



Managing chronic pain

A booklet for patients and carers

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What is SIGN?

The Scottish Intercollegiate Guidelines Network (SIGN) writes guidelines which give advice for healthcare professionals, patients and carers about the best treatments that are available. We write these guidelines by working with healthcare professionals, other NHS staff, patients, carers and members of the public. The guidelines are based on the most up-to-date scientific evidence.

You can read more about us by visiting www.sign.ac.uk or you can phone and ask for a copy of our booklet 'SIGN guidelines: information for patients, carers and the public'.

If you would like a copy of this booklet in another language or format such as in large print, please phone Karen Graham, Patient Involvement Officer, on 0131 623 4740, or email her at karen.graham2@nhs.net.

What is this booklet about?

This booklet is based on evidence and aims to make patients, carers and families aware of the care and treatment they should expect to receive when living with chronic pain. It is based on the SIGN guideline on managing chronic pain published in 2013. The booklet explains:

- ★ what chronic pain is;
- ★ how chronic pain is assessed;
- ★ what medication is available;
- ★ which psychological methods are available;
- ★ how physical therapy can help;
- ★ which complementary therapies are available;
- ★ what you can do yourself to help manage your pain; and
- ★ where you can find out more information.

This guidance is aimed at adults and does not explain treatment options for managing pain in children (some of their treatment options are different to adults).

This booklet aims to make you aware of the treatment available for your pain and can help you work with those involved in your care to decide what treatments you would like to try.

What is chronic pain?

We normally think that pain is there for a reason and will be of some biological value. For example, if you broke your leg, the pain would force you to rest it until it heals. Pain in your stomach may tell you that something is wrong and you would go to your doctor. Chronic pain is different from this as it often lasts beyond the normal healing time and seems to be of little use to us. It can affect our day-to-day life, which is very frustrating, causes suffering and can lead to depression.

“Chronic pain is pain that has lasted for longer than 3 months, after the usual recovery period for an illness or injury. It may be as a result of a chronic condition. It may start with a definite problem at a certain time or come on gradually, perhaps for no obvious reason. It may even come on some time after an event; where you have managed an activity at the time but you feel pain afterwards. Chronic pain can be felt in a specific part of the body, eg back, shoulder, legs, or more generalised, throughout the body. The pain may be continuous or occasional, you may feel more sensitive to pain and it may sometimes be prone to flaring up or getting worse very quickly.”

(www.moodjuice.scot.nhs.uk).

Living with chronic pain can affect people in many ways. As well as physical sensations of pain there are also changes in a person's pattern of activity, mood and relationships. Living with ongoing pain can be a real challenge and it is important that you and your healthcare team work together to treat you as a whole 'person with pain', rather than just the pain itself.

Chronic pain can be difficult to treat and it might not be possible to get rid of the pain completely. There is a wide range of medication and other treatments available to help reduce your symptoms and the effect pain has on your quality of life. It can take some time to find what works best for you, as not all medication works for all people.

Who will be involved in my care?

The various types of treatment described in this booklet may be provided by a range of healthcare professionals who specialise in different treatments. These could include doctors, nurses, physiotherapists, psychologists and pharmacists. All of these people will be professionally trained and experienced in providing the particular treatment.



How will my pain be assessed?

Diagnosing chronic pain may take some time. Your doctor or other healthcare professional should ask you some questions and examine you. This will help them understand the type of pain you have and the amount of pain you are experiencing, as well as find and treat any cause of pain, and cure it if possible.

The following are some questions they might ask you.

- ★ Where is the pain?
- ★ What does the pain feel like? Can you describe the pain? For example, is it burning, tingling, aching or throbbing?
- ★ How long have you had the pain?
- ★ How bad is the pain? Your doctor may use a visual or number assessment scale to help you tell them how much pain you are experiencing.

Your doctor will ask you how your pain affects your daily life, including work, relationships, sleep, mood, and other parts of your life. Your doctor will also discuss any treatments you have had to help manage your pain.



It may take several visits to your doctor to assess your pain and agree a pain management plan. Your plan's goals should be realistic and should focus on being able to enjoy life as much as possible, despite having chronic pain.

Pain that doesn't go away can make you feel distressed and tired and this can affect your day-to-day life. It can also cause relationship problems with family and friends. It is common for people experiencing chronic pain to feel down in the dumps or depressed. Your doctor will ask you how you feel and will look out for signs of depression and help you to deal with this. If you and your doctor think it's necessary, they may consider giving you antidepressants (medication initially used to treat depression) to help with this.

