



UNDERSTANDING SELF-CARE IN PAIN MANAGEMENT

What is Self-Care in Pain Management?

Self-Care in Pain Management: Definition & Overview^{1,2}



According to Global Self-Care Federation (GSCF), Self-care is defined as the care taken by individuals to establish and maintain health, prevent and deal with illness. It is a broad concept covering hygiene, nutrition, lifestyle, physical activity, avoiding risks (e.g. smoking, obesity) and responsible self-medication with non-prescription medicines (OTCs).^{1,2}

Self-medication is a part of self-care and is the responsible selection and use of non-prescription medicines by individuals to treat self-recognised illnesses or symptoms.¹

What is Self-Care in Pain Management?

Self-care in pain management includes the use of:²



Non-prescription medications
(both pharmacological and
herbal) with no doctor
supervision



**Modern and traditional
treatment procedures** with no
consultation of health care
provider

When Do Patients Need Self-Care for Pain Management?

5 situations that prompt patients to consider self-care essential for pain management:¹

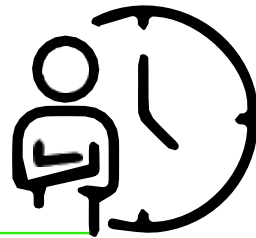
Pain is intense and long-lasting, but patients wish to avoid doctor visits



Doctor is unavailable



Patients have to wait a long time for examination or treatment



Self-care has been advised as an adjunct to clinical treatment



Clinical treatment options are exhausted / Patients are disappointed with clinical treatment results



Benefits of Self-Care in Pain Management

Some of the major benefits associated with self-care in pain management include:^{1,2}

