

Taking control of your
Pain in Arthritis



Acknowledgements

This booklet was developed with funding received from the Australian Government.

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This booklet is endorsed by the Australian Rheumatology Association.



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How can this booklet help you?

This booklet is designed for people who have arthritis-related chronic (long-term) pain.



It is written for people with arthritis, including those with inflammatory arthritis (which includes the conditions rheumatoid arthritis, psoriatic arthritis and spondyloarthritis) and osteoarthritis.

This booklet will help you understand why chronic pain occurs, so that you can better manage your pain and continue to lead an active and healthy life.

It offers information and practical advice to help you:

- understand what causes pain and what it means for you
- work with your healthcare team to better manage your pain
- choose activities that can help you live a good life even with pain
- understand that medicines alone are rarely effective for chronic pain
- find support to cope with the emotional impacts of chronic pain.

The information inside is based on the latest research and recommendations. It has also been reviewed by Australian experts in the field of arthritis to make sure the contents are current and relevant to your needs. So go ahead - take control of your pain management!

Understanding pain

Everyone knows what it feels like to have pain, but it's harder to explain what pain is.

Pain is an unpleasant feeling that occurs somewhere in our body and makes us want to do something to make it stop. Pain is the body's way of telling you something isn't right, so you know you need to do something about it.

When we are injured, or a part of our body is inflamed, the pain system turns up its sensitivity so that the injured body part is well protected, while things heal.

There are now thought to be three main types of pain:

- The pain of **tissue damage or inflammation** is most easily understood. This sort of pain can occur because of an injury or surgery, a disease (e.g., appendicitis) or inflammation. People often describe this pain using words such as “aching” and “throbbing”. Inflammation can occur after injuries such as a sprained ankle or broken bone, with your immune system releasing special chemicals to help organise repair of the damage. The inflamed body part may be swollen and red and be sensitive to touch and movement. This helps to protect the injured part. But in many arthritis conditions, inflammation can become harmful (see below)

- **Nerve pain** occurs when there is damage or disease of our nervous system. A well-known example is shingles. People will usually describe nerve pain as “stabbing” or “shooting”. They may also have sensory changes such as numbness and tingling
- The last type of pain is due to **increased sensitivity (or ‘hypersensitivity’) of the pain system**. This can occur in people who have no clear signs of tissue or nerve damage. People with this type of pain often have other symptoms, such as fatigue (“no energy”), poor sleep and memory problems.

An example is the pain condition fibromyalgia, where people may have widespread pain around the body. Fibromyalgia can occur by itself, but also often occurs alongside arthritis conditions. You can read more about fibromyalgia in our booklet, *Taking Control of Fibromyalgia*.

When pain has been present for a short time, for example, after an injury, it is called *acute* pain. When pain has been present for a long time, it is called chronic or *‘persistent’* pain. Treatments for the different types of pain differ. This booklet mainly talks about chronic pain.

There are many good online resources if you want to learn more about pain. We list these in the [Useful Resources](#) section at the back of this booklet.

Arthritis and pain

Pain is the most common symptom of both osteoarthritis and inflammatory arthritis conditions such as rheumatoid arthritis, psoriatic arthritis and spondyloarthritis.

As we said earlier, inflammation is sometimes helpful. But in inflammatory arthritis your immune system mistakes your own body as 'foreign' and attacks the tissues of your joints. The inflammation that results can lead to the painful symptoms of arthritis. If we don't treat this, permanent damage to your bones and joints can occur.

That is why it's important to control inflammation with medicines called disease-modifying anti-rheumatic drugs or DMARDs. You can read about DMARDs in our other booklets or on the Arthritis Australia website www.arthritisaustralia.com.au

In osteoarthritis, pain can be caused by inflammation and other changes to the joint, such as:

- damage to the cartilage (the protective cushion on the ends of your bones) or other parts of the joint
- weakening of the ligaments (the tough bands that hold your joint together) and tendons (cords that attach muscles to bones).

The booklet *Taking Control of Your Osteoarthritis* can explain more.

If the inflammation in your joints is well controlled but you are still experiencing pain, talk to your doctor. New pain management treatments may be needed. This booklet outlines some of the things you can do.



How might pain affect me?

Everyone's pain is different and everyone is affected by pain in different ways.

Pain can also vary in the same person - people may have good days and bad days, sometimes for no obvious reason.

Many things can influence how we experience pain. These include:

- how the pain affects our ability to work, move, and do the things we enjoy. Sometimes we genuinely can't do these things. But sometimes the 'fear' of pain or hurting ourselves can stop us doing them
- our mental health and emotions - for example, being depressed or anxious, or angry or frustrated can affect our experience of pain
- how well we are sleeping - having a bad night's sleep can make us more sensitive to pain
- our general physical health and how active we are
- how well we are eating.

Some people may be reluctant to talk about their pain because they feel they may be judged. This is especially so if family members or employers are not supportive. Sharing this booklet with family members or your employer may help them to understand better.

In contrast, having a supportive social network and workplace can help us better manage our pain.

Money worries and feeling socially isolated can also worsen our experience of pain.



How will my doctor assess my pain?