If your pain management plan is not working and your pain is causing you distress, your doctor or other healthcare professional may consider referring you to a specialist pain clinic to help get your pain under control.

What can I do to help myself?

Nobody else can understand your experience of pain or what it feels like to live with it every day. You're the best person to understand your pain and the best person to manage it. The table below explains some things you can do to help control your pain.

What can I do to help control my pain?	How can this help?
<p>You can try to 'self-manage' your pain. This could include:</p> <ul style="list-style-type: none">• formal self-management programmes (group-based, individual or online); or• informal self-management (for example, learning about pain management by reading about it).	<p>Learning about your pain and understanding it can help you to manage it well.</p> <p>Self-management programmes can help you to do this and you should consider them alongside other treatments.</p> <p>Healthcare professionals can help you find a self-management programme that suits you.</p> <p>The organisations on page 24 to 27 can help you learn more about your pain.</p>
<p>Take medication regularly</p>	<p>To achieve good pain control, it is usually important that you take your medication every day, as guided by your healthcare professional, even if your pain doesn't feel as bad.</p> <p>You should not change the dose of your medication or when you take it until you have discussed this with your healthcare professional.</p>
<p>Exercise</p>	<p>Staying active can help to improve your pain in the long term. If you are not sure what exercise is best to do with your pain, discuss this with a doctor or physiotherapist.</p>

What medication is available to help manage my pain?

Short-term pain, which will disappear by itself over time, is normally treated with standard painkillers (such as paracetamol) or anti-inflammatories (for example ibuprofen). You can buy these over the counter from pharmacies. Your own GP may also prescribe stronger (prescription-only) medication which may be opioid-based (for example codeine and tramadol).

Some of this medication may help in managing chronic pain, and sometimes medication not typically associated with pain may be used. These drugs include antidepressants (drugs used to treat depression) and anticonvulsants (drugs used to treat epilepsy). These are not used because your doctor thinks that you have depression or epilepsy but because they also help some types of chronic pain (for example nerve pain).

No medication is effective for everyone and all medication can have side effects, sometimes to the point that you cannot continue to take it. Most people, though, get some benefit from at least one medication. You may need to go through a lot of trial and error to get the best medication for you. Your GP (or other doctor) will consider both your own health and any other drugs that you might be taking before deciding what is best and, most importantly safe, for you to try.

Treatment for pain is based on the type of pain you experience, the cause of the pain and the amount of pain you have. Your doctor should work with you to find the most appropriate medication and the lowest effective dose. They should discuss the benefits and side effects of treatments with you to help you make an informed choice.

Deciding on which medication to try will depend on:

- ★ how bad your pain is;
- ★ the type of pain you have, for example nerve pain;
- ★ other health conditions you have;
- ★ other medication you are taking;
- ★ whether a drug worked for you before;
- ★ any side effects you have experienced from medication before; and
- ★ any risk of developing addiction.

The table on pages 13 to 16 can help you and your doctor decide which medication may be suitable for you.

When you take medication for pain, it is important to remember that it might not relieve your pain straightaway. It may take some time (perhaps even several weeks) for medication to work and you may start at a low dose and build this up. You may need to try different treatments before finding one that works for you. Your doctor will assess you within two weeks of starting a treatment to see if the medication is working. Your medication and the amount you are given may change. If your pain increases, your doctor may change your medication.

You should not stop taking your medication or change the amount you take without discussing this with your doctor.

Stopping some medication suddenly can cause withdrawal symptoms such as sleep problems, feeling sick, dizziness and headaches.

Can I take more than one medication at one time?

Often, one type of medication can work better when taken at the same time as another medication. For example, if you have nerve pain which has not been helped by anticonvulsant medication alone, your doctor may consider a second drug such as an antidepressant.

Side effects from medication

Give your body a chance to get used to side effects before making a decision to stop taking medication. Usually the benefits of medication are more important than minor side effects, which sometimes go away after a short while. Your doctor should discuss side effects with you and may consider lowering the dose of medication or changing your medication if they become severe.

Are opioids safe to take for chronic pain?

Opioids are medicines derived from the opium poppy. The most common opioid is morphine, but there are many other types of opioid. These medicines are powerful painkilling medication and in the short term can be very effective. The long-term benefits are unclear so they are only used in patients with pain that is very difficult to treat and only after the advantages and disadvantages for each individual patient have been carefully considered. Opioids do come with significant side-effects and these should form part of your discussion with your doctor.

Is there a risk that I could become addicted to opioids?

