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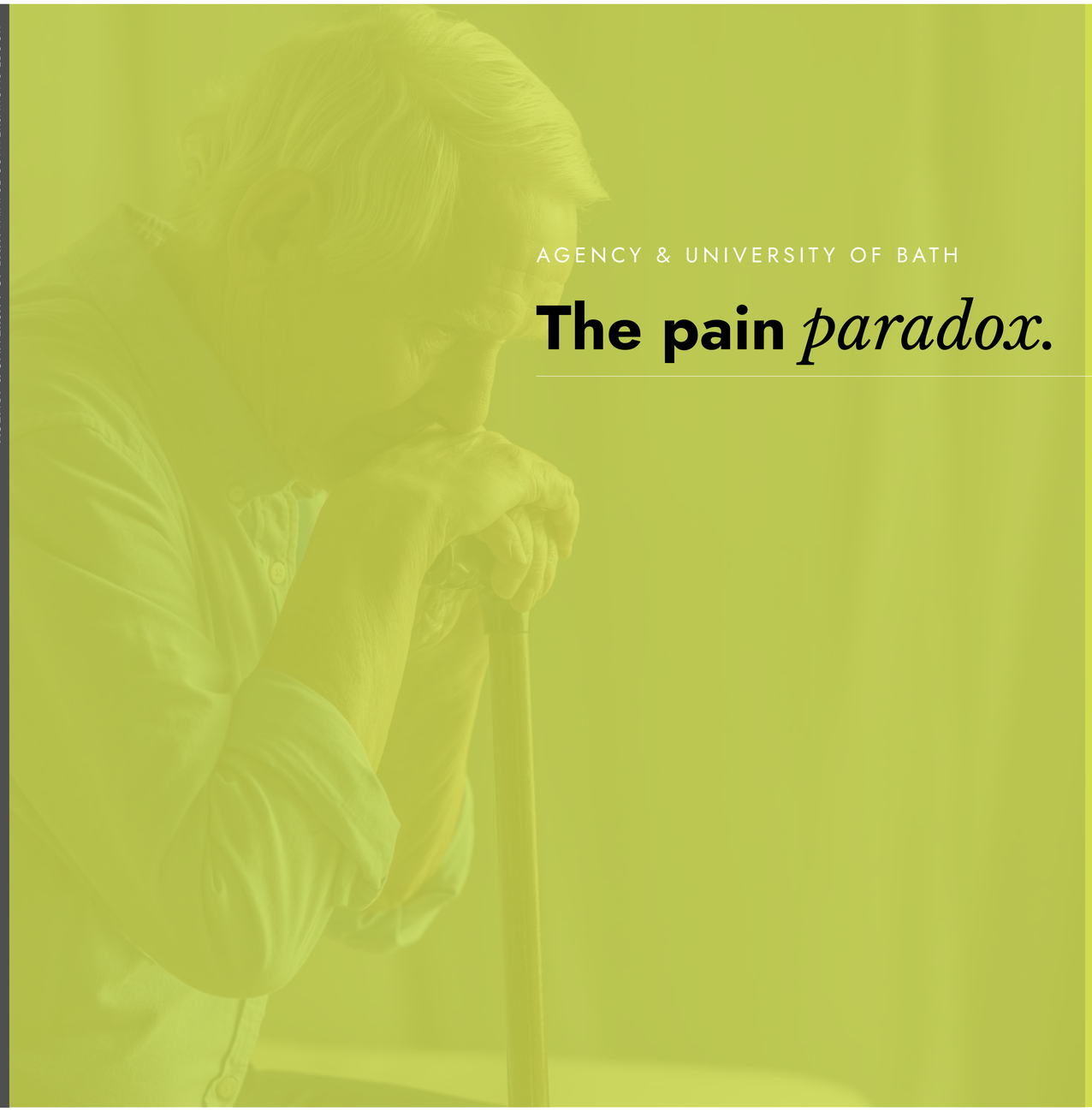
Painful *conversations:*

ENTER

The pain paradox

Is improved healthcare communication the key to overcoming the paradox of pain?



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The pain *paradox.*

INTRODUCTION 03

CURRENT PROBLEMS WITH PAIN MANAGEMENT 05

GUIDANCE TO SELF-MANAGEMENT OF CHRONIC PAIN 09

SELF-MANAGEMENT OF CHRONIC PAIN 10

ADDRESSING LIMITATIONS 13

AVOIDING THE PAIN PARADOX 17

NEXT STEPS 18

INTRODUCTION

The pain *paradox.*

Is improved healthcare communication the key to overcoming the paradox of pain?

> Shared decision making is a meeting of two experts, where the doctor is the expert on the medical issues and available treatment options, while the patient is the expert on their own values and preferences.
>
> **Dr. Larry Allen**
> Professor of Medicine
> University of Colorado, School of Medicine, Aurora [REF]

Our society relies on individuals dealing with chronic pain to express their feelings, even though pain is often hard to put into words.

This can lead to a sense of injustice that can derail lives.

Consider this: At any one moment, around 20% of the world's population is experiencing chronic pain [REF].

If 740 million people populate Europe, that means 148 million people experience pain, which is the combined population of Germany and France.

But pain is elusive and often hard to report on, measure, or even record - it does not show itself in any blood test or scan. We lean on the words of chronic pain sufferers to describe their agony, which often proves challenging as people struggle to communicate their suffering.

This communication gap can lead to isolation.

Those in chronic pain often feel unheard, fostering mistrust in friends, family and even healthcare professionals (HCPs) that their suffering isn't understood.

The crucial solution lies in fostering a culture that acknowledges and understands pain and facilitates effective communication so we, as pain experts, can support people with chronic pain to better outcomes.

