



# Coping with **pain**

devised with and for people with arthritis



ARTHRITIS CARE

*Empowering  
people with arthritis.*



Pain is part of daily life for many people living with arthritis. This booklet is for anyone with arthritis who wants to work at controlling their own pain. It will help you get a better understanding of what pain is and will explain a range of methods for dealing with pain.

Different types of pain management work for different people – everyone is unique. Arming yourself with information is the first step along the road to pain control and living life with arthritis to the full.

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**Arthritis Care is now a certified member of The Information Standard. This means that you can be confident that Arthritis Care is a reliable and trustworthy source of health and social care information.**

*All people pictured on the cover and quoted in this booklet have arthritis.*

# PAIN MANAGEMENT

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Learning to cope with chronic (long-lasting) pain may be the biggest challenge you face as a person with arthritis. But many people with arthritis have discovered that something can be done. You have probably noticed that your arthritis and your pain vary from time to time. Everyone's arthritis and pain are different.

There are no easy answers or quick solutions to learning to live with pain – what may be very helpful for some people might not work at all for others.

By trying some of the different ways of controlling pain listed within this booklet, you will probably find a combination that works for you. The ideas which follow have all been used by people with arthritis, with both positive and negative results.

## ■ Pain and arthritis

Pain is one of the most common symptoms of arthritis. Around 81 per cent of people with arthritis said they are in pain all or some of the time in a recent survey.

Pain is normally the body's way of signalling that something is wrong. Excessive irritation or injury stimulates nerves in the area to release chemicals that excite nearby nerve fibres. These nerve fibres are like tiny telephone wires that transmit confusing sensations to your brain, where the signals are recognised as pain.

Pain tells you that you need to do something. For example, if you touch a hot stove, you will react by jerking your hand away to prevent further injury.

Pain from arthritis can be felt for a variety of reasons. Inflammation in the joint causes heat, redness, swelling and loss of movement, and can often cause pain. Damaged joints can be painful as well.

Both these kinds of pain can lead to a third type – from muscles strained by tensing them and by trying to protect the joints from



**I grew to accept pain as part of my life and worked out ways in which I would manage it**



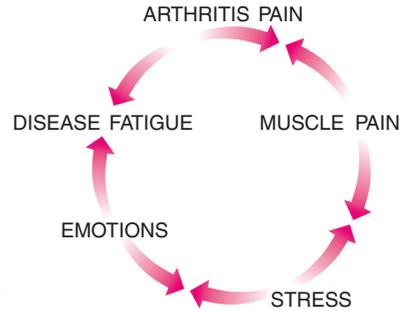
painful movements. In rheumatoid arthritis, people may feel all these types of pain. With osteoarthritis, most of the pain is felt from damaged joints and aching muscles.

## ■ The pain cycle

The changing nature of arthritis can sometimes leave people feeling low and depressed. Changes in bodily appearance can often affect the way a person feels too.

Arthritis often causes fatigue, which can make it more difficult to deal with pain.

It is possible to be caught in a cycle of pain, depression and stress. This is very frustrating and can be upsetting. Learning to manage pain will help to break the cycle.

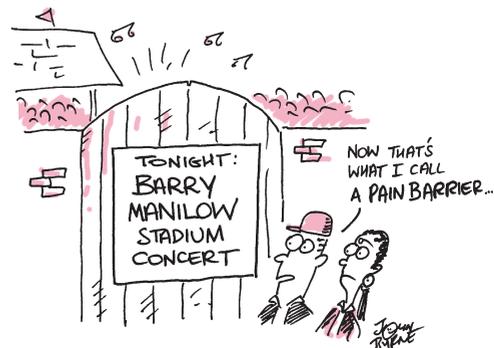


## ■ The pain barrier

Pain signals travel to the brain along the spinal cord. The pain barrier is a way of describing whether pain signals are allowed to travel to the brain or prevented from reaching it. Closing the barrier, which is located in the spinal cord, can prevent nerve signals from reaching the brain where they are recognised as pain.

Many scientists think that pain control methods help to reduce pain by directly closing or blocking the pain barrier. In reality, these are mechanisms in the nerve pathways leading to the brain.

Here is another example of how the pain barrier works: a father, injured in a car accident, may be so concerned about his children's safety that he doesn't feel the pain from his own broken arm. His concern for the children somehow closes the pain barrier, preventing the pain signal from reaching his brain. Once the man knows his



children are safe, the pain breaks through the pain barrier.

