

ARTHRITIS CARE

Coping with pain



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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PAIN MANAGEMENT

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.

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

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 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.

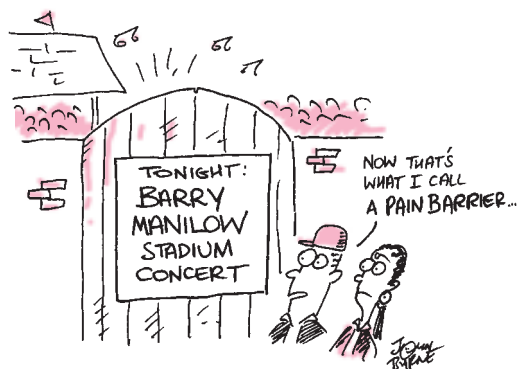
It is possible to be caught in a cycle of pain, depression and stress. This is very frustrating and can be upsetting. Learning to manage pain will help to break the cycle.

■ 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?

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

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.

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

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 they work hard at not letting it interfere with their lifestyle. You too may be able to re-focus yourself and shift your pain into a tiny corner of your life.

■ **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 practising relaxation, 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 6).

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.

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

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.

PAIN CONTROL METHODS

■ 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.

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

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.

■ 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

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, including Challenging Arthritis. This programme is used in many countries worldwide. Research shows that, after a six-week programme, participants manage their arthritis better, visit doctors less and report less pain

and depression.

Challenging Arthritis is taught in a community setting by people with arthritis. The leaders are people who work hard at being in



charge of their own arthritis and refuse to let it control their lives. No one tells you what to do on the programme, but you will get lots of new ideas to help you manage your arthritis. The programme is also a lot of fun. It uses action plans (a verbal promise to yourself and the group) to encourage you to do things you otherwise wouldn't.

Each session includes discussions, brainstorming and brief lectures. There is no charge to attend.

“I now have my own pain-management programme. I take painkillers, visit an osteopath, and use heat and massage for pain relief.”

Topics covered in the programmes include distraction techniques and guided imagery to take your mind off the pain and ways to relax your muscles. The programme also looks at ways to challenge negative thinking and develop a positive belief in yourself. This includes practical examples during the sessions and

suggestions about how to practise the techniques at home.

To find out more about Challenging Arthritis programmes in your area, contact Arthritis Care. See the back page for details.

“If I overdo things I will have to take things easier the following day.”

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

■ 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 (ROM) 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.

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 20 minutes of this three times a week. (It is alright to do it in two units of five minutes, twice a day.) Hydrotherapy or warm



water exercises can be particularly good for your joints.

■ 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 while 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

- Unless you have broken skin, always use a lubricant when massaging.
- 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 doesn't 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 Arthritis Care.

■ 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. All colleges of further education 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.

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

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 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 of relaxation exercises can also be of help. Relaxation techniques are also taught on Arthritis Care's Challenging Arthritis 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).

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.

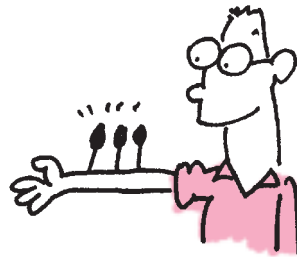
- Keep a good sense of humour.

■ 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 any treatments are effective, many people say they have benefitted from using them.

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

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.

■ 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.

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

NSAIDs

Non-steroidal anti-inflammatory drugs (NSAIDs) are used most often in the treatment of rheumatoid arthritis. When

NSAIDs are prescribed carefully, they can significantly reduce pain and inflammation.

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. NSAIDs can hold back inflammation, but may affect the healthy function of the stomach.

NSAIDs are marketed both under generic names and under their brand names. For example, ibuprofen is marketed as Brufen, indomethacin as Indocid, naproxen as Naprosyn, and diclofenac as Voltarol. There are many more.

Always ask your doctor or pharmacist about side effects and other concerns you may have. NSAIDs may be prescribed for short-term use, particularly in response to a flare-up. Pain-relieving drugs have proved to be more effective, especially when used alongside other pain management techniques.