When pain strikes, rationality can often take a backseat. Individuals caught in its grip might feel unheard, suspicious of non-immediate solutions, and unable to make well-informed decisions.

Scepticism from peers can then drive people away from treatments, trapping them in a cycle of unrelenting pain.

To address this, we must develop processes for pain management that consider the difficulty of pain communication and simplify messaging to guide individuals toward early pain management.

Around 10 million Britons suffer from near-daily pain, which dramatically impacts their quality of life [REF].

The UK has nearly 28 million people who live in the shadow of everyday pain, with this number predicted to escalate due to an ageing population [REF].

Within this landscape, 1 in 4 UK adults are living with chronic pain [REF].

Astonishingly, 24% of UK adults use opioid painkillers, while 23% are on waiting lists for surgery or pain management programmes [REF].

Depression also shadows chronic pain, affecting 60.8% of sufferers, often leading to a greater number of missed work days [REF].

Notably, depression is four times more prevalent among chronic pain sufferers than those without pain [REF].

To mend this, we must assist individuals in gaining a new perspective to comprehend the complicated nature of pain.

This will enable them to make informed choices that can lead them towards self-reliance and take back control.

How can we achieve this transformative shift?

Effective communication is key.

It fosters trust between experts and individuals and allows the distribution of important information, paving the way for effective, informed decisions.

In collaboration with Professor Christopher Eccleston from The Centre for Pain Research at the University of Bath, this article will explore:

- The current challenges with pain management.
- Guidance to self-manage chronic pain.
- How we can avoid the pain paradox.

We will unveil how improved communication fosters trust in understanding pain and its implications, leading to empowered decision-making and self-management of chronic conditions.

WHAT ARE

the current problems *with pain management?*

Access to effective solutions for pain management is severely limited, resulting in a heavy reliance on ineffective and potentially harmful options [REF].

But what are the key factors that contribute to this problem?

01

Increasing Number of People in Pain:

How many people are affected? The prevalence of chronic pain in England is a pressing concern, affecting 15.5 million people (34% of the population) [REF].

What is even more concerning is that by the age of 40, two out of every five people find themselves grappling with this persistent condition [REF].

As the population continues to age, the demand for effective pain relief options will escalate.

The projected growth of older adults, who are more prone to chronic pain, highlights the urgency of addressing this issue, as individuals aged 65 and over are expected to account for 24% of the population by 2043, representing approximately 17.4 million people [REF].

Why does this issue need to be addressed?

By recognising the increasing number of people in pain, we can prioritise the development of comprehensive strategies and interventions that effectively manage chronic pain and improve the quality of life.

02

Chronic Pain Destroys Lives:

Chronic pain can profoundly affect individuals' ability to carry out daily activities and perform optimally in the workplace.

The limitations and discomfort caused by chronic pain may result in disability and a higher number of missed work days, leading to reduced productivity and increased healthcare costs.

As a result, individuals with chronic pain may encounter workplace discrimination or a lack of understanding from co-workers and employers, creating additional challenges and utilising valuable resources within HR departments.

Why does this need to be recognised?

Recognising and addressing the impact of chronic pain on the healthcare system is crucial to implementing effective strategies that support individuals in managing their pain, promoting workplace inclusivity, and ensuring the efficient allocation of resources.

Chronic pain has a devastating impact on individuals, disrupting their ability to function and enjoy a good quality of life.

However, this problem extends beyond the lack of effective solutions.

It is heightened by the prevalent but mistaken belief that individuals should simply endure their pain without seeking self-management strategies. This misconception arises from a lack of familiarity with other pain management approaches.

What does this call for?

Addressing the root causes of this problem requires a multifaceted approach. By empowering individuals with chronic pain to actively manage their condition, we can enhance trust, their sense of control and informed decision-making.

WHAT ARE

the current problems *with pain management?*

03

Insufficient Funding for Research:

The current state of pain management research reveals a concerning lack of funding and focus.

What are the consequences?

The majority of research efforts have been directed towards the development of painkillers, resulting in limited exploration of self-management strategies beyond medication.

This imbalance in research priorities poses a significant challenge for healthcare decision-makers who are seeking comprehensive tools and interventions to effectively address chronic pain.

The insufficient funding allocated to research in pain management restricts the availability of evidence-based approaches and alternative options that could significantly improve outcomes for individuals living with chronic pain.

Why does this need to change?

It is crucial to recognise the importance of diversifying research efforts and investing in innovative strategies to expand the toolkit of HCPs and provide people with a wider range of effective and sustainable solutions for managing chronic pain.

By diversifying research efforts, we can explore and develop a broader range of interventions and treatments that go beyond medication, including non-pharmacological approaches and self-management strategies.

04

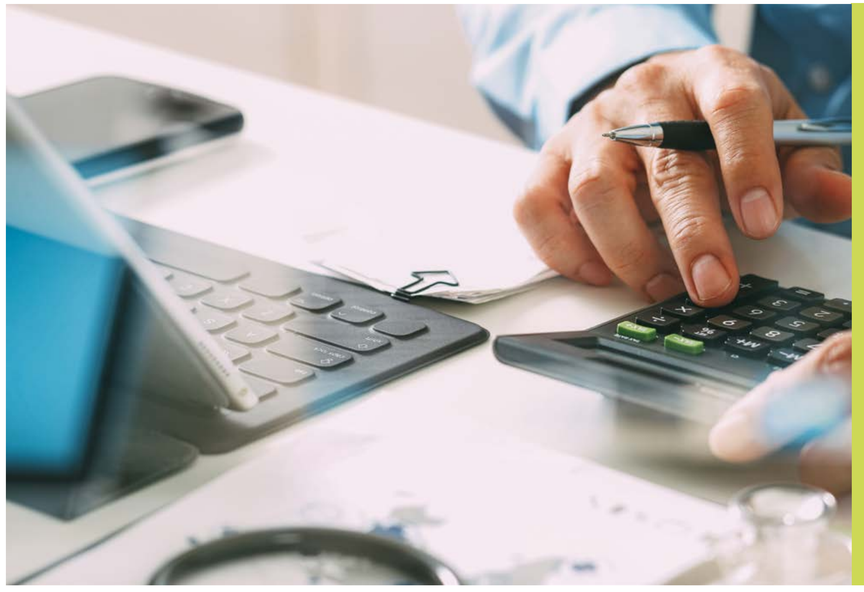
Lack of Awareness of Self-Management Options:

