People say, “You are what you eat.” I am not sure if that is entirely true, but what we eat can definitely impact how we feel.

Diet and exercise can also have a dramatic impact on our weight. And increased weight can have a direct effect on our level of pain.

The winter holidays did not help anyone who may have been on a diet. Even those who were doing well, losing weight sensibly, and exercising regularly found it difficult to make it through the holidays without “cheating” at least a little bit. Perhaps the start of spring and a new year is a good time to think about what you eat.

Did you know that one pound of weight loss equals four pounds of relief for your knees? That is a dramatic difference when you consider that many people who have pain are less active for fear of increasing their pain levels. Unfortunately, when we are less active we tend to snack more, which only compounds the problem.

It help to be more aware of the nutritional value and calories of the food we eat. You should also know about the ingredients that can be harmful for people with pain and those that can be helpful.

Take Celiac disease, for example. Folks with Celiac disease need to eliminate gluten from their diet. Foods with gluten can create intense stomach cramps, burning, and other symptoms. There are also foods that may help with managing pain such as capsaicin, paprika, vinegar, ginger, and soybeans, among others.
For individuals living with chronic pain, the adage “you are what you eat” has been replaced by “you feel what you eat—or don’t eat.” As we have learned, diet and nutrition are significant factors in helping manage daily pain.

For several decades, chronic pain affected Sandy Rozelman’s life—adding sometimes nearly unbearable stress to her family and work life. In 2001, Rozelman, 65, of Euclid, Ohio, gave in. She quit her job, applied for disability, and then plunged into a deep depression—not knowing where to turn or what to do.

She searched online to find something positive and spiritual about her fibromyalgia and chronic pain. But most people were negative—and Rozelman wanted hope to help change her mindset and regain control of her life.

**Charting her own Course**

Rozelman’s first step was changing physicians. She found an osteopath who specialized in a homeopathic approach for fibromyalgia and chronic pain. She also began researching the effects of diet and nutrition, as well as sleep, on chronic pain. Balance and moderation were key pieces to the puzzle.

“Good nutrition is difficult when you are tired, stressed, and in pain. I found that you can’t immediately make huge changes—such as going from meat eating to vegetarian—or your body will go through withdrawal. So I developed my own plan that involved substitution instead of massive elimination,” Rozelman said.

Rozelman’s substitutions were easy: brown rice instead of white rice, sweet potatoes for white potatoes, more fruits and vegetables, and no processed foods. She replaced red meat with chicken and fish, added whole grain breads and pastas, herbal coffees and teas, and traded pop and fruit juices for purified water. She also began taking several raw-food supplements. Her family didn’t grumble about the food changes, and she was having fun and enjoying her food.

“We all know a fresh bag of carrots is better than a bag of chips, but people will choose the chips because they are quick,” she said. “Individuals with chronic pain have totally different nutritional needs from someone wanting to lose weight. The inflammation in our bodies is heightened with certain foods, such as sugar and carbs, so we need to use common sense.”

**Weighing her Choices**

But even the best-laid plans sometimes go awry. At birthday parties or family gatherings, Rozelman wasn’t always attentive to her food choices. So she began mentally tracking her food and drink intake, and comparing it with her pain levels for the following 24 to 72 hours. She then knew if deviating from her trusted nutritional plan was truly worth the aggravation.

“I always weigh the pros and cons,” Rozelman said. “Sometimes I choose to have cake at a birthday party, or go out to dinner, and I know that on the days or weeks preceding it, I have to stick to my plan. If I have something that’s not on my preferred list, I drink more purified water to help wash it out of my system. It’s definitely been trial and error—but I’ve identified foods and their relationship to my chronic pain.”

Exercise has also benefited Rozelman. She does water exercises three days a week, stretches, practices Reiki, and meditates. She has regained control of her pain—and without the help of pain medication, which she hasn’t taken in 10 years.

“I love knowing that I am in charge of my life as a result of the changes I made to my diet and to my exercise plan. It’s empowering when you figure out you have a stake in how you are feeling every single day.”

CONTINUED ON PAGE 3...
Researching Health to Heal

In 1983, Ray Stetler of Attica, Indiana, was a young man of 19 headed to Air Force basic training. However, his stint was short. Attempting to jump from a ledge on an obstacle course, he landed wrong and damaged several discs in his back. Only a handful of medications, multiple rounds of physical therapy, and other treatments seemed to control his pain.

Many years and 120 pounds later, Stetler, now 50, began researching how diet and nutrition affect health. He found that caffeine, which can be used as a pain reliever, could actually increase his migraine pain. Another common ingredient of diet and sugar-free beverages and foods—aspartame—also significantly increased his pain levels.

Armed with this new knowledge, he realized he was eating too many carbs and proteins and not enough fruits and vegetables. Excessive carbs meant extra weight, and that in turn caused additional pain issues—not the ideal combination for someone like Stetler, who has lumbar radiculopathy.

Approaching Food Differently

So Stetler took a “full-plate view” of his meals. He began re-evaluating portion sizes, making sure he had the right mix of proteins and higher density carbs. And instead of loading those foods with high-fat or high-sodium sauces or condiments, he instead began cooking with inexpensive spices such as pepper, oregano, and basil to enhance the base flavor.

“I am very big on flavorful foods that satisfy my palate,” Stetler said. “The key is not to eliminate the flavor of what you are cooking but instead find ways to enhance it naturally. When the new healthy foods you are making taste good, you are better able to stick with them.”