Cox-2s

Cox-2 inhibitors are a newer type of NSAID, designed to be safer for the stomach. However,

concerns have been raised about their side effects, including increased risk of cardiovascular problems, especially for people with a history of heart disease or stroke. Although most Cox-2s are still available on prescription, their use is being strictly regulated. You will need to discuss with your doctor whether this type of treatment is suitable for you.

Painkillers (analgesics)

Painkillers come in varying strength – 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 cause addiction. Narcotics have to be prescribed by doctors.

DMARDs

Second-line, long-acting or 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, gold injections, D-Penicillamine and sulphasalazine. Their use is carefully monitored (for example, by regular blood tests) to make sure they are safe. They

should be avoided during pregnancy.

Steroids

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

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

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 telescope 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 doctors' 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 the members of the team about ways to manage pain. Develop a positive

relationship with these people so that you can share your frustrations and your successes. The 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 practice those



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 occur, and there may still be times when your pain gets you down.

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

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 may 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.

PAIN MANAGEMENT RESOURCES

Books and booklets

Brown, Dr Harry. *The Which Guide to Managing Back Trouble*. Which? Books, 2001, Rev ed, ISBN: 0 8520 2848 2, £9.99 (pbk).

Lorig, Kate and Fries, James F. *The Arthritis Helpbook: A tested self-management program for coping with arthritis and fibromyalgia*.

Da Capo Press, 2000, ISBN: 0 7382 0224 X. Tested advice on coping with and managing joint pain.

McKenzie, Robin. *Treat Your Own Back*. Spinal Publications, 1997, 7th ed, ISBN: 0 9598 0492 7, £10.99. Explains self-help measures to improve back pain.

McKenzie, Robin. *Treat Your Own Neck*. Spinal Publications, 1983, ISBN: 0 4730 0209 4, £8.99. Explains self-help measures to improve neck pain.

Nown, Graham and Wells, Dr Chris. *The Pain Relief Handbook: Self-help methods for managing pain*.

Vermilion, 1996. ISBN: 0 0918 1371 9, £7.69 (pbk).
Written by the director of the

Centre for Pain Relief in Liverpool and a journalist, this aims to help people with chronic pain to take control. Sketches inject some humour.

The Arthritis Research Campaign publishes free booklets ***Back Pain*** and ***Pain in the neck***. Available from arc Trading Ltd, James Nicolson Link, Clifton Moor, York YO30 4XX.

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

Pain clinics and courses

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

A directory of clinics is available from: The British Pain Society, 21 Portland Place, London W1B 1PY. Tel: 020 7631 8870, visit www.britishpainsociety.org or email 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

● arc (Arthritis Research Campaign)

Copeman House, St Mary's Court,
St Mary's Gate, Chesterfield,
Derbyshire S41 7TD
Tel: 01246 558033 www.arc.org.uk
Funds medical research into arthritis
and produces information.

● British Council of Disabled People (BCODP)

Litchurch Plaza, Litchurch Lane,
Derby DE24 8AA
Tel: 01332 295551
www.bcodp.org.uk
Campaigns for the rights of
disabled people.

● DIAL UK

St Catherine's, Tickhill Road,
Doncaster DN4 8QN
Tel: 01302 310123
www.dialuk.org.uk
Details of your nearest disability
advice and information service.

● RADAR

12 City Forum, 250 City Road,
London EC1V 8AF
Tel: 020 7250 3222
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

Portside Business Park, 189 Airport
Road West, Belfast BT3 9ED
Tel: 028 9029 7880
www.disabilityaction.org

Scotland: Update

27 Beaverhall Road,
Edinburgh EH7 4JE
Tel: 0131 558 5200
www.update.org.uk

Wales: Disability Wales

Bridge House, Caerphilly
Business Park, Van Road,
Caerphilly CF83 3ED
Tel: 029 2088 7325
www.disabilitywales.org
These three bodies hold information
on disability organisations within the
nations.