Over time, people have grown accustomed to the availability of pain relief options, leading to a dependence on healthcare services to alleviate their discomfort.

What are the consequences?

This reliance on external solutions has hindered the development of self-management strategies, preventing people from taking an active role in managing their own pain.

As a result, individuals often rely solely on HCPs to provide immediate relief without exploring other options or addressing the underlying causes of their pain.



WHAT ARE

the current problems *with pain management?*

05

The Balance of Responsibility:

The debate surrounding self-management revolves around the balance between relying solely on HCPs and carrying some of the responsibility individually.

It's encouraging to witness people naturally gravitating towards seeking HCPs' guidance, a reflection of the belief placed in the healthcare system.

However, the demand for medical attention over recent years has grown substantially, reaching a point where the healthcare system's capacity could be better.

As a consequence, there's a growing need for people to become well-versed in self-management practices.

This shift isn't intended to replace professional care but to complement it.

Empowering individuals to actively participate in their health management can significantly alleviate the burden on HCPs and ensure more efficient healthcare delivery.

06

A Guided Approach:

Understanding self-management doesn't imply navigating the complexities of health alone. Instead, it involves a collaborative partnership between people with chronic pain and HCPs.

Self-management involves informed decision-making supported by trustworthy information sources. In this light, HCPs transition from being sole providers of medical advice to becoming trusted navigators.

Their role extends beyond diagnosis and treatment recommendations; they guide people towards reliable sources of information and appropriate strategies.

This collaboration ensures people are equipped with the necessary knowledge and tools to effectively manage their well-being while steering clear of misinformation or misguided practices.

By combining HCP expertise with people empowerment, a balance is struck that benefits both parties, resulting in improved healthcare outcomes and strengthened patient-provider relationships.

Why should we promote informed decision-making?

Encouraging people to embrace self-management techniques can empower us to actively participate in the pain management journey, fostering a sense of control and promoting long-term well-being.

By shifting the focus from dependency to self-efficacy, individuals can explore a wider range of effective pain management strategies, enhance their overall quality of life, and return to the workplace.

WHAT ARE

the current problems *with pain management?*

07

An Epidemic Putting Pressure on Resources:

With the National Health Service (NHS) struggling to keep up with demand, a lack of resources and the appeal of private healthcare on the rise, we find ourselves in the midst of an epidemic of suffering.

Trust in traditional healthcare avenues, such as GPs, is being challenged, leading many to seek answers from "Dr Google" or anywhere else advice can be found.

With the NHS already stretched and unable to keep up with the influx of patients requiring further assistance, many people have turned to private healthcare services to solve their pain [REF] [REF] [REF].

In 2021 more than 250,000 people opted to go private as NHS waiting lists reached over 6.6 million, a number that exceeds the population of Ireland [REF]. However, this increased demand will restrict access to the private sector for future patients.

Whether public or private, pain care is ripe for reimagining, disruption and reinvention.

In this era of uncertainty, reliable information and accessible care have become more vital than ever.

Guidance to self-management *of chronic pain.*

There is a strong link between communication and motivating behavioural change.

So, to address these challenges, we first need to grasp the true nature of pain and how it affects people.

Once we're on the same page, we can have open conversations that aim to understand and value their pain experiences.

Trust starts to grow from there. With that trust, we can begin to notice their efforts and suggest various options for pain management.

It's vital to be clear about what these choices will bring.

As trust deepens, we can introduce the idea of sharing responsibility. This means they're not alone in this journey. And over time, they'll be in control, making choices and directing their own treatment.

How do we approach this topic?

In order to effectively address the needs of individuals with chronic pain, it is crucial to establish a sense of trust and understanding.

People with chronic pain require a supportive environment where they feel listened to, believed and valued.

A lack of ability to properly communicate causes chronic pain to feel inherently unfair to the person experiencing it.

Research by Professor Michael Sullivan from McGill University in Montreal illustrates that over time this manifests into a feeling of unjustness by the person who experiences the pain [REF][REF].

By this point, the person in pain no longer trusts anyone who may offer potential treatment options to their painful experience—no matter how well-evidenced.

Each time a potential treatment fails, they might feel as if they're being held responsible for the outcome.

This is not the reality, and we must assure people they are not at fault.

Research into the phenomenon known as the Nocebo effect by Dr Luana Colloca from the University of Maryland in the US also suggests that the language we use has a vital role in communicating pain [REF].

This could therefore be the missing link to rebuilding that trust.

Building this trust is essential for encouraging people to embrace evidence-supported pain management strategies that promote their overall well-being, productivity and independence.

Although seeking quick and easy solutions may be tempting, it is important to recognise that taking the opposite approach, i.e., investing time and effort into self-management, often yields the best outcomes.

Who can adopt this approach?

This shift in perspective is not only applicable to HCPs but also extends to companies and organisations [REF].

