If you are a person with pain, at one time or another you have heard that your emotions play a role in your pain level. Truly, the connection between your mind and body creates stress and tension when you are in pain. When you are physically down, your emotional self is also usually depressed and vice versa. So, for people with pain, it is imperative that we listen to what our body tells us.

If we can avoid stress and strive for emotional contentment, we may feel less physical pain. Become aware of the signs of stress, learn how to reduce your level of tension and stress, and learn from past experiences how to avoid stressful situations.

Recognizing Stress

As you carry out the activities of the day, it is important to look for clues that might indicate you are at risk for increased stress, which leads to increased levels of pain. There are some simple physical signs—body language—that will help you to become aware of tension:

- Ankle twitching and tight shoulders
- Tapping your foot or fingers
- Clenching your teeth or jutting your jaw
- Sitting with your legs coiled tightly around each other
- Twisting your hair
- Folding your arms or pulling yourself in tightly
- A furrowed and frowning brow
- Clenched fists with white knuckles

Reducing Stress

A major part of pain management is learning to redirect your attention away from your pain and on to something that you have some control over. Try to simultaneously say the alphabet to yourself while counting aloud from one to 25. Take a moment to try this. It can’t be done, because humans really do have one-track minds.

Stress reduction techniques work in much the same way. Focus on thinking about how your breath might look as a substance; the way it appears as you breathe in. Feel the pressure. Then, as you breathe out, think about how your breath looks as it comes out your mouth.
**C H R O N I C L E**

**Using Biofeedback to Control Pain**

by Sally Price

Complete relaxation—and pain reduction—can be achieved by changing the way we think about pain. This is the lesson that John Yeoman of Mukilteo, Washington learned over the years. He now sees his pain as a positive, natural part of life that offers him an opportunity to better himself.

The accident happened 18 years ago, when John was working in the Navy on an aircraft carrier. While unloading equipment, one man let go of his rope, leaving John holding the bulk of the 300 pound load. “I didn’t let go,” he recalls, “because I knew there were guys below who would get hurt severely or even killed.”

As a result, John incurred spinal disc and nerve damage that required back surgery and left him in a wheelchair for a year. He struggled to walk again and now does so with the help of crutches and a cane.

His journey with chronic pain began, as with most of us, with the feeling that pain was taking over his life.

“You can choose to lie in bed and forget about the world—I’ve done that before—or you can take the more winding, rocky, probably longer path and find the purpose and the meaning of (your pain) journey,” John says. “Chronic pain can help us see how we can grow within ourselves and make ourselves better people because we are given this extra challenge.”

What led John to this self-reflection was biofeedback training. He learned to control his body—muscle tension, heart rate, temperature, and even blood pressure—through computer charts showing the peaks and valleys of physical response. It also changed his thinking.

“You can choose to lie in bed and forget about the world—I’ve done that before—or you can take the more winding, rocky, probably longer path and find the purpose and the meaning of (your pain) journey,” John says. “Chronic pain can help us see how we can grow within ourselves and make ourselves better people because we are given this extra challenge.”

Rather than seeing pain as alien or negative, John says, he sees it as a natural part of life and accepts it as a positive opportunity to grow inwardly. He learned a new way to think about pain by reading books such as When Things Fall Apart: Heart Advice for Difficult Times, by Pema Chodron.

John has been able to actually feel his pain flow like a river, like a natural motion within its location in the body. This has great benefit for him. “As soon as the pain begins to have motion, it releases the stagnant characteristic that produces the throbbing (sensation). It’s like holding your hand over fire.

The more you move it back and forth, it doesn’t hurt as much,” he says.

John, 40, is currently pursuing a master’s degree in mental health counseling after working for years in the mental health and social work fields. He has been in ACFA for 10 years, and started a new group as a facilitator last year. His wife is a yoga instructor and John practices a gentle (yoga) program that, like biofeedback, allows him to go deeper into meditation and relaxation.