Some time ago, it was discovered that morphine could close the pain barrier. Later studies revealed that the brain and spinal cord can release their own morphine-like substance – endorphins – which can close the pain barrier naturally. Nerves can be stimulated by various methods to release endorphins and block pain. These methods include massage, heat and cold, concentrating on other matters, physiotherapy and even your own positive attitude. The pain barrier can also be blocked by the activity of other nerves.

## ■ The pain principles

To appreciate how you experience pain, it is important to understand these two principles:

- everyone reacts to and manages pain differently
- how you deal with your pain can actually affect the way in which you feel it.

How you were brought up can make a difference to how you respond to pain. During your childhood, how did your parents react to pain? Were you allowed to show it, or was pain considered bad or embarrassing? Were you able to feel comfortable showing you were in pain, and allowed to deal with it positively?

All these things, and a variety of other factors such as anxiety and fatigue, determine how your body will react chemically to pain and whether your nerves will transmit or block a potentially painful message.

Experiencing daily persistent pain from arthritis can be a real challenge, but it is one that many people have faced successfully. It may always be there, but you can work hard at not letting it interfere with your lifestyle. Try to re-focus yourself and shift your pain into a tiny corner of your life.

**I believe in acknowledging pain and admitting to the feelings that accompany it**

**When I get things off my chest, I can then approach the problem of pain positively**

## ■ Changing gear

Having arthritis and the pain that goes with it can sometimes lead to a life built around pain and immobility.

A way to reduce your pain is to change gear by emphasising things like optimism, humour, eating a balanced diet, daily exercise and enjoying a good social life. It can also include relaxation techniques, taking medication and keeping pain in perspective. By doing these things, many people with arthritis discover that they can feel good about themselves.

Such a change requires determination and practice, but many people find it works. Arthritis Care's self-management programmes may help (see page 7).

You could talk to someone in your healthcare team at your GP's surgery or the hospital about how you can make your life healthier. If you speak to other people with arthritis you could find out how they lead healthy lives.

It's a good idea to make time to enjoy a favourite activity such as writing, working on a hobby, being involved in a community organisation or church, socialising, or making love. Shuffle activities around to keep up your interest. Always remind yourself of what you can do rather than dwelling on situations that are now too challenging.

## ■ Focusing away from pain

The amount of time you spend consciously thinking about pain will influence how much pain you feel. If you get locked into thinking continuously about your pain, you are probably experiencing it more severely than you would if you managed to turn your thoughts away from it.

Try to distract yourself by doing something you really enjoy. Pain is your body's message to you to take appropriate action, and not necessarily to cease all activity.

**I keep myself busy,  
it helps to keep my  
mind off my  
arthritis**

# PAIN CONTROL METHODS

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## ■ Use joints well and conserve your energy

Using your joints well involves doing everyday tasks in ways that reduce the stress on them. Saving energy involves listening to your body for signals that it needs to rest, and pacing yourself to avoid exhaustion. Here are seven basic guidelines for using your joints well and saving energy.

**Respect pain.** If you have increased pain that lasts for two hours or more after completing a task, do a little less next time, or go about it in a way that takes less effort.

**Become aware of your body positions.** Avoid being in one position for a long time and avoid postures that make you stiffer. Avoid activities that involve a tight grip or put too much pressure on your fingers. Use equipment that reduces stress on joints and makes difficult tasks easier.

**Control your weight as well as you can.** If you weigh more than is healthy, this puts extra stress on weight-bearing joints and can, in some cases, lead to further joint pain and damage.

**Use your largest and strongest joints and muscles for daily tasks wherever possible.**

For example, use a bag with a shoulder strap across your back rather than holding a case or bag when carrying heavy loads. Spread the weight of an object over many joints to reduce the stress placed on any one joint.

**Try to balance rest with activity.** Take breaks as and when you need them, but be aware that too much rest causes muscle stiffness.

**Simplify your work.** Plan ahead, organise and create short cuts. At work, make good use of lunch and tea-breaks to change your position, to move around and to relax.

**Don't be afraid to ask for help.** Take responsibility for yourself and ask for assistance when you need it.



**The pain seems to be worse when I get up from sitting in a chair. I do my best to adapt my movements**



## ■ Self-help groups

Many people find that sharing and joining in with a group of other people with arthritis makes living with the disease a bit easier.

Self-help groups are user-led – that is, they are run by people who experience the condition themselves.