If your arthritis is otherwise well-managed but you are still troubled by pain, your doctor can conduct a pain assessment. Doctors will look at many factors when doing an assessment.

A pain assessment can:

- identify the type of pain
- determine the likely cause of your pain
- help you develop a plan to manage your pain
- provide a benchmark, so that you can measure your progress with repeat assessments.

During an assessment your general practitioner (GP) or specialist may:

- talk to you about your pain, and how long you have had it. Questions they may ask include:
 - when the pain first started
 - whether the pain is constant or comes and goes
 - the location of the pain and whether it is one or two spots or widespread
 - a description of the pain (e.g., “stabbing” or “burning” or “shooting”). This can help indicate the type of pain
 - how bad the pain is, for example, on a scale from 0-10 (where 0 is no pain and 10 is the worst pain you have experienced)

- what, if anything, makes the pain worse, or better
- how you respond when the pain gets worse, or better
- whether you have other symptoms along with the pain
- the impact of the pain on your life. This may include its effect on sleep, your ability to get around, work and socialise, your concentration and your emotions.
- ask you more questions about your general health and what medicines you take
- ask about your family history. They may ask whether anyone in your family has a similar pain condition and what they did to manage it
- carefully examine you, including your joints and muscles. They may also look for signs of nerve pain such as allodynia (when people can feel pain from gentle touch) and ‘pins and needles’
- ask you about previous tests you have had, such as imaging scans, and decide whether more tests are needed. Further X-rays, CT or MRI scans may not always be necessary.

A thorough assessment for chronic pain takes time. If possible, explain your situation to the medical practice so they can arrange a long appointment for you. Alternatively, your doctor may be able to conduct the assessment over more than one appointment.

Who can help?

Your GP
Pain information & support group
Exercise physiologist
Nurse
Pain specialist

Psychologist
Your friends & family
Arthritis Australia & Arthritis Affiliate Offices

Pharmacist
Dietitian
Rheumatologist
Occupational therapist

Counsellor
Physiotherapist
Podiatrist



Chronic pain must be managed differently to acute pain. Medicines alone are rarely effective and can come with troublesome side effects. A team approach is the best way to help you manage your pain. You may hear this referred to as multidisciplinary care.

While multidisciplinary care for chronic pain may involve medicines, it looks first at non-drug treatments such as

physiotherapy and education in self-care. The aim is not just to target the pain, but also focus on the ways it's affecting your life. For example, your ability to do the things you need and want to, and your emotional wellbeing.

This involves you and your healthcare professionals working together with support from family, friends and community organisations.

How can you help?

Remember, the most important member of your healthcare team is you. By learning more about pain and how to manage it, you give yourself the best chance of living a fulfilling life.

Work closely with your healthcare team to develop a management plan for your chronic pain. As soon as possible after assessment, your treatment team (or GP) should discuss possible treatment options and help you work out the best ways you can self-manage your pain. Reading this booklet should help.

Sometimes it takes some trial and error to find the treatments that are going to best work for you. There is no 'one size fits all' treatment and different people will find different treatments more effective.

Any plan should centre around your needs and priorities, so before appointments try to think about what's most important to you. You may wish to take another person, such as a partner or friend, along to these appointments as support. Often there is a lot to take in, so it can help to have another set of eyes and ears with you.

It's best not to go into treatment expecting to be pain-free. The main aim of treatment is to help you to manage your pain so that you can still do the things you enjoy in life.

Pain doesn't have to get in the way of working, travelling and relationships. Contact your State/Territory arthritis office on 1800 011 041 for guidance. They offer a range of information and support services to help you better understand and manage your pain.





Working with your GP

How can my GP help?

Your GP is an important partner in working with you to help you manage your chronic pain and other healthcare needs. They can also help you link in with other specialists, health professionals and services. Your GP may opt to help you manage your pain themselves or they may refer you to a specialist for management advice.

Once your pain is fully assessed, your GP or specialist may prepare a care plan with you to manage the services and treatments you require. They may prescribe medicines to help relieve your pain and will also see you regularly to check on your progress.

Your GP may employ a practice nurse, who may coordinate your care and access to services, and provide guidance and support.

How do I find a GP?

If you don't have a regular GP, speak to your local medical practice or medical centre.

Sometimes it takes time to find the right GP. You may have to ask around to find someone you feel understands your needs.

When you find the right GP, try to stick with them if possible, as this leads to the best consistent care.

When should I see my GP?

- You should aim to visit your GP often at the beginning - ideally every month once your treatment plan is underway
- Visit your GP immediately if you notice a sudden worsening or unexpected change in your symptoms.

How can a rheumatologist help?

Rheumatologists are doctors who specialise in diseases of the muscles and joints. All people with inflammatory arthritis will need to see a rheumatologist for disease management. If you have osteoarthritis and your pain is hard to manage, your GP may refer you to a rheumatologist too.

If you have an inflammatory arthritis and ongoing pain, your rheumatologist will first need to work out if inflammation and/or joint damage is causing the pain. If the inflammation is not well controlled, their priority will be to adjust your DMARD medicines to get better control.

