

Our goal is to change the way people **think** about, **talk** about and **treat** persistent pain.

Flippin' your understanding of pain could change the lives of you and your loved ones.

Issue no. 14

Up & Coming

Save The Dates!

We have a LOT to update you on in the coming months!

Online

Flippin' Arthritis

We have a series of webinars on the topic of Osteoarthritis coming up in collaboration with Associate Professor Tasha Stanton and her team at the University of South Australia. These were made possible by Heywood, Middleton and Rochdale Integrated Care Partnership. There are two live webinars taking place online on Wednesday 19th and Wednesday 26th April between 11am and 2pm and you can sign up for both [here](#).

Tasha is a world leading expert in the field of Osteoarthritis and she will be joined by a panel of healthcare professionals and people who live with Osteoarthritis themselves.



A/Prof Tasha Stanton
Osteoarthritis Research
Theme Lead - University
of South Australia



Dore Young
Advanced
Practioner
Physiotherapist -
manchester



Dr Zoey Malpus
Consultant Clinical
Physiotherapist -
Manchester



Ceila Borland
Person living with
osteoarthritis



Ian Taverner
Person living with
osteoarthritis



Olivia Buxton
Adult MSK
Physiotherapist -
Rochdale

Making sure people with Fibromyalgia, 'GET it'!

Online

FLIPPIN' FIBROMYALGIA

We are delighted to announce that we're hosting a webinar covering one of our most requested topics - Fibromyalgia Syndrome (FMS)!



Did you know that FMS affects up to 1 in 20 people according to estimates? If that includes you or someone you live with, this event is for you.

In **Flippin' Fibromyalgia**, Professor Cormac Ryan, our Community Pain Champion, will guide you through the most up-to-date science in an entertaining and easy-to-understand way.

He will be sharing some of Flippin' Pain's key messages with a specific focus on Fibromyalgia, all backed up with the science behind them and his trademark anecdotes. There will also be a live Q&A with a panel of people who 'get it', including people living with Fibromyalgia, as well as healthcare professionals.

The event, delivered in association with Pain Concern, NHS Scotland and the Scottish Government, is a free online webinar taking place on Tuesday 25 April at 4pm. To find out more and reserve your space, click [here](#).

Community Outreach Tour!

If you didn't already know, we're heading back out on the road! We'll be touring around the Tees Valley by bike and Brain Bus from **Sunday 7th to Friday 12th May**, stopping off at the following destinations:

- Sunday 7th May - Darlington
- Monday 8th May - Guisborough
- Tuesday 9th May - Whitby
- Wednesday 10th May - Saltburn
- Thursday 11th May - Hartlepool
- Friday 12th May - Durham

You can learn more about the locations and book your place at the evening seminars by heading to our Tour webpage [here](#).

If you're a health or social care professional, book onto one of our workshops. Click the link [here](#).



Recent Events

It's never too early to learn about pain! The Flippin' Pain team visited Richmond School in North Yorkshire to share the campaign key messages with Sixth Form students. Read all about it in the Northern Echo [here](#).



Prof's Corner

In this edition, Prof. Cormac Ryan explores the current guidance around the use of strong pain killers, such as opioids. Read on...



“

One of the six key messages of the Flippin' Pain campaign is that “medicines and surgeries are often not the answer”. If we focus specifically on opioids not always being the answer - this is because the scientific literature shows the benefits of opioids are very limited and they come with a relatively high risk of adverse effects in comparison to active physical and psychological therapies. This is why clinical guidelines are encouraging a move away from these biomedical-based interventions towards more biopsychosocial interventions. As a result, there has been a considerable move within the NHS to reduce the amount of people with chronic pain who are using opioids. Whilst there is still a long way to go, prescription rates are going down, and there is reason to be hopeful that over time this downward trend will continue. We at the Flippin' Pain campaign believe that improving understanding of pain amongst the public and healthcare professionals will be important for continuing this trajectory.

However, it is important that we highlight the challenges of opioid reduction, warts and all, so that we can help people reduce their opioid use in a way that is optimal for them. Reducing opioid prescription without support could have unforeseen negative consequences. That is what today's study is about (Higgins et al. 2021). In this study, over a 12-month period (2014 calendar year) researchers checked the medical records of 3,700 people in Scotland to find out if people with chronic pain used A&E services more often than those without chronic pain, and to explore why that might be the case. They found that 69% of people with chronic pain attended A&E whilst only 29% without chronic pain attended. Of all conditions, chronic pain was the leading reason to attend A&E. Of particular relevance, those who were actively reducing their opioid use or were switching from opioids to non-opioids had 4-5 times increased odds of attending A&E.

So, what does this tell us? It tells us that whilst reducing opioid use is clinically recommended for people with chronic pain - it is not an easy thing to do. The process of stopping opioids can lead to events where people reach out to emergency services. This emphasises the importance of reducing opioids in a controlled fashion under appropriate guidance from a health care professional at a time and titration rate which works for the individual (for my fellow health care professionals reading this - this puts responsibility on us to ensure that we are appropriately trained and educated in how to help people with the process). Everyone is different and no single approach will be right for everyone. Just because opioid reduction is the right thing to do, it does not mean that it is the easy thing to do - it will be challenging. So, when embarking on that challenging journey it is important to be as prepared as possible. Read up and go into it with your eyes open. Access the right support, make a flare up plan, and when you are ready to go, go at a pace that works for you - opioid reduction is a marathon and not a sprint. ”



Higgins, C., Smith, B. H., & Colvin, L. (2021). Examination of the clinical factors associated with attendance at emergency departments for chronic pain management and the cost of treatment relative to that of other significant medical conditions. *Pain*, 162(3), 886-894. <https://doi.org/10.1097/j.pain.0000000000002098>

Pain in the spotlight

Read me!



