Symposium on Pain and how it is perceived across different health disciplines¹

Marg McCulloch

This event on 2 August 2011 was attended by many health professionals and health academics from different disciplines. Pat Branford and Margaret McCulloch attended as health care consumers living with pain. The event was organised by the UC.

The first Speaker was **Dr Peggy Brown, Director-General of ACT Health**, with the topic **“Raising the Bar: A Policy and Planning Perspective on Pain as a Health Priority”**.

Dr Brown spoke about pain as a national health priority, producing some key statistics on chronic pain in Australia, drawing on the 2010 National Pain Strategy² document and an Access Economics study (AE) conducted in 2007³. For example, one in five Australians will experience persistent pain at some stage in their lives and this prevalence increases

¹ See http://www.canberra.edu.au/events/home/view_by_event_id/216 accessed 13/08/2011

² National Pain Strategy 2010, <http://www.painaustralia.org.au/strategy/> accessed 13/08/2011

³ *The High price of Pain* report by Access Economics in collaboration with the MBF Foundation and The University of Sydney Pain Management Research Institute, cited in note 2 above.

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with age so that after 65 years, the figure is one in three. Yet 79% of these people don't gain access to effective pain management. Children and people less able to express themselves are particularly affected in access, as are disadvantaged groups.

She outlined the massive impact of chronic pain. Of those in Australia, one third have severe pain, associated with disability. Pain can often influence mobility, strength, the immune system and basic life capabilities like eating and socialising. Effects often include depression, anxiety, physical deconditioning, social isolation and relationship breakdown. Five percent attempt suicide. People with chronic pain often face disbelief and are stigmatised. They also perceive that they are seen as possible or likely drug dependents, drug sellers, bludgers or as psychologically defective. They often perceive little empathy from health care providers.

Dr Brown noted that the AE report estimated that chronic pain is the third most costly health area in Australia, costing A\$34 billion annually. The report also indicated that we know that effective pain management is available for most cases and Australia could be saving half of this amount. Dr Brown noted that Professor Michael Cousins, one of the key figures behind the National Pain Summit and Pain Strategy, has indicated that chronic pain is one of the most neglected areas in health care in Australia.

Finally, Dr Brown said that it is time now for Australia to raise the bar, time to "embrace pain" and to take it forward. Australia and the ACT are well placed to go forward now, she said. We must have a national approach and the National Pain Strategy helps point a way forward in its goals and objectives.

Randolph Sparks on Managing Pain

Mr Sparks, a Canberra psychologist specialising in chronic pain, recently gave a talk organised by Arthritis ACT. He explained three interconnected ways to manage pain.

Move!

First he explained the body's natural response to pain. When significant pain occurs in part of our body, our natural response is to immobilise that body part. For example, when we break a leg, we don't want to move it or walk for a short while till we can slowly get going again.

However, if we continue to not move that body part for quite some time, something else happens. Essentially, our brain starts to 'seek out' the body part since it is not receiving the usual amount of information it gets from there. It 'wants to know' what's happening in that part. When that happens, our body's neural pathways open up and change so they can provide more information to the brain. Our pain increases with this louder message.

The treatment is to counter this and MOVE. If we get moving again, our neural pathways can gradually 'relax' and go back to their normal size and state. We also believe that

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moving normally feeds back to the neural system that ‘all is well’, so no action is needed, rather than immobilize, which tells the system something is wrong.

Relax!

Secondly, he talked about “load factors” or stressors on our immune system. These could be moving house, overwork or pain. Our in-built response is to tighten and tense our body up, preparing for ‘fight or flight’. Stress chemicals are released and our blood flow prepares to deal with danger.

The treatment is to RELAX. If we introduce a relaxation state in our body, for example by slowing down our breathing and/or doing muscle relaxation, our system will improve. Practice makes perfect in this, so that when the pain is there, you can do the relaxation to help neutralise it.

Pacing!

Often, people with pain find themselves on a downward spiral as they might tend to overdo the moving of the painful body part, then rest up (no moving), then overdo it again, then stop moving even more. Gradually, as their movement decreases, the pain becomes more and more prevalent, as above.

Pacing involves checking how much movement you can do before the pain increases, then practicing moving about 30% less than that. For example, if pain increases after walking about 30 minutes on average, then do your walking in bursts of 20 minutes. Only when this is too easy, gradually move it up a bit, say to 35 minutes, and continue like this till you can walk longer without pain. In other words, PACE yourself. “Start low and go slow” was the recommendation.

The audience seemed very interested in Mr Sparks’ talk which certainly provided practical ways for us to help counter our pain ourselves.

Marg McCulloch

Did you know?

Unites States Decade of Pain Control and Research

In 2000, The Unites States Congress passed into law the provision, signed by the President, that declared the ten-years from 2001 as the “Decade of Pain Control and Research”.

Access to Pain Management a Fundamental Human Right

The September 2010 International Pain Summit in Montreal declared that access to proper pain management is “a fundamental human right”.