If the pain is localised to a specific joint, they may be able to give you an injection to relieve pain (see page 12) or if appropriate, refer you to a surgeon to discuss a possible operation.

If your arthritis pain is complicated by another chronic pain condition, such as fibromyalgia, a rheumatologist will be able to help you manage both conditions.

If inflammation is not the problem, your rheumatologist may recommend a range of treatments to help manage your pain. Usually, non-drug measures are recommended first, combined with medicines to relieve pain if necessary. Because every person's experience of pain is different, your rheumatologist will probably select different treatments over time to find the best one for you.

How do I find a rheumatologist?

You will need a referral from your GP to see a rheumatologist. Your GP will refer you and will stay in touch with the rheumatologist to coordinate your care.

Your GP may recommend a rheumatologist. You can also contact the Australian Rheumatology Association on (02) 9252 2356 or visit www.rheumatology.org.au to find a rheumatologist in your area (but you will still need a referral letter from your GP).

When should I see a rheumatologist for pain?

- If you have inflammatory arthritis, you will need to see a rheumatologist on a regular basis for ongoing management of your condition. You can talk about pain with them then
- If you have osteoarthritis, you may not need to see a rheumatologist, unless pain is causing a major interference in your life.



Other health professionals

How can other health professionals help?

A **physiotherapist** ('physio') can work with you to make sense of chronic pain. They can help you get started on a gentle and safe movement program to keep you flexible, strong and as pain-free as possible. They will also work with you to develop a toolkit of activities and pain-relieving techniques to use at home. This may include hot and cold packs, stretches and comforting activities.

Physiotherapists can work with you on the ways you can manage your condition day-to-day. Physiotherapists can help you learn about pain and act as a health coach, encouraging self-management strategies such as relaxation and stress management.

Some physiotherapists may offer 'psychologically informed therapy', combining physiotherapy with psychological methods such as cognitive behavioural therapy (see page [13](#)) to help you manage your pain.

An **exercise physiologist** can also give you advice about exercise, including how to get started safely and the best type of activity for your health and ability.

A **dietitian** can support you to improve your health by providing expert nutrition and dietary advice. If you are above a healthy weight, losing weight can help with the pain of osteoarthritis. A dietitian can help you with this.

An **occupational therapist** (OT) can provide advice on how to do things (e.g., chores, driving, shopping) in a way that reduces pain and advise about aids like splints, canes and walkers.

A **nurse** can monitor your pain using pain scales and questionnaires and can help you learn more about your condition and treatments. They can help check if your medicines are working and provide emotional support.

A **pharmacist** can give you information about your medicines, side effects and interactions, as well as help you to manage your medicines (e.g., checking dosage, managing repeats). Pharmacies can also help with the safe return and disposal of unwanted medicines, such as opioids.

A **podiatrist** can help you take care of your feet. They may find ways to reduce the pain in your toes, knees or hips, perhaps by providing shoe inserts or advice on footwear.

A **pain specialist** is a doctor who specialises in diagnosing and treating people with difficult to manage pain. They can counsel patients and their families, support safe medicine use and advise on other therapies. Many pain specialists work in multidisciplinary pain clinics in public and private hospitals. Not every person with chronic pain will need to see a pain specialist.

Psychologists and **counsellors** can help you with any worries, fears, or feelings of sadness that can stand in the way of changing the way you live with pain.

The toll-free Arthritis Infoline: 1800 011 041 and your local arthritis office can advise you on a range of educational and service supports, including self-management, community programs, seminars, support groups, and resources. These will vary from place to place, but many may also be available online through telehealth.

If you're finding it difficult to introduce self-management changes or challenge your beliefs about your pain, they can help with this too. See the section on *Seeking support* on page [25](#) for more information on the help they can provide.

Different people will have different preferences about the type of health professionals or therapists they wish to see. There is no 'right' or 'wrong' but make sure your health professional is qualified and registered.

You can check the registration of many types of health professionals with the Australian Health Practitioner Regulation Agency (AHPRA) at www.ahpra.gov.au or by calling 1300 419 495.

How do I find a health professional?

- Your GP or specialist can write you a referral, or you can contact a private health professional directly (see page [11](#) for information about finding a private health professional)
- If you have private health insurance, your health fund may cover part of the cost of seeing certain private health professionals

- If your GP refers you to an allied health professional as part of a Chronic Disease Management (CDM) plan, you may be able to have up to five sessions per year (partly) funded by Medicare. Ask your GP for more information
- You may be able to see a health professional through the public health system (such as at a community health centre or public hospital). There is often a waiting list and you will usually need a referral from your GP. Their services are usually free or low cost.

When should I see a health professional?

- Your GP or rheumatologist may refer you to one or more health professionals soon after your pain assessment
- Ask your GP or rheumatologist about seeing a health professional if you notice your pain is becoming harder to manage.

Visit www.arthritisaustralia.com.au to view our factsheet: Working with your Healthcare Team

Pain Australia has a National Pain Services Directory where you can search for health professionals with skills and experience in pain management.

Healthy moves in self-care

While healthcare professionals can offer a range of treatments for arthritis pain, there are many things you can do too.

