



Hello – and welcome to the Chronic Pain Service Introduction to Pain Management Group session.  
Thanks for being here today.

We hope this education session will either teach you some new information and strategies OR reinforce the good things you may already be doing.

TODAY'S SCHEDULE	
Introductions, housekeeping & safety	
Understanding pain	
Medications and other treatments	
TEA BREAK	
Tina's story – what really makes a difference?	
Activity and quality of life – getting back to doing what you want to do	
Thoughts and emotions – and sleep	
Conclusion - your future options	

So you might be wondering why you are here today and what this is all about.

Your GP or specialist doctor has referred you to our service for us to help support you in your pain management.

Everyone who is referred to this service comes to this session to get more understanding about their pain, what causes it and why it hasn't gone away. We talk about pain management strategies and we want to tell you all about service, who's involved, what is available for YOU to access from here on out.

The other reason is that we give you some really useful information that we sometimes can't give you in 1 to 1 appointments due to time.

So with that in mind this is how our schedule looks today.

## HOUSEKEEPING



- If not speaking – please use the mute on your microphone
- If you have technical issues – can't see or hear – please call Tel xxxxx
- We'll have two short sessions – with a teabreak in the middle – get up and move around if you need to
- At the break and end of the session there'll be a chance to ask questions – and to think about what you'd like to do next

### Resources:

You will find lots of resources, including this Introduction to Pain Management session on <https://www.highlandpaininfo.com/>


## GROUP RULES




- Confidentiality
- Take turns, speak one at a time
- Speak about yourself, not others
- Share in small doses
- Respect others' views



- Confidentiality - Respect each others' confidentiality; don't share info outside this room.
- Take turns, speak one at a time – don't hog the space.
- Speak about yourself, not about others – don't talk for others, nor talk ill of others
- Share in small doses – this is not a therapy group so only share what you feel comfortable sharing in a group; Not enough time to go into details re: personal stories, individual circumstances – keep this for later 1:1
- Respect others' views - No judgment, no arguing. Agree to disagree.
- This is a group online video session run through Microsoft Teams, however, as with any online video session, there are a few things to be aware of when using any online video function:
  - Sharing of your personal data – ie: your email address.
  - Sharing of inappropriate content through the streaming (presentation/videos), chat or verbally.
  - We would ask that you do not share information that may be very personal, distressing or traumatic in nature – even if you are comfortable with sharing this, it may be distressing to other people attending – there will be the opportunity to arrange individual follow up appointments, either face to face or on phone / video appointments.
- NHS Highland has taken a number of steps to ensure your safety whilst joining these groups and this includes:
  - Sending out anonymised calendar invitations and emails to ensure that your email address is not shared with other patients joining the sessions, and that you cannot see anyone else's email.
  - Requesting all invited to join as Guests and to monitor the session to ensure that patients have complied with this request. This ensures that your email address cannot be shared.
  - Limiting the ability to stream information (videos, pictures, presentations) to the only the NHS Staff presenting.
  - Monitoring the chat and questions raised and taking action when attendees act inappropriately by removing them from the meeting immediately.
  - Not asking you to share specific details of your condition and/or symptoms.



- Aiming to help you:
- Learn strategies
- Develop more confidence
- Become more active
- Be medication wise
- Do more of what you want to do

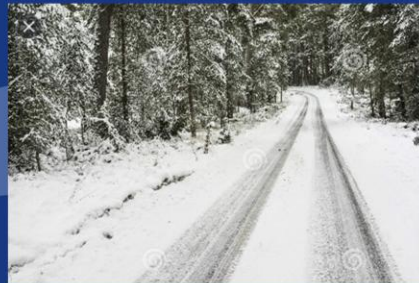
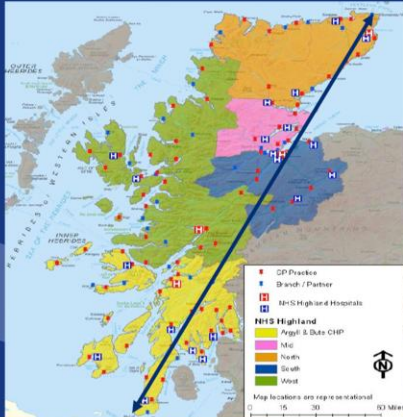


So what do we do for you at the pain service?

We are aiming to help you:

- Learn better ways and new strategies to manage your pain
- Develop more confidence in doing things that are important to you
- Become more active to improve your health
- Be medication wise (know the risks and benefits)

## ACROSS THE HIGHLANDS



**The Highlands is a pretty big area and sometimes it can take a long time to get from one place to another and be pretty difficult to get there – even if you don't have chronic pain!**

## PROBLEMS WITH THE MEDICAL MANAGEMENT OF PAIN



- PAIN IS A SYMPTOM TO HELP US DIAGNOSE A DISEASE
- PAINKILLERS MAKE PAIN GO AWAY
- WE SHOULD BE ABLE TO SEE THE DAMAGE ON A SCAN
- IF WE CAN'T SEE ANYTHING – IT MUST BE PSYCHOLOGICAL
- IF MEDICATION OR SURGERY CAN'T HELP – YOU JUST HAVE TO PUT UP WITH IT
- **DOCTORS, NURSES AND PHYSIOS DON'T GET TAUGHT MUCH ABOUT PAIN MANAGEMENT**
- WE ARE RUNNING REGULAR WORKSHOPS FOR GP's

A lot of the problems that arise for people with chronic or persistent pain are to do with how we think about it – most of the training doctors and physios get is to do with finding an underlying structural cause for the pain or in using painkillers to manage it – this works fine when there is some tissue damage, but often that is not the main issue in chronic pain – we need to take a different approach to managing the pain and we're planning education sessions for GP's, nurses and physios to help them find out more about the things that actually work for chronic pain



- Pain Specialists / Doctors
- Clinical nurses
- Occupational therapists
- Physiotherapists
- Psychologists
- Psychiatrists
- Pharmacist



**TEAM  
APPROACH**



Often pain impacts on every aspect of our life.

