

# Pain Management

## ARTHRITIS ACTION FACTSHEETS



Sometimes the cause of pain is obvious, like a broken bone. At other times, pain may not have an obvious physical cause. However, this does not mean that the pain is not real or is only in the mind. Unexplained pain can be very disabling and difficult to manage.

Pain can be described as either 'acute' or 'chronic', depending on how long the pain has lasted. It can also be described in terms of the type of damage that causes it. For example, pain caused by tissue damage which is called nociceptive pain, or pain due to nerve damage which is called neuropathic pain. Emotional upset or distress as well as poor sleep quality can make all types of pain feel worse.

### Acute pain

Acute pain is usually due to something obvious such as toothache, a broken bone, or an injury. Acute pain is usually quite distressing, but once the injury has mended within hours, days, or weeks, then the pain will go away. Acute pain can be useful because it often means that something is wrong and that we need to look after or protect a part of the body and allow it to heal. Acute pain usually responds well to simple treatments such as ice, painkillers, or rest.

### Chronic pain

Chronic is a type of pain which doesn't go away after several months or years, even though the body has had time to heal. It is often due to long term conditions such as arthritis, but sometimes the pain

does not have an obvious cause, such as pain at the site of an operation many years ago. Fibromyalgia is an example of a chronic pain condition that does not have an obvious cause.

Many people with chronic pain have a background level of pain which is constant and episodes of more severe pain which is called “breakthrough pain”.

Chronic pain is much more difficult to treat than acute pain and often may not respond to treatment such as painkillers.

Many people with arthritis have good days and bad days. For people with arthritis, joints can be painful for several reasons. If the tissues around a joint are damaged, or if there is swelling in a joint, there can be pain where the nerve endings around the joint signal that there is a problem. Sometimes, pain signals from nerves around a joint can continue to send messages to the brain and the pain nerves can then become oversensitive. If this happens, even though the original issue in the joint may have mended, there may still be pain because the pain-detecting areas in the brain and pain nerves are still active. This is called ‘central sensitisation’. This is similar to what can happen to people who feel pain in amputated limbs, called “phantom limb pain”, where pain can be felt in an area, although there is no limb in which to feel pain.

Interestingly, the pain-sensing areas of the brain are connected with parts of the brain which affect sleep and emotions, which can be why people with chronic pain commonly report feeling low, anxious, or may have disturbed sleep. When pain affects sleep and emotions, this can in turn make the pain worse.

It is not fully understood why some people develop chronic pain and others don't. Many people who develop chronic pain may have suffered adverse childhood experiences such as abuse or neglect. Others may have had significant traumatic adult experiences, such as post-traumatic stress disorder (PTSD) which can make the brain become overly sensitive to pain signals.

The emotional effects of chronic pain can be much greater than acute pain, affecting many areas of life. Chronic pain can be unpredictable and frustrating, as it can make planning for life events difficult. It can also lead to feelings of isolation, as people may try to hide their feelings and pain from friends or loved ones.

## Managing the pain of arthritis

People living with arthritis may, at different times, experience acute pain, chronic pain, or breakthrough pain. Those with inflammatory arthritis (such as rheumatoid arthritis) can experience sudden acute “flare-ups”. These flare-ups can result in pain, stiffness, and swelling in single or many joints which can last a few days or even more. Sometimes, a flare-up can lead to feeling more tired, or generally unwell, than usual. Those with osteoarthritis can also experience temporary worsening of pain and stiffness, sometimes after activity, but this is usually in single joints such as the knee, hip or thumbs.

There is no one way of managing the pain of arthritis. It may involve prescription or non-prescription medicines, but there are lots of things that you can do to help yourself.

## Acute pain flare-ups

Sometimes injuries or flare-ups affecting single joints can be helped by remembering the word RICE.

**R** stands for rest and relaxation. Try resting the affected joint for a while. However, make sure that you resume your normal level of activity once the pain has reduced, so that your muscles don't become weaker and your joints stiffen.

**I** stands for ice. Try wrapping something cold such as a bag of frozen peas wrapped in a tea towel round a painful joint. Some people find that heat works better, so just experiment and see what works for you.

**C** stands for compression. Sometimes a soft support such as an elastic bandage or splint can help a painful joint, but these should not be used for long periods as they can lead to muscle weakness around joints. They should never be used on swollen areas or joints without seeking professional medical advice, as too much compression can cause damage and affect the circulation and nerves around the area.

**E** stands for elevation. If you have a painful hip, knee, or ankle, sometimes raising the joint onto a low stool when sitting down, for example, can help. It is important to only do this for short periods because muscles can become weaker very quickly and this can lead to more stiffness and pain.

## Managing chronic pain

Chronic pain is sometimes difficult to manage because it involves many other factors aside from pain. This includes worries about the future, low mood, memory problems, feeling overwhelmed or out of control, lack of mobility, social isolation, relationship difficulties, and sleep problems. Emotional factors and poor sleep can then make the pain worse, and it can be hard to break the vicious cycle.

Knowing how to better manage your pain means trying to get to know the things that make your pain feel worse, which can also help you to understand what might make the pain feel better. If you feel more in control of some of these pain triggers, then you are likely to feel more in control of your pain and your outlook may also improve.

## What can make pain feel worse?

- Worries
- Poor sleep
- Feeling low or anxious
- Inactivity and immobility
- Worrying about the meaning or cause of the pain or what will happen to the pain
- Not pacing your activities – see our fact sheet on pacing

## What can reduce acute pain?

- Relaxation or doing something you love
- Being mindful for example being out and enjoying fresh air, listening to the birds
- Distraction – hobbies or music
- Gentle exercise or stretching
- Meditation
- Slow gentle breathing

## What can reduce chronic pain?

### Physical factors

Many people worry that exercise will harm the joints, but this is not true. You cannot damage your joints with exercise! If anything, it is inactivity which can make joint pain feel worse.

If you are new to exercise, or have not exercised for a while, you should seek medical advice before starting to exercise, and you should start slowly with a graded exercise programme. Exercise can release natural pain-killing chemicals called endorphins, improve sleep and mood, and can also improve fitness and self-esteem. It is important that you don't rush into exercise and that you try to pace your activities, as doing too much on a good day can make your pain feel worse.

Physical therapies such as physiotherapy, acupuncture or osteopathy may also help.

### Emotional factors

Some people find that distraction technique such as reading a book, listening to music, or doing something fun can help with pain. Others find that therapies which focus on the pain such as mindfulness can help.

Talking therapies such as Cognitive Behavioural Therapy (CBT) or Acceptance Commitment Therapy (ACT) may help you cope better with pain, by changing the way you think about it.

Improving sleep quality can make pain seem more manageable.

Meditation, relaxation, or slow deep breathing can also help with pain and sleep.

Setting small and achievable goals may help give you some direction.

### Medication

Medication may not be very helpful for chronic pain and many people naturally want to take as few tablets as possible. However, painkilling tablets can sometimes help you cope better with pain and can help you stay active, so that you will feel less isolated. Some medicines can be effective for nerve pain, while others can improve sleep to help you cope better.

For more information on this, please see our other Factsheet, 'Medication and Arthritis'.

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