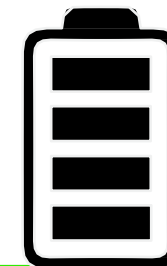
Reduced pain intensity and disability



Improved physical function



Increased energy levels



Enhanced sleep quality



Lower levels of stress, depression and anxiety



Improved quality of life



Patient feels empowered, confident, and re-engages in meaningful activities

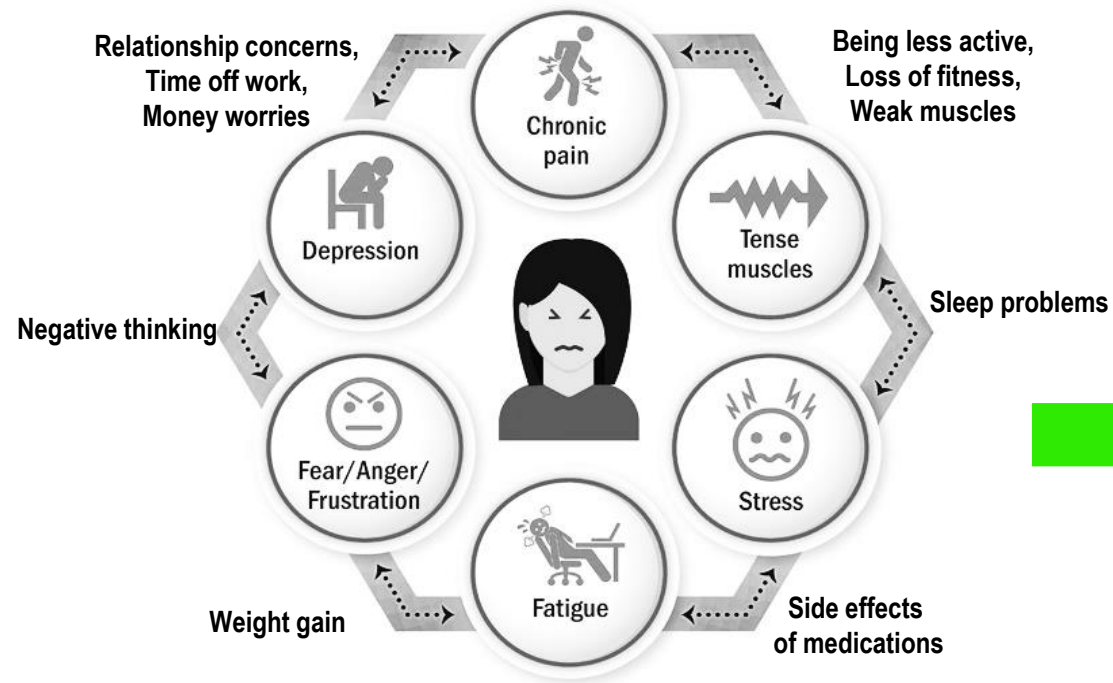




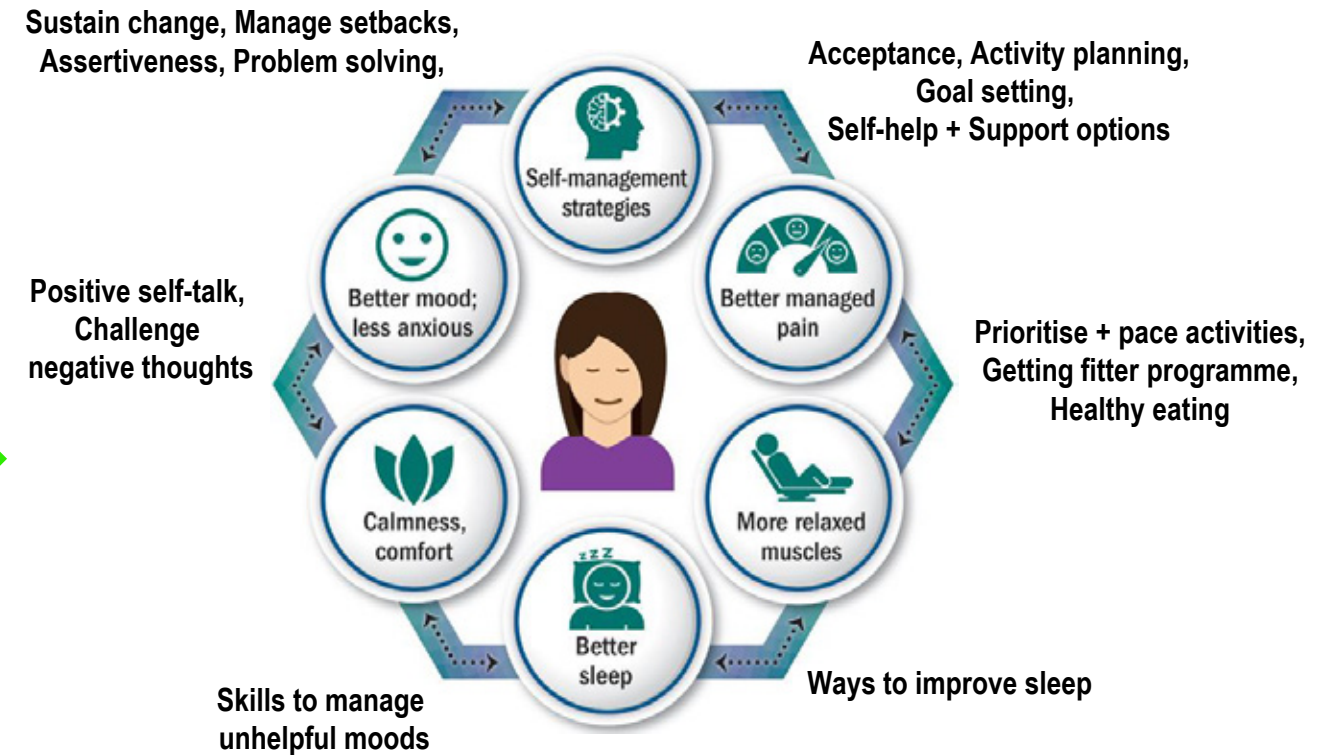
**MOVING FROM
PAIN CYCLE TO
SELF-CARE CYCLE**

What breaks the pain cycle?

PAIN CYCLE^{1,2}



SELF-CARE CYCLE^{1,2}



- The **6 parts of pain cycle** reinforce each other and add to the person's pain. For e.g., stress often leads to tight shoulder muscles. This can make pain worse for people with osteoarthritis in the neck or spine. Joint pain can lead to sleepless nights, which can increase fatigue and make depression worse.¹

- The **self-care cycle** shows strategies that work together to reduce pain. These include active lifestyle, relaxation through meditation, and building a support network of friends and healthcare experts who can help.¹

A person can get stuck in the pain cycle. Hence, breaking the cycle with **self-care strategies** may reduce pain

References: 1) American Institutes for Research (AIR). Moving from the cycle of pain to a cycle of wellness. Available from <https://www.air.org/sites/default/files/Moving-From-Pain-to-Wellness.pdf>. Accessed on Sep 18, 2024.