The reason we have a range of professionals is to address the impact that ongoing pain has on various areas of your life,

Not just physical but social and emotional aspects. Having the resources and support to help deal with all these issues can help you feel better; feel more in control and improve your quality of life.

This has been researched and is recommended as the best treatment for persistent pain.

At the moment there are only a part time doctor and nurse providing the service in the West of the Highlands – we're planning to recruit more team members, but in the meantime we have access to local physios, voluntary organisations and online resources, which we'll come back to at the end of the session



## SELF-MANAGEMENT

- Taking control
- Development of skills
- Acceptance
- Building partnerships
- Tracking progress





**Q - WHO'S HEARD OF THE TERM SELF-MANAGEMENT?      Q – WHAT DOES IT MEAN TO YOU?**

Our ultimate goal for you at the pain service is self management.

Benefit of self-management means less reliance on clinicians and enables you to manage your pain over time and at your own pace.

- Focus on you taking control of your pain management by making and participating in decisions
- Development of skills to improve day to day living with pain
- Involves acceptance that pain management may not take pain away completely
- Build partnerships with others who are involved in your pain management
- Tracking progress to achieve better quality of life and improved level of activity

Self-management is recommended to manage your health condition over time, particularly when you may have time between appointments.

**CHRONIC PAIN IS RECOGNISED AS A LONG TERM CONDITION, IN THE SAME WAY AS DIABETES – IN ORDER TO MANAGE IT THE BEST – YOU HAVE TO BE INVOLVED**

**OVERALL – FOR YOU TO BE ABLE TO DO MORE OF WHAT YOU WANT TO DO and have best quality of life possible**

**– SO YOU ARE IN CHARGE – NOT THE PAIN IN CHARGE OF YOU**

What is your experience of pain?



**DIFFERENT PEOPLE HAVE DIFFERENT EXPERIENCES AND PAIN MEANS DIFFERENT THINGS TO EACH PERSON**

**I WONDER IF ANYONE ATTENDING MIGHT WANT TO SHARE SOME OF THEIR EXPERIENCE OF PAIN? WE'LL PERHAPS JUST INVITE TWO OR THREE OF YOU AND COULD WE EMPHASISE THAT IT MAY NOT BE APPROPRIATE TO SHARE PERSONAL DETAILS – THERE WILL BE AN OPTION TO ARRANGE INDIVIDUAL APPOINTMENTS AFTER THIS INTRODUCTION SESSION.**



## WHAT IS PAIN?

- Unpleasant sensation
- Physical and emotional effects

Although pain is a very individual and subjective experience, the official definition of pain by the International Association for the Study of Pain is:

“An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage”

When we break this down; it means that pain is something that we feel and its generally unpleasant, something that is uncomfortable and unenjoyable. It can trigger significant emotions within us when we feel pain e.g. stress, worry, fear

We can get back when there is damage or potential for damage to our body but we can also get pain when there is no harm or damage happening to the body.

Unpleasant and emotional effects are a NORMAL response - they help to protect us in the short term, but can sometimes stop us getting better in the longer term - we'll explain more about that later.

Additional clarifications of the definition are;

- Pain is always a personal experience that is influenced to varying degrees by biological, psychological, and social factors.
- Pain and nociception are different phenomena. Pain cannot be inferred solely from activity in sensory neurons.
- Through their life experiences, individuals learn the concept of pain.
- A person's report of an experience as pain should be respected.
- Although pain usually serves an adaptive role, it may have adverse effects on function and social and psychological well-being.
- Verbal description is only one of several behaviors to express pain; inability to communicate does not negate the possibility that a human or a nonhuman animal experiences pain.

# Understanding Pain

## Why is it important?

The way we approach pain management is very different today, compared to what we used to think was most important. We now have a better understanding of why we get chronic pain and how it is best managed. Our simplistic approach that we use to manage acute pain using scans to find out what's wrong, and treating with strong pain medication and rest for example; doesn't work so well when we look at pain that has been present for a long period of time.

Research shows that by increasing understanding of persistent pain, you can actually reduce your pain levels, and do more / feel better. This will be some brief education to help you start managing your pain.

To start we will show a short video which is a great summary of understanding pain, both acute and chronic, and what to do about chronic or persistent pain to manage it.

UNDERSTANDING PAIN IN  
LESS THAN 5 MINUTES – AND  
WHAT TO DO ABOUT IT!



CLICK  
LINK  
FOR  
VIDEO

[https://youtu.be/C\\_3phB93rvI](https://youtu.be/C_3phB93rvI)

## WHY DO WE GET PAIN?

- Information
- Protection
- Healing



Usually pain goes down as we heal from an injury or an operation but sometimes it doesn't. The reasons for this are complex and we're starting to understand more about why this happens.


So when you're healing the pain should go down and down - or if there were some progressive damage we would expect the pain to go up and up .....

But most people with chronic or persistent pain find that the pain goes up and down - sometimes it's really bad - sometimes not so bad. This can be pretty confusing - but if it's sometimes not so bad - we can help you with things that will help the pain to be not so bad more of the time and to have less times when it's really bad.

# What's the difference between acute and chronic or persistent pain?

NHS Highland

Acute	Chronic
Short duration	Longer than 3 months
Caused by tissue damage	Caused by changes in nervous system activity
Painkillers helpful	Painkillers not as helpful
Minimal impact	High impact
Examples – cut on your hand, broken bone, sprained ankle	Examples – arthritis, Back pain, Fibromyalgia



So what do we think are some of the differences between acute and chronic or persistent pain?

(Eg. Timeframe, causes, medications used, level of impact, physical examples)

There are 3 main kinds of pain;

**Nociceptive**, due to tissue damage

**Nociplastic** – sometimes also called central sensitisation – this is the wind up and increased sensitivity in the nervous system that contributes to **most** chronic or persistent pain - and

**Neuropathic** – due to damage or disease of the nervous system – for instance diabetic neuropathy where there's numbness and nerve pain.

