



SHaRE & REPaIR Programme

WEEK TWO – SHaring our experiences & REexamining what we know.

What is Recovery?

This is a term which is used a lot in mental health services, but is just as applicable and relevant in long-term physical conditions including persistent pain.

RECOVERY

is something that is **common to all of us**; it is **not specific to mental health** problems

“Probably the most useful way of understanding recovery is linking it to our own experience because it is something that is common to all of us; it is not specific to mental or physical health problems. Any of us, who have been through a divorce, being made

unemployed, a major illness or bereavement, know that that changes us; there is no way to going back to how we were before that event.

- **going through a divorce**
- **being made unemployed**
- **a major illness**
- **bereavement**

changes us ... there is no way to going back to how we were before

We have to:

- **incorporate** that
- **learn** from that
- **move on** with that

which is exactly what we are talking about in recovery from any health problems

We have to incorporate that into our way of living and we learn from that and move on with that, which is exactly what we are talking about in terms of recovery from all health problems.

Very importantly, recovery is about taking back control over your own life and your own problems, about not seeing your problems as being uncontrollable, or that their control is just the province of experts. It is about understanding yourself what is possible and what you can do to help yourself.”

RECOVERY

is about **taking back control** over your own life **understanding** what is possible and **what you can do to help yourself**

Reference: **Dr Repper** *An independent investigation into the care and treatment of Daniel Gonzales* (January 2009) p. 124.

WEEK TWO – SHaring our experiences & REexamining what we know.

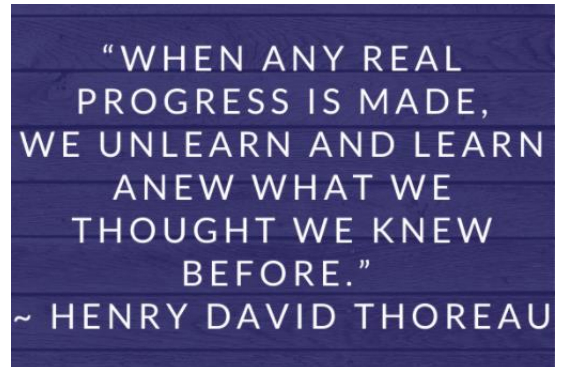
Task 1. Make notes on any additional insights you have had from today, in deepening your understanding of FM. Do these new ideas suggest new approaches to your recovery?

Click or tap here to enter text.

Task 2. Work through the FM study guide, making a note of any questions you may have. Be warned this is a fairly in depth guide and make need to be studied in small chunks.

New questions:

Click or tap here to enter text.



Task 3. Examining how you use medications.

Medication can be used as part of pain management. Pain medication alone is not usually very helpful if it is the “only tool in the box” for managing your pain. It can be helpful to review your medication regularly with your GP, pharmacist or pain specialist. Regular reviews will ensure that you are getting the best from your medication and minimising long terms risks, side effects or harm.

Have a look at what you are taking for pain and fill out the following chart.

Name of medication. What type of medication is this?	How much does this reduce my pain? 0= not at all 10= complete pain relief	Side effects and problems
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

If you are taking warfarin you may need to monitor your INR if you start or stop paracetamol. Occasional doses of paracetamol should not cause any problems

Types of painkillers (Analgesics)

NSAIDS (Non-steroidal anti-inflammatory drugs).

Ibuprofen Naproxen Meloxicam Diclofenac (Voltarol)

Celecoxib

Advantages of NSAIDS	Disadvantages/side effects
Useful for reducing pain, swelling and inflammation Good for arthritis and joint pain Good for short term use Not addictive Good for flare-up episodes as part of your plan.	Can cause high blood Pressure (reduced blood flow to kidneys) Can cause stomach problems and ulcers Need to take a stomach protector tablet with it Can cause kidney problems if used for a long time. Can't be taken if you have certain medical problems or are taking certain other drugs.– ask your pharmacist

Anti-depressants

Amitriptyline Duloxetine

Some of the older types of antidepressants can be used in small doses to help nerve pain and to help you sleep.

Advantages of antidepressants	Side effects and disadvantages
May reduce nerve pain May help you sleep	May not help everyone Dose may need increasing Increased dose often causes increased side effects: Dry mouth, constipation, weight gain, sleepiness in the day, poor concentration

If you are taking a newer type of anti-depressant for depression, rather than pain, you may also find that your sleep improves and your pain is more manageable. The chemicals that maintain our mood also affect our pain and sleep. Depression responds best to a combination of medication and talking therapy.

Anti-epileptic drugs

Pregabalin Gabapentin

Advantages of anti-epileptics	Side effects and disadvantages
Can reduce nerve pain for some people Can possibly reduce symptoms of fibromyalgia (although robust scientific evidence for this is still lacking) May reduce diabetic neuropathy pain	Side effects of these drugs often outweighs pain relief. Drowsiness Memory problems Weight gain Not to be taken for back pain Can be dangerous if used with strong opioid drugs

Please speak to your GP, pharmacist or pain specialist if you have any questions or worries about using these drugs, especially if they are not helping your pain.

Opioids

Morphine (MST, Oramorph, Oxycodone, Codeine, Dihydrocodeine, Fentanyl, Tramadol)

There is now substantial evidence that opioid painkillers do not help reduce pain when they are taken for a long period of time.

If you are taking any of these type of painkillers, please read: "Opioids Aware" which has a resource for patients and is up to date with the latest evidence.

<https://www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware>

Advantages of opioids	Side effects and disadvantages
Good for short term use after surgery or severe injury. Good for Palliative care (end of life care) May be helpful for chronic pain in a few patients if used at a low dose and for a short period of time	Nausea, sleepiness, confusion, constipation, weight gain, lack of sex drive. <i>If you take them for a long time:</i> Tolerance Dependence /withdrawals if you stop suddenly Itching Chronic constipation Insomnia Increased pain (especially with high doses) Reduced sex hormones Reduced immune system Irregular periods Erectile dysfunction

The maximum recommended dose for chronic/persistent pain is 120mg of morphine or morphine equivalent in 24 hours. You will learn more about opioid drugs on your pain management programme. You can also request to see one of the specialist pain nurses to reassure you and support you should you wish to slowly reduce your medication.

The good news is that we have helped many people reduce and stop these drugs slowly and safely without any problems. Pain is reported as “no worse” after reducing opioids and “much better” by many of our patients.

!!!Do not stop taking opioids suddenly. Always reduce slowly with support and supervision of your GP or pain specialist.!!!

Task 4. Remember to check in with your overall state, each day. Use your tools to usher in a healthier state, to increase your wellbeing.

Maybe try the Butterfly hug?

For a tutorial video; <https://tinyurl.com/2ufcbeyo>



Task 5. Try to build on your Tai chi Shibashi exercises. Use our website’s Tai chi resources to help guide you [Dorset Pain Management Service | Soaring Above Pain | Home](#)

[Tai Chi moves 1 - 18 - YouTube](#)

Painting a rainbow

Raise the arms on an in breath, on the out breath allow one arm to drop out to the side and follow it with your gaze, slightly allowing your body to turn. Breathe in and return arm to centre, breathe out repeating to the opposite side. Feel your weight move from one foot to the other as your arms sweep right and left.