2) Cole F et al. Working together to live well with pain: The possible and impossible. Available from <https://www.durham.ac.uk/media/durham-university/research-/research-institutes/wolfson-research-institute/pdfs/Pain.pdf>. Accessed on Sep 18, 2024.

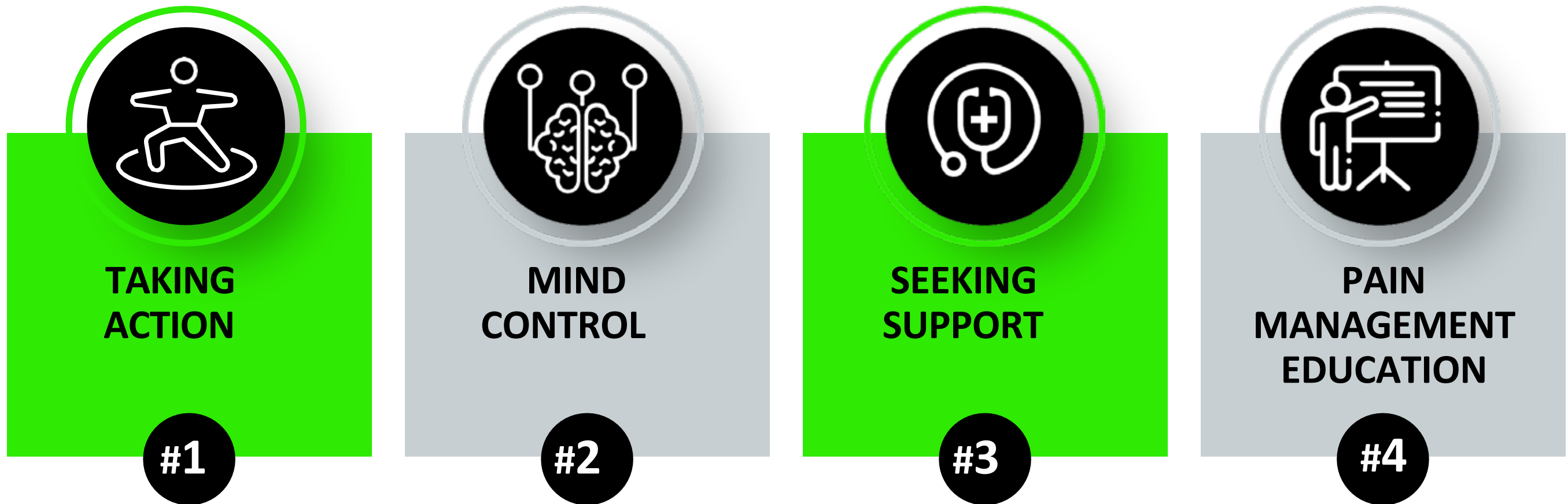
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SELF-CARE STRATEGIES FOR PAIN MANAGEMENT



Self-Care Strategies for Pain Management

4 key strategies for self-managing pain include:



Self-Care Strategies for Pain Management

STRATEGY #1 Taking Action¹



PHYSICAL EXERCISE

- Exercise options and progression strategies
- Specificity of each exercise (aerobic, mobility, stretching, strengthening, balance, endurance, coordination)
- Recognizing when to stop or change exercises



SELF EFFICACY

- Goals and action planning
- Decision making
- Problem solving
- Ability to deal with pain (resilience and tolerance)
- Graded exposure (exposing patients in a hierarchical fashion to specific situations they are fearful of during pain rehabilitation)
- Effective communication skills
- Monitoring for maintenance or prevention of relapses



SELF MONITORING

- Maintaining diaries to track pain, sleep, thoughts and feelings
- Daily activities (type, duration, intensity)
- Physical exercises performed (feeling of achievement and accumulation of daily effort)
- Thank-you messages to self for the effort (promotes self-care and self-efficacy)

Self-Care Strategies for Pain Management

STRATEGY

#2

Mind control¹



THOUGHT MANAGEMENT

- Coping with negative thoughts
- Practicing visualization (pleasant images)
- Meditation/self-hypnosis
- Relaxation/breathing
- Positive reinforcement (act of rewarding a positive behavior in order to encourage it to happen again in the future)