Healing usually occur as well as it will in 3 months

Your body can learn a pain response, to keep producing pain, even when it has stopped being useful and protective

- This happens through changes in the nervous system (brain, spinal cord, peripheral nerves) and receptors on the nerves

- It becomes easier to fire off a signal; like turning up an amplifier

- Pain results from things that aren't usually painful - it doesn't take much to set it off, even staying in one place or gentle pressure can contribute to pain

- Pain can fire off by itself with nothing happening – like a faulty alarm system

-SO REMEMBER EARLIER WE TALKED ABOUT THE PROBLEMS WITH THE MEDICAL MANAGEMENT OF CHRONIC PAIN – A LOT OF THE ISSUES ARE TO DO WITH TRYING TO TREAT CHRONIC PAIN IN THE SAME WAY AS ACUTE PAIN



# CHANGE POSITIONS HAVE A STRETCH

**NHS**  
Highland



Not a break, just a stretch (change positions).

## WHY DO I STILL HAVE PAIN?



- It has a lot to do with something called:

### Sensitisation

- Pain can feel worse
- Spreads throughout the body
- Small movements can hurt
- Can become unpredictable



When a person first injures themselves, it is normal to experience soreness and pain near the area of injury; Healing usually occur as well as it will in 3 month however despite healing for some people - there is ongoing pain.

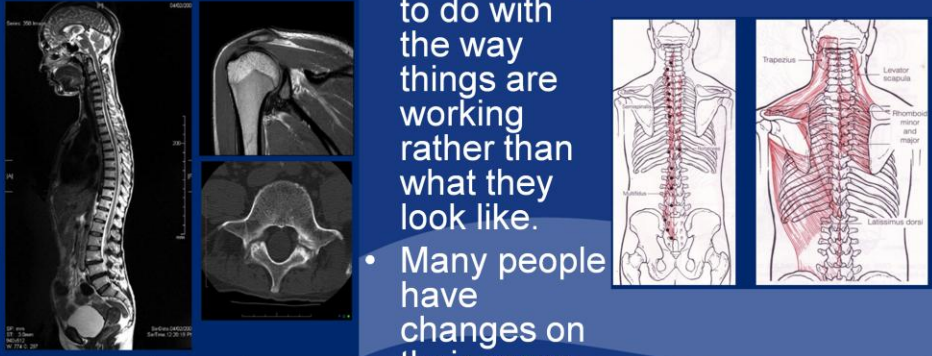
At this point it becomes less to do with the injury or changes in our body structures and more about our pain nervous system becoming sensitised.

Your body can learn pain response, to keep producing pain, even when it has stopped being useful and protective

- This happens through changes in the nervous system (brain, spinal cord, peripheral nerves) and receptors on the nerves
- It becomes easier for our nerves to fire off a pain signal - It's like the volume knob on our pain system is left turned up like a radio stuck on 'loud'.
- We can feel pain triggered by things that aren't usually painful e.g. light touch. We know that touching lightly isn't causing damage, but it still causes a lot of pain
- It doesn't take much to set it off our pain system, even thoughts (which are also signals travelling through nerves) can contribute to pain
- It may begin to happen spontaneously like a faulty alarm system eg. car alarm going off when a leaf lands on it, instead of someone trying to break in

# WILL SCANS HELP FIND OUT THE PROBLEM? IS SURGERY AN OPTION?

**NHS Highland**



- Pain is often to do with the way things are working rather than what they look like.
- Many people have changes on their scans with no pain.

**Q:** How many of you have had a scan to try and figure out what is going on? - Has it explained it all?

Everyone gets changes in their scans as they get older and that we can see pain or no pain in people with scans that look exactly the same. This can be confusing, because we can sometimes get some pretty scary reports from scans and many doctors interpret age related changes as damage or degeneration. The only thing that is helped by surgery is where there is pressure on a nerve - where this causes pain all the way down the leg - Sciatica. Even then most people get better without needing an operation. The other time when surgery can help is if there's loss of feeling or muscle power. Very occasionally people have to see a surgeon urgently if they can't feel when they need to do the toilet. Let your doctor know if this has happened and they can arrange quick assessment. What we know now is that surgery is very little use for back pain.

Scans don't show this wind up or sensitised pain process

- Changes on scans don't reflect whether or not we feel pain and/or its severity.
- When we do scans on a big group of people, we find that the amount of disc/nerve damage rarely relates to the amount of pain.

Many people will have changes on scans but no pain.

Many changes on scans are a normal part of living and aging.

Other people can have significant pain but have a "normal" scan that doesn't show many change

So scans aren't always the answer.

How many of you have had surgery?

**Q:** Did it fix it? Sometimes yes, sometimes no. If it had resolved the issues then it's likely you wouldn't be here

- Often unfortunately surgery may not help with your pain. Surgery often focuses on fixing the structures involved but doesn't change our wind up/sensitised pain system.
- For some individuals surgery may be a necessity but for others it is not always the answer

# WHAT ABOUT MEDICATIONS

- **May not** take away chronic pain
- **Aim for** ↓ pain to ↑ function
- **Balance** benefits VS risks
- Different medications may target different types of pain

How much are your medications helping?  
Use the 5A's

## THE 5 A'S OF ANALGESIA

How can my doctor and I decide if my painkillers (analgesic medicines) are helping me or are actually causing problems? Use the 5 A's of Analgesia.

- 1 ANALGESIA**  
Did it make the pain any better?
- 2 ACTIVITY**  
Could you do more of what you want to do?
- 3 ADVERSE EFFECTS**  
Do you get side effects and are they causing you problems?
- 4 AFFECT**  
Do you feel like your old self? Or are people worried about the way you look?
- 5 ABERRANT DRUG RELATED BEHAVIOUR**  
Are you developing dependency on your medication or using it for something else apart from your pain - to help you sleep or to get high? Have you used more than you were prescribed?

For more information on research updates visit [www.highlandpaininfo.org](http://www.highlandpaininfo.org) or contact us on 01463 250000

How many people are taking medications for their pain?  
There are lots of different medications that we can use for pain.