By reframing your thinking and actively supporting the message of self-management, employers like yourselves can contribute to a culture that prioritises the needs and empowerment of individuals with chronic pain.

Evidence-supported intervention for *self-management of chronic pain.*

So far, this article has highlighted the current problems facing pain management.

If we can successfully influence behaviour with effective communication, we can guide people in the right direction.

This article will now provide insight into evidence-based alternative solutions for effective pain management, barriers to these interventions and solutions to prevent these barriers from arising.

01

Exercise Programmes and Physical Activity:

Regular exercise has been found to be an effective way to manage many chronic pains.

Exercise interventions have illustrated that exercise can provide significant pain relief in people suffering from chronic lower back pain [REF], reduce inflammation [REF] and improve function in patients with osteoarthritis [REF].

Participating in supervised group exercise programs tailored to individuals aged 16 years and above provides a supportive environment for managing pain effectively [REF].

These programmes take into account people's specific needs, preferences and abilities, ensuring that exercises are safe and suitable for each participant.

Why is this an effective solution?

Encouraging individuals to engage in regular physical activity helps manage pain and brings about long-term general health benefits.

If people are encouraged to identify the underlying cause of their pain, exercise programmes can be tailored to meet their specific needs and limitations.

It is important to enact behavioural change by empowering individuals to take control, make informed decisions and incorporate physical activity into their daily lives as a sustainable way to self-manage chronic pain [REF].

Therefore, exercise represents a safe and non-pharmacologic option for managing chronic pain that can significantly benefit a person's overall health and quality of life.

Evidence-supported intervention for *self-management of chronic pain.*

02

Psychological Therapy:

Why should psychological therapy be considered?

Psychological therapy plays a significant role in the management of chronic primary pain.

Consideration should be given to approaches such as cognitive-behavioural therapy (CBT) for individuals aged 16 years and above who are experiencing chronic primary pain [REF].

These therapies (when delivered by HCPs with appropriate training) can effectively address the psychological and emotional aspects associated with pain [REF].

What is the evidence?

Evidence suggests that CBT is effective in reducing the severity of pain and its impact on everyday life [REF].

It has also been shown that 56% of children who were treated with psychological therapies reported less pain compared with 22% of children who did not receive psychological therapy [REF].

Therefore, by incorporating psychological therapy into treatment plans, people can develop coping strategies, improve their quality of life and take an active role in their overall well-being.

Evidence-supported intervention for *self-management of chronic pain.*

03

Virtual Reality Interventions:

Virtual reality (VR) holds promise as a method for delivering self-management interventions.

By immersing individuals in a virtual environment, VR can deliver effective CBT under the control of patients in their own homes [REF].

It offers a unique opportunity to create immersive experiences that engage multiple senses, such as visual and auditory stimuli, which can alter the perception of pain.

What is the evidence?

In a randomised controlled trial involving adults with chronic low back pain, a VR psychological intervention (Rohkea™) reduced fear of movement, self-reported disability, pain intensity and pain interference [REF][REF].

No adverse events associated with VR were reported, and participants in the trial were generally positive about the VR experience [REF].

In the US, EaseVRx is now FDA-approved and provides access to relaxation and attention management interventions [REF].

What makes VR so appealing?

VR interventions can be tailored to individuals' specific needs and preferences, allowing them to choose experiences that best suit their pain management goals and granting them a sense of control [REF].

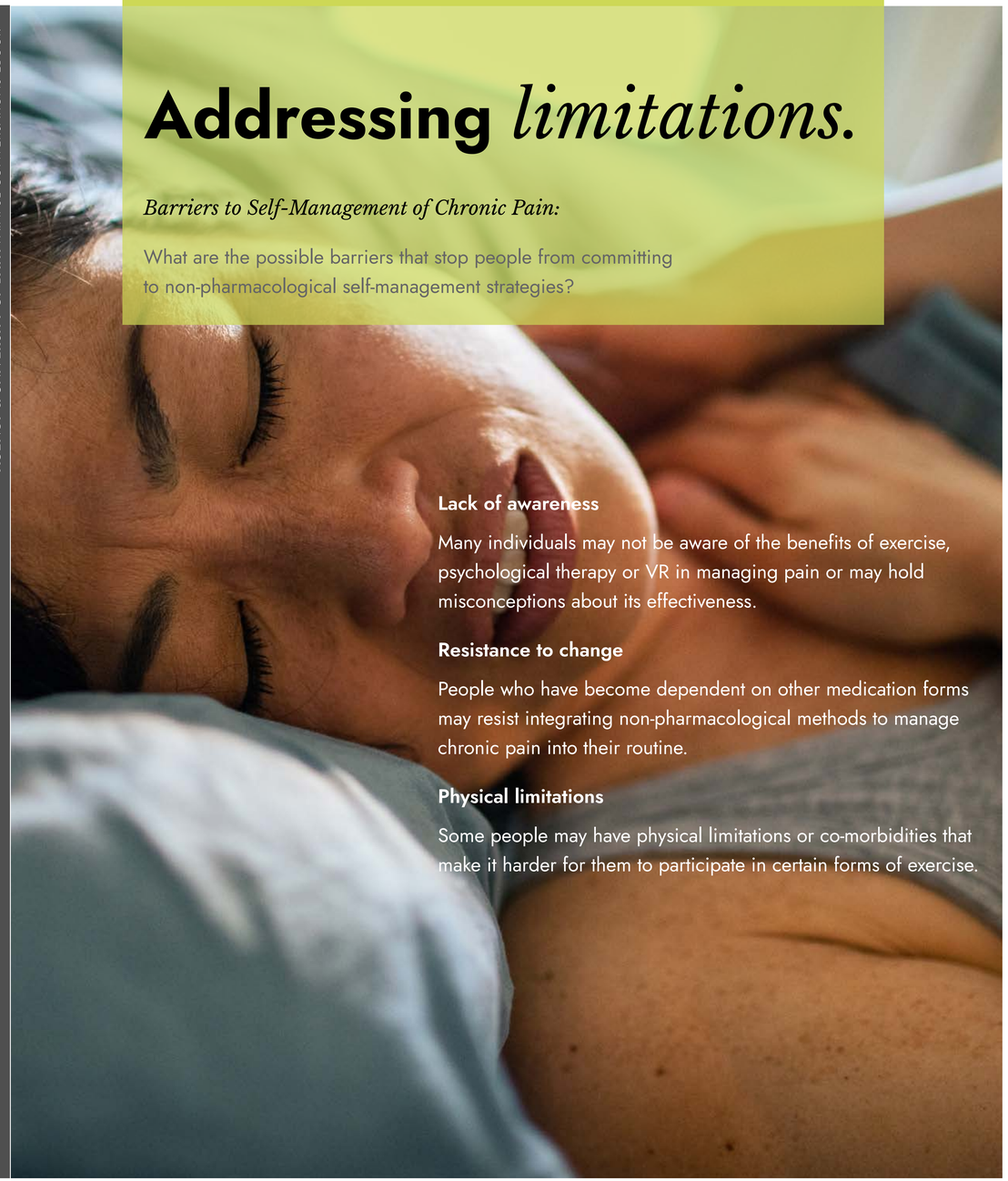
Whether it's exploring serene landscapes, engaging in interactive games, or participating in guided relaxation exercises, VR provides a safe and non-pharmacological approach to pain management [REF][REF].