FAITH, POSITIVITY AND SHARING

- Accepting and not complaining
- Remaining positive
- Looking for spirituality
- Motivation and hope
- Remaining active, engaging in the community
- Sharing experiences

Self-Care Strategies for Pain Management

STRATEGY

#3

Seeking support¹⁻³



CONSULT HEALTHCARE PROVIDERS^{1,2}

- Asking questions/ Gaining information on pain, diseases/ disorders causing pain, as well as comorbidities
- Monitoring pain symptoms and managing them as per treatment and/or self-care decisions
- Using medications appropriately and improving adherence
- Maintenance of good physical health through lifestyle choices (e.g. balanced diet, hydration, avoid smoking and alcohol)
- Effective pacing of daily activities
- Monitoring and managing stress and/or emotional consequences of illness



SOCIAL SUPPORT³

- Sharing feelings and techniques to deal with frustration, fears and fatigue
- Assisting communication with family, friends, social support groups and health professionals
- Sharing routines, exercise and nutrition experiences
- Participation in social activities

Self-Care Strategies for Pain Management

STRATEGY

#4

Pain management education¹



INDIVIDUAL-BASED OR GROUP-BASED KNOWLEDGE SHARING

- Anatomy and musculoskeletal biomechanics (effects of age, activity, disease and various pain states, including acute, chronic and recurrent conditions)
- Origin, Types and Causes of pain
- Early identification of pain generators
- Identification of Red flags
- Diagnostic strategies, including role of imaging
- Common treatment strategies (both non-pharmacological and pharmacological)
- Value of positive lifestyle modifications (e.g. physical activity and exercise)
- New treatment possibilities

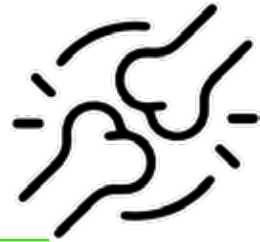


BARRIERS TO SELF- CARE IN PAIN MANAGEMENT

Barriers to self-care in pain management

Some of the potential barriers to self-care in pain management include:¹

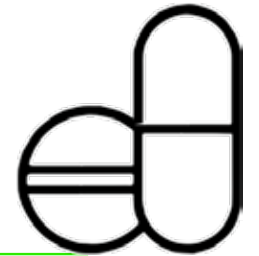
Pain is disabling and interferes with self-care practices



Over-reliance on pain medications



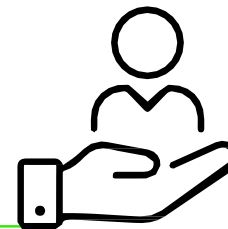
Lack of tailored self-care strategies to meet personal needs



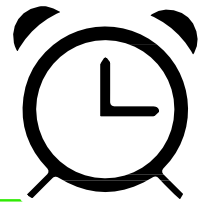
Lack of support from friends, family, or employers



Ineffective pain relief from some self-care strategies



Time constraints and other life priorities



Avoiding self-care activities because of fear of pain exacerbation



Lack of motivation or self-discipline






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**SUPPORT OF
HEALTHCARE PROVIDERS
FOR SELF-CARE IN
PAIN MANAGEMENT**

Support of healthcare providers for self-care in pain management


The following 5 steps can be used by healthcare providers to support self-care and achieve best practice for pain consultations:¹



1

GATHER INFORMATION

- i. Use the WWHAM (Who? What? How? Action? Medicines?) questioning approach
- ii. Listen carefully to the patient- they will often provide you with answers to some of the questions before you ask them
- iii. Avoid scripted nature of these questions by talking to the patient and including them in the conversation. Repeat back your understanding for confirmation




2

ASK QUESTIONS RELATED TO PAIN SYMPTOMS

Seek to clarify pain-related information:

- i. Its location
- ii. Duration and onset
- iii. Intensity
- iv. What the pain feels like
- v. Its impact on day-to-day life
- vi. Details of any previous treatment

The following 5 steps can be used by healthcare providers to support self-care and achieve best practice for pain consultations:¹



3

ELIMINATE POTENTIAL RED FLAG SYMPTOMS

If the patient is experiencing any of these symptoms, refer them to their GP or emergency care immediately:

