

Zurich Rehabilitation Pain Management and Analgesia



What is pain?

Pain is often a major symptom in many medical conditions and is one of the most cited reasons for seeking medical assistance.⁽¹⁾

Pain is an uncomfortable and unpleasant physical feeling as well as an emotional experience. It usually indicates that a form of injury or trauma has occurred or that there is the presence of an underlying condition. It is often short lived and is the body's normal response to injury.

This booklet is designed to improve your understanding of types of pain and assist you in obtaining access to common solutions to try and alleviate your symptoms, as pain can almost always be reduced. The simple rule is that usually the earlier treatment is commenced for pain, the more effective it will be, so always speak with your GP or Healthcare Professional to discuss the best options that are available to you.

It is important to understand that pain is subjective which means that it will not feel the same for everyone and it is therefore very likely that two people with the same injury will have differing opinions of the type and severity of the pain they experience.

Assessing pain

Describing your pain and how it affects you will assist your GP or Healthcare Professional to find the best way to treat it. You may want to consider using words such as aching, sharp, tender, hot, nagging, stabbing, dull, intense, etc. and what makes it worse or better. Keeping a diary of your pain can assist in noting trends with times of day or activities. As well as asking questions about your pain, your GP might arrange for tests to provide them with further information that will help them manage your pain.

Sleep

Sleep is imperative to improving our general wellbeing. Sleep restores our energy and improves our ability to manage pain, letting the body restore itself so it can function at its best. It is thought that while we sleep, the brain replaces chemicals, solves problems and sorts information. Sleep also enables our joints to rest.

Goal setting

Setting achievable goals can help distract you from the symptoms you are experiencing and can motivate you to recover, by increasing confidence and help you to enjoy new activities or activities that you may have stopped doing as a result of your injury. Remember that goals need to be specific to you and realistic. An example of a goal may be to walk the dog for 15 minutes in two months' time.

Returning to work

The ultimate goal following an injury is to return to work and/or your pre-injury level of activity. Returning to work is an important part of your recovery process. You can return to work prior to full physical fitness being achieved if your GP or Occupational Health (OH) Department feel that this is feasible and they may suggest that special adjustments are implemented in order to support your return such as reduced hours or modified duties initially if this can be accommodated.

Anyone experiencing chronic pain is likely to return to work with a certain degree of pain and may remain symptomatic in the long term. Having pain does not necessarily mean that further damage is being caused or that being at work is causing you further harm. Discuss any limitations you feel your pain may cause with your GP or OH department so that they can manage your concerns.

Managing pain

Remain active

In general remaining active will have a positive impact on your pain. Continuing everyday activities such as shopping, walking and swimming can ease pain as it blocks pain signals to the brain. The longer we are inactive the stiffer our joints will become and the more tension our muscles will hold leading to pain.

It is natural to be hesitant if exercising is painful however if your healthcare professional has approved exercise then by gradually increasing your activity it is unlikely you will cause any harm. The golden rule is the more you do, the more you will find yourself able to do. As your pain reduces, increase the exercise you do daily. Gradually you will feel fitter and stronger, which should increase your confidence to do more.

Remain positive

It is important that you stay positive. Worrying about your pain increases your muscle tension and production of your stress hormones, both of which can lead to more pain. People who remain positive and work on addressing their concerns tend to recover quicker than those people who imagine only the worst possible outcome.

A health care professional will be able to give you further guidance on managing your psychological behaviour in relation to pain but you could also try to self-manage your anxieties better with relaxation techniques such as deep breathing exercises and visualising a calm image.

Staying active and doing regular exercise keeps your body healthy and supple and releases your body's own natural chemicals that reduce pain and helps you to prevent further damage.

Types of pain:

- Acute Pain
- Chronic Pain
- Neuropathic (Nerve) Pain
- Referred Pain

Acute Pain: (short term) pain – symptoms last under 3 months

Acute pain starts suddenly and tends to be associated with an inflammatory response of trauma to the body, for example if you sprain your wrist it is likely that you will experience pain associated with the bruising and swelling. Acute pain is considered a protective mechanism and tends to reduce as the body heals. Other examples of events that can cause acute pain can include an operation, broken bone or an infection.