Realizing the Benefits

Stetler is now approaching a healthy weight, and he can identify immediately what food triggers a pain flare-up. If he’s invited to a dinner party, he’s mindful of what he eats. He’ll eat a small snack ahead of time, take only small portions at the dinner, and drink only water or lemonade. And cheating? That’s out of the question.

“Even if I’ve eaten really well over a period of weeks, I try not to cheat with food because I will sabotage myself,” he said. “I have very strong likes and dislikes with food, so if I go back to one that’s not right, then I have a tendency to say ‘I cheated here, so maybe I can cheat more.’ This inevitably results in a bad pain cycle.”

Despite his constant back, leg, and foot pain, Stetler walks 20 to 30 minutes each day. The activity boosts both his mental and physical state, making him even more inclined to stick with his healthy approach. But it can be tough to maintain.

“Like any habit, it’s very hard to change,” Stetler said. “In my ACPA support groups, we talk about triggers that escalate pain—such as food—and how each person has to find something that works for them. When you establish a new healthy habit, and you stick to it, it will carry you further in getting your pain and your total health more in line and under control.”

Adjusting to a Lifestyle Change

For most of her life, Evelyn Cooper of Ocean Park, Maine, has been a healthy eater: lots of fruits and veggies, foods made from scratch, and goat milk from the dairy goats she owned. Then her life took a turn. She got divorced and her income fell. Affordable processed foods replaced more nutritious ones. Her health was affected as a result of several car accidents, and internally from irritable bowel syndrome (IBS).

Because of the accidents and her dislike for medications, Cooper was seeing a chiropractor for occasional alignments, which helped her manage the pain. She also learned that certain foods can help reduce the effects of chronic pain and IBS inflammation, so Cooper began experimenting.

“If I ate the wrong combination of foods and my IBS flared, I was in severe pain, to the point I could barely function,” she said. “So I began eliminating gluten and citrus. I re-introduced red meat—something I hadn’t eaten in many years, and started incorporating more fruits and plain, steamed vegetables.”

CONTINUED ON PAGE 4...
After a while, the realization hit home. By addressing her IBS issues with easy-to-digest foods, her body wasn’t having to work as hard, which, in turn, lessened her chronic pain symptoms. Although Cooper said she was initially worried about her dietary changes, she adjusted mentally and physically in about six months.

**Finding What Works**

Weighing just 95 pounds and also affected by osteoporosis, Cooper has to figure out a way to work in more calorie- and protein-laden foods—but not ones that contain empty calories. Summer means visits to the local farmers market. She drinks herbal teas and goat milk. And although she doesn’t have a book full of tried-and-true recipes, one of her favorites is sweet potato fries made in the toaster oven with a little cayenne pepper, which contains capsaicin and acts as an anti-inflammatory.

Although the lifestyle changes have benefited her physical state, it can sometimes be rough on her mental state and social life. “In my apartment building, I’m known as the lady who can’t eat,” Cooper said. “I don’t go to social events since most involve a variety of foods I’m not able to eat. When I’m asked why I don’t eat cheese curls, cookies, or candy, I simply say ‘I can’t eat them.’ When someone is constantly questioning why I can’t have something, the friends who do understand say emphatically, ‘because she just can’t.’”

Cooper also loves exercise—the more, the better, especially on a bad pain day. She goes to the local pool and walks laps in the water, practices Tai Chi, and dances to music in her apartment. She also makes it a point to laugh often—her “medicine with no side effects.”

To boost her nutritional intake she takes dietary supplements, which include flaxseed oil, cranberry, fish oil, and several others. She also started taking magnesium—but not by mouth. She sprays it on her skin and massages the area until it is absorbed—something she learned from a visit to a massage therapist.

At 73 years old, Cooper has decided she will be flexible and adaptable to anything that might help her live longer and healthier.

“I’ve learned that I need to be willing to try new things,” she said. “Although I’ve never been able to influence anyone with chronic pain about the benefits of changing their diet, I know that it works for me. I don’t want to be 73 and stuck in my ways. I want to be 73 and open to change.”

---

**Modifying an Unhealthy Lifestyle**

A self-described “shake and bake” girl in her youth, Audrey Johns of Atascadero, California, grew up eating frozen meals, take out, and anything else that didn’t require much cooking effort. By 2011, at age 31, she had reached 275 pounds and wore a size 20. She realized then that something had to change—and fast.

Johns began researching weight loss. After finding a clean eating cookbook, she began cooking three meals a day out of it—and within a year, had lost 150 pounds. Healthy eating was both doable and enjoyable.

Johns began researching weight loss. After finding a clean eating cookbook, she began cooking three meals a day out of it—and within a year, had lost 150 pounds. Healthy eating was both doable and enjoyable.

In 2012, after undergoing surgery to correct ligament cartilage damage sustained in a car accident, Johns experienced excruciating pain in her right arm. It was diagnosed as Complex Regional Pain Syndrome (CRPS), also known as Reflex Sympathetic Dystrophy.
True healthcare reform starts in your kitchen, not in Washington

Food to Manage Pain
Not long after, Johns, creator of the “Lose Weight by Eating Healthy” cooking blog (www.loseweightbyeating.com), was asked by a reader to identify foods that help with pain. Although she had never considered this relationship before, she began researching. She discovered that foods high in vitamin C, omega-3s, and B-12 could naturally reduce pain levels. So she experimented—and realized that after eating a grapefruit or an orange her pain levels could drop from a 10 to an 8.