- i. Pain from the central spinal pain region
- ii. Difficulty breathing
- iii. Dizziness or visual disturbance
- iv. Gradual onset or worsening of pain
- v. Headache that worsens on standing or lying down
- vi. History of recent physical trauma
- vii. Loss of physical function, particularly asymmetrical
- viii. Neck pain or stiffness with photophobia (i.e. sensitivity to light)
- ix. Sudden onset severe headache, reaching maximum intensity within 5 minutes
- x. Unexplained weight loss



4

DISCUSS TREATMENT OPTIONS

Outline:

- i. Benefits of treatment
- ii. Timeframes for therapeutic effect
- iii. Risks
- iv. Alternative treatments (e.g. non-pharmacological and lifestyle)
- v. What might happen if the patient does nothing



5

SUMMARISE AND CLOSE THE CONSULTATION

- i. Provide the patient with an opportunity to ask questions
- ii. Check if the patient knows when to seek further help
- iii. Reassure the patient that they can contact the pharmacy/healthcare provider if they have any questions or concerns

Reference: 1) The Pharmaceutical Journal. Promoting self-care for acute pain. Available from <https://pharmaceutical-journal.com/article/ld/promoting-self-care-for-acute-pain>. Accessed on Sep 19, 2024.

Support of healthcare providers for self-care in pain management

Pain Management Best Practices

Patient & Public Education on Pain- Gaps and Recommendations¹



U.S. Department
of Health and
Human Services



GAP 1

Current patient education is lacking for both acute and chronic pain

Recommendation 1A:

- Prioritize access to educational tools for patients, families, and their caregivers that include clinician visits, patient handouts, Web resources, and support groups to optimize patient outcomes.

Recommendation 1B:

- Explore and test innovative methods of delivering patient education and support for patients with acute or chronic pain using technology, particularly in rural areas that have limited access to multimodal treatment. Examples of means to provide patient access in such situations include telemedicine online support groups, networks of in-person support groups with training and guidance from leaders, and applications that are easily accessible on mobile devices.

Pain Management Best Practices

Patient & Public Education on Pain- Gaps and Recommendations¹



GAP 2

Current educational materials and interventions for patients with chronic pain lack consistency, standardization, and comprehensive information

Recommendation 2A:

- Establish an online resource of evidence-informed educational materials for common pain conditions and appropriate treatment modalities.

Recommendation 2B:

- Convene a chronic pain expert panel that includes experienced patients, patient advocates, and clinicians to develop a set of core competencies and other essential information specific to patient pain education. Grants can be provided for the creation of patient education programs and materials based on these core competencies, and disseminate them widely to patients, their family, and caregivers through clinics, hospitals, pain centers, and patient groups.



GAP 3

National public education about pain is needed

Recommendation 3A:

- Develop a national evidence-based pain awareness campaign that emphasizes public's understanding of acute and chronic pain syndromes.

Recommendation 3B:

- Establish a mechanism to finance a large-scale, systematic, coordinated public campaign to address pain awareness.

Reference: 1) U.S. Department of Health and Human Services (2019, May). Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Retrieved from U. S. Department of Health and Human Services website: <https://www.hhs.gov/ash/advisory-committees/pain/reports/index.html>. Accessed on Sep 19, 2024.

Support of healthcare providers for self-care in pain management

Non-pharmacological recommendations for pain management: Global Clinical Guidelines at a glance

WHO 2023¹

1) Education

- Structured and standardized education and/or advice interventions may be offered as part of care to adults and older people

2) Physical interventions

- A structured exercise therapy or program, needling therapies such as acupuncture, spinal manipulative therapy, massage, and mobility assistive products with good quality and affordability, may be offered as part of care to adults and older people.

3) Psychological interventions

- Operant therapy and cognitive behavioral therapy (CBT) may be offered as part of care to adults and older people.

