NHS
Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

# Explain Pain continued…

Week 2

The WWL Way

# Language used can be harmful…..

“slipped disc”

“wear and tear”

“crumbling spine”

“Surgery has been mentioned before but it’s that bad they won’t go near it”

“it’s bone on bone”

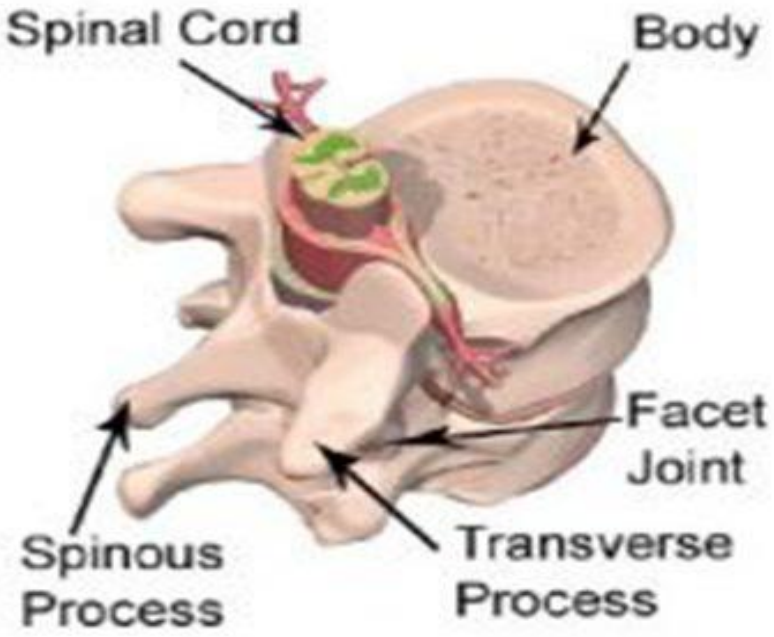
“I’ve got bad posture”

“They won’t operate until it slips further, and I develop weakness”

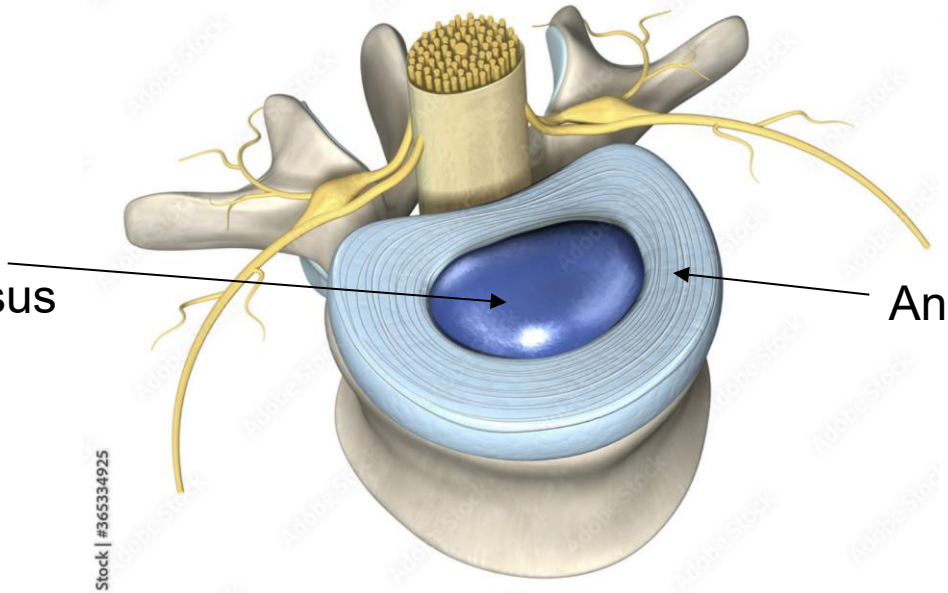
“I’ve got flat feet”

“My spine and pelvis are out of alignment”

“I’ve got a trapped nerve”