She began experimenting more with raw foods such as sushi, vegetables, and fruits; making combo fruit and veggie smoothies with almond milk, and loading her recipes with vitamin C-rich jalapenos for their anti-inflammatory properties.

“By making smart swaps, and incorporating flavorful spices and seasonings, I can still eat well and my pain is more manageable,” Johns said. “On bad days, jalapenos are my go-to, and I put them in whatever I’m making that day. I’ve also found that basil is a great anti-inflammatory. So for breakfast, I’ll make some toast with goat cheese and basil.”

Johns is also a big water drinker and recently created a cookbook on fruit-infused water and teas. She still consumes some coffee and the occasional glass of wine, but in moderation—as both can negatively affect someone living with chronic pain.

In the Limelight
Recently, Johns participated in ABC Television’s “The Taste,” a show in which contestants must impress four professional chefs to win a chance to cook with them one-on-one. Long days on the set, a lack of healthy food offerings (participants weren’t allowed to eat what they cooked in challenges), and opting to take her pain pill at bedtime instead of in the morning, wreaked havoc on her body.

“I had nerve blocks before the show—thinking that they would carry me through,” Johns said. “But with the long days, stressful environment, and lack of healthy food, I was in pain. I didn’t want to take my pain pills, because I get very chatty. I tried to cope with it as best as I could—because I didn’t want anyone on the show to know. My only food-saving grace was that my hotel had a happy hour with trays of fruits and veggies. Outside the studio, there was a Mexican food truck, so I would order my breakfasts loaded with jalapenos, green salsa, and other veggies.”

Eliminated from competition on Jan. 16, Johns is back at home in her healthy eating routine, getting her exercise by playing with her 4-year-old daughter, and motivating others with chronic pain through her blog.

“Since the show, I’ve had hundreds of emails from people with CRPS who are very interested in the diet aspect of managing their pain,” she said. “These are people who were ready to give up on their dreams. These are moms with young kids who have CRPS and who are inspired.

“With chronic pain, it’s easy to say ‘I can’t.’ The key is to be patient and never stop trying. I’m glad that I can provide so much inspiration to so many people.”

An apple a day keeps the doctor away!
One of the tools you can use to manage your pain—along with medication, exercise, sleep, pacing, attitude, and relaxation—is your diet. Some people select foods to ease their pain, some to lose weight, while others seek nutrition for better overall health.

But choosing a meal plan to support pain management is different from believing in the “Seven Foods that End Pain Forever” and “Miracle Diet to Cure Fibromyalgia” claims that fill the Internet and bookstore shelves.

According to our dietary experts, the best rules are simple ones—eat less, move more, and practice moderation. It is also essential to talk to your healthcare provider first if you experiment with adding or removing foods from your diet.

Overweight and in Pain
Today, 70 percent of adult Americans are overweight and 36 percent are considered obese, according to the Centers for Disease Control and Prevention. Doctors stress that being overweight puts you at increased risk for heart disease, stroke, and diabetes. But excess weight can also be a factor in chronic pain.

The Osteoarthritis Action Alliance’s (OAAA) Weight Management Working Group is raising awareness of excess weight as a cause of osteoarthritis, particularly of the knees. It can destroy the cartilage of the joints, increase joint pain, and lead to serious disabilities.

The OAAA notes that obese people are more likely to develop arthritis in the knees and hips, making it hard to exercise. Without exercise, these people lose their ability to control pain and move freely, limiting their daily activities. Arthritis can lead to permanent disability, the need for ongoing medication, or joint surgery.

But the OAAA also found that “modest weight loss among people with knee osteoarthritis has been shown to produce meaningful improvements in physical function, self-reported disability, pain symptoms, and quality of life.”

Dr. Barbara J. Moore is president and CEO of Shape Up America! and former co-chair of the OAAA Weight Management Working Group.

She recommends that obese people with arthritis can ease their pain by managing their weight. “Research shows that every one pound of weight loss equals four pounds of relief on your knees. Just 15 pounds of weight loss can cut knee pain in half,” she said.

Right Size Your Body
Reducing and maintaining a healthy weight is a way to take control of one aspect of your life. Chronic pain may already affect your quality of life, but if you are overweight you are putting an additional strain on your body. By losing weight you may be able to better manage your pain and improve your ability to move easily, sleep well, exercise, and enjoy activities.

Dr. Moore explained one possible connection between obesity, and heart attack and stroke. High levels of the adipose tissue hormone leptin in the blood reduces blood vessels’ ability to dilate and also affects blood clotting, both of which increase the risk of heart attack and stroke.

“In addition, obesity accompanied by a sedentary lifestyle causes decreased muscle function, tissue damage, and arthritis. The excess weight is both a biomechanical and a metabolic problem,” she said.

“One hypothesis links pain to atherosclerosis and a diet high in fat and cholesterol. Our nerves and blood vessels run parallel and very close to each other, and the buildup of plaque in the arteries undermines the health of our nerves. A severe blockage causes the most deadly type of pain: the chest pain of a heart attack,” she said.

She also mentioned animal studies that have shown that obesity in high-fat-fed rats leads to damage to the sciatic nerve, supporting this hypothesis.

