

Great Ormond Street NHS Hospital for Children



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Definition of Pain

A negative sensory and emotional experience Therefore

Your pain belongs to you.

If YOU can control my pain Then can use my body

If I can control my pain Then can use my body

Goals

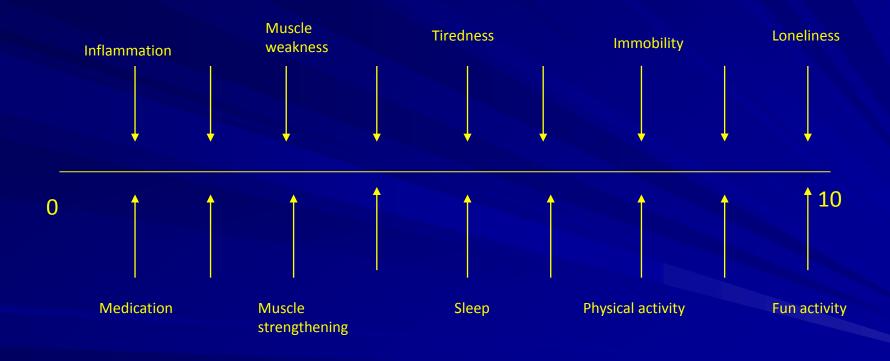
Defined, shared and held by everyone

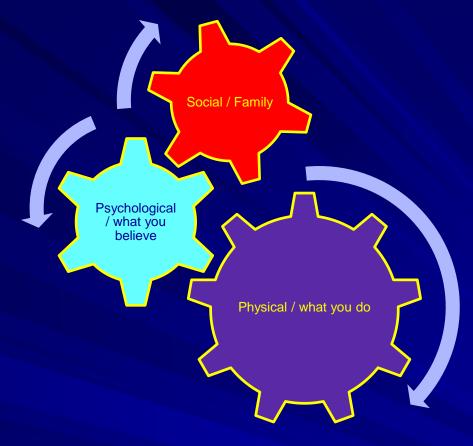
American Pain Society (2012)
 Improve all domains of functioning and quality of life

For you and your family

- Facilitate change in relationship to pain
- Optimise quality of life
- Increase function despite pain
- Facilitate adoption of self-management approach
- Enhance well-being

Complexity of Pain





BIO-PSYCHOSOCIAL MODEL OF MANAGEMENT

Biopsychosocial model applied to chronic pain

Biopsychosocial factors in health Social Psychological (system) (behavioral) Biological factors factors factors Genetic Physio-Environ-Social Immune Infectious predislogical Stress mental response support agents reactivity position toxins Coping Health tactics education Pollution Personcontrol ality Physical health Health-Sanitation and related habits Medical Reactions care to illness

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Bio

Central sensitisation Disease process Physical deconditioning

Biological factors to consider in the formulation of chronic pain

Psychological

Cognitions (illness beliefs, cognitive distortions, hypervigilance) Mood (anxiety, frustration, hopelessness, fear of pain) Coping (avoidance, boombust, coping style)

Psychological factors to consider in the formulation of chronic pain

Social

Partner behaviours Work (cognitive functioning, attendance, pressure) Healthcare experience (e.g. disbelief, conflicting messages) Cultural beliefs about pain/disability Economic factors (e.g. DLA) Previous harm/abuse

Social factors to consider in the formulation of chronic pain

Obstacles to effective self-management/recovery

Bio

Complex condition, ax/dx, changeable presentation, effectiveness of treatment, MDT involvement, receptiveness to recommendations, biomechanical compensations, use/side effects - pain meds, unclear prognosis, functional impairments, clinical errors

Psych

Anxiety re treatments/prognosis, low mood re function/social isolation/clinical prognosis, family members anxiety/low mood, family coping strategies, Pain management, adjusting to environment/ condition/function,

motivation, helplessness

Social

poor work attendance (social isolation), family dynamics/discord, roles (sick role), reduced activity based interaction with peers, Supporting the family, partners employment, any welfare concerns, recommencing work, social support services locally

Approaches to managing obstacles

Bio

Physiotherapy: rehab, retraining muscles, normal movement patterns and range of movement, function/mobility

OT: encouraging child with age appropriate ADLs

Function despite pain

Pacing Sleep hygiene

Psycho

Relaxation Distraction

Stress management (goal setting, communication, time management...)