CDC 2022²

- 1) Nonopioid therapies are preferred for subacute and chronic pain. Noninvasive nonpharmacologic approaches to help manage chronic pain include, exercise (e.g., aerobic, aquatic, or resistance exercises) or exercise therapy (a prominent modality in physical therapy) for back pain, fibromyalgia, and hip or knee osteoarthritis; weight loss for knee osteoarthritis; manual therapies for hip osteoarthritis; psychological therapy, spinal manipulation, low-level laser therapy, massage, mindfulness-based stress reduction, yoga, acupuncture, and multidisciplinary rehabilitation for low back pain; mind-body practices (e.g., yoga, tai chi, or qigong), massage, and acupuncture for neck pain; cognitive behavioral therapy, myofascial release massage, mindfulness practices, tai chi, qigong, acupuncture, and multidisciplinary rehabilitation for fibromyalgia; and spinal manipulation for tension headache.
- 2) Low-cost options to integrate exercise include walking in public spaces or use of public recreation facilities for group exercise. Physical therapy can be helpful, particularly for patients who have limited access to safe public spaces or public recreation facilities for exercise or whose pain has not improved with low-intensity physical exercise.

NICE 2021³

1) Exercise & physical activity

- Offer supervised group exercise program to people aged ≥16 years. Take people's specific needs, preferences and abilities into account
- Encourage people to remain physically active for longer-term general health benefits

2) Psychological therapy

- Consider acceptance and commitment therapy (ACT) or cognitive behavioral therapy (CBT) for people aged ≥16 years, delivered by healthcare professionals with appropriate training
- Do not offer biofeedback to people aged ≥16 years

3) Acupuncture

- Consider a single course of acupuncture or dry needling, within a traditional Chinese or Western acupuncture system, for people aged ≥16 years, delivered in a community setting in <5 hours by band 7 healthcare professionals with appropriate training

4) Electrical physical modalities

- Do not offer TENS, ultrasound or interferential therapy to people aged ≥16 years because there is no evidence of benefit

OTA 2019⁴

1) Cognitive and Emotional strategies

- Consider using anxiety-reducing strategies to increase self-efficacy and promote peace of mind with patients such as aromatherapy, music therapy, or approaches based on cognitive behavioral therapy

2) Physical strategies

- Use immobilization, ice, and elevation appropriately
- Consider the use of TENS and cryotherapy

3) Strategies for patients on long-term opioids at presentation

- Use balanced physical, cognitive, and pharmaceutical strategy for alleviation of pain

ACP 2017⁵

1) For acute or subacute pain management, clinicians and patients should select nonpharmacologic treatment with superficial heat, massage, acupuncture, or spinal manipulation

2) For chronic pain management, clinicians and patients should initially select nonpharmacologic treatment with exercise, multidisciplinary rehabilitation, acupuncture, mindfulness-based stress reduction, tai chi, yoga, motor control exercise, progressive relaxation, electromyography biofeedback, low-level laser therapy, operant therapy, cognitive behavioral therapy, or spinal manipulation



OTC VS. PRESCRIPTION PAIN MANAGEMENT: BENEFITS AND DRAWBACKS

OTC pain management: Benefits and Drawbacks

Benefits

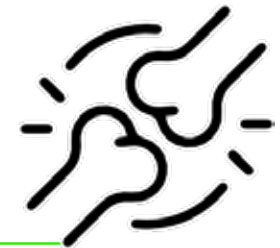
Direct, rapid, and easy access to medications^{1,2}

OTC painkillers (such as ibuprofen or paracetamol that help relieve acute pain) are readily available at pharmacies and grocery stores around the clock, seven days a week.



Effective in treating many types of pain³

OTC pain relievers can be helpful in treating many types of pain. These include headaches, arthritis pain, earaches, toothaches, back pain, and pain after surgery. They can also treat pain from a cold or flu, sinusitis, or sore throat.



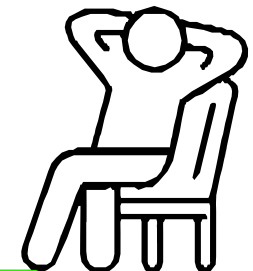
Fewer doctor visits^{1,2}

Most OTC pain relief options approved for the treatment of mild to moderate pain are available without a prescription. This results in fewer physician visits, thereby leading to reduced health care costs.



Enhances patient convenience⁴

The convenience of getting/achieving immediate pain relief without waiting for doctor's appointment or prescription approval empowers patients to manage their health independently



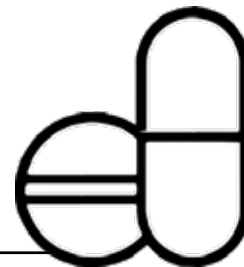
OTC pain management: Benefits and Drawbacks

Drawbacks

Side effects, severe adverse reactions and drug interactions¹⁻⁴

OTC pain relievers pose various risks ranging from mild side effects such as drowsiness and stomachache to severe complications such as gastric bleeding, ulcers, heart attack, kidney failure, and anaphylaxis.