John loves talking about the inner-connectedness of the mind and body and about the connections we have with each other. He tells of being in an academic study where he was standing finger-to-finger with a person with chronic pain. When the person experienced pain, John experienced pain also.

That connection between people, he says, is also the greatest part of being in a support group. “When you give support to someone, it comes back to you,” he says. And it’s that inner-connectedness with others that allows us to grow, and find the purpose in our pain.

**Step Seven**

**Mastering the Skill of Relaxation**

by Sally Price

Philip Elting of Cherry Hill, New Jersey used to relax after work by doing wood-working or gardening.

But after five years of chronic back pain, the security systems designer had to give up his hobbies and look for new ways to relax. However, he finds he needs the relaxation more than ever.

Philip discovered how total relaxation can treat pain during a 10-minute relaxation exercise at a chronic pain support group meeting. Soft music was playing in the background while he allowed gentle verbal instructions to close his eyes, breathe deeply, and mentally go through his body, relaxing each part. Within minutes, he felt his mind emptying and his muscles relaxing.

“I could feel a release of pressure in my head,” he says. “Once my mind was clear, I could feel my leg muscles unknotting and the tension in my back going away. I was so relaxed I was almost going to sleep.”

It was then Philip learned that true relaxation—the kind that helps relieve chronic pain—is achieved with practice, practice, and more practice, in order to make it an automatic response. After a while, he says, you don’t need the verbal directions; you just hear the music or start deep breathing, and your body drifts into a relaxed state.

It’s a skill he says he hasn’t mastered yet, mainly due to the demands of working fulltime. But he has become such a believer in the value of relaxation for chronic pain that he plans to teach relaxation skills at every meeting of his new ACFA group.

“It made me feel much more powerful,” he says. “I was no longer a victim of my body; I was the co-pilot.”

When Philip was transitioning from a temporary to a permanent pump, he went through a particularly painful month and discovered the ACFA. At age 46, he is thinking about ACFA as a way he could help others deal with chronic pain and prepare himself for early retirement with his wife, Mary Ann. He is also in the early stages of starting a foundation to help people with chronic pain obtain medical equipment that isn’t covered by their health insurance.

But right now Philip wants to get the relaxation message across to everyone with chronic pain. It need only be a 10-minute exercise, but the value of disciplining oneself to do it “can be most beneficial,” he says. “If they don’t already, I think they should take those moments, even if only a few times a week.”

Deep breathing is in itself helpful in reducing pain. This means inhaling to full capacity and exhaling till the front of your abdomen touches the back of your abdomen. The deep breathing prompts the body’s muscles to relax. it has been so bad the pain radiated to his chest, making him—and his doctor—think he was having a heart attack.

A year ago, he underwent a morphine pain pump implant, which has been a huge help. “The pump has been the greatest thing that happened to me,” he says.

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How I Learned to Relax

by Patricia Nielsen

It isn’t easy to believe people when they say, “Relax. Everything is going to be all right.”

Advice to “relax” can seem like a mere pancha for those of us with chronic pain. We want a real solution, not attempts at comfort. Even before chronic pain entered our lives, this advice sometimes preceded pain, as in “Relax your arm. This shot won’t hurt,” when it did. We also heard, “Relax. You’re making a mountain out of a molehill,” when our fears were very real. The moment I hear, “Just relax,” I tense up.

But, sooner or later, you will learn about relaxation’s benefits, and come to value it as an important part of pain management.

Relaxation is the seventh step in the ACPA’s “Ten Steps from Patient to Person.” According to the introduction in the ACPA workbook, when you apply these techniques to your life, you can come to a certain extent “tell your body how you want it to feel.” I am in the area of relaxation techniques, there is something for everyone, from a quick deep breath to a long session of autogenic training.