VR is also a convenient and accessible tool for individuals seeking alternative methods to self-manage their pain.

Addressing *limitations.*

Barriers to Self-Management of Chronic Pain:

What are the possible barriers that stop people from committing to non-pharmacological self-management strategies?



Lack of awareness

Many individuals may not be aware of the benefits of exercise, psychological therapy or VR in managing pain or may hold misconceptions about its effectiveness.

Resistance to change

People who have become dependent on other medication forms may resist integrating non-pharmacological methods to manage chronic pain into their routine.

Physical limitations

Some people may have physical limitations or co-morbidities that make it harder for them to participate in certain forms of exercise.

Lack of resources

Limited access to facilities, equipment, or specialised exercise programs can prevent people from engaging in non-pharmacological interventions. Financial constraints can also restrict participation.

Lack of motivation

Motivating people to initiate and maintain an exercise routine can be challenging. Lack of motivation, low adherence and difficulty incorporating exercise into daily routines can slow progress.

Likewise, individuals may be resistant to therapy, find it difficult to prioritise mental health, or struggle with motivation to participate in long-term therapy programmes.

Health literacy

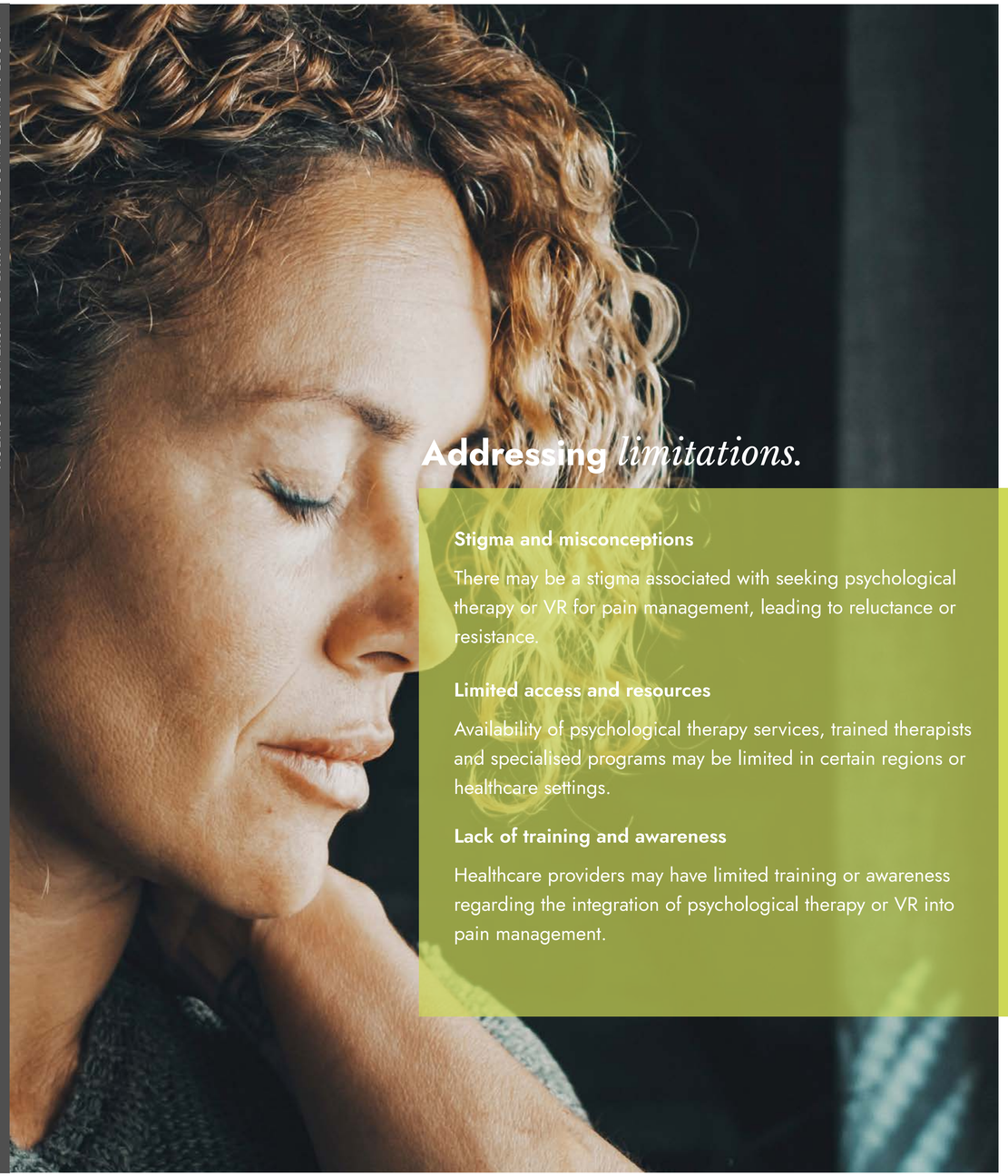
People with low health literacy may struggle to understand the importance of non-pharmacological alternatives for pain management.