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StopPain website - a Worthwhile Resource

Beth Israel Medical Centre is a large tertiary teaching hospital in New York City. The Medical Centre's Department of Pain Medicine and Palliative Care offers a range of therapies for chronic pain of all types. The highly trained medical team includes pain specialists with backgrounds in Neurology, Rehabilitation Medicine, Anesthesiology, and Psychology. As we know, a multi-disciplinary approach to treatment is a key feature of best-practice in treating chronic pain.

At the Centre, each patient is evaluated by a doctor or other health professional who develops an individualised plan of care, which may include any of a diverse range of therapies. One type of treatments offered is a range of psychological or mind-body therapies.

The website of the Centre is http://www.stoppain.org/main_site/. It may be a useful site for people with chronic pain because the information on the site is prepared by the range of pain specialists at the Centre and is evidence-based (scientific). It is written in plain English. The Centre has permitted us to provide some of its material to you.

Psychological/Mind-Body Therapies

“Psychological factors are important contributors to the intensity of pain and to the disability associated with chronic pain. Pain and stress are intimately related. There may be a vicious cycle in which pain causes stress, and stress, in turn, causes more pain. Mind/body approaches address these issues and provide a variety of benefits, including a greater sense of control, improved coping skills, decreased pain intensity and distress, changes in the way pain is perceived and understood, and increased sense of well being and relaxation. These approaches may be very valuable for adults and children with pain (Rusy, 2000).

For pain specialists, the therapies that are psychological, or focused on the relationship between mind and body, are considered mainstream; for many others in the health professions, and for the public at large, the same therapies might be considered complementary/alternative. The evidence in support of these approaches is very strong and how they are labeled is less important than their acceptance as necessary treatments. “

Cognitive-Behavioral Therapy (CBT)

“CBT has proven to be effective in reducing pain and disability when it is used as part of a therapeutic strategy for chronic pain. CBT addresses the psychological component of pain, including attitudes and feelings, coping skills, and a sense of control over one's condition. It can provide educational information and diffuse feelings of fear and helplessness. It can help a patient look at ways in which their attitudes contribute to

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inaccurate and unrealistic expectations, and can help them find a more realistic and balanced view of the problem.

CBT may include training in various types of relaxation approaches, which can help people in chronic pain lower their overall level of arousal, decrease muscle tension, control distress, and decrease pain, depression and disability (Barkin, 1996). Relaxation imagery or pain-management imagery may also be taught to promote relaxation and changes in pain intensity or quality (Fernandez, 1989). Finally, CBT may include the teaching of life skills and coping skills that can assist the patient in productive problem solving and the prevention or minimization of future pain episodes.

CBT has been found to be effective as part of a treatment regimen for a variety of pain conditions including episodic migraine and chronic daily headache (Lake, 2001), chronic musculoskeletal pain (Haigh, 1999), pain in the well elderly (Manetto, 1996), chronic cancer pain (Thomas, 2000), rheumatoid arthritis and osteoarthritis (Bradley, 2002), fibromyalgia (Berman, 1999), myofascial temporomandibular disorders (Sherman, 2001), chronic low back pain (van Tulder, 2001), carpal tunnel syndrome pain (Feuerstein, 1999), and chronic pelvic pain (Reiter, 1998). It has been suggested to benefit patients with chronic fatigue syndrome, irritable bowel syndrome (Kroenke, 2000), and anxiety (Ketterer, 1999). Although research into the use of CBT in children is in the early stages, it holds promise for reducing pain-related distress in children (Chen, 2000).“

ACT Regional Community Bus Services

Did you know that the ACT's Regional Community Bus Service operates a flexible Regional Bus Service for ACT residents who are isolated because of a lack of other viable transport options? The buses operate from Monday to Friday, generally within their own regional area and set down points can be negotiated when making a booking.

To become a registered user of the community bus service you need to be assessed by the Regional Community Service in your area. The assessment process can be completed over the phone. Contact your nearest local Regional Community Service from the following list of Community Service providers:

BCS (Belconnen Community Service) Phone (02) 6151 2100 eMail bcsc@bcscact.com.au

Gungahlin Community Services Phone (02) 6228 9200 eMail gcs@gungahlin.org

Northside Community Service Phone (02) 6247 5757 eMail headoffice@northsoide.asn.au

Southside Community Services Phone (02) 6126 4723 eMail bus@sscs.org.au

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Tuggeranong and Weston Creek (through Communities at Work) Phone (02) 6288 4744
eMail admin.west@commsatwork.org

Woden Community Service Phone (02) 6160 5400 eMail transport@wcs.org.au

Suggestions please!

If you have a suggestion for a speaker or topic for one of our meetings or a suggestion/item of interest for the **Newsletter**, please speak up or call 62811036. We need people to write articles or find useful material. If you know of a good book, or website, let us know about it so we can share the information.

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