Motivational interviewing approaches <u>*Psychological Therapy options:*</u>

Cognitive behaviour therapy (inc. graded exposure to overcome fear avoidance, cognitive restructuring to address anxiety)

> Mindfulness based approaches Acceptance and commitment therapy Narrative therapy (to thicken life story from dominant story of pain)

Group Rx sessions Graduated return to work

Systemic/family therapy: relationship Sup difficulties pai function of disability Enc

Social

Work devise a paced, graded return port to enable partner to access their own n management intervention and return to work/alternative role outside 'carer' ouraging enjoyable interaction with others apport partner through understanding of pain to increase function

Explanation – Active Participation

Biomechanics of pain Muscle control is the key Science of pain Building on ideas gradually Understand helpful action vs unhelpful ■ie. Not moving increases the pain Moving your focus away from the pain Normal activity

Listen and Believe but do not focus!

Focusing and talking about the pain increases it

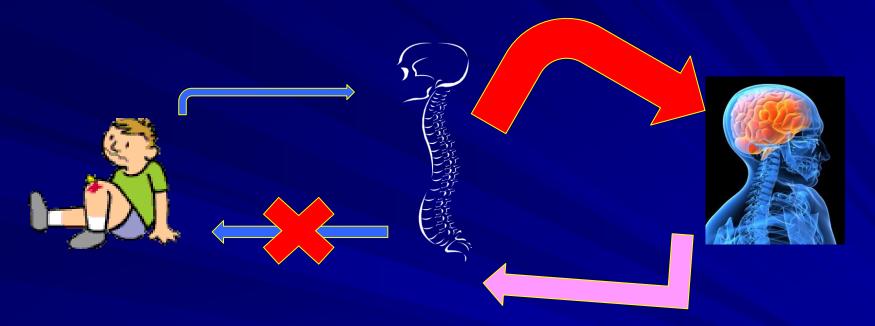
But it is important that the struggle against the pain is acknowledged

Distraction
 Active relaxation techniques
 Imagery

Initial Onset is Different to the Maintaining Factors

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Central Sensitization



- Pain amplification.
- Pain Centre becomes hyper-sensitive
- Increased local sensitivity
- Loss of inhibitory signals

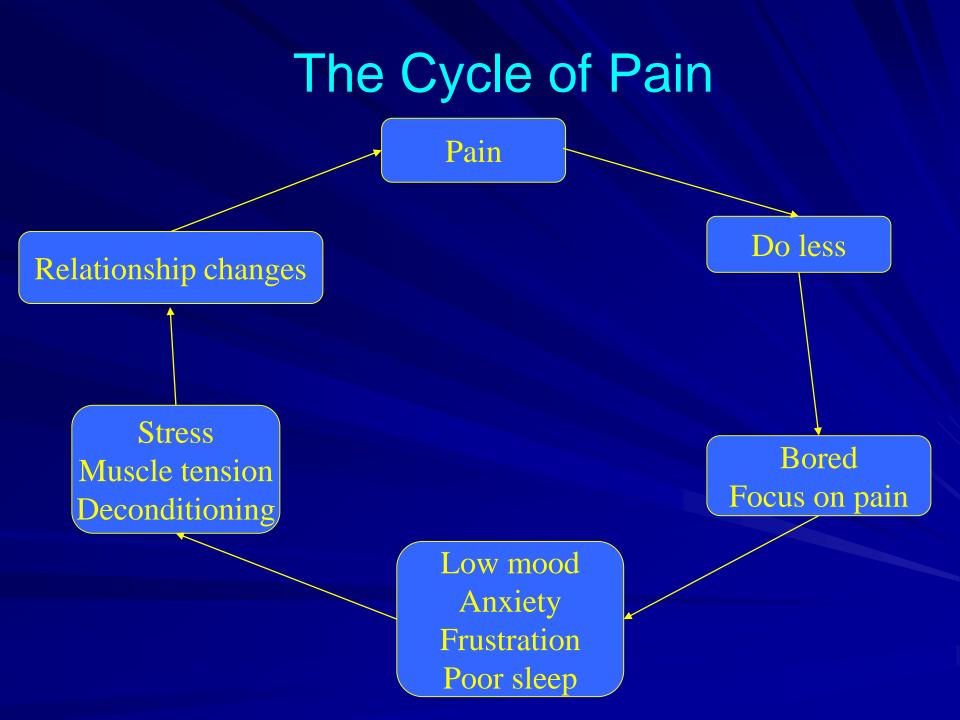
Psychological and Physical

Physical Pain Pathway

Psychological coping of Pain







Things that Increase Pain

Immobility / Rest Focusing on the Pain Fatigue Not being believed Negative thoughts/feelings/emotions Muscle weakness Abnormal movement patterns