Get in touch with your local Arthritis Care office (see back page for details) to find out what local groups are in your area or ask your doctor. You can search for your local group on the Arthritis Care website: [www.arthritiscare.org.uk](http://www.arthritiscare.org.uk)

It is often easier to take control of managing your arthritis when you can share and swap your experiences with others in a similar situation.



## ■ Self-management

Self-management is fairly self-explanatory. It is about taking control of your condition, rather than letting it control you. Self-management is something you can learn for yourself, and pain management is an integral part of it.

One way you can learn is through Arthritis Care's self-management programmes. These include the six-week Challenging Arthritis programme, which will provide you with lots of ideas for managing your arthritis and taking control of your life, and the new shorter Challenging Pain programme, delivered over two sessions, which is specifically designed to provide coping skills and techniques for managing chronic pain.

Research has shown that after a self-management programme, participants manage their arthritis better, report reduced fear about the future, are able to communicate better with health professionals and family members and have increased self-confidence, and decreased stress and pain levels.

**I now have my own pain management programme – I take painkillers, visit an osteopath, and use heat and massage**

Programmes are taught in accessible places in the community setting by accredited trainers who understand because they have arthritis and pain themselves. The programmes are a lot of fun and provide a great opportunity to share experiences with other people who have similar conditions.

Sessions include discussions, free thinking, practical examples about how to carry out pain management techniques at home and setting action plans (a verbal promise to yourself and the group) to encourage you to do things you otherwise would not do.

Topics include knowing your pain, distraction techniques, breathing techniques, pacing and guided imagery to take your mind off the pain and ways to relax your muscles. Other topics include the importance of exercise and looking at ways to challenge negative thinking and developing a positive belief in yourself.

The programmes are free so to find out more about Challenging Arthritis and Challenging Pain programmes in your area, see the back page for contact details.

Tips for self-managing your pain can be found on page 19.

**If I overdo it I will have to take things easier the next day**

## ■ Exercise

Having arthritis does not prevent you from being active. It is a good idea to develop an exercise programme with your doctor or physiotherapist that is appropriate to your lifestyle. Appropriate exercise helps keep muscles strong, bones healthy and joints moving. It can also help to relieve stiffness, maintain or restore flexibility, and improve your overall sense of well-being.

It is important to minimise the pain exercise can cause and to do the right sort of exercise. The two-hour rule is helpful. If your joints still hurt two hours after exercise, you did too much. Reduce the amount next time. It can help to take a painkiller 40 minutes before starting your exercise.

You need to use caution when you start exercising. If you have a flare-up of rheumatoid arthritis, do only gentle range of movement exercises. These are ones that move joints gently as far as they can be moved. Sometimes at the beginning of an exercise programme your muscles or joints may feel stiff. Gentle strengthening exercises can also be done.

Start with just a few exercises and slowly add more. Listen to your body. If it hurts excessively or if you begin to have unusual pain, stop. Many people find exercising with a group enjoyable and, for others, exercising to music helps.

There are three generic types of exercise – if you find a form of exercise you enjoy you will be much more likely to keep it up.

**Range of movement exercises** (ROM) keep the maximum flexibility in your joints. If you fail to exercise it is your range of movement that is lost first. Maintaining ROM in damaged joints is vital to stop them getting worse.

**Strengthening exercises** are often recommended to help hips and knees – it is important to keep muscles strong whatever type of arthritis you have.

**Aerobic exercise** puts up your heart rate and makes you breathe faster. You need at least 30 minutes of this five times a week. It is alright to do it in units of five minutes. Hydrotherapy or warm water exercises can be particularly good for your joints.



D. I. Y. HYDROTHERAPY

## ■ Heat and cold

Some people with arthritis find that heat makes them more uncomfortable, while others benefit greatly from it. You could try:

- a warm bath, a hot shower or a soak in a whirlpool bath
- heated pads applied to certain painful areas
- an electric blanket or a mattress pad to alleviate morning stiffness
- a hot water bottle wrapped in a towel can help to keep feet, back or hands warm.

Care is needed. Make sure you:

- do not burn yourself
- always put a towel between your skin and any hot or cold pack
- never use heat or cold on any area of the body for more than about 15 to 20 minutes
- do not use cold packs if you have poor circulation or sensation
- do not use a pain relief rub at the same time as it could cause burning.

Cold can help reduce swelling and lessen muscle spasm, and is especially good for the acute inflammation felt in joints during a flare-up (a period during which symptoms re-appear or get worse). It produces a numbing effect.