HEALTH SERVICES

● National Health Service

NHS Direct provides patient
information, information about local
NHS facilities and waiting lists and
how to complain. NHS Direct Online
also provides detailed information.
www.nhsdirect.nhs.uk
Tel: 0845 4647

● Institute for Complementary Medicine

PO Box 194, Tavern Quay,
London SE16 7QZ
Tel: 020 7237 5156
www.i-c-m.org.uk
For a list of qualified practitioners,
send a large SAE stating the therapy.

USEFUL ORGANISATIONS

● **British Complementary Medicine Association**

PO Box 5122,
Bournemouth BH8 0WG
Tel: 0845 345 5977
www.bcma.co.uk

PREGNANCY AND PARENTING

● **Contact a Family**

209-211 City Road,
London EC1V 1JN
Tel: 020 7608 8700
www.cafamily.org.uk
Helpline: 0808 808 3555 10am-4pm
Mon-Fri. 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.

● **National Centre for Disabled Parents**

Unit F9, 89-93 Fonthill Road,
London N4 3JH
Tel: 020 7263 3088
Helpline: 0800 018 4730
www.dppi.org.uk
Promotes the networking of
information and experience on all
aspects of disability, pregnancy and
parenthood. Provides information
sheets and information to individuals.

● **Jointz**

7 Newtown Heights, Newtownards
BT23 7YG. Tel: 028 9182 0369
Arthritis Care's Parent Group

in Northern Ireland.

CHILDREN

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

Ground Floor Office,
Amber Gate, City Walls Road,
Worcester WR1 2AH
www.ccaa.org.uk
Tel: 01905 745595
Support for children with arthritis
and their families.

● **Choices**

PO Box 58, Hove, East Sussex
BN3 5WN
www.kidswitharthritis.org
Support group for families of children
with arthritis.

EQUIPMENT

● **Assist UK**

Redbank House, 4 St Chad's Street,
Manchester M8 8QA
Tel: 0870 770 2866
www.assist-uk.org
Product demonstration centres
throughout the UK.

PAIN

● **The British Pain Society**

21 Portland Place, London W1B 1PY
Tel: 020 7631 8870
www.britishpainsociety.org
Information about chronic pain and
pain clinics.

USEFUL ORGANISATIONS

● Pain Concern

PO Box 13256, Haddington,
EH41 4YD. Tel: 01620 822572
www.painconcern.org.uk
Offers information and a helpline.

SUPPORT FOR CARERS

● Carers UK

Head Office, 20-25 Glasshouse Yard,
London EC1A 4JT
Tel: 020 7490 8818
Helpline: 0808 808 7777
www.carersuk.org
Will supply contact details for offices
in the whole of the UK.

● Crossroads Caring for Carers

10 Regents Place, Rugby CV21 2PN
Tel: 0845 450 0350
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.

● Crossroads (Scotland)

24 George Square, Glasgow G2 1EG
Tel: 0141 226 3793
www.crossroads-scotland.co.uk

● Crossroads (Northern Ireland)

7 Regent Street, Newtownards,
Co Down BT23 4AB
Tel: 028 9181 4455
www.crossroadscare.co.uk



Arthritis Care is the UK's largest organisation working with and for all people who have arthritis.

Our booklets and magazine, website and professional helpline are tools to enable people to make positive choices. Our network of local groups, self-management programmes and internet forums bring people together to support each other in living life to the full. Our campaigning work promotes civil rights, better access to health and social care provision, and tackles issues important to people in their local area.

Get in touch with us

- Our helpline offers confidential information and support. Call free on 0808 800 4050 (10am-4pm weekdays) or email Helplines@arthritiscare.org.uk
- Our website provides information on all aspects of arthritis and what we are doing in your area. Visit us at www.arthritiscare.org.uk
- Call us to find out more about what we do or how to become a member.

Arthritis Care contact numbers:

UK Head Office:	020 7380 6500
South England:	020 7380 6509/10
Central England:	0115 952 5522
North England:	01924 882150
Northern Ireland:	028 9448 1380
Scotland:	0141 954 7776
Wales:	01239 711883