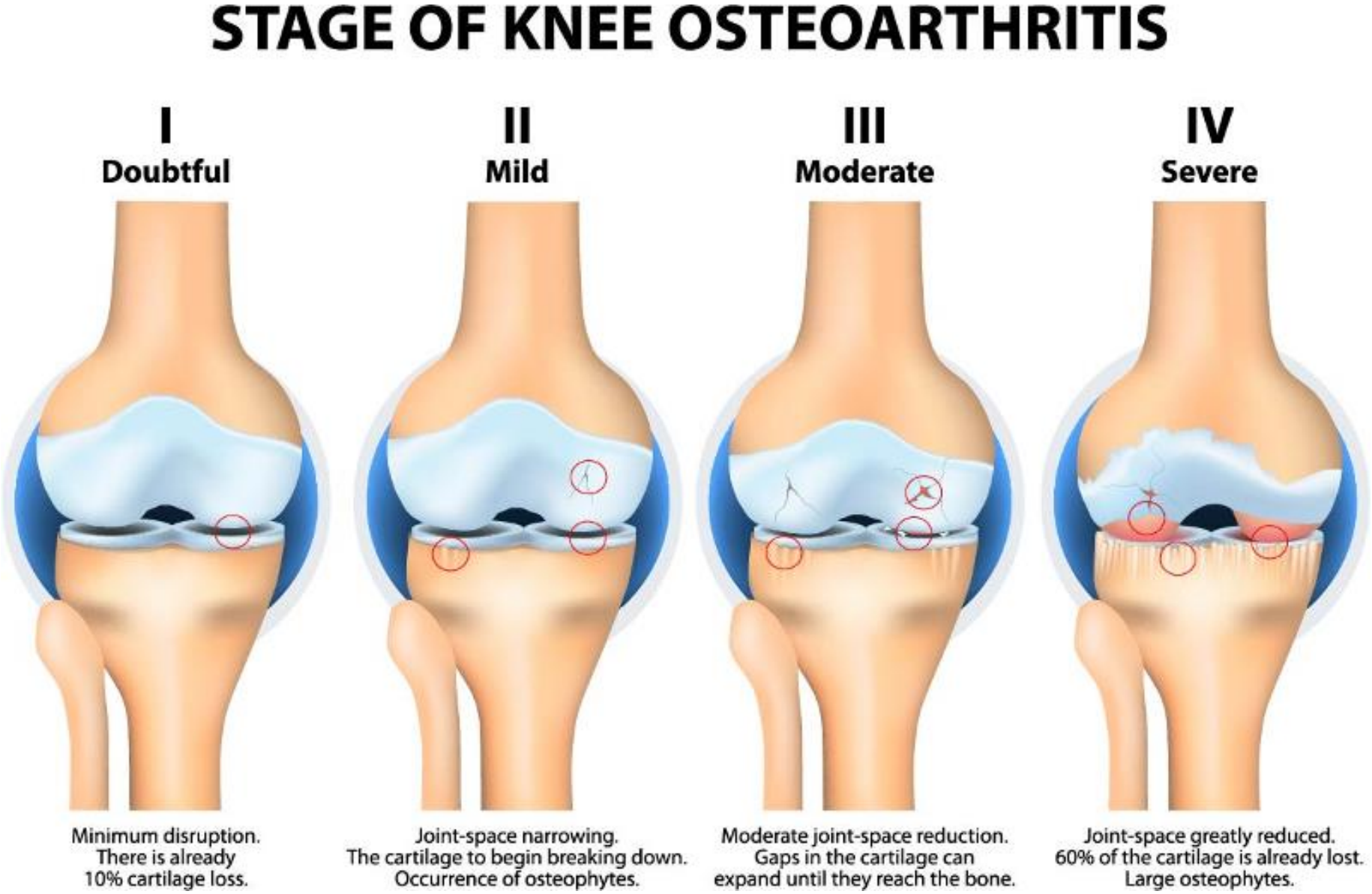
Nucleus pulposus

Anulus fibrosus

Historically, discs were described as jam donuts!

It is much better to think of them as a tractor tyre with thick chewing gum filling the middle.

Discs are robust structures that do not slip. Discs can herniate and protrude, some heal on their own, some remain herniated or protruding, some are present without knowing, some can cause pain to be produced by the brain. Some are herniated and pain-free.




Normal age-related changes, some can present at stage 2 and feel significant pain, others can be stage 4 or 5 and manage well. Surgery only indicated if function and life is significantly impacted. Surgery isn't a "pain" treatment.

# Red flags

| |
|---|
| Progressive symptoms |
| Altered sensation and or control when going to the toilet |
| Drop attacks |
| Bilateral pins and needles / numbness |
| Recent unexplained weight loss |
| Dizziness, double vision, flickering vision, nausea |
| Excruciating pain at night |
| Previous history of cancer |
| Night sweats |
| Systemically unwell |

# “Just send me for a scan so we know what’s going on”

Unwarranted MRI scans are associated with higher intervention rates and poor patient outcomes.