Medication alone may not take away chronic pain

- May or may not help the symptoms
- Often won't help the actual cause

Instead, aim for reduction of pain to improve function

- Aim for reduction of around 30% of pain, medicines are only effective in approx 1/3 of people

Balance the benefits VS side effects to improve quality of life

- may need to trial an alternate medication from the same class

It is only YOU who can tell what is the BENEFIT VS SIDE EFFECTS – GOOD VS BAD

Effective trial periods

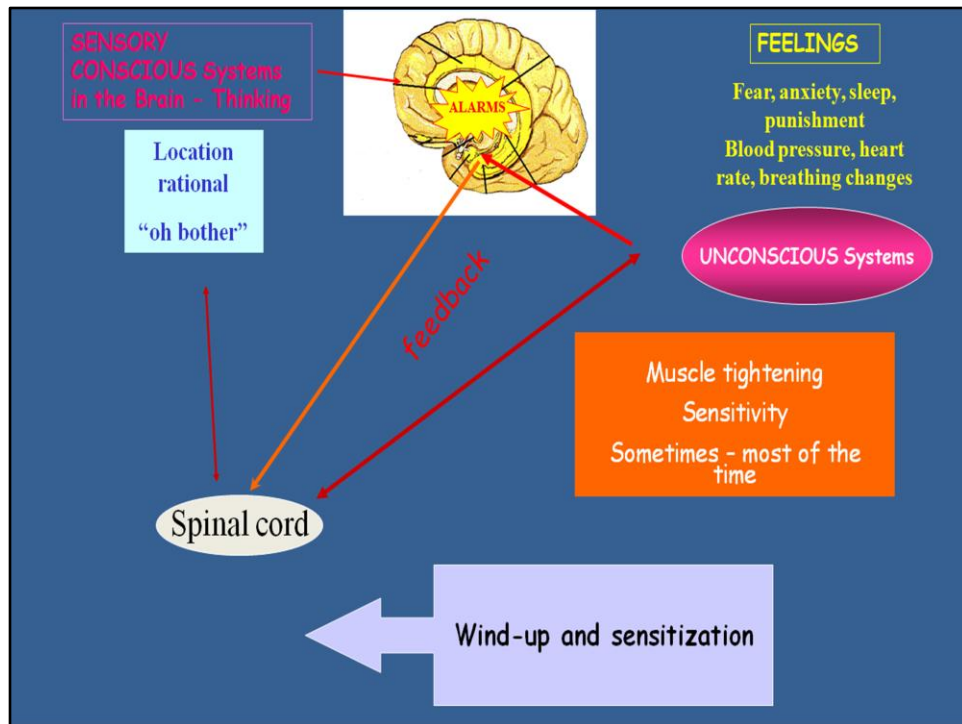
- Must give at least 2 week trial to see if effective or not. Won't get true indication if taking one tablet then stopping (unless serious side effects or reaction)

There are different medications may target different type of pain:

It is important for you to understand what medications you are on and why – there is information on <https://www.highlandpaininfo.com/>







**PAIN PROTECTS – THE MAIN PURPOSE OF PAIN IN THE NERVOUS SYSTEM IS TO PREVENT HARM – YOUR BRAIN IS ASSESSING “HOW DANGEROUS IS IT REALLY?”**

If we have a look at this diagram of what your nervous system is like, your conscious bit of your brain is going “oh bother – why can't things just relax & stop being so sensitive.” This is where we might think of using will power to overcome the pain, or just ignoring it. However, the most important bit of the pain processing system is in the **unconscious** bit of the brain – the LIMBIC SYSTEM. Activity here controls things like your heart beating, breathing & sweating. You haven't got any conscious access to the pain signaling system to be able to switch it on or off. It's an automatic alarm system, that's very useful for protecting you if there's some tissue damage – like a broken leg. The brain sends messages back down to the spinal cord saying “lets have more information from this bit – tighten the muscles so it doesn't move” - “How dangerous is it really.” - Really useful if you've got a broken leg but not so good

if the main problem is too much tightening & sensitivity in the first place.

The other things that go on in this part of the brain are a lot to do with how we feel - anxiety & depression, concentration, attention, memory & sleep are all in here. Think about the “Fight or Flight reaction” – this is really useful if a tiger's just jumped out of a bush. It makes your body produce lots of adrenaline & you can act to escape from danger without even thinking about it.... But think about being perfectly safe, in your living room, when some-thing scary comes on the telly. You still get a Fight or Flight reaction even though the conscious bit of your brain knows it's just pretend & that you're

perfectly safe! Often this can set off other emotions such as embarrassment or can make you laugh – think of a funfair roller coaster ride.

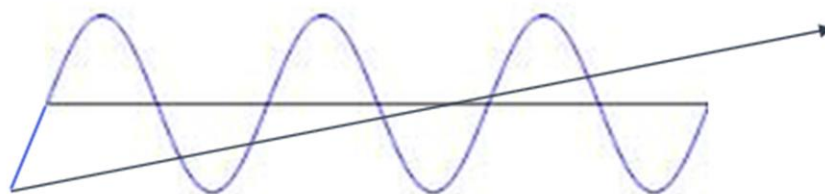
**WHEN PAIN BECOMES CHRONIC OR PERSISTENT THIS FEEDBACK SYSTEM MAKES EVERYTHING MORE**

**SENSITIVE – THIS IS WHAT CENTRAL SENSITISATION IS. HOW YOU FEEL CAN AFFECT THE PAIN AND THE PAIN CAN AFFECT HOW YOU FEEL.**

# GETTING UNDER THE RADAR



Flare up = ~~damage?~~ – or too much signalling



Rest or medication = ~~good?~~ – or less fit, less confident - dependent

Almost everyone we see with chronic or persistent pain has ups and downs in their pain level. There are some times that it's really bad and other times when it's not quite so bad.

What sort of things make your pain flare up?

Often it's quite little things, like sitting in one place for too long – or even a change in the weather – or bending. These are things that don't cause any damage to your tissues – but they set off a lot of activity in the pain signalling system – they set off the “How dangerous is it really?” alarm system.

THIS IS NOT JUST “IN YOUR HEAD”

It is due to real activity in the nerves sending messages and releasing transmitters – so it is REAL PAIN.