CONTINUED ON PAGE 7...
Make a Change in Lifestyle

Why has obesity become so prevalent? Dr. Moore blames a “perfect storm of the many conveniences of modern living.”

“Technology has decreased the need for physical activity—everything from TV remote controls, to escalators, to dishwashers, to riding lawn mowers. Regular activity used to be part of life. Now it is relegated to exercise classes that have to be scheduled into our busy lives,” she said.

“This is compounded by the abundance of cheap, easy-to-prepare, manufactured foods that are high in fat, salt, and sugar to make them taste good. These high calorie meals—in much larger portions—are heavily advertised by companies that profit from people who overeat,” she said.

She said that our American society values the person who works late, or rushes to get the kids to evening activities, not the one who cooks a wholesome meal and sits down to enjoy it.

“But people do make changes in their lives that allow them to lose weight. You have to work at it and sustain it in a society that makes it hard to eat well,” said Dr. Moore. “You have to resist the lure of unhealthy food that is designed to taste good and is served everywhere, at any time,” she said. “Plan a routine that allows you to purchase and prepare nutritious, reasonably sized meals.”

Burning calories is the other half of the weight loss equation. You don’t have to join a gym to lose weight—a brisk walk will do. “You have to find ways to work increased activity into your day by getting off the bus one or two stops early or by taking the stairs instead of the escalator. Physical activity will improve your mood and studies show that walking can reduce pain,” she noted.

Fibromyalgia and Nutrition

If you have fibromyalgia and want to change your diet, the National Fibromyalgia Research Association suggests that you use a dietician familiar with fibromyalgia to provide testing and guidance. These nutritionists use vitamin/mineral supplements to combat stress, correct deficiencies, and support the immune system. Some suggest that people with fibromyalgia limit sugar, caffeine, and alcohol because these substances have been shown to irritate muscles and overstress the system.

A 2010 study by University of Utah researchers investigated the relationship between fibromyalgia and obesity. In their research sample of 215 people with fibromyalgia, half were obese and another 30 percent were overweight. The obese people in this study showed increased pain sensitivity, particularly in lower body areas. They also had impaired flexibility in their hips, legs, and knees and reduced strength. The good news is that weight loss may improve these fibromyalgia symptoms.

Food-Related Headaches

Can the food you eat increase your pain? Some migraine sufferers think so.

Some of the most common headache triggers, such as aged cheese, contain tyramine, a substance that forms from the breakdown of protein in certain foods. The longer a food ages, the greater the tyramine content. Aged cheeses, processed meats, smoked, fermented, or marinated foods, chocolate, alcoholic beverages, and red wine are high in tyramine and have been known to trigger headaches.

Though the food-pain link isn’t conclusive, you can try eliminating certain foods from your diet and observe the effect on your headaches or joint pain.

“As long as you don’t eliminate an entire food group, you can experiment. Remove a food from your diet, or eat the food in question, and wait for a reaction,” said Dr. Idamarie Laquatra, Assistant Professor of Food and Nutrition at Indiana University of Pennsylvania.

“Keep a food diary, and track your pain too. It’s hard to remember what we ate and how we felt on a given day,” she said.

Other people with headaches are affected by food additives, monosodium glutamate (MSG), nitrites, and some food colorings. These additives may increase blood flow to the brain and cause headaches.

While many people have sensitivities to particular foods, others develop headaches when they don’t eat. Skipping meals, having too much or too little caffeine, or even irregular sleeping habits can cause pain. Consistency can help avoid these triggers.
Eat Right to Build Health and Fight Pain

CONTINUED FROM PAGE 7...

Foods that May Hurt

Some chronic pain—especially if initially caused by an injury—continues because of inflammation. Foods that produce or inhibit inflammatory reactions can increase or decrease this type of pain.

Inflammatory foods are high in saturated fats. These include butter, shortening, margarine, coconut, palm, and cottonseed oils, high-fat cheeses, cream, whole milk, sugar, and also chocolate, bacon, and sausages. Most of these are also on the “restricted” list for a heart healthy diet, so reducing your intake may have added health bonuses.

Foods that May Help

Anti-inflammatory foods, which might ease inflammation and pain, are often high in omega-3 fatty acids, alpha-linolenic acid (ALA), and antioxidants, including anthocyanins and other phytochemicals.

ALA is a natural fat that comes from plants and can be found in fruits, vegetables, beans, flaxseed, fish, walnut, and canola oils. A similar compound, gamma-linolenic acid, is found in evening primrose oil, hemp oil, borage oil, and black currant oil.

Sweet potatoes, papayas, carrots, mangoes, and red peppers are red and orange foods that contain high amounts of carotenoids, another type of antioxidant.

Anthocyanins are found in red and purple foods, such as acai berries, blackcurrants, blueberries, cherries, and red grapes. Dr. Laquatra has reviewed the research into the benefits of the phytochemicals in tart cherry juice.

“Due to the phytochemicals, these fruits would seem to be able to reduce the inflammation that causes some pain. There is no proof yet, but eating more fruits and vegetables is almost always a great thing to do,” Dr. Laquatra said.

“In one controlled study, the group drinking the cherry juice reported a reduction in their pain, but the effect was not significantly greater compared to the placebo group,” she said. “Drinking it won’t hurt you—except maybe financially—but the research is not there yet.”