If you smoke, quitting smoking is an important first step to help you stay as healthy as possible - call the Quitline on 13 78 48 or visit www.quitnow.gov.au

It's important that you are actively involved in managing your chronic pain, alongside your healthcare team. Research shows that taking a more active role in your pain management is more effective in the long run than relying on 'passive' treatments such as medicines and massage.

That said, talk to your doctor or other healthcare team members before making changes. You don't need to do everything at once.

Goal setting

Effective pain management involves goal setting. The focus of these goals should be on helping you to live the life you want, rather than just reducing pain.

Goals should be SMART (specific, measurable, achievable, relevant, and time-based). For example, "I will increase my walking by X every X days, so that in 4 weeks I can walk to the end of the street and back" or "I will not use electronic devices 1 hour before bedtime".

Start with one or two goals of activities that are important to you, so you don't get overwhelmed. Remember to make these achievable. Then you won't get discouraged if you don't get there as fast as you hoped.

Pacing yourself

Pain can get in the way of you doing the things you want and need to do. You may have stopped doing the things you enjoy as a way of avoiding pain.

Pacing is an important part of self-management. Plan regular, short rest or stretch breaks and try to keep physical movement at an even level throughout the day.

Break larger tasks down into small manageable bits and alternate between jobs - don't spend too much time on one activity. This way you can avoid overdoing things and suffering a flare the next day (see *Managing a flare* on page 27).

By conserving your energy, you can gradually work towards achieving your SMART activity goals.

That said, it can be hard to set up goals and pacing strategies on your own. Ask your doctor or other health professional for help if you need it.

PainHEALTH has more information on pacing and goal setting. www.painhealth.csse.uwa.edu.au

Minding your emotions and thoughts



Learning some simple mind techniques can help you to cope with your pain better. These may take practice but a trained professional, such as a psychologist, will be able to help and guide you. Some GPs, nurses and physiotherapists are trained in these techniques too. There are also online resources and apps you can use.

Relaxation techniques, such as slow breathing, guided imagery (mental pictures) and progressive muscle relaxation, can help reduce stress, anxiety, and muscle tension. There are many relaxation methods. You may need to try a few until you find one that works for you.

It's good to learn to relax as much as possible in many places and times of day, even while you're doing other things. This can help you to use it when

you need it and not have to wait until you get home or when you can lie down.

Mindfulness is a mental state where you focus on the present moment, without judging or being distracted by unhelpful thoughts. It can help with calming and making pain less troubling.

Distraction is when you focus on something other than the pain, either by imagining a pleasant scene, or doing something you enjoy doing, such as listening to music, reading, or doing puzzles. Most people find they already do this, but it can help to remind yourself to use it when possible.

The Pain Management Network has information on these mind techniques. www.aci.health.nsw.gov.au/chronic-pain/chronic-pain

Staying active

How can I safely keep moving?

Staying active is one of the most important things you can do for chronic arthritis pain.

As well as reducing pain, gentle daily movement can help your strength and fitness, as well as benefit your mental and cardiovascular (heart) health.

Suitable activities include walking, riding a stationary cycle, yoga or tai chi, or water-based activities like swimming or aqua aerobics. Strength training with light weights and resistance bands has also been shown to help.

A program is more likely to be successful if it's designed around you - if you find something you like you are more likely to keep it up.

If you need help to get moving, a physiotherapist or exercise physiologist can help you create a special program you can do at home or at the local gym or swimming pool.

Ask your State/Territory arthritis office about exercise programs in your local area, including community groups, swimming pools, sports centres or gyms which run programs suitable for people with arthritis.

What if it hurts?

It can be scary to start moving. If you're already in pain you may think that it will only make things worse, especially if you haven't been active in a long while.

If you can, see a physiotherapist or exercise physiologist, who can support your first steps. They can suggest safe activities suitable for your condition and fitness level and make sure you are moving well. If you need help finding a physiotherapist or exercise physiologist, your GP can refer you to one.

Some physiotherapists specialise in pain management. They can help you work through some of your fears and worries and create a movement program perfectly suited to you.

You could also find it helpful to work with a psychologist with skills in pain management if fears and worries are interfering in your movement program. Your physio and psychologist (and GP) should work together with you to make sure you are getting the same message.

The key is always to start slowly. Begin with very light activity, such as walking or doing activities in water. Then slowly, you can increase how hard you work and for how long. Don't try to rush or overdo it. Some people may find their pain increases when they first start. This is to be expected and does not necessarily mean that activity has made your arthritis worse.

Getting enough sleep

Many people with chronic pain also struggle with sleep. This can create a vicious cycle. A bad night's sleep makes people more sensitive to pain during the day. In turn pain can affect sleep at night.

Introducing good sleep habits can help.

For example,

- reducing screen time in the hours before bed
- avoiding caffeine drinks (e.g., coffee and cola) late in the day
- waking up and going to bed at the same time each day.

The Sleep Health Foundation has many helpful resources to help you to get a better night's sleep

www.sleephealthfoundation.org.au

PainHEALTH has a module on Sleep and Pain

For more severe sleep problems, your doctor may refer you to a therapist or program aimed at restoring sleep, or a specialised sleep clinic.