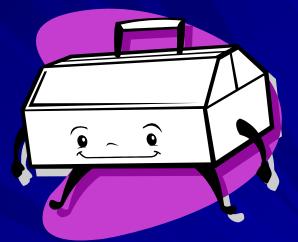
Things that decrease the Pain Exercise / Movement Distraction Positive thoughts / feelings / emotions ■Sleep Being believed Good muscle strength Normal movement patterns

Comfort Tool Box

- Exercises and physical activity
- Distractions
 - Games
 - Crafts
 - Movies
 - Reading
- Going to work
- Positive statements
- **Coping statements**
- Imagery

 - Safe/happy place
 Changing the pain image
- Relaxation

 - Guided Imagery
 Progressive Muscle Relaxation
 Controlled Breathing
- Comfort items (marbles/ velvet etc)
- Self hypnosis
- Hobbies/activities
- Friends and families
- etc ۲



Partners as coaches

Encouraging
Supportive
Confident
Enthusiastic
Acknowledging pain but not listening to it

Taking care of themselves



FUNCTION





Desensitisation

Best method is regaining normal active movement as soon as possible!

Massage

 Goal is to regain some active movement - not a time limit

 Touch with different textures

Eg Pins and Needles

Exercise reduces Pain



Correcting Biomechanical Dysfunction Correct altered patterns of movement Correct altered function Increases mobility Reduces Pain Amplification Reduces Central sensitisation Increases Inhibitory fibre Function Aerobic exercise Strengthening exercise Reduces low mood

Lumley M 2011; Carville 2008; Busche 2007 & 2008: Buckhardt 2005; Goldenberg 2004





Emotional Affects of Exercise



Confidence
 Self - Esteem
 Inclusion

Individual programme
 Group Physio Sessions
 Group sport / training

 Care is needed to ensure inclusion and not exclusion!

Floriani V 2008; Bergeron 2007; Faigenbaum 2007; Hallal PC 2006; Hass 2001

Simple vs Complex Exercise

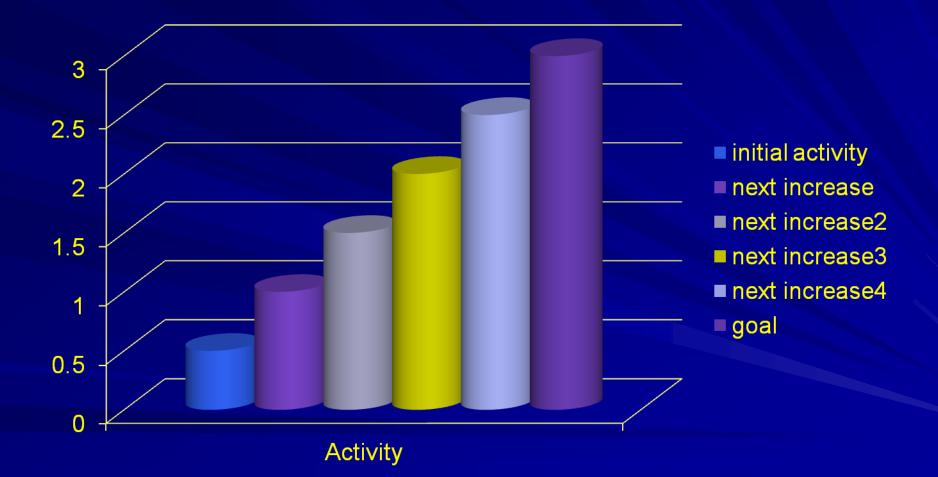
- Complex exercise (General fitness)
 - Walking
 - Running
 - Football



Simple Exercise (Correct biomechanics)
 – Hip abduction
 – Straight leg raise



Pacing



Consistent Pacing

On GOOD days do not do more

On BAD days do not do less

Changing the focus of pain in your life.

Write lists:

- What you would like to do in your life?
- What is stopping you achieve this?
- How are you going to overcome these issues?
- What do you need to overcome these?
- Who do you need?

Example:

- I want to walk the dog:
 - Too much pain in my legs
 - My muscles are too weak
 - I get out of breath easily
 - I am nervous the dog is going to pull me over
 - I am nervous about going out on my own

(How / what / who!)

Philosophy

Everyone should learn to actively self manage their pain, with the support of their family.

The Therapists are there to provide the tools.



Conclusion

Active participation Exercise is vital in the management of pain Pain management techniques - Distraction - Active relaxation Normal function Alter focus/thoughts about pain Mindfulness