Dr. Laquatra has read research reports that omega-3 fatty acid has anti-inflammatory effects and can decrease pain in osteoarthritis and rheumatoid arthritis. It’s found in salmon, sardines, herring, and mackerel. “My bias is to eat the fish. If you prefer fish-oil pills, consult with your physician to see if it conflicts with any other medications you are taking,” Dr. Laquatra said.

“There are no miracle cures or wonder diets,” she added. “But taking care of your nutritional needs can help you sleep, function, gain energy, and be healthier. You’ll just feel better.”

Some other possible anti-inflammatory foods are garlic, ginger (in tea or soda), the Indian spice turmeric, and soy. Though there is no conclusive scientific evidence, some believe these foods can aid in pain relief:

- Whole grains that are high in magnesium
- Salmon for vitamin D and omega-3
- Fruit for vitamin C
- Red wine, broccoli, apples, grapes, and onions for the antioxidant quercetin
- Red grapes, blueberries, and cranberries for resveratrol

The Mediterranean diet is rich in fruits and vegetables, whole grains, and healthy unsaturated fats. “This is good for a lot of reasons—omega 3, olive oil, high in the good fats, and low in the bad fats. It would be good for your heart, your brain, and have anti-inflammatory effects,” said Dr. Laquatra. “It may or may not help you achieve a reduction in pain, but it will certainly be a healthier way to eat.”

Dr. Laquatra advised everyone to read labels and know the fat, sugar, and sodium content of what you are buying. “The less processed the better,” she said. And drink plenty of liquids, she added, “water, not coffee or soda.”

The Challenges of Preparing Healthy Foods

Dr. Laquatra acknowledged that it may be physically difficult for people with pain to prepare meals from scratch. Living with pain can be a financial strain as well, making it difficult to afford healthful foods.

“There will be times when it is hard to stand for a period of time, cut up vegetables, and even handle a trip to the grocery store,” Dr. Laquatra said.

“So on good days when you have less pain and more energy, take advantage of it and make extra portions. Freeze meals so you can easily microwave and enjoy nutritious food on your bad days,” she added.

Many people with pain report eating less food during episodes of severe pain, losing out on protein and eating more carbohydrates. Medications can also depress appetite.

At worst, this can cause malnutrition, dehydration, and cause medications to be absorbed poorly. For many people, dealing with pain can be more important than eating or drinking. Pain’s effect on diet can lead to diabetes, poor eating habits, or depression. All these should be reported to your doctor.

With your doctor’s permission, you can try various combinations of foods to assess their impact on your pain. Some supplements and foods can cause dangerous side effects when mixed with certain medications.

Keep a list of what you eat each day in a food diary. You’ll be able to compare your pain levels to your food intake if you also use this along with the ACPA’s Live Better with Pain Log or Fibro Log at www.theacpa.org/Communication-Tools.

CONTINUED ON PAGE 9...
When it comes to losing weight, avoid “fad” diets that promise immediate results but are hard to stick to. Instead, consider your lifestyle and make changes in the way you eat, what you eat, and how much you move.

Here are a few ideas from the Osteoarthritis Action Alliance and Shape Up America! that encourage healthy eating and exercise. For meal plans and guidance, visit Shape up and Drop 10 at www.shapeup.org/sud10/sud10index.php.

- Avoid processed, frozen meals and get to know real food such as vegetables, fruits, whole grains, lean meats, fish, poultry, beans, and nonfat or low-fat dairy.
- Eat breakfast daily. Have a high-fiber, low-sugar, low-calorie cereal with skim milk.
- Choose fruit instead of juice.
- Eat salad with lots of different, colorful vegetables and very little dressing.
- Pack your own lunch every day.
- Eat soup but skip dessert.
- Choose bread, cereal, and pasta that are high in dietary fiber.
- Cut back on portion sizes.
- Keep fresh fruit on hand for snacks.
- Add a vegetable to lunch and dinner.
- Turn off the TV during dinner.

Consider adding exercise to achieve a healthier lifestyle and quicker weight loss.

- Go for a walk after dinner.
- Take the stairs instead of the elevator.
- Make a new friend who likes to walk.
- Buy a pedometer to track your steps.
- Buy a bicycle and ride it to work, if possible, or on evenings or weekends.
- Plan a hiking vacation to a state or national park.
- Join a physical activity program.

“Let food be thy medicine and medicine be thy food” —Hippocrates

Idamarie Laquatra, Ph.D., R.D. is Assistant Professor of Food and Nutrition at Indiana University of Pennsylvania. A licensed registered dietitian, Dr. Laquatra has experience in the clinical, academic, and business fields. She has extensive training in nutrition counseling, has conducted research in this area, and authored and co-authored articles in peer-reviewed journals and chapters in texts. Dr. Laquatra is an active member of the Academy of Nutrition and Dietetics. She earned her graduate degrees in nutrition from The Pennsylvania State University.

Barbara J. Moore, Ph.D. is former co-chair of the Weight Management Working Group of the Osteoarthritis Action Alliance, www.oaaction.org funded by the Centers for Disease Control and Prevention. She is personally acquainted with the challenges of osteoarthritis, coming from a family with strong hearts but bad joints. She has been President and Chief Executive Officer, Shape Up America! since 1995. Shape Up America! raises awareness of obesity as a health issue and provides responsible and free weight management information through www.shapeup.org.