Buy a cold pack at the chemist, or you could make



your own by wrapping a damp cloth or towel around a bag of ice cubes or frozen vegetables. Do not keep it on too long, or you might get cold burns.

For some people with arthritis, a combination of heat and cold in a single treatment works best. This is called a contrast bath. It involves soaking a hand or foot in warm water, then cold, then warm again.

## ■ Massage and self-massage

Massage can help relax the muscles and improve their condition by increasing blood flow. This can provide temporary relief from localised pain. Ask your partner or a close friend to help out, or for a professional therapeutic massage, ask for advice from your doctor or physiotherapist.

Self-massage involves massaging or gently kneading the muscles in a painful area to increase blood flow and bring warmth. It can be done anywhere – sitting at your desk or while taking a bath. Baby or massage oil may help your hands glide over the skin.

## Do's and don'ts of massage

- Always use a lubricant when massaging anywhere – though not if the skin is broken, in which case you should avoid massaging the area.
- When giving or having a massage, stop if pain develops.
- Do not massage an inflamed joint, but you can massage around it to promote circulation.

## ■ Splints

If a joint is very inflamed, it is prone to further damage and needs the protection of a splint. In arthritis, a damaged joint can be painful if it moves too much.

Splints are designed for both rest and activity. For most types of arthritis, you are most likely to have one to use when carrying out everyday activities.

## ■ Sleep

Getting a good night's sleep restores your energy and improves your ability to manage your pain. Sleep keeps your body healthy, letting it restore itself and function at its best. It is thought your brain replaces chemicals, solves problems and sorts information while you are asleep. It also enables your joints to rest.

A brief nap could be all you need to replenish your energy levels and rest your joints.

If you have trouble sleeping, make sure you are as comfortable as possible in bed, and that your bed and pillow are supportive. It may help to establish a regular routine to go through every night before bed, such as having a warm bath, then doing half an hour's reading before going to sleep. It is also important to avoid stimulants, such as caffeine, alcohol and cigarettes.

## ■ Transcutaneous Electrical Nerve Stimulation (TENS)

Some people have found that a TENS device helps to reduce arthritis pain. TENS involves stimulation of the nerves by low-level electrical impulses. Small electrodes are taped onto the skin near the painful area. These are connected by wire to a small battery-operated stimulator. It does not hurt, but may tingle.

TENS is believed to work by stimulating nerves to release natural endorphins which close the pain barrier. TENS is regularly effective in arthritis and can be helpful. TENS and acupuncture seem to be particularly helpful for back pain or pain in the neck or any specific joint that hurts.



Do not use TENS without first consulting an appropriate health professional. It must not be used by anyone who has a pacemaker or by women in the early stages of pregnancy. For further information, a factsheet on TENS is available from [www.arthritiscare.org.uk/Factsheets](http://www.arthritiscare.org.uk/Factsheets).

## ■ Relaxation

Relaxation is a good way to combat pain. When we are tense, our muscles compress our joints. As a result they hurt and the joints are painful. Developing the ability to relax can help you reverse these effects. In addition, feeling relaxed helps you to have a sense of control and well-being that makes it easier to manage pain.



Relaxation involves learning ways to calm and control your body and mind. It must be practised, like any new skill. Colleges of further education and secondary schools may offer relaxation classes.

Try a number of different methods until you find some that work well for you. Here are a few basic steps.

- Pick a quiet place and a quiet time. You will need at least 10 minutes to yourself, with no noise.
- Sit or lie in a comfortable position with your head supported and your eyes closed.
- Take a deep breath then breathe out slowly. Feel your stomach move in and out with each slow, deep breath.
- Continue to breathe deeply and slowly, focusing on your breathing.
- Try thinking of words such as peace or calm.

With practice, relaxation becomes easier. If you fall asleep it doesn't matter, but next time try to stay awake the entire time to consciously relax your mind and body. Relaxation exercises after a

**People think you can relax watching TV, but I find it too stimulating. I like to do breathing exercises**

meal will almost certainly send you to sleep.

Imagining pleasant scenes in your mind is a way to help control pain. This can become part of a relaxation exercise, rather like meditation. Audio tapes or CDs of relaxation exercises can also be of help. Relaxation techniques are also taught on Arthritis Care's Challenging Arthritis and Challenging Pain programmes.