Chronic Pain: (long term) pain - symptoms last over 3 months

Chronic pain is pain that outlasts the normal healing times, associated with a specific disease or injury. It is commonly a physical issue but may also arise from a psychological state. Chronic pain can lead to other health symptoms such as changes in mood, fatigue, sleep disturbances and weight gain or loss. It can be disabling and frustrating for many people to manage and can affect your relationships with family, friends and work colleagues. Once in a chronic state, pain can often become more difficult to resolve and may not respond to standard treatment. However, there are alternative options to managing chronic pain which are mentioned later in this booklet.

Neuropathic (Nerve) Pain

Neuropathic pain is caused by damage or disease affecting the central nervous system. It is a chronic condition which does not usually start abruptly or resolve quickly and can lead to persistent pain symptoms. For many patients the intensity of their symptoms can alter throughout the day. Often the area feels numb or more sensitive and can be described as:

- burning
- stabbing
- shooting
- tingling/electric shock type pain

Referred Pain

An injury can sometimes cause pain to radiate to another part of your body which is known as “referred” or “reflexive” pain. Referred pain seems to occur because nerves from various parts of the body meet on their way to the spinal cord. A common example is sciatica caused by pressure on the sciatic nerve from a lower back injury such as a bulging disc. Although the injury is the lower back, the patient feels pain down the outside of the leg.

Physiotherapy

Following certain types of injuries, you may be referred for physiotherapy treatment to help resolve your pain symptoms. During the acute stage the practitioner is likely to use some hands-on practical therapy techniques along with designing an individual exercise programme for you to complete at home. The home exercises are important and will be an integral part of your rehabilitation to ensure that you receive the maximum benefit from your practical sessions.

Complementary Therapies

There has been a marked increase in the utilisation of complementary therapies in recent years both for general health and wellbeing and for pain management. Massage, reflexology, breathing techniques and meditation can all help to reduce your pain levels. If you are considering using complementary therapy and/or herbal remedies it is recommended that you discuss this with your GP prior to undertaking treatment.

Pain Management Programme

There is good evidence that medical, psychological and social factors affect the development and maintenance of chronic pain. Consequently, successfully treating some chronic pain symptoms requires treatment, not only to the physical cause of the symptoms, but also to the psychological factors.

A Pain Management Programme (PMP) is a rehabilitative programme for people with chronic pain which remains unresolved by other treatments. It is delivered in a group setting by a team of experienced health care professionals working closely with patients. This will generally include a specialist physiotherapist, psychologist, specialist pain nurse or pain consultant and an occupational therapist. A PMP reduces the disability and distress caused by chronic pain by teaching physical, psychological and practical techniques to improve quality of life. Due to the multi-disciplinary approach of the pain management programme this type of treatment is best managed within the NHS.

Applying heat and cold

You may find that hot or cold therapy helps to alleviate your pain symptoms. Knowing when and how to apply ice or heat and in which order can be confusing. Generally Cold Therapy is used immediately after an injury to reduce inflammation and should not be used on stiff or tight muscles and joints. As a rule, Heat Therapy should not be used on an injury that is already warm to the touch.

Heat Therapy increases blood flow and tends to be good for soothing stiff or tired joints and increasing range of movement. This could be in the form of a hot water bottle, hot bath or pharmacy heat pack.

Cold Therapy works by slowing down the blood flow to a particular area, which can significantly reduce inflammation and swelling that causes pain, especially around a joint or tendon. It can temporarily reduce nerve activity, which can also relieve pain as it produces a numbing effect. This could be in the form of a cooling spray, pharmacy cold pack or applying a bag of frozen peas to the affected area.

Caution: It is important to be careful when applying hot or cold treatments: avoid scalding, and never apply a frozen pack without a barrier layer, for example a towel or tea towel between the pack and the skin.

Limit the application of either therapy to 10-15 minutes at a time and have a break between repeat applications.

Emotions and pain

Emotions play a significant part in the pain process. Pain can cause low moods and low moods can in turn increase pain. When we are stressed or are in fear of moving our bodies after injury, we release a hormone (Cortisol) that increases the sensitivity and activity of the pain cells in our body, literally causing us to feel pain. Too much of this hormone can also lead to weight gain and delay healing, so it is important to talk about your pain with your Healthcare Professional and how it is affecting you so that they can identify the best way to manage your symptoms.