It was during childbirth that I first experienced how relaxation techniques and deep breathing could help me control my reaction to extreme pain. Years later, relaxation was one of the first methods I was taught when my acute pain turned into chronic pain. I learned to use a biofeedback machine and then responded to audio tapes. Now relaxation is something that I use to manage my pain several times a day, every day.

What I like about relaxation methods is that they are free and readily available tools that help me self-manage both chronic pain and stressful feelings. When you are in pain, you tend to tense up without knowing it. It becomes a vicious cycle: tension increases pain, which then increases stress, causing even more tension and pain. Many of you recognize how distressing feelings, such as frustration, anger, guilt, anxiety, worry, and fear can ignite this already volatile powder keg of pain and tension. Relaxation helps us put out the fire before it triggers an explosion.

Relaxation techniques share two basic components:

- Repetitive focus on a word, sound, prayer, phrase, or sentence such as “I feel comfortable, calm, and relaxed.”
- The adoption of a passive attitude toward intruding thoughts, with a return to the focus.

The techniques are divided into brief and deep methods.

Brief methods include self-control relaxation, paced respiration, and deep breathing. These require less time. Deep methods include autogenic training, meditation, and progressive muscular relaxation.

Autogenic training consists of imagining a peaceful environment and formulating bodily sensations. One type of meditation—mindfulness meditation—brings about a nonjudgmental awareness of how one’s body and mind feel during the present moment. Progressive muscular relaxation (PMR) focuses on tensing and relaxing as many as 15 major muscle groups. You can learn about these relaxation techniques from books, tapes, or CDs, available from the ACPA, the library, bookstore, music store, or on the Internet.

In my mind, pacing, prioritizing, and relaxing all work together to help me manage my pain on a daily basis. Periodically during the day, I notice when my pain is increasing and it is time for me to relax. It is as though I am alert to that warning voice inside that says, “Don’t push yourself. Don’t step over that imaginary line where you will suffer painful consequences. Take a time out. Relax.” This usually prompts me to stop my present activity, assume a comfortable position, breathe deeply, and count backwards from 60 to 1 (repeating as often as necessary).

Once a day, I lie down for 3 to 60 minutes and listen to either classical music or a relaxation tape of ocean or rain forest sounds, or occasionally, a thunderstorm. What is relaxing to one person may sound annoying to another, so you must find what works for you. For instance, I never play the bird sounds tape I received as a gift.

“Don’t step over that imaginary line where you will suffer painful consequences. Take a time out. Relax.”

It reminds me of the Alfred Hitchcock movie “The Birds”—hardly relaxing!

During this hour, I either do a progressive muscle relaxation of tensing and relaxing my feet, calves, thighs, hips, etc. or I imagine myself in a peaceful place. I might think of nature, or remember a soothing scene from a movie, like the final scene in the classic French movie, “The Red Balloon,” where the boy is lifted up into the sky by a hundred colorful helium balloons. I like the image of being weightless.

At night, I relax with a hot tub, and sometimes light a candle in the dark bathroom while turning on our Jacuzzi tub. Even without the water jets, the warm temperature relaxes me. I am continually amazed by what relaxation can do. When I practice the techniques, my muscles are more at ease, my mind is less stressed, and my whole being is more rested, alive, and ready to take on the challenges of the rest of the day. At night, I am calm and ready to sleep.

Relaxation is not a cure for chronic pain or stress. It may help you learn how to quiet the pain and enable you to calmly work with it. It has helped me to function better and live life more fully. Best of all, it is a prescription for peace that I can write for myself.

Patricia Nielsen, freelance writer and nurse at Vonora College in Blair, Nevada, is author of Living with it Daily: Meditations for People with Chronic Pain, available from the author:  prowlene@fs1.dana.edu

Try to Relax.

Here is a relaxation exercise that incorporates my memories of a Florida beach. You might imagine yourself in the mountains, at a lake, or some other natural setting. Join me in thinking about your own peaceful place.