It is uncommon for people taking opioids for pain relief to become addicted to them. It is more common to become addicted if you have been addicted to opioids and other drugs (including alcohol) in the past. If you have had a problem with addiction in the past, it doesn't mean you can't take opioids for pain relief, but it does mean you will need to be careful.

Your doctor will need to know about past or current addiction so they can prescribe you opioids safely and look out for and deal with any signs of addiction. You should discuss any worries you have with your healthcare professional.

Will my medication be reviewed?

Once your pain is under control, you and your healthcare professional should review your pain within six months. It is important that you continue to keep pain well controlled, so your pain and medication should be reviewed at least once a year. It should be reviewed more often if your:

- ★ medication changes;
- ★ pain changes; or
- ★ other health conditions change.

If you are not satisfied with your pain medication, for example because side effects or pain gets worse, you can ask for a review with your healthcare professional at any time.

Things you may want to discuss at an appointment to review pain and medication
How well the pain medication is working
Side effects of the medication
Changes in your quality of life
Self-management plans
The possibility of reducing the dose of medication to the lowest effective dose, or stopping medication altogether
The possibility of increasing the dose, or adding or changing medication, if more pain relief might be possible
Clinical reasons for changing the medication if you feel it is helping

Medication available

Medication	When can I use it?	What are the benefits?	What are the side effects?
Paracetamol	To treat pain anywhere in your body. You can use it alone or with other drugs such as NSAIDs or a codeine-like opioid, such as co-codamol and co-dydramol.	Relieves pain quickly. Has few side effects and is considered generally safe if used within the recommended dose.	Side effects from paracetamol are rare, if taken within safe limits. However, taking more than the amount recommended (more than 8 tablets in a day) is extremely dangerous. Rare side effects can include: ★ skin rash; and ★ kidney and liver problems, if higher than the recommended dose is taken.
Oral non-steroid anti-inflammatories (NSAIDs), for example ibuprofen, diclofenac, etoricoxib, ketorolac, piroxicam, naproxen and celecoxib, in the form of a tablet	Low back pain. Hip or knee osteoarthritis pain (pain that affects your joints). Musculoskeletal pain (pain that affects your muscles, ligaments and tendons and joints).	Relieves pain quickly. Reduces pain caused by inflammation, for example in joints.	Side effects can include: ★ stomach pain; ★ diarrhoea; ★ heartburn; ★ high blood pressure; ★ rash; ★ dizziness; and ★ headaches. In a small number of people, NSAIDs can cause heart problems. Over-use can be associated with serious bleeding. For this reason, you must not use NSAIDs with aspirin. If you have asthma, there is a risk of it becoming worse when taking NSAIDs.

Many pain medications can cause you to feel sleepy and you should bear this in mind if you drive a vehicle or operate machinery.

Medication	When can I use it?	What are the benefits?	What are the side effects?
<p>Topical non-steroid anti-inflammatory drugs (NSAIDs), for example ibuprofen, diclofenac, etoricoxib, ketorolac, piroxicam, naproxen and celecoxib, in the form of gel, cream or patches.</p>	<p>Should be considered when treating localised musculoskeletal pain, particularly if you can't take NSAID tablets.</p> <p>Should be used for a short time.</p>	<p>Works directly on the affected area of your body.</p> <p>Less risk of side effects as the medication does not go through your whole body.</p>	<p>Side effects are rare but some people can get mild skin reactions, for example a rash.</p>
<p>Other topical medicines (medication applied to your skin in the form of creams, gels or patches), for example:</p> <ul style="list-style-type: none"> ★ capsaicin; ★ lidocaine patch; and ★ rubefacients (substance that produces redness of your skin). 	<p>Should be considered if you have nerve pain or musculoskeletal pain which hasn't improved with other medication, or if you can't take other medication.</p>	<p>Works directly on the affected area of your body.</p> <p>Less risk of side effects as medication does not go through your whole body.</p>	<p>Sometimes topical painkillers can cause:</p> <ul style="list-style-type: none"> ★ redness; ★ itching; ★ stinging; ★ burning; or ★ other skin reactions.
<p>Many pain medications can cause you to feel sleepy and you should bear this in mind if you drive a vehicle or operate machinery.</p>			