## ■ Hypnosis

Hypnosis is a form of deep relaxation created by focusing attention internally – away from the usual thoughts and anxieties. If you feel hypnosis might help you, talk to your doctor. You will need to work with a professional trained in hypnosis, to whom you have been referred by a doctor, psychologist or counsellor.



## ■ Counselling

Any major disturbance such as serious illness or chronic pain may leave you feeling anxious, depressed or even angry. Sometimes people are afraid of counselling, fearing that others might think they are inadequate. In fact, it is widely accepted and has become a popular way of finding confidential support.

If you have symptoms of depression (such as poor sleep, changes in appetite, crying, or gloomy thoughts) let someone know. Ask your doctor about counselling or therapy.

Make sure your counsellor is registered with an appropriate body such as the British Association for Counselling and Psychotherapy ([www.bacp.co.uk](http://www.bacp.co.uk)).

There are a number of ways of boosting health, both physical and psychological.

- Try to do things that make you feel happy and fulfilled.
- Look after yourself.
- Let out feelings like anger, fear and grief.
- Concentrate on positive images and aims.
- Work on having loving and honest relationships.
- Keep a good sense of humour.

## ■ Complementary pain control

There are a number of complementary or alternative therapies available – homeopathy, acupuncture, herbalism, osteopathy, chiropractic and reflexology for example. While there is little scientific evidence to show treatments are effective, many people say they have benefitted from using them.

It is best to inform your doctor if you are using any complementary therapies. While most therapies are not dangerous, some can be harmful. There is more information in Arthritis Care's booklet on drugs and complementary therapies.

**“ If I'm in pain I run a bath and put four drops of chamomile oil in the water. I find this calming ”**



## ■ Drugs

Most people who have arthritis will be prescribed some kind of pain relieving or disease controlling drug. Pain is eased by reducing inflammation and working on the disease process.

If you feel you want some control over your own medication, always talk to your doctor about changes you feel are appropriate for you. It may be harmful to alter your medication suddenly.

Information sheets on drugs used to treat arthritis are available from Arthritis Care. Also see Arthritis Care's booklet on drugs and complementary therapies for the most common drugs used to treat arthritis.

Remember to talk to your doctor about any anxiety concerning your drug treatments.

### Non-steroidal, anti-inflammatory drugs (NSAIDs)

These reduce inflammation. They can also give relief from pain and reduce joint swelling. Inflammation is the body's response to injury and is designed to cure. However, in damaged joints, especially in rheumatoid arthritis, the inflammation itself becomes damaging.

There are many NSAIDs you may be prescribed – ibuprofen, diclofenac or naproxen among others. While many people have no problems, NSAIDs can cause side effects – especially indigestion and diarrhoea. They can also cause stomach bleeding, so you may need to be prescribed an anti-ulcer medication at the same time (known as proton pump inhibitors). Cox-2 inhibitors are a newer type of NSAID, designed to be safer for the stomach.

**Side effects of drugs are worrying, but the effects of your arthritis are often worse**

However, both the older NSAIDs and the newer Cox-2 inhibitors slightly increase the risk of stroke or heart trouble. This risk may be increased when the drugs are used at higher doses for prolonged periods of time. The current medical advice is that people who have had stroke or heart trouble before should not take NSAIDs.

If your disease is controlled with DMARDs, you may not need to take NSAIDs. Always ask your doctor or pharmacist about which treatment is suitable for you, about side effects and other concerns you may have.

### **Painkillers (analgesics)**

Painkillers come in varying strengths – mild painkillers are available over the counter at chemists, but stronger ones are only available on prescription. Paracetamol can be used for less serious pain. It is the simplest and safest painkiller, and the best one to try first. It is commonly used to treat the pain and stiffness of osteoarthritis. Although it has few side effects when taken as prescribed, it is dangerous in overdose.

Many pain relieving drugs, including pain relief gels, can be bought over the counter without a prescription. Never take more than the recommended dose and, if in doubt, talk to your pharmacist or doctor.

### **Narcotics**

Narcotics are analgesic drugs which imitate the body's own

morphine-like endorphins. They are generally used only during periods of intense pain. They can be dangerous because they may cause addiction. Narcotics, such as pethidine or morphine, have to be prescribed by doctors.

## DMARDS

Disease-modifying anti-rheumatic drugs (DMARDS) are powerful drugs. They are used to treat certain forms of arthritis, such as rheumatoid arthritis, lupus, juvenile idiopathic arthritis and ankylosing spondylitis. They are not prescribed for osteoarthritis.