How I Learned to Relax

Advice to “relax” can seem like a mere panacea for those of us with chronic pain. We want a real solution, not attempts at comfort. Even before chronic pain entered our lives, this advice sometimes preceded pain, as in “Relax your arm. This shot won’t hurt,” when it did. We also heard, “Relax. You’re making a mountain out of a molehill,” when our fears were very real. The moment I hear, “Just relax,” I tense up.

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Managing Breakthrough Pain
Why You Need to Know About Breakthrough Pain
by Claudia E. Campbell, RN, BSN

Do you feel that your daily pain is fairly well controlled, yet still find there are times when you experience a sudden flare of pain that “breaks through”? If so, you’re not alone. These flares of pain, called breakthrough pain, can be treated, improving the pain relief you feel every day.

The key to relieving breakthrough pain is to learn why these flares of pain are different from the pain you feel all day, how you can best treat them, and how to talk with your clinician about your pain.

What Exactly is BTP?
Breakthrough pain (BTP) doesn’t care where you are or what you’re doing, or even how well your persistent pain is controlled. BTP can hit unexpectedly at any time or place and it’s more common than you think. In fact, of the more than 50 million Americans living with moderate-to-severe chronic pain, up to 64 percent will experience BTP.

BTP can be brought on by something as simple as coughing or it may happen regularly when you do something like walking or rolling over in bed. You may also experience BTP if the dose of your persistent pain medicine wears off before it is time to take another dose. BTP can start and become severe in as little as three to five minutes and last an average of 30 minutes. Most people with BTP report that it happens three to four times a day.

The Impact of Untreated BTP
Even when persistent pain is well controlled, BTP can be devastating for you and your family or caregivers. Studies have shown that untreated BTP can make you feel depressed and irritable. You may feel like avoiding people, even those you love. You may find you can’t do things that you enjoy or need to do because they cause severe BTP. It can disturb your sleep at night. People have reported that BTP makes it hard to do a good job at work or even keep a job.

Untreated BTP can even make it more difficult to relieve your persistent pain. One study showed that people with untreated BTP stayed in the hospital longer and made more frequent visits to their doctors and to emergency departments. This resulted in significantly higher health care costs when compared with patients whose BTP was well controlled.

Understanding Your BTP
The first step to relieving your BTP is to learn more about it and when it occurs. Then use that information to identify ways you can help control your pain. Do you have BTP when you are experiencing extreme emotions or stress? Do certain activities cause you to experience severe BTP?

Writing down these details about your BTP episodes in a journal allows you to look back over several days or weeks to determine if you are having BTP episodes at the same time of day or after similar activities, how intense your BTP pain is with each episode, and what actions help relieve it. These details will be helpful as you alter your lifestyle and adjust medications. The American Pain Foundation offers the TARGET Chronic Pain Notebook, which can be downloaded or requested from the organization’s website, www.painfoundation.org.

Bring your BTP diary with you to your next appointment and share it with your doctor or nurse. Don’t be afraid or embarrassed to be open about the details of your pain and how it makes you feel. The more details you can provide, the easier it will be for your clinician to find treatments that will work for you.

Getting the Right Treatment for Your Pain
Once you understand more about what causes your BTP you can begin to improve your overall pain relief. If a cough, nausea, constipation, or other treatable condition is the source of your BTP, a medication appropriate for the specific cause should be taken. When a specific recreational activity always results in a severe BTP episode, finding a less painful activity should be your course of action.

You may find that stress management or relaxation techniques will help you when BTP occurs. Review the chapters in the ACPA’s First Steps manual that teach some of these techniques. Then try them to regain your connection with your body. This will help you break the cycle of stress and increased suffering that sudden flares of pain can bring.

There are times when controlling your BTP will require the use of an opioid pain medication. When using pain medications for BTP, the goal should always be improved pain relief and improved function. Achieving good pain relief with improved function and minimal side effects may take some time. Several adjustments to medications and dosages are not uncommon.