Medication	When can I use it?	What are the benefits?	What are the side effects?
<p>Opioids, for example codeine, dihydrocodeine, tramadol, oxycodone, hydrocodone, tapentadol, morphine, diamorphine, buprenorphine and methadone</p>	<p>Should be considered for chronic low back pain or osteoarthritis. You should only continue with opioids if there is ongoing pain relief.</p> <p>Some opioids are weak (for example codeine) and some are strong (for example morphine). Your doctor will decide which is most appropriate for your pain.</p> <p>Because opioids can have serious side effects their long-term use should only be considered after a detailed discussion with your doctor.</p>	<p>These are strong painkillers which reduce the intensity of pain and improve physical symptoms and day-to-day living.</p>	<p>Common side effects include:</p> <ul style="list-style-type: none"> ★ feeling sick; ★ being sick; ★ feeling dizzy; ★ constipation; ★ feeling sleepy; ★ feeling confused; and ★ breathing problems. <p>Side effects associated with longer-term use of opioids include:</p> <ul style="list-style-type: none"> ★ feeling lethargic; ★ headaches; ★ stomach problems (including constipation); ★ urinary problems; ★ reduced immunity to infections; ★ hormone problems; ★ dry mouth; ★ over-sensitivity to pain, or pain getting worse; ★ addiction; ★ mood changes; and ★ sleep disturbances.

Many pain medications can cause you to feel sleepy and you should bear this in mind if you drive a vehicle or operate machinery.

Medication	When can I use it?	What are the benefits?	What are the side effects?
Anticonvulsants, for example gabapentin, pregabalin and carbamazepine	This medication is commonly used to treat epilepsy but they can also help nerve pain.	Can stop nerve impulses causing some types of pain.	<p>Side effects may be worse in the first few days, when your body is getting used to new medication. The most common side effects include:</p> <ul style="list-style-type: none"> ★ dizziness; ★ drowsiness; ★ weight gain; ★ rash; ★ dry mouth; ★ feeling sick; and ★ being sick. <p>Less common side effects include swollen legs, blurred vision, headaches, diarrhoea and tremors (movement disorders).</p>
Antidepressants, for example amitriptyline, duloxetine and fluoxetine	<p>As well as helping some people who have depression, this medication can help others with chronic pain.</p> <p>Amitriptyline (or nortriptyline) should be considered for treatment of fibromyalgia (chronic widespread pain) and nerve pain.</p> <p>Duloxetine should be considered for treatment of nerve pain.</p> <p>Fluoxetine should be considered for treatment of fibromyalgia.</p>	Work by interfering with the way nerve impulses are transmitted and ease some types of pain.	<p>Different antidepressants have different side effects, and side effects are rare with some of them. When you first start to take amitriptyline or duloxetine you may experience:</p> <ul style="list-style-type: none"> ★ dry mouth; ★ feeling sick; ★ dizziness; ★ urinary retention; ★ constipation; ★ drowsiness; ★ problems sleeping; ★ anxiety; ★ agitation; and ★ problems with your central nervous system.
Many pain medications can cause you to feel sleepy and you should bear this in mind if you drive a vehicle or operate machinery.			

Can physical therapies help?

Physical therapies, often provided by physiotherapists (and sometimes by other professionals), include treatments aimed at improving mobility, daily living and quality of life. Therapies can help improve overall physical activity, or specific causes of chronic pain. They should be used alongside medication and psychological-based therapies, as appropriate and after proper assessment. Depending on where your pain is, your doctor may discuss referring you to other healthcare professionals to try physical therapies.

Hands-on treatment

Hands-on treatment, such as manual therapy, involves a therapist applying slow, passive movements to stiff joints to stretch them. It also involves twisting joints, giving a sudden thrust. You may hear a 'crack' or 'pop' when this is done which is quite common. This doesn't mean that something has cracked or broken and doesn't mean that you have been harmed. Your doctor should consider referring you for manual therapy for the short-term relief of pain caused by chronic low back pain.

Exercise

It is important that you stay active to help improve pain in the long term. Exercise is recommended as treatment for chronic pain. Exercise includes activities such as walking, swimming and exercise classes, to improve or maintain your overall fitness and quality of life. Your doctor or physiotherapist can advise you on the different types of exercise and can give you information on how to contact local services. You can decide what type of exercise would suit you best. You may prefer a supervised group session or to do your exercise at home, or a combination of the two. It is important that you find an exercise routine that suits you - what works for some people might not work for you. You should start off slowly with an exercise routine and gradually increase it over time.

With any exercise routine, you will not see an improvement in your pain straight away but if you keep exercising regularly you may start to see improvements, not just in your pain but in many other parts of your life and health. Exercise may be difficult for some people with chronic pain. In these cases, a professional such as a physiotherapist can advise you on the best exercise for your body.