DMARDS are drugs that control the disease itself rather than being specific to pain relief. Some DMARDS work specifically to damp down the effects of the immune system's attack on the joints. These are known as immunosuppressives.

DMARDS include methotrexate, sulfasalazine and gold injections. Their use is carefully monitored (for example, by regular blood tests) to make sure they are safe for you. They should be avoided during pregnancy.



## Steroids

Steroid is a family name for a number of compounds including cortisone, triamcinolone and prednisolone.

Steroid tablets can be very effective in reducing inflammation, but if taken long-term they can potentially cause unwanted side effects such as high blood pressure, bone thinning, weight gain and diabetes. They are usually only used to treat flare-ups of rheumatoid arthritis, or very troublesome inflammatory diseases.

If a low dose is prescribed over a long time, careful monitoring is required. People on steroids should carry a blue steroid card. If you have not got one ask your pharmacist.

Cortisone and other steroids can be injected directly into joints or around tendons. They can relieve pain in people with rheumatoid arthritis and for some with osteoarthritis by reducing inflammation.

A trigger point injection (usually an anaesthetic combined with a cortisone-like compound) can be used in a number of conditions such as rheumatoid arthritis, osteoarthritis and for soft tissue pains.

It can help relieve nerve, tendon, ligament and muscle pain and may mean you can enjoy pain relief after the anaesthetic has worn off. An anaesthetic trigger point injection is sometimes called a nerve block.

### Anti-depressants

Sometimes a doctor will prescribe small doses of anti-depressant drugs to help break the cycle of stress, pain – and sometimes depression.

These drugs are often very effective on a person's tolerance to pain. They are usually used together with pain management techniques.

When taken at night, before bedtime, they have been found to improve the quality of sleep.

Depending on the form of arthritis, a doctor may also prescribe tranquillisers to reduce muscle tension and painful muscle spasms.

## ■ Surgery

Surgery to improve movement, replace joints or reduce inflammation is constantly being improved. Managing your condition and pain in the ways suggested in this booklet may be enough, but when these methods fail to lessen pain, or when problems with mobility occur, surgery may be considered.

Surgery involves a degree of risk, so the decision to have it should be weighed up, using all the information you can find about the procedure suggested for you.

The most common surgery options are:

**Joint replacement** – this can relieve pain and may restore limited movement.

**Arthroscopy** – a surgical process that allows the doctor to view the joint through a arthroscope and do minor repairs.

**Synovectomy** – a procedure in which the lining of the joint, the synovium is removed. This may help relieve the pain and swelling.

For more information see Arthritis Care's booklet on surgery.

## NEXT STEPS

### ■ Where to find help

To manage the problem of pain from your arthritis, you may need to seek additional help. Arthritis Care's helpline, training programmes, and the useful organisations listed at the back of this booklet may be suitable places to go. Our website and our other booklets provide more information on a range of subjects including exercise, medication, complementary therapies and independent living.

You can use the resources listed on page 21 to develop a pain management plan that is right for you.

### Your healthcare team

The first place to go to for help is the healthcare team at your local doctor's surgery. This team includes your GP and the practice nurse. It may also include a pharmacist, an occupational therapist (OT), a physiotherapist, a chiropodist, a social worker, a counsellor or a psychologist.

Talk to your healthcare team about ways to manage pain. Develop positive relationships so that you can share your frustrations and your successes. Members of the team should know you and your medical history. They should also know what other helpful services are available to you in your area.

The secondary healthcare team is usually based in the hospital rheumatology (or orthopaedic) department. It will have access to other hospital departments. Some departments include a nurse specialist who runs a telephone helpline although the hours it is available will be limited.



## Pain clinics

Some hospitals have pain clinics which specialise in the treatment of pain, though they are very much in demand.

If you are having trouble coping with severe pain, talk to your doctor about going to a pain clinic. It may help you to develop better pain management skills.

## ■ Tips for your own pain management plan

- Note down when is the most effective time for you to take your medication. Be aware of how your body responds to painkillers and take all medication appropriately, in accordance with your doctor's advice.
- Make a note of whether heat, cold or massage helps, and how often you try them.
- Make space in your day for rest. Take notice of when your body responds well to rest, and to the resting of specific joints in splints, and develop a positive rest routine.
- Make a note of the things that help you feel relaxed and calm, and in control of your pain. Try to practise the techniques which you find suit you best.
- Develop techniques for conjuring up restful, pleasant images and memories.
- Work on having a generally healthy lifestyle to improve your sense of overall well-being.
- Make a plan to do aerobic, strengthening and range of movement exercises.
- Make a list of questions to put to healthcare professionals concerning your treatment programme and pain management. Be firm in asking these questions and persist until you are happy with the answers.