For many people with moderate-to-severe chronic pain who also experience BTP, a logical treatment plan includes a pain medicine that can be taken at regular times and a pain medicine to take when you need to relieve a flare of BTP, combined with good pain management skills like relaxation.

Remember that effective BTP medications and self-help pain management tools are available. Work with your health care team to find the overall treatment plan that’s right for you.

Claudia E. Campbell, RN, BSN is Manager of Intermountain Healthcare, Urban Central Region Hospitals, Anesthesia Pain Management Services, Salt Lake City, Utah

Resources for more information on BTP
American Chronic Pain Association, www.theacpa.org
American Pain Foundation, www.painfoundation.org,
1-888-615-PAIN (7246)
National Pain Foundation, www.nationalpainfoundation.org
OncoLink, www.oncolink.com

Things to discuss with your clinician
- List all the pain medicine you are taking, including those you don’t need a prescription to buy. Make sure to include the dose of each medicine, when you are supposed to take it, and when you actually take it. Describe any side effects and if they affect your daily activities. List non-medication methods you are doing to relieve your pain, such as nutritional supplements, exercise, meditation, stress reduction, etc.
- Is there a regular time during the day when your persistent pain medicine doesn’t last until you can take another dose?
- Treatable conditions (persistent cough, nausea, constipation, etc.) that you feel might be a source of BTP.
- Describe your persistent pain. Is it aching, burning, dull, sharp, tingling, etc.? On a 0-10 scale, with 0 being no pain and 10 being the worst pain you can imagine, how would you rate your persistent pain?
- Your clinician may ask you to keep a pain journal. It allows you to look back over several days or weeks to determine if you are having BTP episodes at the same time of day or after similar activities, how intense your BTP pain is with each episode, and what actions help relieve it. These details will be helpful as you alter your lifestyle and adjust medications.
- It’s important to keep track of when you have a flare of pain and to bring the worst pain rate, rate your persistent pain at its best and worst during most days.
- If you have flares of BTP, keep track of when you have a flare and how often it happens. Does it happen without warning? Does it happen during or after certain activities or movements? If so, what kind of activity? On a scale of 0-10, rate your average BTP flare.
- Talk about activities your pain interferes with or the impact it has on your life. The ACPA Quality of Life Scale (downloadable on the ACPA web site) can help you discuss this with your doctor.
An RSD Journey: From Hopelessness to Empowerment

Life presents challenges to all of us, to some more than others. Mine have come from living with a progressive, unpredictable illness and chronic pain. But in coping with them, I have gone from hopelessness to empowerment and forever changed my life.

The night before my daughter’s Bat Mitzvah (a momentous event for our family), I was in a car accident that caused the airbag to inflate against my left hand and lower right jaw. Thereafter, the slightest touch or movement of my arm resulted in burning pain. I could not understand what was happening to my body. An injury to my left hand had spread to my entire left side!

For many months my hand was so swollen that I could not completely close it. Because the circulation was affected, my hand was completely discolored, cold, and pale. My muscles became stiff and tight, like a stretched-out rubber band waiting to break. I was suffering with deep, dull chronic pain, which was diagnosed as Reflex Sympathetic Dystrophy (RSD).

What is RSD?

RSD is a progressive, multi-symptom disorder that can involve any part of the body. It is a chronic pain syndrome set off by a minor or traumatic injury that affects the central/sympathetic nervous system. As this disorder took over, I felt that my mind and body were in havoc, which led to isolation and withdrawal, terror, frustration, and disappointment.

My doctor encouraged me to pursue physical therapy with a certified hand therapist, saying that an aggressive course of therapy would help control the nervous system response. A hand surgeon sent me for bone scans, nerve entanglement tests, acupuncture, and magnet therapy. The acupuncture increased my circulation, which helped decrease the swelling. I took medicine, vitamin supplements, and Chinese herbs. These helped alleviate my nausea, low blood pressure, and fatigue, and may have strengthened my immune system.