Transcutaneous electrical nerve stimulation (TENS)

Your doctor or physiotherapist may suggest you use a TENS machine to help ease your pain. A TENS machine is a small portable device worn on your body. Wires with sticky pads are attached to your skin and small electrical impulses like little painless shocks are transmitted to your body.

TENS machines affect the way pain signals are sent to your brain. If the pain signals can be blocked by these impulses, your brain will receive fewer pain signals. This in turn can help to ease your pain.

It is important that the pads are stuck in the correct place so that you get the most benefit, and a professional (for example a physiotherapist) can help with this. You can read more about how TENS machines work on the following website www.patient.co.uk/health/tens-machines



Can other methods help manage pain?

Living with chronic pain can affect your thoughts, feelings and behaviour and your response to treatment. Although pain is physical, our response to it is related to what we think about it, how we feel about it and what we do to help control it. For these reasons, a psychological approach to pain management can be helpful.

How do psychological methods help?

Psychological methods aim to help you to adjust to your pain by increasing your coping or self-management skills and improving your quality of life. Your healthcare professional may suggest referring you for an assessment to see whether this is the right approach for you, if they think that you may benefit from a treatment that doesn't involve medication. Your healthcare professional will be able to answer any questions you have about this type of treatment.

Who will provide psychological methods?

These therapies can be provided individually or within groups. They will often be provided by a clinical psychologist, although other suitably trained members of your healthcare team may also be able to offer them.

Which psychological methods are recommended for pain management?

⦿ Pain management programmes

One of the best ways of learning to manage your pain is by going to a pain management programme run by different members of your healthcare team. The aim of the pain management programme is to increase your knowledge and skills relating to managing your pain. Many people find attending a group a valuable source of support. Your healthcare professional can refer you to a pain management programme if one is available in your area.

⦿ Cognitive behavioural therapy (CBT)

This involves working with your healthcare professional to identify and deal with patterns of thinking which lead to increased distress. You will be shown how to analyse and challenge your own thoughts and be taught a range of techniques to change your attitude, overcome your anxieties about pain and successfully change your behaviour. You will usually be taught a range of techniques, including problem-solving, assertiveness, stress reduction and relaxation. Gradual exposure to exercise can also help overcome any worries you may have about activity being harmful, and you will be set realistic goals to help you improve.



⦿ Education

Where appropriate you should be helped to understand the causes and effects of your pain. Any information you are given should be clear about the nature and type of pain that you have, and the best way to manage it. Your healthcare professional can give you advice on what you can do to help you stay active. Education should be tailored to your needs, and might include discussion with healthcare professionals, leaflets, books, websites or local support groups.

Can complementary medicine and dietary therapies help?

Complementary therapies

Complementary and alternative therapies are used to treat conditions and are used alongside medicines and other therapies. They do not follow generally accepted medical methods and may not have a scientific explanation for their effectiveness. Often, it is not clear if complementary therapies really relieve pain. This may be because traditional scientific techniques may not be best suited to assessing any benefit of complementary therapies, or it may be that they just don't work. It is also difficult to separate actual direct benefit from a placebo effect. A placebo is a treatment that is harmless and ineffective. The placebo effect is a psychological response where people feel better because they have received a treatment, and not because the treatment itself has a specific effect on their condition.

There is some evidence that acupuncture (a therapy which involves having needles placed into your skin) can be effective at easing pain. It may be considered for short-term relief of chronic low back pain or osteoarthritis. Acupuncture isn't always available on the NHS so if you do decide to try it outside of the NHS it is important to use an acupuncturist who is registered with the British Acupuncture Council or other recognised professional body.

There is no evidence to suggest that other complementary therapies such as herbal treatments help. These treatments haven't been well researched and we don't know how safe they are. If you do decide to try herbal treatments you should always tell your doctor or pharmacist in case they interact with prescription medication.

Dietary therapies

There is no evidence to suggest that special diets, vitamin supplements or mineral supplements can help to treat chronic pain. However, a healthy diet is important for overall health, and may help with exercise and other conditions that may be associated with chronic pain, particularly if you are overweight.

Where can I find out more information?

British Complementary Medicine Association

PO Box 5122, Bournemouth, BH8 0WG

Phone: 0845 345 5977

Website: www.bcma.co.uk

A professional organisation which can help you to find a registered therapist.