Now you have read this booklet, you will, hopefully, have picked up

various ideas and techniques to help you to cope with pain. Solutions are not always quick to find, and there may still be times when your pain gets you down.

It is important not to keep it all in, so if you are having a hard time with your pain, be sure to talk to someone – a member of your family, a health professional, or a friend. Although they will not be able to magically take away your pain, talking about it may give you some relief.

There are plenty of organisations and people who may be able to help. See pages 22-24 for details. If you learn how to control your pain you will be on course to ensuring pain does not control you.

**I handle pain by knowing my limits, making the most of what I can do and avoiding stress and anxiety**

**Our information is regularly reviewed. This booklet will be reviewed in 2013. Please check our website for up-to-date information and reference sources or call 020 7380 6577.**

# PAIN MANAGEMENT RESOURCES

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## Books and booklets

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**Clough, Jo (ed).**

***Managing Arthritis Pain.***

Class Publishing, 2006.

ISBN: 978 1 85959 122 3.

How to control your arthritis pain.

**Dunkin, Mary Anne.**

***Managing Your Arthritis.***

Class Publishing, 2005.

ISBN: 1 85959 121 3.

Ideas for effective arthritis management.

**Lorig, Kate and Fries, James F.**

***The Arthritis Helpbook: A tested self-management program for coping with arthritis and fibromyalgia.***

Da Capo Press, 2006.

ISBN: 0738210382.

Tested advice on managing joint pain.

**Nicholas, Dr Michael,**

***Manage Your Pain.***

Souvenir Press, 2003.

ISBN: 978 0 28563 679 8.

Hints, tips and techniques for managing long-term pain.

**Shone, Neville,**

***Coping Successfully With Pain.***

Sheldon Press, 2002.

ISBN: 978 0 85969 850 4.

A first-hand account of some techniques to help you take control of your life – includes exercise and relaxation techniques.

Arthritis Research UK publishes free booklets ***Back Pain*** and ***Pain in the neck.***

These books can be obtained from a bookshop or library, unless a special supplier is listed.

## Pain clinics and courses

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Many hospitals have pain clinics, which run special pain management programmes. You can find out if there is a pain clinic in your area by ringing NHS Direct (0845 4647) or visit [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

A directory of clinics is available from: The British Pain Society, 21 Portland Place, London W1B 1PY. Tel: 020 7269 7840, visit [www.britishpainsociety.org](http://www.britishpainsociety.org) or email: [info@britishpainsociety.org](mailto:info@britishpainsociety.org)

Many of Arthritis Care's training programmes include details on pain management. See back page for contact details of your local Arthritis Care office.

## USEFUL ORGANISATIONS

### GENERAL

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#### ● Arthritis Care

[www.arthritiscare.org.uk](http://www.arthritiscare.org.uk)

#### UK office:

Tel: 020 7380 6540

#### South England office:

Tel: 0844 888 2111

#### Central England office:

Tel: 0115 952 5522

#### North England office:

Tel: 01924 882150

#### Northern Ireland office:

Tel: 028 9078 2940

#### Scotland office:

Tel: 0141 954 7776

#### Wales office:

Tel: 029 2044 4155

#### ● Arthritis Research UK

Tel: 0300 790 0400

[www.arthritisresearchuk.org](http://www.arthritisresearchuk.org)

Funds medical research into arthritis and produces information.

#### ● The United Kingdom's Disabled People's Council (UKDPC)

Tel: 01332 295551

[www.ukdpc.net](http://www.ukdpc.net)

Campaigns for the rights of disabled people.

#### ● DIAL UK

Tel: 01302 310123

[www.dialuk.info](http://www.dialuk.info)

Details of your nearest disability advice and information service.

#### ● RADAR

Tel: 020 7250 3222

[www.radar.org.uk](http://www.radar.org.uk)

A national campaigning organisation which also holds and publishes a very wide range of information on accessibility, holidays and general disability issues.