Low mood or depression can also cause your motivation to be reduced leading you to do less and also causing you to feel stiffer, weaker and therefore experience more pain. By effectively managing your pain you will in turn stay more positive and active.

Once we have a better understanding of pain and accept what has caused the pain, there are a number of things that can be done to help.

Where to get further advice on Pain Management:

- GP
- Pharmacist
- Occupational health department
- Support groups for chronic pain.

Medication

Painkillers (analgesics) can be used to reduce or prevent pain and manage long term conditions. It is important to remember that medication should not be thought of as an immediate solution to pain and quite often is best used alongside exercise and other self-help remedies. Painkillers should only be taken after reading the information leaflet supplied with your medication so that you are fully aware of the correct dose and any potential side effects that may occur.

Over the counter/self-prescribed medication

There are many types of analgesics available to you including a growing number of herbal remedies. The most common over the counter medication is paracetamol and/or ibuprofen which can be purchased for immediate use to assist with acute pain symptoms.

If these do not sufficiently ease your pain then you will need to discuss this with your GP or pharmacist as there are low dose compound analgesics available without prescription such as co-codamol which you may find more beneficial initially.

Prescribed medication

If over the counter medication is not achieving the desired result then you will need to see a GP to discuss whether you would benefit from being prescribed a stronger compound analgesic such as high dose co-codamol or dihydrocodeine. Dependent on your injury and pain level they may even recommend an opioid analgesic such as Tramadol or Morphine. These analgesics are usually only supplied on a short term basis as they can lead to dependency or addiction if taken long term. Some prescribed analgesics can make you feel drowsy and/or disorientated so it is important to stop using machinery and discontinue driving for the time you are taking these medications if they do affect you in this way.

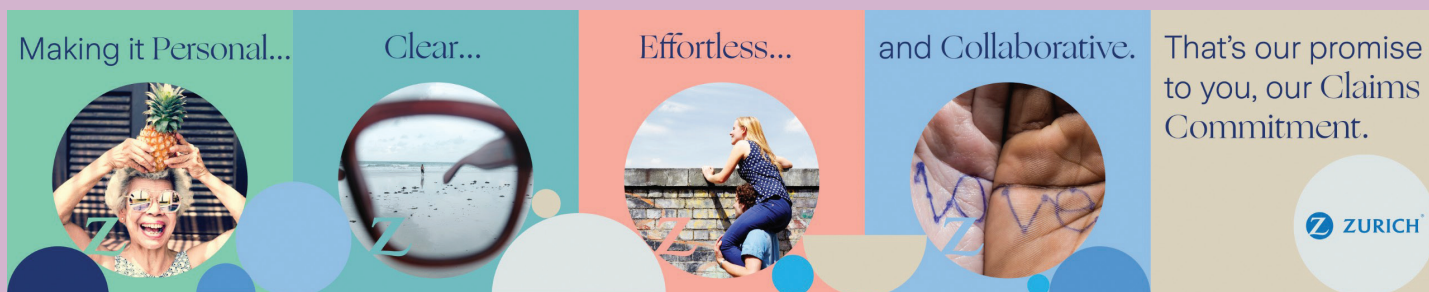
Neuropathic analgesics

It is common that medicines prescribed to treat neuropathic pain are also used for treating other non-related conditions such as epilepsy or depression (for example Gabapentin and Amitriptyline). Research has shown that low doses of this type of medication are thought to interfere with the way nerve impulses are transmitted and as such have a positive effect on pain. These types of drugs can take several weeks to achieve their maximum benefit and unfortunately some people give up on their treatment too early, so if you are prescribed medication for neuropathic pain, do allow a few weeks before returning to your GP to discuss an alternative.

Remember...

- You do not need to wait until the pain is severe to use analgesics. It is best to keep topped up than wait for your pain to get out of control.
- Speak to your GP if you are unsure or have questions about analgesics or drug treatments.
- Always let your GP or Healthcare Professional know if you are taking herbal remedies as they can have an impact on prescribed medications.
- Do not exceed the dosage you have been recommended to take and do not use medication that was prescribed for someone else even if they suffered the same injury or had the same symptoms as you.





Resources used to write this booklet:

(1) Turk, D.C , Dworking, RH 2004. What should be the core outcomes in chronic pain clinical trials

Arthritis Research UK

Arthritis Research Campaign

NHS Choices

Macmillan Cancer support

Health and Work (TSO)

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