Cultural and social factors

Cultural beliefs, social norms and personal preferences can influence peoples' attitudes towards non-pharmacological methods for self-management of chronic pain.

Time constraints

People may perceive a lack of time in their daily routines as a barrier to incorporating these alternative interventions.



Addressing *limitations.*

Stigma and misconceptions

There may be a stigma associated with seeking psychological therapy or VR for pain management, leading to reluctance or resistance.

Limited access and resources

Availability of psychological therapy services, trained therapists and specialised programs may be limited in certain regions or healthcare settings.

Lack of training and awareness

Healthcare providers may have limited training or awareness regarding the integration of psychological therapy or VR into pain management.

Limited referral networks

Establishing robust referral networks with mental health professionals and therapy providers can be complex.

Limited research and evidence

The evidence base for the effectiveness of VR in specific pain conditions is only starting to be built.

Patient expectations

People may have preconceived ideas about the role of psychological therapy or VR in pain management.

Some may be resistant to exploring psychological interventions or VR or have unrealistic expectations about quick fixes or complete pain elimination.

Why should we address these barriers?

Addressing these barriers and finding ways to overcome them is crucial to promote the adoption and successful implementation of non-pharmacological self-management interventions for managing chronic pain.

By overcoming these barriers, together, we can enhance trust, empower individuals with a greater sense of control over their health and enable informed decision-making.

The *solutions.*

How can we overcome these barriers and continue to empower people to self-manage their pain?

Through Ongoing Communication and Education

We can develop and implement educational programs and materials that raise awareness about the benefits of non-pharmacological methods for self-management.

We should also supply evidence-based information to people, emphasising how these methods can reduce pain, improve function and enhance overall well-being.

Anti-stigma campaigns can be launched to challenge negative perceptions surrounding mental health and therapy.

This will encourage open discussions and promote positive narratives to normalise seeking psychological support for pain management.

Through Personalised Approaches

We need to adopt a patient-centred approach that takes into account individual needs, preferences and goals. Together, we should collaboratively develop personalised plans that align with peoples' abilities, interests and lifestyles.

Through Healthcare Provider Training

We should provide training and continuing education for HCPs on the role of non-pharmacological interventions in pain self-management.

By doing this, they will be equipped with the knowledge and skills to effectively communicate and prescribe these interventions to people, addressing any concerns or misconceptions.

Through Referral Systems

Strong referral systems and interdisciplinary collaboration can be established with other HCPs, such as physical therapists, exercise specialists and pain management experts.

This will ensure seamless coordination and communication to facilitate access to specialised programs and services.

Through Increasing Accessibility

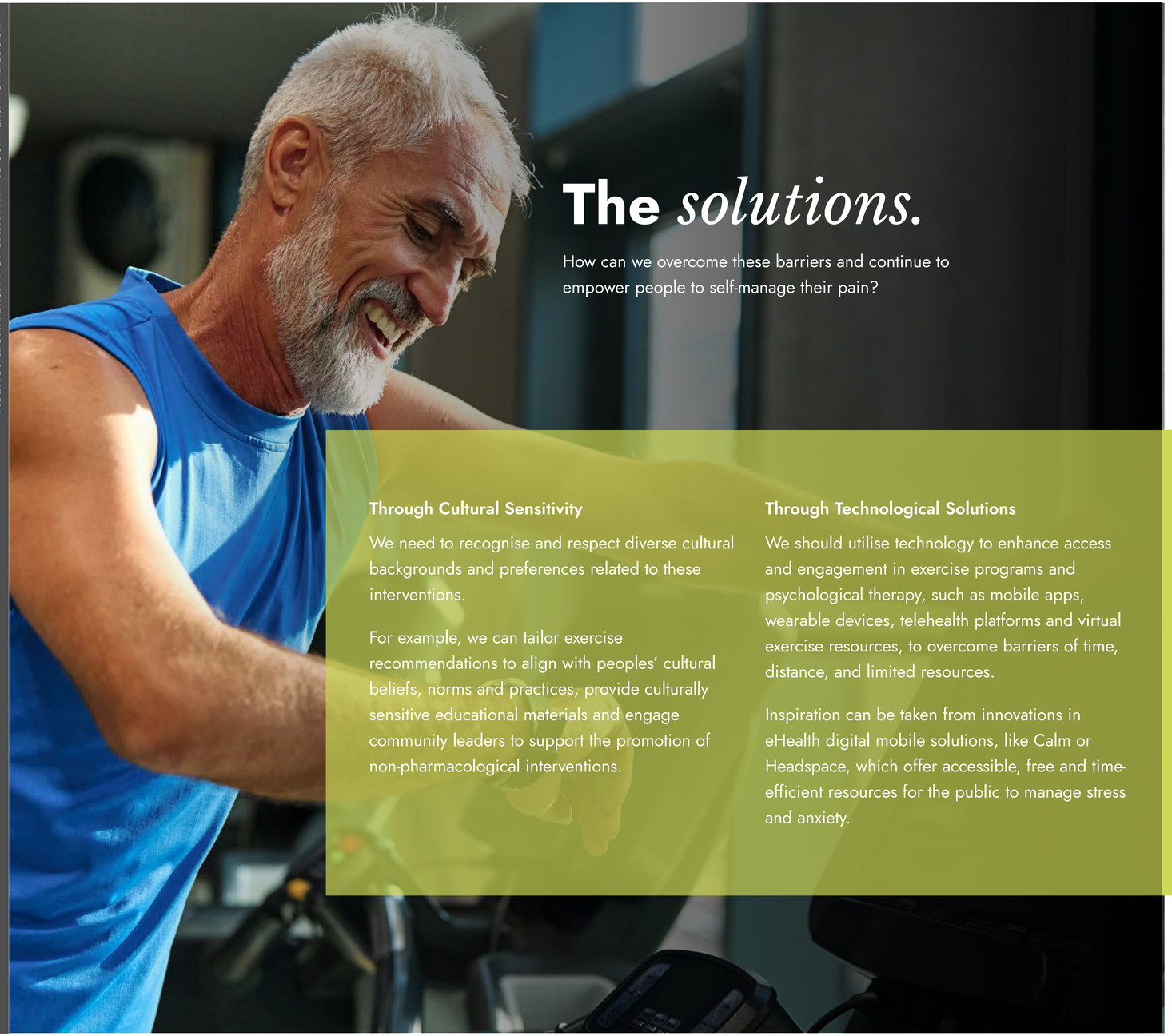
Together, we should identify and promote accessible options regarding non-pharmacological interventions for people with chronic pain, including community-based programs, online resources and low-cost alternatives.