#### Northern Ireland: Disability Action

Tel: 028 9029 7880

[www.disabilityaction.org](http://www.disabilityaction.org)

#### Scotland: Update

Tel: 0131 669 1600

[www.update.org.uk](http://www.update.org.uk)

#### Wales: Disability Wales

Tel: 029 2088 7325

[www.disabilitywales.org](http://www.disabilitywales.org)

These three bodies hold information on disability organisations in the nations.

### HEALTH SERVICES

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#### ● NHS Choices

For links to NHS services in your area and information. Call NHS

Direct on 0845 4647 and NHS 24 in Scotland on 08454 242424.

[www.nhs.uk](http://www.nhs.uk)

## USEFUL ORGANISATIONS

### ● Institute for Complementary and Natural Medicine

Tel: 020 7922 7980

[www.i-c-m.org.uk](http://www.i-c-m.org.uk)

For a list of qualified practitioners, send a large SAE stating the therapy.

### ● British Complementary Medicine Association

Tel: 0845 345 5977

[www.bcma.co.uk](http://www.bcma.co.uk)

## PREGNANCY AND PARENTING

### ● Contact a Family

Tel: 020 7608 8700

[www.cafamily.org.uk](http://www.cafamily.org.uk)

Helpline: 0808 808 3555

National helpline, regional development officers and national network of groups and contacts. Publishes the CaF Directory of Rare Syndromes and specific conditions in children with their family support networks.

### ● Disability, Pregnancy and Parenthood International

Tel: 020 7263 3088

Helpline: 0800 018 4730

[www.dpqi.org.uk](http://www.dpqi.org.uk)

Promotes the networking of information and experience on all aspects of disability, pregnancy and parenthood. Provides information sheets and information to individuals.

## CHILDREN

### ● Children's Chronic Arthritis Association (CCAA)

Tel: 01905 745595

[www.ccaa.org.uk](http://www.ccaa.org.uk)

Support for children with arthritis and their families.

## EQUIPMENT

### ● Assist UK

Tel: 0870 770 2866

[www.assist-uk.org](http://www.assist-uk.org)

Product demonstration centres throughout the UK.

## PAIN

### ● The British Pain Society

Tel: 020 7269 7840

[www.britishpainsociety.org](http://www.britishpainsociety.org)

Information about chronic pain and pain clinics.

### ● Pain Concern

Helpline: 0300 123 0789 (10am-4pm)

Office: 0131 669 5951

[www.painconcern.org.uk](http://www.painconcern.org.uk)

Offers information and a helpline.

## SUPPORT FOR CARERS

### ● Carers UK

Tel: 020 7378 4999

Advice Line: 0808 808 7777

[www.carersuk.org](http://www.carersuk.org)

Will supply contact details for offices in the whole of the UK.

### ● Crossroads Caring for Carers

Tel: 0845 450 0350

[www.crossroads.org.uk](http://www.crossroads.org.uk)

Advice and information for people who care for a disabled person at home. Local branches in England and Wales. Can sometimes assist (locally) with emergency cover.

## USEFUL ORGANISATIONS

- **Crossroads (Scotland)**

Tel: 0141 226 3793

[www.crossroads-scotland.co.uk](http://www.crossroads-scotland.co.uk)

- **Crossroads (Northern Ireland)**

Tel: 028 9181 4455

[www.crossroadscare.co.uk](http://www.crossroadscare.co.uk)

# **ARTHRITIS CARE**

**Arthritis Care exists to support people with arthritis. We are the UK's largest charity working with and for all people who have arthritis. We offer support wherever you live in the UK.**

It costs us £1.10 to provide you with this booklet. If you are able to access information online, you'll help us save money and the environment.

Get involved with us today if you can.

- Make a donation.
- Leave a legacy in your Will.
- Join as a member.
- Become a volunteer.
- Support us in your local area.
- Take part in events.
- Campaign on our behalf.
- Find out about our self-management training and support.
- Join our online discussion forum.
- Visit our website.
- Ring our confidential helpline.
- Join a local support group.

We exist for everyone with arthritis, but we rely on the support of people like you. If you would like to make a contribution to our work, please phone us on 020 7380 6540. Or you can donate online.

**[www.arthritiscare.org.uk](http://www.arthritiscare.org.uk)**



ARTHRITIS CARE

*Empowering  
people with arthritis.*

**To find out more about  
arthritis and Arthritis Care**

**Freephone our confidential helpline**

**0808 800 4050**

**(weekdays 10am-4pm)**

**Visit our website**

**[www.arthritiscare.org.uk](http://www.arthritiscare.org.uk)**

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