MRI assess anatomy which can help to plan treatment in serious suspected conditions.

MRI cannot diagnose pain or determine the best treatment for pain.

MRI findings **ALWAYS** need to be considering as part of the whole patient assessment.

# To scan or not to scan?

**Table 2: Age-specific prevalence estimates of degenerative spine imaging findings in asymptomatic patients[a]**

| Imaging Finding | Age (yr) | | | | | | |
|---|---|---|---|---|---|---|---|
| | 20 | 30 | 40 | 50 | 60 | 70 | 80 |
| Disk degeneration | 37% | 52% | 68% | 80% | 88% | 93% | 96% |
| Disk signal loss | 17% | 33% | 54% | 73% | 86% | 94% | 97% |
| Disk height loss | 24% | 34% | 45% | 56% | 67% | 76% | 84% |
| Disk bulge | 30% | 40% | 50% | 60% | 69% | 77% | 84% |
| Disk protrusion | 29% | 31% | 33% | 36% | 38% | 40% | 43% |
| Annular fissure | 19% | 20% | 22% | 23% | 25% | 27% | 29% |
| Facet degeneration | 4% | 9% | 18% | 32% | 50% | 69% | 83% |
| Spondylolisthesis | 3% | 5% | 8% | 14% | 23% | 35% | 50% |

[a] Prevalence rates estimated with a generalized linear mixed-effects model for the age-specific prevalence estimate (binomial outcome) clustering on study and adjusting for the midpoint of each reported age interval of the study.

(Brinjikji, et al., 2015, p. 813)

# Medication

Often referred to as “Pain Killers”- they don’t cure the pain.

Acute pain can be managed well with strong pain relief as they have good short-term effects.

9/10 people who take strong pain relief for persistent pain have no long-term benefits but will still have side effects.

Some people feel they take the edge off.

Some people feel the effect doesn’t last long enough.

Some people feel they block the pain well.

**Everyone is different.**

## Side effects can include,

Dizziness, sickness, sweating, drowsiness, confusion, constipation, weight gain, dry mouth, increased pain, sleep problems, reduced sex drive/ function, difficulty passing urine, immune system dysfunction, memory difficulties, mood changes, risk of falls and fractures.

Weaning off medication must be carefully considered with your prescriber

# Group task- 10 minutes

Can you relate to any of the text within,

‘Origin’

‘Descriptors’

‘Multidimensional pain features’

Can you relate to the elements of the pain cycle?

## Origin

- Musculoskeletal

Osteoarthritis, Inflammation, Muscle, ligament strain, normal age related changes

Nociception-noxious stimuli

Somatic- skin, muscle, tissue

Visceral- internal organs

Radicular-nerve root irritation

- Neuropathic

Diabetic neuropathy, MS, Cancer and post chemo/radiotherapy, nerve damage following surgery or injury, nerve compression

- Complex regional pain syndrome

Pain and inflammatory response in a specific area

- Chronic primary

Fibromyalgia, unclear pain origin

- Chronic secondary

Where symptoms of another condition is the underlying cause, then the pain from this condition becomes a problem in itself.

- Acute

Trauma, new pain, post surgical pain

## Descriptors

Throbbing
Aching
Sharp
Shooting
Burning
Cramp
Tightening
Crawling
knawing
Tingling
Dull
Stabbing