1 Obesity statistics http://www.cdc.gov/obesity/data/adult.html


This is part of a series of articles intended to give readers more insight into the interests and contributions of ACPA board members.

When Dr. Donald Manning joined the board of the ACPA in September 2013, he was recognized as a kindred spirit. His philosophy mirrors the ACPA’s vision: that treatment needs to involve the whole person, and communication is key to finding answers.

Understanding how pharmaceuticals work for people with pain has been Dr. Manning’s chief interest since he was a teenager. “As early as eighth grade I was fascinated by how drugs can affect the body and human behavior,” said Dr. Manning. “I set a goal to work with Sol Snyder, who discovered the opioid receptors in the brain.”

Indeed, after receiving his B.Sc. in Physiology and Biochemistry from McGill University in Montreal, he earned his PhD in Pharmacology for work in the laboratory of Dr. Solomon Snyder at Johns Hopkins University. He stayed on to earn his MD.

“My thesis was concerned with the causes of pain. Subsequently, near the end of medical school, I spent two years as a post-doctoral fellow finding a way to block one of the peptides that cause pain. Later, I wanted to apply scientific findings to clinical and psychosocial issues in pain, so I transitioned from basic to clinical research,” he said.

In total he stayed at Johns Hopkins for 14 years, through fellowship training in regional anesthesia and pain management and a post-doctoral fellowship in the Department of Neurosurgery at Johns Hopkins. On faculty in the Department of Anesthesiology at Johns Hopkins, he was co-director of the Pain Management Center. After moving to the Department of Anesthesiology and Pain Management at the University of Virginia Health Sciences Center, he founded the Women’s Pelvic Pain Center.

“It was in the pain clinics where I saw a real need, saw areas not served in pain medicine,” he recalled. “When cases were complicated, we took the time for a thorough examination. We never questioned the fact that these people were in pain and that in itself was therapeutic. Then we would work with them to find a solution.

“One of the biggest challenges for people with chronic pain is the many rounds of physicians who dismiss them, who don’t take them seriously,” he said.

Without a diagnosis, he explained, people with pain will make up their own story. They may worsen their pain and anxiety by guessing that they have cancer. “When we don’t complete the story, the person will complete it themselves and that affects the way they perceive pain. The most important part of treatment is the time spent with the person, the care, and the follow-up.”

This isn’t common practice for many physicians because it is time consuming and labor intensive. “The time spent that doesn’t involve actual procedures is financially unsustainable in today’s health insurance environment,” he added.

Dr. Manning’s career then moved to 16 years in research and development in the pharmaceutical industry, at Novartis, Celgene, Alpharma, King Pharma, and Shionogi, Inc. while maintaining a part-time clinical appointment at University of Virginia.

In January 2012 he joined Adynxx Inc., an early stage biopharmaceutical company in the San Francisco Bay area, as Chief Medical Officer. The company has completed phase one and phase two studies on a new therapeutic to prevent post-operative and post-traumatic pain.

As Dr. Manning explained it, this therapeutic agent approaches pain at its biological origins, starting with the neuronal genes that create the proteins that change the sensation of the pain. When an injury occurs, a blast of impulses from that part of the body are directed to the sensory neurons and spinal cord to alter the metabolic composition. This changes how the pain neurons respond to pain. “We are working on a transcription factor decoy that prevents the neuronal genes from being activated and in turn prevents the pain-enhancing proteins from being created. We switch it off. Shortly after surgery, the gene proteins that enhance pain are already in the membrane of the body’s neurons, so the early timing is critical,” he added.

“We are confident of being able to affect perioperative pain. Eventually, we hope to use the same approach for chronic pain,” he said.

Dr. Manning has lectured and published widely on pain management topics. He has previously served on the Board of Directors for the Reflex Sympathetic Dystrophy Association of America. He met Penney Cowan when they both served on IMMPACT (Initiative on Methods, Measurement and Pain Assessment in Clinical Trials), a consortium formed to establish standards for the design and execution of clinical trials in analgesia.

“ACPA is great at educating and providing tools and resources for people with pain,” he said. “Particularly the communications tools that focus on the person’s ability to interact with the medical community. ACPA plays to its strengths—providing connections for people with pain.”

Dr. Manning commutes monthly to San Francisco from New Jersey, where he lives with his wife Debbie, who is retired from nursing. They have three grown sons. For relaxation, he studies and performs jazz guitar.
Thanks to Oracle Volunteers

In January 2014, 30 employees from the software company Oracle, based in Rocklin, California, spent two hours volunteering for the ACPA. The company’s Product Release Group (PRG) team was relocating to a new facility and spent part of their moving day volunteering. Oracle Rocklin has done several volunteer events over the years during their Global Volunteer Days. This time they contacted us to provide a volunteer activity for their team.

Many thanks to Oracle PRG and the entire Oracle volunteer community for supporting the ACPA by sharing your time and talents.

Using NSAIDs Safely

NSAIDs are one of type of pain reliever that most people have used and are comfortable with. But the majority of consumers have no idea what an NSAID is.

NSAID stands for Non-Steroidal Anti-Inflammatory Drug. That means that NSAIDs contain no steroids. They’re also non-narcotic. In fact, many of us consider them to be among the safest medicines we can take.

The most commonly used NSAIDs are aspirin, ibuprofen, and naproxen sodium, although there are dozens more with less recognizable names. Typically, they are sold over the counter. Prescription drugs also are often NSAIDs, as well.