If we rest or take medication then the pain can settle down again – but often this can lead to us feeling less confident, being less fit and depending on medication to control the pain. The trick with getting moving again and reducing the amount of signalling in the nervous system is a technique called **PACING**.

You do a little bit of activity where you're SURE you're going to be ok and then gradually stretch the edges – so that you increase confidence, fitness and feelings that “IT'S NOT REALLY DANGEROUS – IT'S SAFE FOR ME TO MOVE”

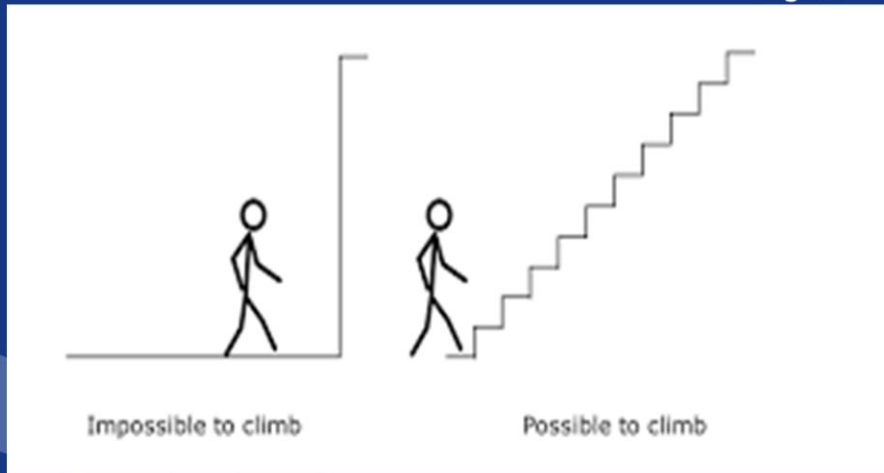
If you're always trying to beat the pain and push through - you'll get flare up's – and that's not very encouraging.

If you try not to do things to avoid the pain, then you can get less fit and it doesn't take so much to set the pain off.

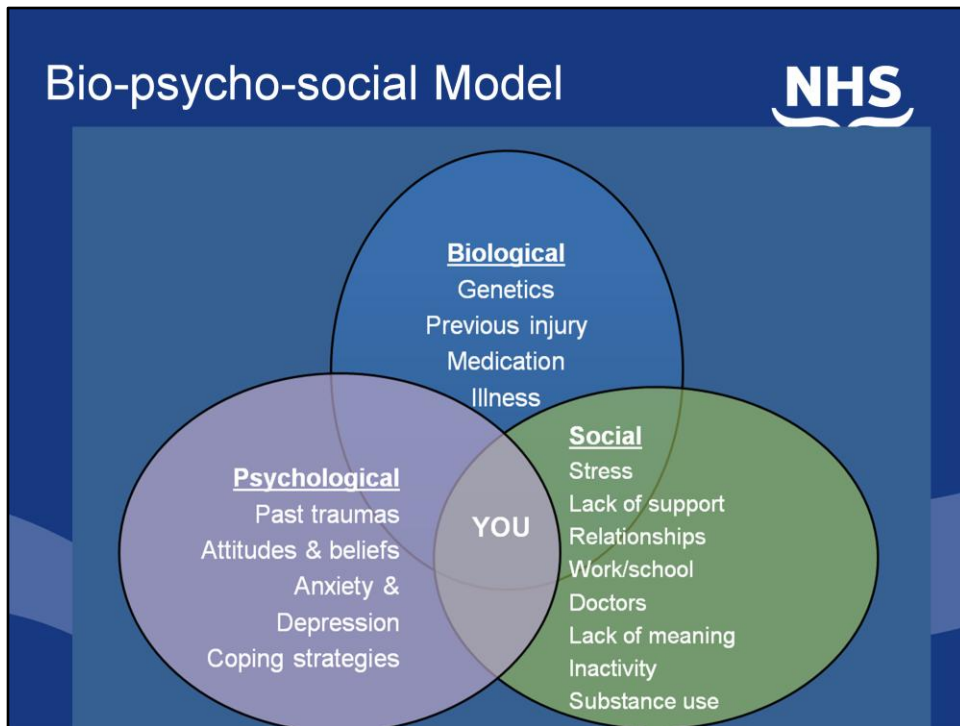
So the message is do a little bit at a time and GET UNDER THE RADAR.

EVEN IF WE DO EVERYTHING RIGHT IN TERMS OF PACING AND PAIN MANAGEMENT THERE CAN STILL BE SET BACKS, THE NERVOUS SYSTEM CAN BE PRETTY TRICKY TO RETRAIN AND SET BACKS ARE PART AND PARCEL OF CHRONIC PAIN BEING A LONG TERM CONDITION – BUT IF YOU HAVE PAIN MANAGEMENT TECHNIQUES AND PACING TECHNIQUES, YOU CAN COME OUT OF THE FLARE UP QUICKER.





