

Coping with Chronic Pain

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Consider the following definition set forth by Health and Welfare Canada (H42-2/5 1984E monograph):

“Pain is what the patient says it is and not what others think it ought to be.”

This is a powerful thought. Pain is a subjective experience. No one can sense or feel another person's pain.

We must listen to our chronic pain clients. They are our guide in how to help them and how to enable them to gain control over their pain and suffering.

Pain is usually classified in terms of duration. *Transient pain* can be severe but is short in duration. *Acute pain* may be postoperative, post injury, or a complication of an injury/disease. Acute pain will go away once the per-

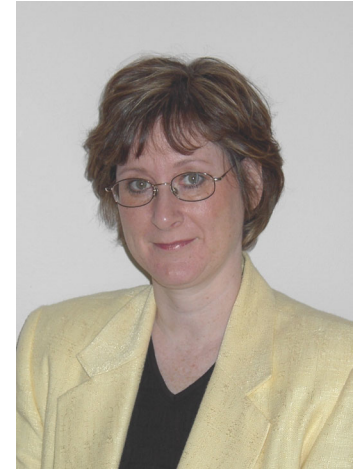
son has recuperated from the pain source. Low back pain and headaches are examples of acute pain.

Chronic pain is pain that continues beyond what is expected for the disease process. It is usually described as pain that lasts six months or longer. The pain and pain therapy dominate the person's life. This is the pain that places the person at risk for disability.

Chronic pain sufferers have psychological and behavioral issues that often complicate the chronic pain picture. These usually result in disruptions in life roles at home, at work, and in the community.

Due to the magnitude of these people's suffering, they are usually heavy utilizers of health care services.

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The Work Information Newsletter is developed by Adeena Wisenthal, owner of ERGO-Wise, a centre that specializes in Occupational Therapy for the workplace.

This issue focuses on Pain Management. ERGO-Wise helps people with chronic pain through a goal-oriented activity mobilization approach that reduces disability and increases function.

Living with 'Invisible' Chronic Pain

by ABJZ, who has Lupus and Fibromyalgia

I didn't ask for chronic pain. I'd much rather be able to go to work every day like everyone else.

Sixteen years and three diagnoses after my first symptoms, I am still learning how to deal with the impacts on every aspect of my life, from my marriage and minimal social life to my long-term goals. As disabilities go, I function relatively well, but my academic, professional and personal dreams have all been abandoned in favour of improving my health. That includes a whole different work ethic that puts my needs ahead of my employer's.

There is a definite stigma against chronic conditions that aren't supported by undeniable lab tests among insurance, doctors, and government. When my blood tests are normal, my symptoms are given much less credibility and treatment; when there isn't a diagnosis, labels like "psychosomatic" appear. I receive less disability insurance than if my condition was obvious, since I have to pay a lawyer to prove it.

Doctors are often reluctant to provide effective pain control with drugs for fear of addiction. They doubt my need for referrals to paramedical services, yet these are the most valuable members of my health care team. My psychologist

has taught me that I am more than what I can accomplish, and to learn coping and symptom analysis techniques. My massage therapist resolves pain more effectively than medication. My occupational therapist at ERGO-Wise was instrumental in a successful return to work with appropriate job accommodations.

Now, I work every day on improving my health so that I can go back to doing things I enjoy. Please, help me.

Believe me when I describe symptoms. Treat my pain. Help me achieve what dreams I have left. ■

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This results in society, as a whole, bearing the huge financial cost of chronic pain. So, we have a situation where individuals are suffering, society is suffering, and our health care system is suffering.

Research has shown that no one single approach to pain management is effective. Rather, a *pain rehabilitation model* that encompasses the whole person is more effective. Single treatments address a particular area of damage or disease but may not necessarily consider the coexistence of physical, psychological, and social factors that are often at play.

Physicians offer pain relief measures through appropriate analgesics (e.g. medication, injections) and when indicated, surgery. Non-drug therapies may include exercise, massage, acupuncture, and relaxation.

Despite these treatments, many people with chronic pain have not yet learned how management of daily activities and lifestyle can contribute to improved coping with pain. Occupational therapists are well positioned to address such issues because we are trained in recognizing both psychological and physical issues that may influence chronic pain within the home, community, or work setting. Occupational therapists can often be the missing link in pain management that enables people to better manage

Tips for dealing with chronic pain:

- ✓ Set a realistic daily or weekly activity goal.
- ✓ Pace yourself: alternate activity with rest periods.
- ✓ Include a daily activity that you enjoy that gives you respite from your pain.
- ✓ Include a daily 10-15 minute walk.
- ✓ Focus on what you **can** do.
- ✓ Schedule activities during times when your pain is better controlled.
- ✓ Identify specific activities or behaviors that aggravate your pain.
- ✓ Arrange for an occupational therapist to evaluate your home and suggest modifications that will make living with pain easier.
- ✓ Consider having an occupational therapist conduct a job site analysis to determine how your work environment may be better arranged to address your pain.
- ✓ Address your emotions: express your frustrations, verbalize your depression.

Useful Websites

Canadian Pain Society
www.canadianpainsociety.ca

Arthritis Society
www.arthritis.ca

National Fibromyalgia Association
www.fmaware.org

Progressive Goal Attainment Program
www.PDP-PGAP.com

Reach: Equality and Justice for People with Disabilities
www.reach.ca

Institute for Work & Health
www.iwh.on.ca

People with chronic pain need an interdisciplinary team approach to address all the dimensions of chronic pain.

ERGO-Wise can be an active member of your treatment team!

ERGO-Wise offers Occupational Therapy and Counselling services that support people and improve their functioning.

Our pain management programs focus on reducing disability by increasing activity. Our psychosocial approach considers all aspects of the pain cycle.

Other services include: return-to-work planning, cognitive work hardening programs, ergonomic assessments, job accommodation assessments, and vocational exploration.

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