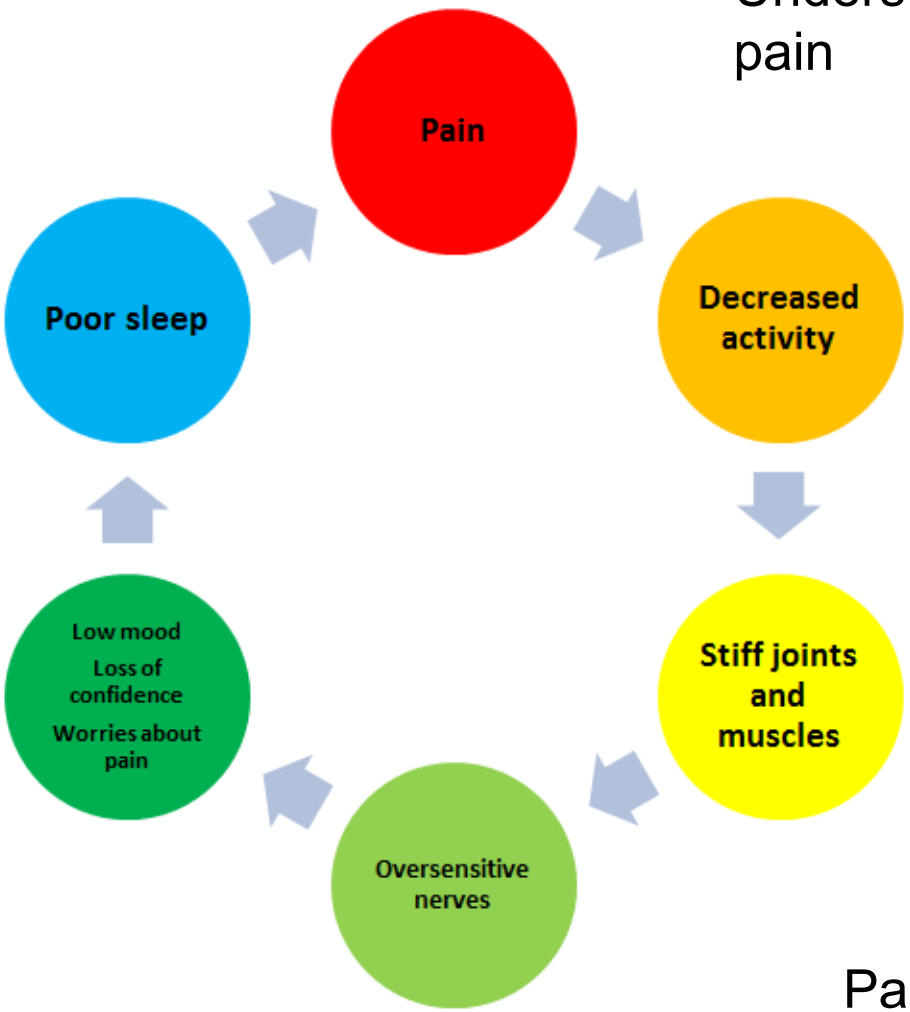
## Multidimensional pain features

Physical
Appetite
Mood
Social
Cognitive
Cultural
Sensory
Behavioural

# Pain Management & Lifestyle linked to the Pain cycle

Understanding pain

Tips for better sleep




Suitable exercise, graded exposure

Goal setting in line with values

Understand how our thoughts affect our feelings and how we behave

Pacing/ activity modification

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# Explain Pain continued…

Week 3

The WWL Way

# Posture

"I've been told that my pelvis is out of alignment"

"I've been told that I have poor posture"

Improving posture can help with function and muscle tightness, tension.

"Poor posture" often related to sedentary behaviour- move more, sit less

Fixing it isn't the answer, consider a whole person approach.

# Acupuncture- is it helpful?

Evidence for some short-term relief up to 3/12.

No evidence for long term effects.

Effect varies across individuals.

Stimulates nociceptors and endorphin production.

Some patients like it as they can do it themselves once or twice per week and it works for them.

If effective, it should not be used as a sole pain management tool.

# Consider these scenarios from research:

A professional violinist sustains a minor finger injury.

A footballer breaks his leg scoring the winning goal in an important cup game.

***Who do you think would experience the most pain and why***?

# Answer:

The violinist reported high levels of pain with minor tissue damage.

The footballer felt little pain in the presence of major tissue damage.

Remember, pain is not always an accurate indicator of tissue damage

# Bio plasticity: Humans can adapt

If we lift weights, we get stronger. If we learn we get smarter. If we exercise, we get fitter.

If we train our pain system to be more protective, it becomes more protective.

Other systems will also adapt leading to changes in movement, thoughts, emotions, mood, social interactions, behaviours and sleep.

If we gradually exposure our pain system to new activities, thoughts / activities we would typically avoid (protect), we can make our system less protective.

# Useful resources

What is Pain? - Live Well With Pain
https://www.youtube.com/watch?v=DWuGGvyzE6k

Understanding Pain in less than 5 Minutes
https://youtu.be/C_3phB93rvI

Why things hurt
https://youtu.be/gwd-wLdIHjs

Tame the Beast
https://youtu.be/ikUzvSph7Z4