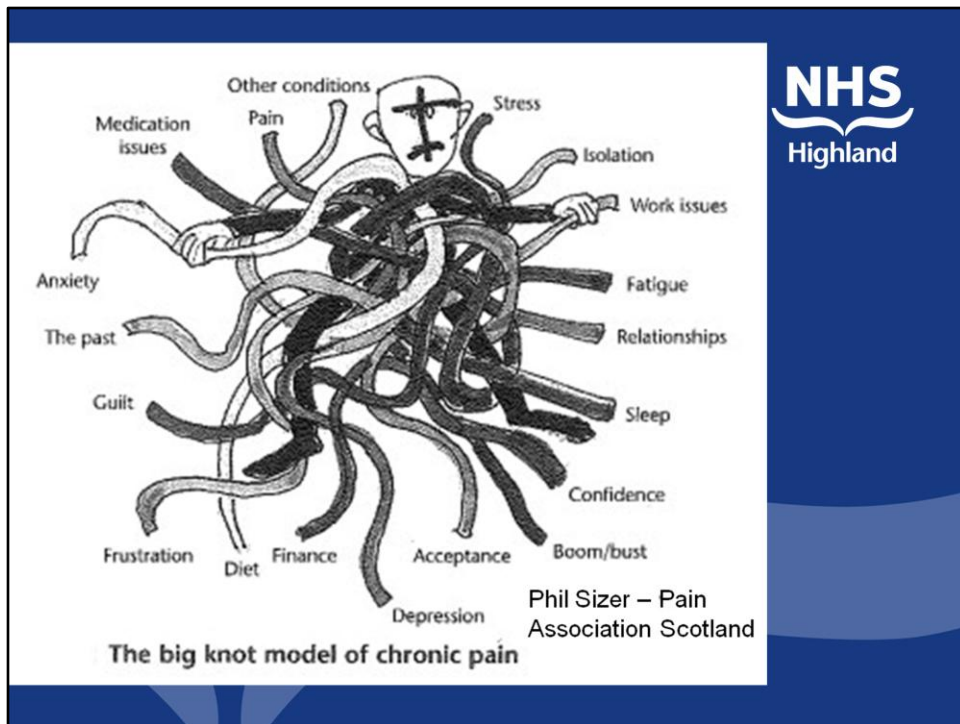
This is another way to look at it – imagine you have to do an assault course as part of your pain management – taking it a step at a time is much more likely to get you where you want to be.



**We've talked about how pain works in your nervous system and how the brain is important. When you have pain and it stops you doing what you would like to do it can make a big difference to how you feel – and this is a two way process – how you feel can make a big difference to your pain and the effect it has on you.**

**If you can't do what you would like to do that can have a big influence on your life, your family, friends and your work.**

**If we look at this diagram it tries to show how all these factors interact with each other – in what we call the Biopsychosocial model.**



This is another useful way of looking at how things can all get tangled up in the pain

Sometimes pulling hard at one of the ends that's sticking out of the big knot can make things more tangled and make the knot tighter!

It needs patience and a gentle approach to untangle things and to start on your way to being able to manage your pain



As health professionals we would love to be able to take away all your pain, but unfortunately in most cases we can't do that. Nor is there a magic pill that will make your pain disappear. So what we can do is work together and help you develop strategies to manage your pain.

Help you feel empowered and improve function.

We need to look at all the things that can affect your pain including:

- Diet
- Medications
- Movement
- Day to day function
- Thoughts and feelings

The great thing is that our brain and pain nervous system is very adaptable, changeable and trainable.

We do have the ability to retrain the brain and the nervous system but it takes time and effort.



### **20 min break**

Refreshments, stretch, toilet – or you can stay on and ask questions

Make sure you come back after the break because we're going to talk about all the things that can help you to manage your pain.

## TINA'S EXPERIENCE



CLICK LINK  
FOR VIDEO

[Introduction to Pain Management](#)  
[Tina's experience - YouTube](#)