Following on from Prof's Corner, opioids have been in the news this month with the launch of a new framework for local health and care providers, which aims to reduce inappropriate prescriptions of opioids. You can read the five-step action plan by clicking the link above but we were relieved to see that the first action is to put the person living with pain front and centre of the decision making process with personalised care and structured medication reviews advised. We asked Niki Jones who has shared her experiences of tapering down opioid medication about her thoughts on the newest guidance.

“

As someone who has been on high dose opioids for pain for a considerable time, and recently tapered off them, I welcome the new framework. I have experienced great harm from being poorly prescribed opioids, both from adverse effects of the medication itself and from poor tapering experiences. The impact of both would have been much reduced if this framework had been adopted. I believe in responsible prescribing and in maximising opportunities for multi-modal management of pain and appropriate reduction. I have found tapering an extremely challenging experience, made far worse by the ignorance and attitude of many of the health care professionals involved in my care. I had very poor support and in the end, I largely disengaged and tapered alone, a needlessly isolating and miserable journey. If I, as motivated as I was to reduce (and I am reaping great benefits from the reduction) am finding it a challenge, how much harder for people sometimes forced into reduction with poor explanations, draconian misinterpretations of the guidelines and denial of the (at times) serious withdrawal effects? None of that needs to happen.

Tapering often needs significant support and an understanding and consideration of the many impacts and emotional challenges of such a choice are key for all involved. Sadly, I have heard so many negative experiences for patients that it seems to me there needs to be a wholesale alteration of the general attitude towards the challenges of deprescription; better education for both patients and healthcare professionals and far more resources and genuine long lasting empathetic support for patients. ”



“

Tackling the overprescribing of opioids is important, while also ensuring patients have effective alternates. Painkillers can help many people manage pain, but they must be treated with caution. Some opioids are highly addictive and have the potential to cause significant harm. ”

Neil O'Brien - Health Minister

Resource of the month

Our friends at the **Footsteps Festival** have a new website! Created by people living with pain for people living with pain, check out the Event List to take part in online social gatherings, informal pain science discussions and online activity classes such as Pilates and singing workshops!



Real Stories

We've had a big update to our Real Stories section with **THREE** brand new stories from people who live with pain.

Ian's Story



...until he started to develop pain and anxiety. The pain changed his life by helping him to return to work.

...started.

...travelled all over the world with my family. I'd be in the company. It was stressful and there were a lot of people for the staff for years. What I was being asked to do was to see how I crashed quite dramatically in the end. I was no longer to recover from colds and I was always getting the anxiety attacks, which I'd never had before. At the time I was under. I saw it as something I just had to get used to getting nervous even going into a small staff meeting.

...essed with my head - was I making this all up?

...it out to be right. I started to get really bad stomach pains and after a couple of weeks. This seemed to explain everything, but even after I changed my diet things didn't change then in my hands.

Read about how cooking turned **Ian's** life around.

Victoria's Story



...car accident that just never went away. It left her feeling isolated, helpless and even worse.

...nobody hit me from the side.

...nobody hit me from the side. At the time I was actually more nervous than I really got away. I went to my GP who gave me time. Over the next months, I tried periods of rest and exercise and started to really interfere with my life. The more I tried to do, the more I felt worse. In fact, over time it got worse. At one point I was so bad that I really makes you feel quite unwell. I was in this vicious pain cycle that I thought anything I was doing was triggering the pain. I was in this vicious pain cycle that I thought anything I was doing was triggering the pain.

...trying to protect myself, I was doing less and less.

...actors and changing my diet. I saved things for as long as I could and really tried to protect myself, I was doing less and less.

...no more children because of my pain - but we did have them.

...I wanted to experience pain just as I've been on another pain journey - a shorter one than the last time because of the pain because I'd never had a baby before. I wasn't sure what was for next.

...I stand it more now and I have ways to manage it better.

...I have to do it all and get out and about. It's important for me to be active so the sense of achievement and I definitely wanted to do it but I knew it would be a huge physical and emotional strain. I wanted to experience pain just as I've been on another pain journey - a shorter one than the last time because of the pain because I'd never had a baby before. I wasn't sure what was for next.

How **Victoria** recovered from rock bottom.

Steph's Story



...as pain medication didn't help.

...while between my shoulder blades.

...to explain it to people. Over the years I've been diagnosed with fibromyalgia and I've been on to face joint pain. It was only ever short-term but it was only ever short-term.

...nothing had gone wrong and it was off. With Fibro though, the threat of you feel pain all the time as a result.

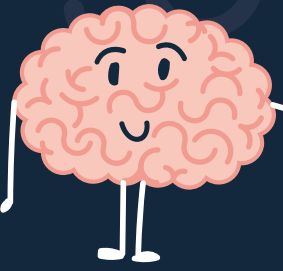
...is interested in anything that would make my life better and the medications and losing out on time with my family.

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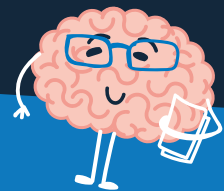
...I've been interested in anything that would make my life better and the medications and losing out on time with my family.

How pain changed **Steph's** approach to life.



Stay tuned to our Real Stories page for a special series from Teesside locals in advance of our Tour in May!

Follow us!



Did you know that Flippin' Pain are on Social Media?

You can stay up to date with everything we're up to and receive lots of useful persistent pain related info via our social media channels.