Some psychologists offer cognitive behavioural therapy for insomnia (CBT-I). CBT-I combines sleep education with behavioural strategies (such as sleep restriction and relaxation training) and cognitive (thinking) interventions that aim to change unhelpful thoughts about sleep.

CBT-I can also be delivered in group sessions, as well as by apps and self-help programs that are available online. The Sleep Health Foundation has more information on CBT-I.

Eating well

Maintaining a healthy weight can improve symptoms of chronic pain, particularly for people with osteoarthritis and other types of joint pain.

A balanced diet that is high in fruit, vegetables, healthy oils and low in saturated fats, sugars, salt and processed foods is good for most people.

Research suggests eating foods rich in omega-3 fats can help reduce inflammation in inflammatory arthritis and may be a low-risk option for joint pain. Foods rich in omega-3 fat include oily fish, like sardines and salmon, as well as canola oil and walnuts. If you can't eat these foods regularly, fish oil supplements may be a useful substitute. Be careful to check the label because not all preparations will provide the recommended daily dose of 2.7 g of omega-3 (EPA plus DHA).

Fish oil supplements appear less effective in osteoarthritis and are not recommended.

Visit www.arthritisaustralia.com.au to view our factsheet: Fish Oils

If you are above a healthy weight, losing weight can help relieve pain. Even a small amount of weight loss can help.

The Australian Government provides advice about the amount and kinds of foods that we need to eat for health and wellbeing. Learn more about the Australian Dietary Guidelines at www.eatforhealth.gov.au

For help in working out the best things to eat, you can ask your GP to refer you to a dietitian or find one directly via the Dietitians Australia - call 1800 812 942 or visit www.dietitiansaustralia.org.au



Making the most of medicines

Will medicines fix my pain?

It is important not to rely on medicines alone to manage your chronic arthritis pain. Medicines should always be combined with self-management activities such as gentle physical activity, pacing and relaxation.

It's not realistic to expect that any medicine will completely get rid of your pain. The aim should be to relieve pain enough so you can remain active and do the things you want.

What is the right medicine for me?

All medicines have risks and benefits, so before you start treatment talk to your doctor about how each medicine should be helping you and what risks it might have. Make sure your doctor knows about any other health problems that you or your family members have, and what other medicines you are taking, including any vitamins, supplements or herbal medicines. This information will help them choose the best medicine for you.

Read about what side effects the medicine might have and what to do if you experience any unwanted effects from your medicine. Some pain medicines need to be taken regularly to work properly and should not be stopped suddenly. Talk to your doctor if

you have concerns about side effects, safety or cost.

Not all medicines work for all people. It may take you and your doctor some time to find the right medicine for you, but it is worthwhile to find the most effective medicine with the least side effects.

How will the medicines help?

NSAIDs

If pain is stopping you doing the things you want, a group of medicines called NSAIDs (non-steroidal anti-inflammatory drugs) can sometimes help. As well as relieving pain, NSAIDs also reduce symptoms of inflammation such as swelling and stiffness.

Oral (tablet) forms of NSAIDs can help relieve the pain of inflammatory arthritis. They are likely to be more effective than paracetamol for most people with osteoarthritis, but are also more likely to cause harm, especially in older people (over 65 years). Commonly known NSAIDs include diclofenac, ibuprofen, and celecoxib.

People with osteoarthritis may also get short-term relief NSAID creams and gels that can be rubbed into the painful joints. Creams and gels are safer than oral NSAIDs but are still best used only when needed, such as before physical activity.

If you take an oral NSAID always take the lowest effective dose for the shortest possible time. If you find you only have bad pain at certain times, such as during

exercise, you can take NSAIDs just beforehand.

Certain people should not take NSAIDs. This includes people with active stomach ulcers, kidney or liver disease and some types of heart disease. Talk to your doctor if you're unsure.

Paracetamol

Some people may find that their pain is helped by pain relieving medicines (analgesics) such as paracetamol. For people who take paracetamol regularly, there are now long-acting formulations available that you can take less often during the day. Always take the lowest dose that gives you relief.

Unfortunately, most people with osteoarthritis will not get much improvement in their pain with paracetamol.

Paracetamol has few side effects when taken at the recommended dose. However, if you take more than the recommended daily dose it can potentially cause severe liver problems. Check the pack carefully for dosing details and ask your doctor or pharmacist for advice.

Paracetamol and many NSAID medicines are available over the counter in pharmacies without a prescription. Always tell your doctor about any over-the-counter pain relievers you are taking, so they don't prescribe you something similar and you end up 'doubling up'.

Opioids

If pain is very severe, stronger pain-relieving medicines such as opioids may sometimes be used short-term, together with self-management strategies. Opioids that your doctor may prescribe include tapentadol, tramadol and buprenorphine.

While opioids can relieve short-term pain, they become less effective when taken long term for chronic arthritis pain. A common problem with long-term use is tolerance. This is where your body becomes 'used to' the opioid and you must keep increasing the dosage to get the same pain-relieving effect.

Opioids come with many unwanted side-effects, such as nausea, drowsiness, constipation, urinary problems and difficulty in concentrating. They are also dangerous in overdose and must be stored and disposed of carefully, so they don't fall into the wrong hands.