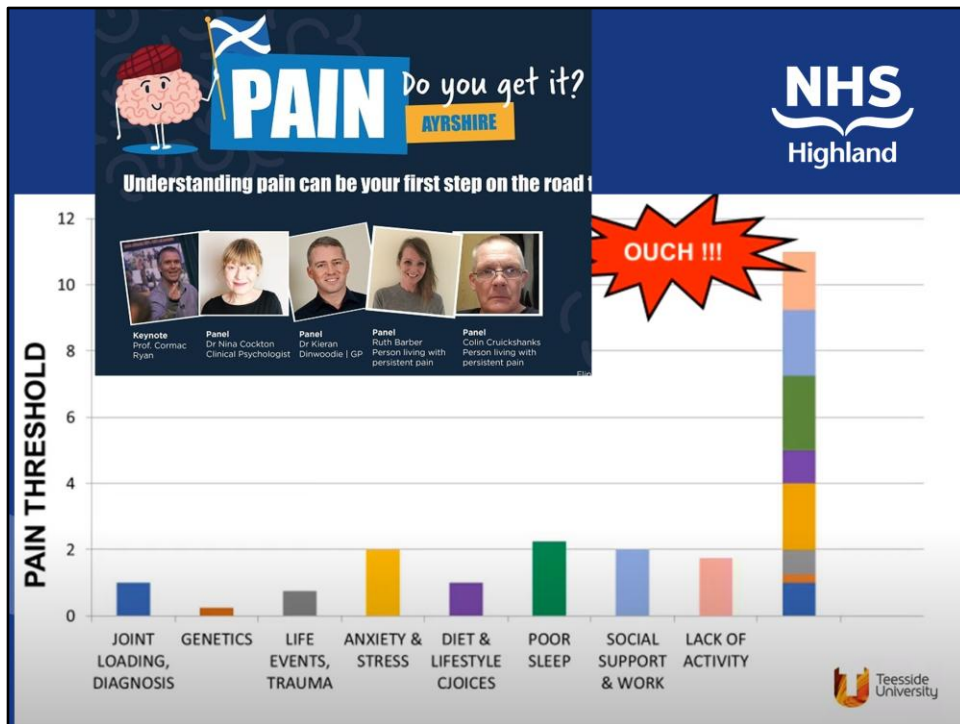
## Q&A



CLICK [LINK](#)  
FOR VIDEO

## Introduction to Pain Management Q&A with Tina - YouTube

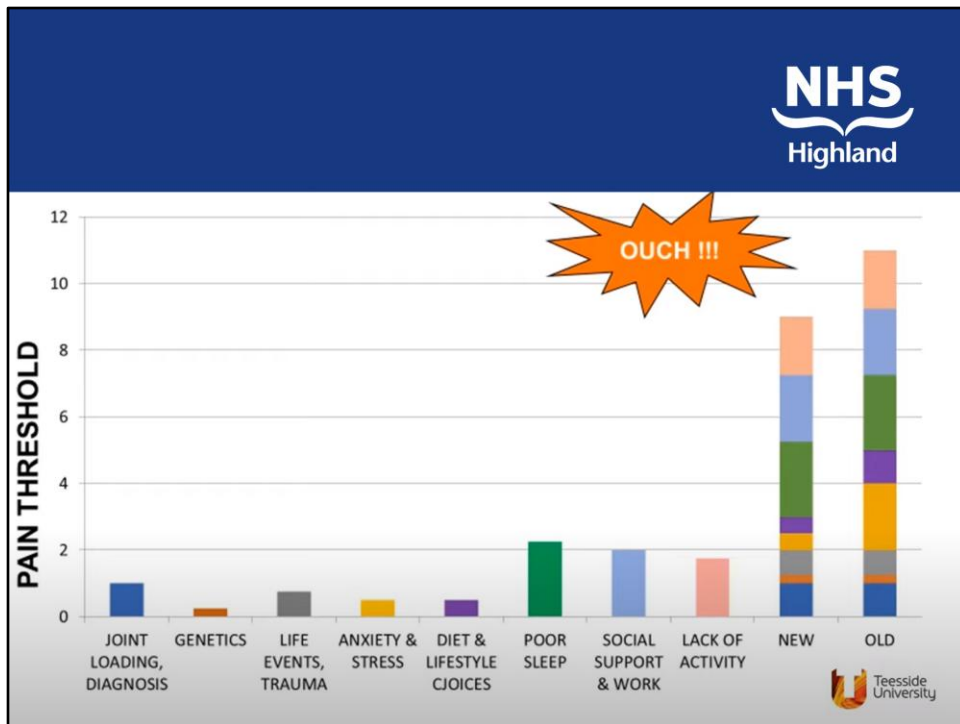




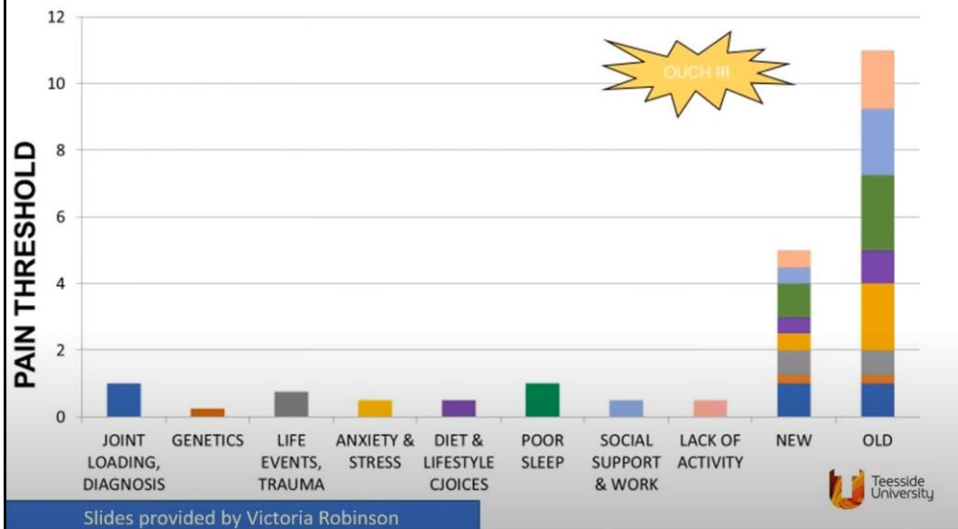
These slides come from the Flippin Pain website – the messages, which I think are really useful are that

- Pain is Common
- Hurt does not always mean harm - It's Not always due to damage or disease
- Everything matters when it comes to pain
- Medication and surgery are often not the answer
- Understanding your pain can be key
- Recovery is possible

You can find their information at [Home - Flippin' Pain \(flippinpain.co.uk\)](http://flippinpain.co.uk) and it can be worthwhile looking at the stories of people who have done pain management [Real Stories - Flippin' Pain \(flippinpain.co.uk\)](http://flippinpain.co.uk)



So if we start chipping away at some of the things that are to do with the pain, we might start off at 11 out of 10, but after a while we could be down to 9 out of 10



And if we keep on going we can often find that it's possible to make quite a big difference

# BELIEVING

One of the main issues that affects people with chronic pain is feeling that you are not believed and sometimes healthcare professionals can give the impression that they think your pain is psychological or “in your head”. As we have seen chronic or persistent pain is often mainly to do with the amount of signalling in the nervous system rather than ongoing damage – it is definitely real pain due to physical activity in nerves and release of neurotransmitters – but treating it like tissue damage pain – with increasing doses of painkillers or doing scans, injections or operations is usually a mistake – these things don’t deal with the underlying problem – that there is too much feedback in the nervous system.



As you might have seen in the Pain Toolkit, Acceptance is a crucial step in starting to manage your pain.

This doesn't mean giving up – that nothing can be done or that you just have to put up with it!

If you have had an injury and something is broken then it makes sense to take painkillers, to get an Xray and to have a plaster cast or an operation.

If the problem is due to the increase in signalling in the nervous system however, we need to understand more about how that has happened and what the things are that are going to help reduce this signalling - relaxation and breathing, gentle movement, working on feeling better in ourselves, by starting to get back to some of the things that are important to us and looking after our nutrition and sleep.

If we keep on trying to find causes for pain with more scans, specialist appointments or we keep on with treatments that are only “taking the edge off”, and are causing side effects, these things can actually hold us back from getting better. With injections, procedures or medication we can often find that they contribute to some of the up and down in pain and disability. It can be a bit discouraging to get relief from an injection, for instance, which lasts a short time, but then the pain comes back and you have to wait until you are able to get another one.

If we're trying to beat the pain, to fight against it or trying to avoid it we can spend lots of time and energy on this that we could be using to help us manage pain instead.



So what can we do about managing our pain? What are the things that really work?

**Information** – we hope you understand a bit more about what causes chronic or persistent pain. If we know that pain is due to increased signalling in the nervous system and that we can retrain the brain and nerves, that's a great start.

**Getting involved in a team** – we can help a bit from the pain service and there's great support available from the voluntary organisations on the website.

**Pacing** – starting to get moving gradually and helping the brain to feel that movement is safe. Moving in water can be really useful for this, but any activity that you enjoy can help.