Revolution Door of Doctors

RSD requires a lot of trial and error. Six months after the accident, an anesthesiologist administered my first interscalene nerve block. This procedure numbed my entire left upper extremity, including my shoulder. I benefited from these blocks and I continued this treatment.

I also received aggressive therapy to stretch the contractures in my hand and over the next few years I received many trigger point injections for the constant pain from the spasms.

The amount of time and effort I spent on therapies was endless and extremely draining. Living with RSD took a toll on my physical and mental health and my family’s well-being.

Dr. Zuckerman was the catalyst that would turn me toward wellness. I accepted this loss of health, a necessary part of a grieving process. A psychotherapist taught me how to overcome sleep and memory problems with stress reduction techniques and relaxation hypnotherapy. These tools helped me redirect my emotions and energies.

I am thankful for the early diagnosis and know that without the patience and guidance of those around me, I would not be on the path to wellness. I encourage all RSD patients to look outside the box and discover what works best. Now I know that although RSD is a part of my life, it doesn’t have to swallow me. I have the knowledge and determination to know that this illness is neither who I am nor who I wish to become.

Thank you,
Laurie Wise

Letters

Dear Penney,

I love reading the Chronicle and this last edition was one of the ACPA’s best. However, reading the article in the most recent Chronicle titled “School Nurses Treating More Kids with Migraines” caused me much concern. As a microbiologist as well as an ACPA facilitator, I was alarmed when I read the last part of the article that stated ways to recognize a headache as a migraine. I was puzzled because awakening from sleep due to a headache, worsening or more frequent headaches, and vomiting without nausea are more likely indicative of a medical condition much more serious than a migraine headache, such as a brain tumor. The line that had me most concerned was the fever and stiff neck as these are not symptoms of migraine headaches but of a very serious condition, meningitis. Migraines are characterized by pain more often on one side of the head, sensitivity to light and/or sound and nausea and vomiting. I feel that there may be an error in this article that needs to be clarified.

Thank you,
Laurie Wise

Dear Laurie,

Thanks for bringing this to our attention. An editing error caused these symptoms to be mislabeled.

The symptoms listed are warning signs of more serious diseases. Here is the correct information from the American Council for Headache Education at www.acchet.org. A doctor should be contacted if these symptoms persist.

Migraine headaches are recurrent headaches that generally have some of the following characteristics:

- Unusual, they can last from 2 to 48 hours in children.
- Sleep or medical treatment can reduce this time period.
- Headache starts on one side of the head. This may vary from headache to headache and in children, they may start in the front or in both temples.
- Throbbing or pounding pain during the headache.
- Pain is rated as moderate to severe.
- Pain gets worse with exertion. The pain may be so severe that it is difficult or almost impossible to continue with normal daily activities.
- Nausea, vomiting, and/or stomach pain commonly occur with the attacks.
- Light and/or sound sensitivity is also common.
- Pain may be relieved with rest or sleep.
- Other members of the family have had migraines or “sick headaches.”
- Warnings called auras may start before the headache.

These auras can include blurry vision, flashing lights, colored spots, strange tastes, or weird sensations and usually precede the headache by 5 to 60 minutes.

Dear ACPA,

I am so glad that you are working to help others. Please let me know what I can do to help spread information and support other parents and/or people with RSD.

My son, Layne, suffered from RSD in his leg, ankle, and foot when he was about 8 years old and in second grade. It started when he ran into another child in gym class. When he flipped, his foot and ankle hit the concrete wall, causing the damage to his nervous system. It took over three months before he was diagnosed at UVA Hospital in Charlotte, Virginia.

Layne did not walk for over nine months, ultimately developing osteoporosis in his leg, which caused the orthopedic doctor to consider amputation. Layne participated in daily physical therapy sessions and had weekly visits with his orthopedic doctor. He met with a counselor (to deal with the chronic pain condition) and occasionally visited a pain therapy doctor (who could not prescribe any medication because Layne was too young). We administered one dose of thalidomide, once daily, Monday through Friday prior to his physical therapy sessions. This medicine ended up eating the lining of his stomach, which caused a whole host of other problems.