Your doctor may prescribe a short course of opioids for severe pain, such as during a 'flare' (see *Managing a flare* on page [27](#)).

Very few people will need to take opioids long-term for arthritis pain. They should always be prescribed under the supervision of a specialist, such as your rheumatologist. Stronger opioids such as morphine, codeine and oxycodone should generally be avoided.

Joint injections

Joint injections of 'steroid' anti-inflammatory medicines may help reduce pain and symptoms, particularly for osteoarthritis of the knee.

Injecting a steroid into the joint during a 'flare' may provide short-term pain relief (usually 2-4 weeks). This may help you return to an exercise program or normal activity.

Stem cell and platelet rich plasma (PRP) joint injections are not recommended.

Other medicines

If you have nerve pain, your doctor may prescribe low doses of tricyclic antidepressants, such as amitriptyline, or serotonin-noradrenaline reuptake inhibitors (SNRIs), such as duloxetine. The anti-epilepsy medicines gabapentin and pregabalin are also often used.

These medicines work by altering brain chemicals (neurotransmitters), to reduce or 'calm down' nerve activity.

Management of pain that is due to hypersensitivity relies on a similar group of medicines. The booklet Taking Control of Fibromyalgia has information on medicines used to treat this sort of pain.

Many people are interested in trying medicinal cannabis for their pain, but more research is needed before doctors can widely recommend its use.

Most medicinal cannabis products are unapproved medicines in Australia and have not been assessed for safety, quality or effectiveness. The Therapeutic

Goods Administration has a medicinal cannabis hub where consumers can find out more information about obtaining medicinal cannabis products.

You can read the Australian Rheumatology Association's position on medicinal cannabis on the For- Patients menu at www.rheumatology.org.au.

How do I find out more about these medicines, including side effects?

To understand more about your medicines and any risks or side effects that they may have, ask your doctor or pharmacist for a Consumer Information Medicine (CMI) leaflet.

CMI leaflets provide easy to understand information including:

- what the medicine is for and how it is used
- things to consider before using the medicine
- possible side effects and what to do if they occur.

Speak to your GP or specialist if you have concerns about the long-term effect of medicines. Also talk to your doctor if you are planning on getting pregnant, as not all medicines can be taken during pregnancy or breastfeeding.

What other treatments can help?



There are many promises made for non-medical 'cures' or treatments to ease chronic pain – while some of these may help, many have not been proven to be effective.

Glucosamine and/or chondroitin supplements were recommended in the past to improve osteoarthritis pain. However, the latest research shows that glucosamine does not help people with osteoarthritis. People with shellfish allergy should not take glucosamine (which is commonly derived from shellfish).

See the Australian Rheumatology Association's information on glucosamine at www.rheumatology.org.au/For-Patients

For information on fish oil supplements see *Eating well* on page [18](#).

There is also not enough research to support the use of turmeric (active ingredient is curcumin) supplements. We don't know the best dose to use and with such a wide range of products on the market, it's impossible to know which ones, if any, will be effective.

Remember that the cost of these supplements can add up, especially if you take them every day. Your money may be better spent on more effective treatments.

If you are considering other treatments do some research first. Look at our section on *what about information from other websites?* (page [27](#)) for tips on finding reliable sources of information. You can also contact your local arthritis office or visit our website at www.arthritisaustralia.com.au.

Massage and manual therapy - where a physiotherapist uses their hands to stretch your muscles and move around your joints - may help with pain and joint function in osteoarthritis. Your physiotherapist may recommend a short course of treatment if one of your joints is particularly stiff and painful.

Unfortunately, these therapies are not practical to keep up long term. As well as the expense, they can make you over reliant on your therapist for pain relief. We know that taking an active role in your pain management is more effective for you in the long run.

Transcutaneous electrical nerve stimulation (TENS) is a therapy that uses low voltage electrical current to provide pain relief. A TENS unit consists of a battery-powered device that delivers electrical impulses through electrodes placed on the surface of your skin. Portable TENS units are now widely available for people to use at home. TENS may help with pain relief for some people with joint pain, but not all people with chronic pain will get benefit. Talk to your doctor or physiotherapist if you are interested in TENS.

Because herbal, homeopathic, Ayurvedic or Eastern medicines may affect the treatments prescribed by your doctor, please tell your GP and specialist what other treatments you are thinking about using.

Ensure your practitioner is qualified and registered. Most therapies have a professional association you can contact. Some qualifications, for example Chinese Medicine Practitioners, can be checked at the Australian Health Practitioner Regulation Agency (AHPRA) www.ahpra.gov.au or by calling 1300 419 495.

You may be worried that your doctor or other members of your healthcare team may disapprove of these other therapies. However, it is very important to keep your healthcare team informed.

Your healthcare team, particularly your doctor and pharmacist, can't give you the best professional advice without knowing all the treatments you are using. This includes vitamin supplements, herbal medicines and other therapies.



Seeking support

Why me?

It's perfectly normal to wonder why you have chronic pain and to feel angry, sad, frightened, or puzzled about it.