Moreover, combining OTC drugs with prescription medications or herbal supplements can lead to dangerous interactions (adverse effects or reduced effectiveness of prescribed medications)



Incorrect dose administration⁴

Patients don't know the accurate dose required for treatment of the ailment.

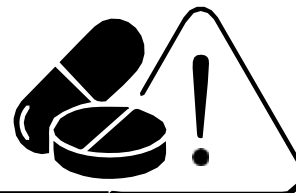
Incorrect dosage (too much or too little) can lead to ineffective treatment, increased side effects, or toxicity



Improper self-diagnosis and non-responsible self-medication⁴

Without a proper medical diagnosis, patients may incorrectly identify the cause of their pain symptoms, and treat wrong medical condition with inappropriate OTC medication.

Self-medication can also mask the symptoms of serious underlying health conditions, delaying proper diagnosis and treatment.



Lack of patient knowledge about OTC pain medications⁵

Many patients are ill informed about the use and side effects of OTC pain medications.

More education is needed in this direction.



Prescription pain management: Benefits and Drawbacks

Benefits

Effective in treating increased (moderate to severe) pain levels^{1,2}

While OTC painkillers relieve mild to moderate pain, some medications effectively manage increased pain levels (moderate to severe) and are available by doctor prescription only. These include all opioids, higher doses of OTC medications, and combination analgesics



Allows for versatile administration³

For quick and effective pain relief under medical supervision, prescription pain medications can be taken in a variety of ways, including by mouth, through the skin, under the tongue, and directly into the bloodstream



Encourages thorough evaluation of both patient and therapy⁴

Prescription pain management encourages a thorough evaluation of both patient (complete medical history including comorbidities, physical examination, laboratory, and/or radiographic studies) and therapy (effectiveness, proper use, potential side effects, short and long-term treatment planning, close follow-ups, and continued monitoring) under medical supervision



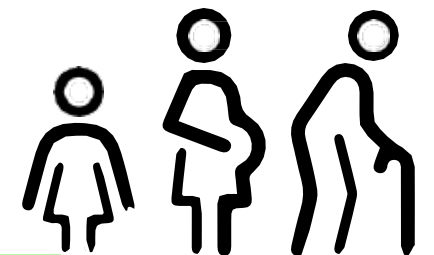
Facilitates personalized/tailored treatment planning based on patient's specific needs, preferences, and medical history⁵

To meet each patient's unique needs, maximize efficacy, and minimize adverse effects, clinicians can tailor chronic pain treatment plans by selecting appropriate prescription medications, as well as incorporating non-pharmacological interventions and a patient-centered approach to care.



Managing special populations becomes possible^{6,7}

Pain management of special population (e.g. elderly, children, pregnant women) is challenging because they often present with complex medical conditions, heightened anxiety, or vulnerability. Pain medications, when taken as prescribed, can be safely used in such patients.



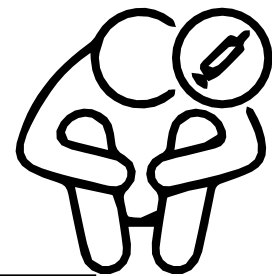
References: 1) Alorfi NM. Pharmacological Methods of pain management: narrative review of medication used. Int J Gen Med. 2023;16:3247-3256.. 2) Cleveland Clinic. Analgesics. Available from <https://my.clevelandclinic.org/health/drugs/21483-analgesics>. Accessed on Sep 20, 2024. 3) American Academy of Orthopedic Surgeons (AAOS). Managing orthopedic surgery-related pain with medications. Available from <https://orthoinfo.aaos.org/en/recovery/managing-pain-with-medications/>. Accessed on Sep 20, 2024. 4) Preuss CV et al. Prescription of controlled substances: benefits and risks. Available from <https://www.ncbi.nlm.nih.gov/books/NBK537318/>. Accessed on Sep 20, 2024. 5) Majid M et al. Challenges and opportunities in developing tailored pain management strategies for liver patients. Cureus. 2023; 15(12): e50633. 6) Ahmadi A et al. Pain management in trauma: A review study. J Inj Violence Res. 2016 Jul; 8(2): 89–98. 7) Rhodes C. When Patients Become Pregnant: How to Maintain Chronic Pain Management. Pract Pain Manag. 2020;20(5):1-9.