There are NSAIDs in many of the products sold for pain relief. But those same NSAIDs are also in cold and flu medicines, as well as analgesic muscle creams and pain relief patches.

So it is easy to get more NSAIDs than are good for you. The recommended dose varies with the specific NSAID you are taking, so ask your healthcare professional how much is safe for you. This is important because too many NSAIDs can irritate the stomach lining, cause bleeding, and occasionally lead to ulcers. There are also risks for your heart and kidneys.

That’s why the only safe way to use NSAIDs is to take the lowest effective dose for the shortest period of time.

Make sure you’re using NSAIDs wisely. First, read the labels. Then ask the pharmacist to help you make sure you choose over-the-counter medicines that work well with any prescription NSAIDs you may be taking.

The ACPA has a new video on our website to help raise awareness of NSAID safety. You can link to it from the home page of our website, or go to www.theacpa.org/NSAIDs-safety. Be smart. Be safe. And manage both your pain and any possible harmful side effects.

2014 Medication Guide Now Online

The new 2014 Resource Guide to Chronic Pain Medication and Treatment is now online at www.theacpa.org/Resource-Guide. You can also access it from the Quick Links on the ACPA website home page, www.theacpa.org. It is available in both PDF and video formats.

The medication supplement provides details about pain treatment, non-prescription pain relievers, opioid and non-opioid pain relievers, and other medications that can affect pain. It also describes complementary and alternative medicine and passive therapies such as acupuncture, yoga, and mind-body interventions.

We update the Resource Guide supplement yearly, because the ACPA believes that people with chronic pain benefit from being well informed about their medications. This knowledge may relieve any fears that can interfere with receiving maximum benefits from medications.

Welcome to our new groups and facilitators.

Karen Davies
Roseville, CA

Michael Belliotti
San Diego, CA

Raymond Whelan
Spring Hill, FL

Veronica Mattlin
Genoa, OH

Sherry Booker
Monroe, MI

Randy Woolf
Winchester, VA
Research News

Grants for Pain Management Research
The Sharon S. Keller Chronic Pain Research Grants from the American Pain Society are intended to fund research investigating noninvasive, non-pharmacologic ways to improve chronic pain management. They select projects that could lead to new treatments for people with chronic pain.

In 2013, grants were awarded to Laura E. Simons, PhD, Boston Children’s Hospital, as well as Ben Kolber, PhD, and Kevin Tidgewell, PhD, both of the Duquesne University Chronic Pain Research Consortium, Pittsburgh.

Laura E. Simons's award was for Exposure Treatment of Pain-Related Fear for Children with Chronic Pain. Dr. Simons is a staff psychologist at the Pain Treatment Service at Boston Children’s Hospital, and an assistant professor of psychology in the Department of Psychiatry at Harvard Medical School, Boston.

Simons developed the Fear of Pain Questionnaire, the first assessment tool to measure pain-related fear in children. She is also involved in neuroimaging work to study how the brain patterns of children with pain-related fear compare to children with pain but lower levels of fear.

Oceans Might Hold the Answers
Drs. Kolber and Tidgewell were awarded their grant for Cyanobacterial Natural Products to Treat Comorbid Pain and Depression. Dr. Tidgewell spent the last two years searching the seas of Panama for cyanobacteria, one-celled organisms that gather in colonies that look like limp seaweed.

He studies their possible pharmaceutical abilities to ease neurological diseases, addiction, pain, and cancer, incorporating many scientific disciplines to examine the structures and activities of the body’s receptors responsible for the uptake of opiates and other drugs. His work has branched into the search for new painkillers and addiction treatments.

Studies Connect Bladder Pain and Brain
Dr. Kolber has also investigated a direct link between painful bladder syndrome (PBS) and the amygdala, the area in the brain linked to regulating emotions and stress reactions. In an article in The Journal of Neuroscience, Kolber showed that stimulating the right amygdala can increase the body’s receptive responses to bladder distention.

The research suggests that a pharmacological blockage of this stimulation will reduce PBS symptoms and help the millions of people affected by the painful syndrome. PBS causes frequent bathroom trips coupled with chronic pain and may be linked to stress, depression, and autoimmune disease.

Food for Thought
CONTINUED FROM PAGE 1...

Healthy eating is also affected by the lifestyle that many of us find ourselves in these days. It seems that fast food and quick bites have replaced family meals and Sunday dinners. We grab something on the run, have no time for breakfast, and are too busy to eat a proper lunch. It feels like too much of an effort to get a complete meal on the table. Of course, we also must consider how hard it might be for a person with pain to stand for long periods of time, cooking large meals and cleaning the kitchen.

But you don’t have to let sensible food choices get lost in the hustle and bustle of every day. Start with just a few rules: eat more fruits and vegetables, make sure half your grains are whole-grain products, reduce salt and sugar, eat fish twice a week, and drink less alcohol.

In this issue, we will explore foods that affect pain, and learn why you should maintain a healthy weight to have a happier life. We will hear from dieticians and from ACPA facilitators about how they have found new approaches to healthy eating that have helped them manage their pain.