HR managers and HCPs could offer support by providing information on local facilities, exercise classes and support groups that cater to people's needs.

Through Motivational Strategies

We should implement motivational strategies to enhance people's engagement and adherence to exercise programs, psychological therapy and VR.

We should utilise behavioural change techniques, goal-setting, progress tracking and positive reinforcement to motivate and sustain this motivation over time.



The *solutions.*

How can we overcome these barriers and continue to empower people to self-manage their pain?

Through Cultural Sensitivity

We need to recognise and respect diverse cultural backgrounds and preferences related to these interventions.

For example, we can tailor exercise recommendations to align with peoples' cultural beliefs, norms and practices, provide culturally sensitive educational materials and engage community leaders to support the promotion of non-pharmacological interventions.

Through Technological Solutions

We should utilise technology to enhance access and engagement in exercise programs and psychological therapy, such as mobile apps, wearable devices, telehealth platforms and virtual exercise resources, to overcome barriers of time, distance, and limited resources.

Inspiration can be taken from innovations in eHealth digital mobile solutions, like Calm or Headspace, which offer accessible, free and time-efficient resources for the public to manage stress and anxiety.

Through Long-Term Support

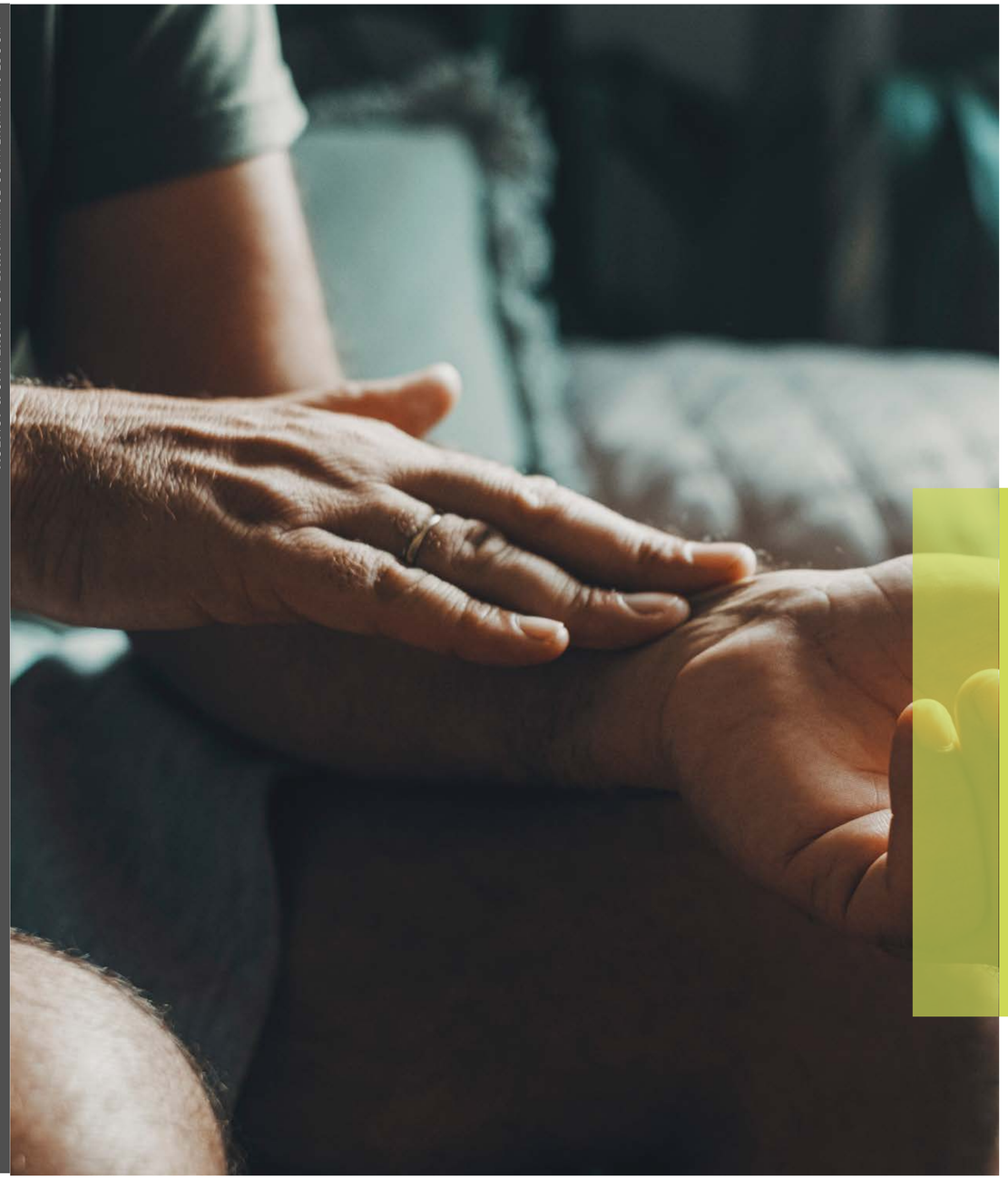
HR managers and HCPs should offer ongoing support, follow-up, and monitoring to people engaging in non-pharmacological interventions for pain self-management.