One of the best things you can do for yourself is understand more about the condition and the best ways to manage it yourself. Reading this booklet is a good start. Having a chat with a knowledgeable health professional such as your GP, nurse, or physiotherapist, can often reassure you that you are on the right path.

However, sometimes the condition can get you down, especially if pain is affecting your everyday life. It may also feel as though people around you – even close friends or family – don't understand what you're going through.

Feeling motivated to change your mindset or habits when you have pain is understandably challenging. Sometimes it can feel too hard to do everything expected of you.

Who can help?

There are many people who can help you when your pain is troubling you. Your first step is to try to talk honestly with your partner, family member or trusted friend about your concerns and how you are feeling. Give them a chance to talk too – they may feel that they don't know enough about your situation and how to help you. This may leave them feeling helpless and even guilty. So, talking with them could help both of you.

Visit your GP if you are worried that unwanted feelings are too strong or have been there for a long time. Your GP may be able to suggest ways of coping or may prescribe medicines if you are especially worried or depressed.

Your GP may also refer you to a psychologist or counsellor. They will have more time to ask you about your worries, troubling feelings and moods. They should then be able to help you work out ways to manage things more effectively.

Psychologists may offer a course of cognitive behavioural therapy (CBT), a 'talking therapy'. CBT can teach you to recognise and change unhelpful ways of thinking and reacting, as well as working out more helpful responses to pain and stress. It has been shown to help people with troubling pain to manage better and to reduce distress.

Psychologists can also help you to deal with stressful situations (at work and home) that might be adding to the burden of your chronic pain. They can also help you understand and challenge your mindset and habits that make self-management changes feel difficult.

It can be even more helpful if your physio, GP and psychologist work in a coordinated way with you, rather than separately.

Your GP can arrange a Medicare Mental Health Care Plan. This allows you ten subsidised visits per year to a psychologist of your choice.



If you want to contact a psychologist directly, call the Australian Psychological Society on 1800 333 497 or visit www.psychology.org.au.

Whichever way you find a psychologist, it's a good idea to ask them about their experience in helping people with chronic pain conditions.

Beyond Blue provides information and advice about depression, anxiety available treatments and where to get help. Visit www.beyondblue.org.au or call 1300 22 4636.

Lifeline provides a 24hr confidential telephone crisis support service for anyone across Australia experiencing a personal crisis. Call 13 11 14.

What other assistance is available?

If you find yourself unable to work, your doctor may put you in touch with a social worker, who can help explain the financial and health services

that are available to you. These can include any pensions or allowances that you might be eligible for, plus any financial assistance such as Health Care Concession Cards or low-cost treatment programs.

Your local council, community health centre, community group or religious organisation may also offer programs that include practical advice, activities, social networks or just someone to talk to.

If you can find the right group, talking to other people with chronic pain can be a positive experience. However, not all support groups suit everyone. You don't have to stay in a group if you find it's not a good fit for you.

Some state affiliate organisations of Arthritis Australia may be able provide information on support groups. Contact your State/Territory arthritis office - call 1800 011 041 or visit www.arthritisaustralia.com.au

Managing a flare

You can do everything right, but still occasionally you may experience a flare. A flare is a sudden, temporary worsening of symptoms. Usually this means more intense pain than usual, but it can also mean more stiffness and swelling. This in turn can affect your sleep, mobility, and sense of wellbeing.

Flares can be unpredictable and the time they last can vary. They can happen at any time, with little or no warning and without an obvious cause.

Sometimes flares can be triggered by a person:

- doing too much, getting run down or pushing beyond their limits
- emotional stress
- infections or illnesses
- missing, skipping, or taking the wrong dose of medicines
- changes to treatment, including switching to a different medicine or reducing the dose of your medicine.

Frequently, a cause may not be identified.

If you are worried, see your GP to review your flare and work with you to create a flare action plan. Sometimes a short course of anti-inflammatory medicines or a joint injection may help. If you have any new or different symptoms, these should be investigated as they may be the sign of a new illness, rather than a flare.

Remind yourself that flares are to be expected and will eventually pass. In the meanwhile, give yourself permission to take it slow.

What about information from other websites?

The web can be a useful source of information and support. However, not everyone who puts information on the web is a qualified health practitioner.

Some organisations make unrealistic promises in order to sell their products. Treatments and therapies from overseas may also not be relevant or approved in Australia. Always check information from the web with a trusted member of your healthcare team.

The Australian Government's Health Direct website www.healthdirect.gov.au is an excellent starting point for web searches, as every site that Health Direct links to has been checked for quality.



Glossary of terms

Analgesic *an-al-jee-zik*

A medicine that helps relieve pain.

Arthritis *are-thry-tiss*

Inflammation of one or more joints.

Corticosteroid *core-tick-o-ster-oyd*

A type of 'steroid' medicine that is very effective in reducing inflammation.

Dietitian *die-et-ish-un*

A health professional who can recommend what foods you should and shouldn't eat for good health.

DMARD *dee-mard*

A range of medicines that are known as disease-modifying anti-rheumatic drugs. These help reduce damage to your joints as well as relieving symptoms.