Despite it all, I am proud to say that Layne has just finished his first season of football (undefeated) and wrestling at his local Middle School and is currently on the track team. Two summers ago, he assisted his soccer team in an undefeated season!

I am writing to give encouragement to those with pain and parents and to loved ones who suffer along with the person with pain. I was fearful for my son’s future. He went from being a healthy young boy with the world at his feet to nearly not having a foot at all. We are so blessed.

To all those suffering from RSD: Keep your chin up! Work through your physical therapy, keep praying and know there is a lady in Virginia who is rooting for you.

Sincerely,
Tonya
American Pain Society Meeting

The ACPA was well represented at the American Pain Society annual meeting this March in Boston. Hundreds of APS members and guests visited our booth and learned more about what the ACPA offers to support people with pain. Among the topics of greatest interest this year was kids and pain; brochures describing our Growing Pains initiative flew off the table. Our thanks go out to Maggie Chesnut for providing this on-line support group for teens facing pain problems in addition to the usual issues of adolescence. For more information about Growing Pains, contact OopsyJester@aol.com.

Penney Cowan Receives Award

A highlight of the APS meeting was the presentation of the John and Emma Bonica Award for Public Service to the ACPA’s Executive Director Penney Cowan. I was honored to nominate Penney for this distinction. Here is a brief quote from my letter of nomination:

As a member of the American Chronic Pain Association board of directors for most of its 25 years, I have been witness to Penney's unwavering focus on the needs of people with pain and her creativity in doing so much with extremely limited resources.

In our Basic Rights for People with Pain, the ACPA teaches that we all have the right to do less than humanly possible. Penney rarely asserts that right and we are the richer for it. She is a shining example of what one person can do to make a difference.

Congratulations, Penney, and thank you!

Guide to Treatment Options

These are confusing times for people with pain. The withdrawal of two COX-2 non-steroidal anti-inflammatory (NSAID) medications and the more stringent, FDA-mandated warnings on all NSAIDs have raised questions about what’s safe and effective for treating pain. Working together, the ACPA, the American Pain Foundation, and the National Pain Foundation have created A Consumer Guide to Treatment Options for People with Pain.

The guide offers tips and Internet links for:

• finding a health care professional who understands pain,
• learning about your condition,
• understanding and judging the risks of the medications now available for people with pain,
• learning how you can manage your pain, and
• joining in the public discourse on pain issues.

Each of the groups involved has posted the Guide on its web site. To download your copy of the Guide, visit the ACPA web site at www.theacpa.org.

Focus on Pain in the Workplace

Policies and attitudes toward pain and its treatment will not change substantially until we move the discussion beyond the health care community to include those who pay the bill for pain.

It’s estimated that chronic pain costs our economy $300 billion annually in direct costs and lost productivity. The human costs of ineffective or inappropriate policies regarding pain in the workplace can’t be calculated.

This year, the ACPA, through Partners for Understanding Pain, wants to reach out to employers with a multi-year Pain in the Workplace initiative. Among our planned activities:

• A survey of people with pain focusing on their experiences in the workplace;
• A Pain in the Workplace Awareness Kit, similar to those previously offered for nurses and pharmacists, with facts about pain, relevant research results, activities, materials, and ideas for a workplace campaign about pain, and resources from our more than 75 partner organizations; and
• Partnerships with employers and union groups to take pain awareness beyond the medical community.

In addition, the ACPA recently completed work on a survey of employer attitudes toward chronic pain. It will be published this year as part of Chronic Pain Care Trends: Perspectives from Managed Care, Providers, and Employers, a three-part report sponsored by Organon Pharmaceuticals and Ligand Pharmaceuticals. Findings were previewed in a presentation at the April meeting of the Academy of Managed Care Pharmacists.