Prescription pain management: Benefits and Drawbacks

Drawbacks

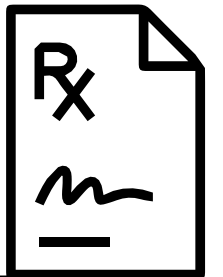
Addiction and Medication dependence¹

Some prescription drugs (e.g. opioids) may lead to addiction and physiological dependence (body has adapted to the presence of the medication and patients needs to take it to function and feel normal, patients experiences withdrawal symptoms when they stop taking it), resulting in cycle of drug abuse



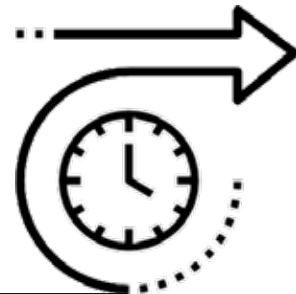
Risks due to sudden discontinuation³

Rapid discontinuation can result in uncontrolled pain or withdrawal symptoms. In turn, these symptoms can lead patients to seek other sources of prescription pain medicines (opioids). Patients may attempt to treat their pain or withdrawal symptoms with illicit opioids, such as heroin, and other substances. Individualized tapering needs to be gradually done under medical supervision.



Drug tolerance and side effects due to long-term use²

The longer a patient takes prescription pain medication (opioid), the less pain relief they will receive. This happens because the body gets used to the medication dose taken on long-term basis. This is known as 'tolerance'. When patients develop tolerance, they need higher doses of the medicine to feel the same effect. But higher doses also increase the risk of serious side effects.



Doctor shopping⁴

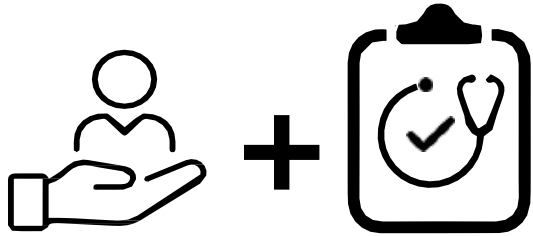
Addiction to prescription painkillers causing dependence can lead patients to 'doctor shopping (patients consult a number of different doctors to obtain a prescription for their drug of choice). This lets them gain access to extra prescriptions for such drugs, resulting in high risk of drug misuse.



References: 1) Ampilli J et al. Community pharmacist perspective regarding self-medication for pain management: challenges, risks, and best practices. JCHR. 2024;14(1):3358-3364. 2) Health Direct. Available from <https://www.healthdirect.gov.au/taking-opioid-medicines-safely>. Accessed on Sep 20, 2024. 3) FDA identifies harm reported from sudden discontinuation of opioid pain medicines and requires label changes to guide prescribers on gradual, individualized tapering. Available from <https://www.fda.gov/drugs/drug-safety-and-availability/fda-identifies-harm-reported-sudden-discontinuation-opioid-pain-medicines-and-requires-label-changes>. Accessed on Sep 20, 2024. 4) Royal Australian College of General Practitioners (RACGP). Doctor shopping and what it means for GPs. Available from <https://www1.racgp.org.au/newsgp/professional/doctor-shopping-and-what-it-means-for-gps>. Accessed on Sep 20, 2024.

SELF-CARE IN PAIN MANAGEMENT

KEY TAKEAWAYS



Self-care in pain management includes the use of both non-prescription medications and modern/traditional treatment procedures, without doctor consultation or supervision



Self-care offers significant benefits such as reduced pain intensity and disability, improved physical function, increased energy levels, enhanced sleep quality, reduced levels of stress/anxiety/depression, improved quality of life, and patient empowerment through increased self-confidence



4 key strategies for self-managing pain include taking action, mind control, seeking support, and pain management education



OTC pain management offers multiple advantages like direct, rapid, and easy access to medications, fewer doctor visits, effective treatment for many types of pain, and enhanced patient convenience



It is imperative that healthcare providers should empower patients to self-manage pain and provide knowledge and skills to help them make good decisions related to pain and general health