Exercise physiologist *fizz-ee-o-lo-jist*

A health professional who specialises in exercise and movement to prevent and manage chronic conditions.

Fibromyalgia *fai-bro-my-al-jah*

A condition marked by generalised pain and muscle stiffness. Extreme fatigue (tiredness) and sleep problems are also common.

Flare

A period of increased disease activity/symptoms, that may last days, weeks or month.

Inflammation *in-fla-may-shun*

The body's response to damage or infection, which mistakenly attacks your joints in inflammatory arthritis. Inflammation can cause pain, swelling, warmth, redness and difficulty moving the joint.

Multidisciplinary

Involving input from different health professional disciplines working in a coordinated way with the same patient.

NSAID *en-sayd*

A group of medicines known as nonsteroidal anti-inflammatory drugs. These can reduce inflammation, swelling and joint stiffness.

Occupational therapist***occ-u-pay-shun-al theh-ah-pist***

A health professional who looks at your activities at home or work, then suggests changes or devices to make everyday life easier with chronic pain.

Opioids *o-pee-oyds*

A type of medicine used for severe pain.

Osteoarthritis *os-tee-o-are-thrytiss*

A condition that causes pain and reduced function in affected joints.

Pacing

Strategy for managing activity levels.

Physiotherapist *fizz-ee-o-ther-a-pist*

A health professional who specialises in assessing and treating conditions using education, movement, exercise, and other physical methods.

Psoriasis *sore-eye-a-siss*

A disease where your immune system mistakenly attacks your own skin, leading to red, scaly patches.

Psoriatic arthritis

Joint inflammation associated with psoriasis.

Psychologist *sai-ko-luh-juhst*

A health professional who is trained in human behaviour who can assist in the treatment of mental, emotional, and behavioural challenges.

Rheumatologist *roo-ma-tol-o-jist*

A doctor who is a specialist in diagnosing and treating conditions of the bones and joints, including types of arthritis and pain.

Rheumatoid Arthritis (RA)

Is an autoimmune disease that causes pain and swelling of the joints.

Spondylitis *spon-dee-ly-tiss*

Inflammation of the joints in the spine, which may lead to back pain and difficulty moving.



Useful resources

Australian resources

For information and advice about arthritis visit

www.arthritisaustralia.com.au

Ph: 1800 011 041

For access to quality online information about arthritis and chronic pain start at Health Direct

www.healthdirect.gov.au

For advice on healthy eating and appropriate exercise, visit:

Healthy Active www.healthyactive.gov.au

Eat for Health www.eatforhealth.gov.au

Physical activity guidelines www.health.gov.au/topics/physicalactivity-and-exercise/physical-activityand-exercise-guidelines-for-allaustralians

For advice on quitting smoking, contact the Quitline on **13 78 48**

or visit www.quitnow.gov.au

To find a rheumatologist, contact the Australian Rheumatology Association

www.rheumatology.org.au

Ph: (02) 9252 2356

To find a physiotherapist, contact the Australian Physiotherapy Association

www.physiotherapy.asn.au

Ph: 1300 306 622

To find an occupational therapist, contact Occupational Therapy Australia

www.otaus.com.au

Ph: 1300 682 878

To find an exercise physiologist, contact Exercise and Sports Science Australia

www.essa.org.au

Ph: (07) 3171 3335

To find a dietitian, contact Dietitians Australia

www.dietitiansaustralia.org.au

Ph: 1800 812 942

To find a psychologist, contact the Australian Psychological Society

www.psychology.org.au

Ph: 1800 333 497

Please keep in mind that some issues and treatments from overseas may not be relevant in Australia.

Arthritis Australia

Arthritis Australia is a not-for-profit organisation that provides support and information for all Australians affected by arthritis.

Arthritis Infoline: 1800 011 041

www.arthritisaustralia.com.au

Arthritis Australian Capital Territory

Building 18,
170 Haydon Drive
Bruce, ACT 2617
PO Box 908, Belconnen ACT 2616
02 6251 2055
www.arthritisact.org.au

Arthritis Northern Territory

Shop 18, Rapid Creek Business Village,
48 Trower Rd
Millner, NT 0810
PO Box 452, Nightcliff NT 0814
08 8948 5232
www.aont.org.au

Arthritis Queensland

WOTSO,
Level 2 Westfield,
Chermside QLD 4032
PO Box 2121, Lutwyche QLD 4030
07 38574200
www.arthritis.org.au

Arthritis New South Wales

Locked Bag 2216, North Ryde NSW 1670
02 9857 3300
www.arthritisnsw.org.au

Arthritis South Australia

111A Welland Avenue
Welland, SA 5007
08 8379 5711
www.arthritis.sa.org.au

Arthritis Tasmania

19A Main Road
Moonah, TAS 7009
PO Box 780, Moonah TAS 7009
03 6228 4824
www.arthritis.tas.org.au

Arthritis Western Australia

Wyllie Arthritis Centre,
17 Lemnos Street
Shenton Park, WA 6008
PO Box 34, Wembley WA 6913
08 9388 2199
general@arthritiswa.org.au
www.arthritiswa.org.au



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ISBN: 978-0-646-88240-6