Web Site Sections Now in Spanish

Starting this past April, native Spanish-speakers could log on to www.theacpa.org and view important parts of the web site in Spanish, thanks to a grant from the Medtronic Foundation. Translated pages include those on pain management skills, FAQs, helpful links, and the 2005 Medication Supplement.

Join Us in DC

On September 14, 2005, members of Partners for Understanding Pain and other interested people will meet in Washington, D.C., to show support for HR 1020, the proposed National Pain Care Policy Act. We are asking participants to make appointments to speak with their representatives that day to share their personal perspectives as people with pain and advocates for sound pain care. We hope to rally support for HR 1020, as well. To learn more about HR 1020, visit the ACPA web site’s “News” section and click on Pain Care Bill Reintroduced.
The Role of Stress in Pain Management

Relaxation tapes and CDs can provide other exercises; these are available through the ACPA and for sale elsewhere. The trick is to find the one that works best for you and practice it at least twice a day. Applying relaxation techniques to your daily life is a learned skill that, once mastered, will become an automatic response to increased levels of tension and pain.

Benefiting from Relaxation

There are actions you can practice to get the most out of your relaxations techniques. Keep in mind that applying the skills you have is a learned skill that, once mastered, will become an automatic response to increased levels of tension and pain.

To enhance your relaxation experience, try these tips:

- Place an object in your work setting that will remind you of the “special place” you imagine while doing your relaxation. Seeing the object will trigger calm feelings and help you work through stress with a very brief deep-breathing exercise.
- Music can be helpful in relaxation. Try music while driving. At home sit down and listen to your favorite piece for five minutes.
- Be aware of the tension in your face. Ask yourself if you are gritting your teeth and if your forehead is smooth. Make sure your lips are soft and hardly touching.
- Notice your hands. Are you holding them tightly together or are they limp and soft? Are your wrists relaxed or are you holding them stiffly?
- Good posture is important. If your weight is supported evenly there will be less stress on certain parts of your body. Sit straight up in your chair, allowing the chair to hold you up. Let your neck support the weight of your head by holding your head up. Keep your feet flat on the floor.
- When you find yourself thinking of several different issues at the same time, write down all that you are trying to remember. Then you can stop worrying about forgetting something. Relax for a time before working through your list. This is especially helpful at night when you are trying to get to sleep.

Stress has a direct effect on our level of pain but stress is one area that we do have some control over. It only makes sense to focus on what our bodies tell us through our body language and emotions.

If we take time to listen and respond to our physical selves, we can use this knowledge to decrease our sense of suffering. At a time when so much of our lives are out of our control, reducing stress is one area where we can have an impact. Just by learning the skills of relaxation, we can regain some control of our lives.
The ACPA is a peer support organization: we help each other learn to live fully in spite of chronic pain. We also need to join together to make sure the ACPA continues to be there for us all with resources, materials, and that personal contact that can make such a difference.

Your membership, donations, and purchase of materials keep the ACPA alive and reaching out to even more people with pain. Thanks for helping us help others.

I want to help the ACPA. Enclosed is my tax-deductible donation of $30.00.

If you don’t want acknowledgement of your donation, please check here:

To Join The ACPA:

Name

Address

City State

Phone Number Today’s Date

Credit Card Number Expiration Date

$30.00 First-Time Membership: You’ll receive the ACPA Member Workbook Manual, Patient to Person: First Steps, a one-year subscription to the ACPA Chronicle, a 10% discount on all other ACPA materials, and a membership card.

$15.00 Renewal Membership: You’ll receive a one-year subscription to the ACPA Chronicle, a 10% discount on all other ACPA materials, and a membership card.

To Donate to The ACPA:

I want to help the ACPA. Enclosed is my tax-deductible donation of $.

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Or visit us at www.theacpa.org to join, donate, or purchase ACPA materials.