**Physio** – can help with support and advice

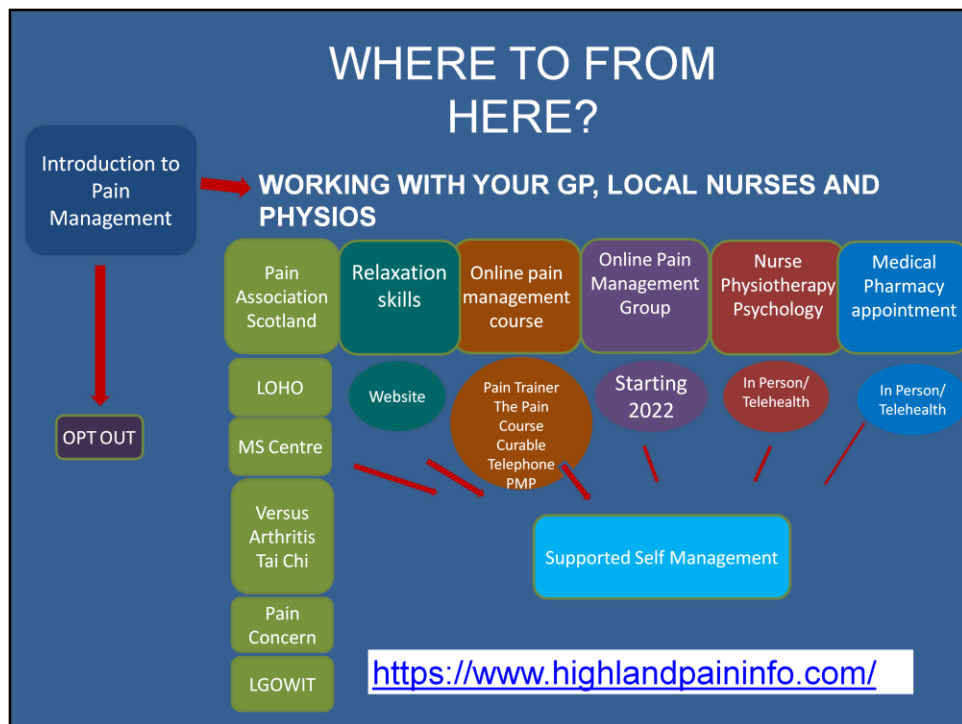
**Relaxation and Mindfulness** – these help to calm down the alarms in the nervous system – there's lots of different options on the <https://www.highlandpaininfo.com> website.

**Good sleep and nutrition** – find out more on the relaxation and sleep page.

**Cutting down and stopping medicines that aren't helping you** – taking this gradually – it's not easy – but it's not impossible.

**Doing a Pain management Programme** – we can refer you to an online Pain Management Programme, give you a free trial of the Curable pain course or refer you to the Scottish National Pain Management Programme – this can be done residentially down in Glasgow or online over 3 weeks.

**In the near future we plan to develop an online and in-person pain management programme in the Highlands**



So this is what we'd like you to think about – what's the right option for you in how we can help you towards self managing your pain? You might think that you need more tests or to see another specialist and in that case, you might not want to start thinking about pain management techniques. If you decide not to continue with the pain clinic, your GP can always refer you back later if you would like. We can give advice to your doctor and other healthcare professionals to help them to manage your pain.

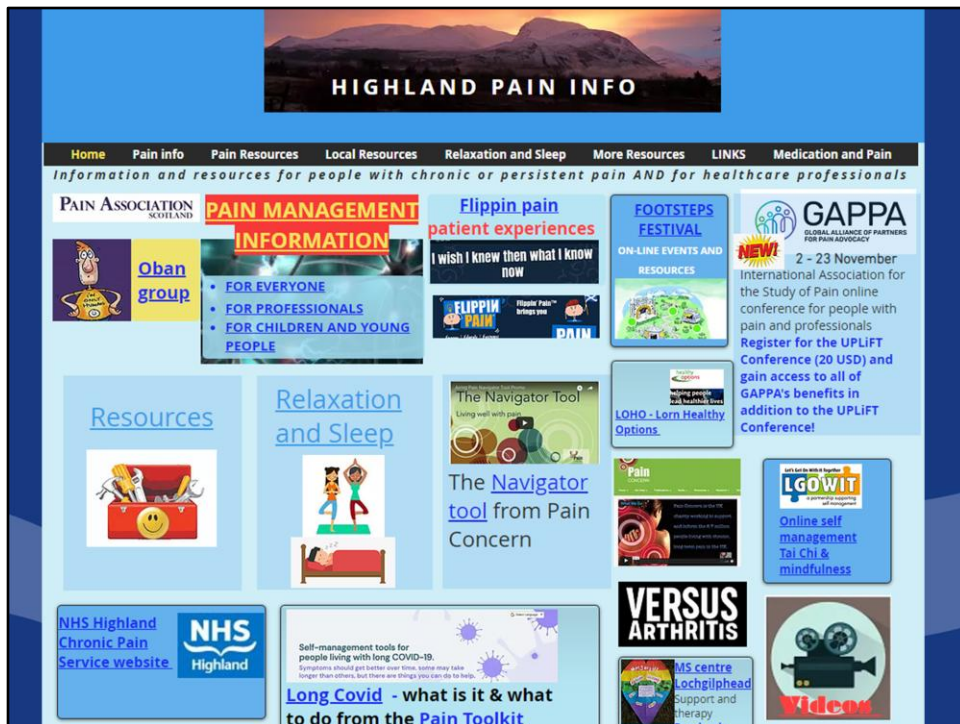
Remember there's great information and help from voluntary organisations, which are all linked on the <https://www.highlandpaininfo.com> website.

There are the online pain management options – the [Pain Course](#), [Curable](#) and there is the [National Pain Management Programme](#), which can be done online or residentially down in Glasgow.

We can also see you at clinics in Fort William and Oban or arrange video or phone appointments.

In the future we aim to develop the team so that we have more specialist team members, but in the meantime we are running an online pain learning series for doctors, nurses, physios and other healthcare professionals.





So have a look round the website – we hope you’ll find lots of useful information.

We’ll email you a short questionnaire to find out what you would like to do next – we’ll also post it out to you in case it’s easier for you to fill out on paper.