Start the year off right by giving serious thought to your choices in foods. To help you, the ACPA workbook, From Patient to Person: First Steps, has a chapter devoted to nutrition.
How to Wake Up; a Buddhist-Inspired Guide to Navigating Joy and Sorrow
written by Toni Bernhard

Review by Tara White, RN

Toni Bernhard is back. After the huge success of her first book: How to be Sick; A Buddhist-Inspired Guide for the Chronically Ill and Their Caregivers, she has written the perfect follow-up. This book helps us to accept the reality of any situation we are in with dignity and grace. It is for anyone battling sorrow and seeking that elusive feeling of joy. This is for all of us trying to accept our “new normal.” Whether you are dealing with the fact that you can no longer work, that your body will no longer support you, or that you aren’t pain-free, this book is for you.

The title of the book refers to the Buddha, who, after a seven-day meditation, “woke up to what it means to be human—both its stark realities and the potential it holds for us to find peace and contentment.”

She has three subjects: wisdom, mindfulness, and open-heartedness. This path of awakening is available to all of us regardless our own particular spiritual beliefs or circumstances.

Wisdom implies experience and knowledge. This is just what the Buddha “woke up” to realize. “All human beings have three life experiences in common: we are subject to impermanence and change; we cannot find a fixed, unchanging self; and we will encounter suffering.” This is just the way life is, and as difficult as change and uncertainty can be, fighting them will only add to our suffering. While this is a normal tendency, we must remind ourselves to accept what is and what cannot be changed.

With mindfulness, we learn to pay particular attention to what is happening in the present moment. We might think of chronic pain this way: “How what appeared to be a solid block of pain in the body is, instead, a constantly changing mixture of tightness, softness, heat, cold, pulsations, and waves of more and less intense sensations.” The idea here is to learn to separate ourselves from these sensations and realize that they are just present in the moment. They do not represent who we are.

Mindfulness reminds us that our “perception” of pain can and will change moment to moment, depending on what we are thinking and doing.

The third subject in the book, openheartedness, includes compassion and equanimity, which is the quality of remaining calm and undisturbed. With practice we can become compassionate to ourselves and others. By wishing others—even strangers—peace and happiness, our suffering is reduced and we become more openhearted. While not easy, with practice we can achieve this life-changing difference.

Very practical examples and practices are offered throughout the book, such as meditation techniques for peace and well-being. The author maintains that true joy is possible despite all of life’s difficulties and tragedies. We can learn to turn difficult moments into moments of true appreciation.

Self-Compassion Resonates with ACPA Chapter

While reading this book for my review, the subject of self-compassion came up in our ACPA support group meeting. I held the book up and exclaimed, “That is what this book is about!” As I went into more detail, everyone became interested. So self-compassion will be our next topic for discussion.

Self-compassion is essential to our happiness. For instance, when the desire to have your health restored is very intense, it may be easier to believe that without it you will never be happy again. Teaching ourselves to be compassionate toward our imperfect selves is critical. Even when it doesn’t feel genuine, you’ll be planting a seed of powerful thinking that can help you blossom into a beautiful new and happier person.

This will not be the last time that Toni Bernhard’s books and blogs spark ideas and discussion for my ACPA chapter. She is truly a philosopher, beautifully and gracefully collecting ideas for the rest of us to understand. This is another jewel for your treasured book collection.

How to Wake Up; A Buddhist-Inspired Guide to Navigating Joy and Sorrow; author Toni Bernhard; Wisdom Publications, Boston; 231 pages, $16.95; http://www.wisdompubs.org/author/toni-bernhard

The real voyage of discovery is not in seeking new landscapes but in having new eyes.
—Marcel Proust
Thank You!

Since 1980, the American Chronic Pain Association has provided people who must live with daily pain a means to help themselves to a richer, fuller life. We are grateful to have the support of these corporate sponsors for our mission:

**AMBASSADOR**
- Endo Pharmaceuticals
- Janssen
- Millennium Laboratories
- Teva Pharmaceuticals

**EDUCATOR**
- Allergan
- AstraZeneca
- Lilly
- Medtronic
- Purdue

**BUILDER**
- AbbVie
- Forest Laboratories, Inc.
- Horizon Pharma
- Mallinckrodt Pharmaceuticals
- McNeil Consumer Healthcare
- Pfizer
- Tonix Pharmaceuticals

The ACPA is a peer support organization: we help each other learn to live fully in spite of chronic pain. Your donations and purchase of materials keep the ACPA alive and reaching out to even more people with pain.

The Chronicle is published quarterly by the American Chronic Pain Association.
We welcome essays, poetry, articles, and book reviews written by people with chronic pain or their families.
Please send inquiries to:
The ACPA
P.O. Box 850
Rocklin, CA 95677

**EXECUTIVE DIRECTOR:**
Penney Cowan

**PRESIDENT, BOARD OF DIRECTORS:**
Tomio Inomata

**PAST PRESIDENT, EDITORIAL DIRECTOR:**
Nicole Kelly

**MEDICAL EDITOR:**
Steven Feinberg, M.D.

**COPY EDITOR:**
Alison Conte

**SPECIAL FEATURES:**
Erin Hart

**IN HONOR OF**
**FERN SCHWENK**
Given by Renee Cockerham

**IN HONOR OF**
**JOANN RINYU**
Given by Holly and Jesse Freundlich

**IN HONOR OF**
**ALEX SIEGEL**
Given by Erica Siegel

**IN MEMORY OF**
**JOAN STACY D’AGOSTINO**
Given by Robert, Susan, Lisa, and Sarah Brown

**IN HONOR OF**
**MICHELLE MARKS**
Given by Lisa L. Simon