We should provide regular opportunities for people to discuss their progress, address challenges and receive guidance or modifications to their plans.

This will enable people to feel like their pain is valid and considered, which will strengthen trust in the workplace and healthcare system.

Through Research and Evidence Generation

Through supporting and funding research initiatives to build a stronger evidence base for the effectiveness of self-management interventions in pain management, we can encourage the development of clinical guidelines and best practice recommendations based on thorough research.



Avoiding the *pain paradox.*

What would the future look like if we avoided the pain paradox?

People suffering from chronic pain could feel satisfied with the additional options presented to them while also having access to help from healthcare decision-makers when they genuinely need it.

They may be empowered to feel in control of their healthcare once more, reframing their thinking from mistrust and despair to trust and positive thinking.

By embracing non-pharmacological self-management strategies, people could experience an increased quality of life and improved personal and working relationships.

They may also reduce the likelihood of painkiller tolerance and addiction while minimising the risk associated with alternative, unregulated treatment options.

For others in similar situations, these changes create an opportunity to become self-management ambassadors.

Sharing their experiences and supporting others through established networks can help reduce the stigma surrounding chronic pain and serve as examples of successful self-management.

With a focus on self-management and evidence-based alternatives, we can enhance public trust, empower individuals with a greater sense of control and enable informed decision-making.

Your *next steps.*

If you would like to hear more on the topic of pain research, contact Professor Christopher Eccleston.

Need help with communicating with patients? Get in touch with AGENCY to see how we can help you enhance trust, empower individuals with a greater sense of control and enable informed decision-making.

Get in touch now at **www.agencybristol.com**

Professor Christopher Eccleston

PROFESSOR CHRISTOPHER ECCLESTON - BIOGRAPHY:

Professor Christopher Eccleston is a distinguished figure in the field of medical psychology, renowned for his significant contributions to pain research and management. Born into the realm of academia, he currently holds the position of Professor of Medical Psychology at the University of Bath, UK, where he directs the Centre for Pain Research. His journey has been marked by a relentless pursuit of understanding the intricate interplay between physical experience, cognition, and emotion, particularly in the context of chronic pain.

In 1995, Professor Eccleston laid the foundation for the Bath Pain Management Unit, an initiative that would become a cornerstone in the treatment of chronic pain. Up until 2011, he directed the unit, pioneering intensive treatment programs that catered to both adolescents and adults living with the challenges of chronic pain. His innovative approaches have left an indelible mark on the landscape of pain management.

He continues to innovate pain management solutions, working to develop novel virtual reality rehabilitation treatments. He consults internationally on the development of new treatment programmes and centres, with visiting positions at Great Ormond Street Hospital, London, The University of Helsinki, Finland and the University of Ghent, Belgium.

At the heart of Professor Eccleston's academic pursuits lies a deep-seated interest in unravelling how individuals interpret physical sensations, the influence of social and cognitive factors on actions in pain, and the emotional context that shapes rehabilitation concerning pain management. His multifaceted responsibilities encompass driving innovation in pain management, leading research endeavours, and providing consultancy in pain and rehabilitation.

Professor Eccleston's research portfolio covers crucial areas such as evidence-based pain management, self-management of chronic illness, assistive rehabilitative technology, adolescent chronic pain, parenting, and attentional mechanisms of analgesia. His passion for forging alliances between neurobiology and experimental psychology has driven him to address grand challenges in predicting, treating, and managing chronic pain.

Professor Eccleston has authored and co-authored a staggering 300 papers to date, solidifying his position as a thought leader in the field. His contributions extend beyond academic journals, with notable publications including "Embodied: The Psychology of Physical Sensation" (2016), "European Pain Management" (2018) and "Work and Pain: A Lifespan Developmental Approach" (2020), all published by Oxford University Press.

In 2018, Professor Eccleston won the Ronald Melzack Award for Contribution to Pain Science, recognising his commitment to advancing pain research.

As Professor Christopher Eccleston continues to shape the discourse surrounding pain management, his vision extends to creating new models of care across Europe, aiming to enhance access to treatment. His dedication to the intersection of neurobiology and experimental psychology sets a powerful precedent for future chronic pain research and management endeavours.

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