British Pain Society

Third Floor, Churchill House, 35 Red Lion Square, London WC1R 4SG

Phone: 020 7269 7840

Website: www.britishpainsociety.org • Email: info@britishpainsociety.org

A professional organisation which aims to promote education, training, research and development in all fields of pain. It aims to increase both professional and public awareness of the power of pain and the facilities that are available to help manage it. It also provides pathways (care options) for patient care. The website includes a list of UK-based organisations that specialise in helping patients with specific underlying conditions that cause chronic pain.

Chronic Pain Policy Coalition

Policy Connect, CAN Mezzanine, 32-36 Loman Street, Southwark, London, SE1 0EH

Phone: 020 7202 8580

Website: www.policyconnect.org.uk/cppc/

E-mail: rachel.downing@policyconnect.org.uk

A forum to unite patients, professionals and parliamentarians in developing an improved strategy for preventing, treating and managing chronic pain and its associated conditions.

Health and Social Care Alliance Scotland

Venlaw Building, 349 Bath Street, Glasgow, G2 4AA

Phone: 0141 404 0231 • Fax: 0141 246 0348

Website: www.alliance-scotland.org.uk

E-mail: info@alliance-scotland.org.uk

The Alliance is the national voluntary-sector health- and social-care intermediary. It brings together over 270 organisations to make sure people and unpaid carers, and sector experts, can help shape policy and practice.

Healthtalkonline Database

Website: www.healthtalkonline.org

An online database of patients' experiences, with information on around 50 health conditions.

NHS Inform

Website: www.nhsinform.co.uk

This organisation provides quality-assured health information for the public.

NHS24

Phone: 08454 24 24 24

Website: www.nhs24.com

An online and telephone-based service. They can answer your questions about your health and offer advice at any time of the day.

National Chronic Pain Website for Scotland

Website: www.chronicpainscotland.org

Information, advice, education and resources for people with pain, their families and carers, and healthcare professionals. Provides details of specialist pain management services in Scottish NHS Boards and voluntary organisations.

Pain Association Scotland

Suite D, Moncrieffe Business Centre, Friarton Road, Perth, PH2 8DG

Phone: 0800 783 6059

Website: www.painassociation.com • Email: info@painassociation.com

Provides self-management training for people with chronic pain. Looks at the non-medical issues, particularly the disabling effects of chronic pain on people's lives. The aim is to introduce people to, and quickly build, self-management skills, creating practical, positive change leading to an improved quality of life and well-being.

Pain Concern

Unit 1-3, 62-66 Newcraighall Road, Fort Kinnaird, Edinburgh, EH15 3HS

Phone: 0131 669 5951

Website: www.painconcern.org.uk • E-mail: info@painconcern.org.uk

Facebook: facebook.com/painconcern • Twitter: @PainConcern

Provides information and support to people with pain and their carers and aims to raise awareness about pain and improve pain management services. Their Airing Pain radio show is a series of podcasts featuring the experiences of people managing their everyday pain and interviews with internationally recognised experts.

Their magazine Pain Matters contains news, features and comment on topics including self-management techniques, research into pain treatments and personal experiences of living with pain. They run a helpline and an online community on HealthUnlocked which provides members with a forum to share experiences.

Pain Support

Website: www.painsupport.co.uk

This website provides pain-relief techniques for those with chronic pain. There is also a regular email newsletter, a discussion forum and a contact club for making new friends, plus a shop for books, relaxation CDs and downloads.

Pain UK

Website: www.painuk.org

Aims to bring together pain charities in the UK to speak up about the needs of the people they represent. It aims to provide training and support to member charities, give information for people living with pain about where to find support and raise awareness for new forms of support, when needed.

Self-management tools

Arthritis Care

www.arthritiscare.org.uk/LivingwithArthritis/Self-management

Centers for Disease Control and Prevention

www.cdc.gov/arthritis/interventions/self_manage.htm

Chronic Disease Self Management Program (CDSMP)

<http://patienteducation.stanford.edu>

Expert Patient Programme

www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Pages/expert-patients-programme.aspx

Living with chronic pain

www.paincd.org.uk

Moodjuice

www.moodjuice.scot.nhs.uk

Pain Association Scotland

www.painassociation.com

Pain tool Kit

www.paintoolkit.org



www.healthcareimprovementscotland.org

Edinburgh Office | Gyle Square | 1 South Gyle Crescent | Edinburgh | EH12 9EB
Telephone 0131 623 4300 Fax 0131 623 4299

Glasgow Office | Delta House | 50 West Nile Street | Glasgow | G1 2NP
Telephone 0141 225 6999 Fax 0141 248 3776

The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium are key components of our organisation.

