

# A new paradigm for chronic pain?

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## INTRODUCTION

Chronic pain is debilitating and exhausting for patients. It is also frustrating for health professionals who want to help patients in their desire to become free of their pain.

Of all chronic pain, low back pain (LBP) affects millions of people, resulting in days off work and major impact on quality of life, in addition to costing the NHS billions each year<sup>1</sup>. Treatments such as: Physiotherapy; Acupuncture; TENS; nerve blocks; injections; medications and surgery are often tried, sometimes with limited benefit<sup>2</sup> (particularly with regard to actual resolution of symptoms).

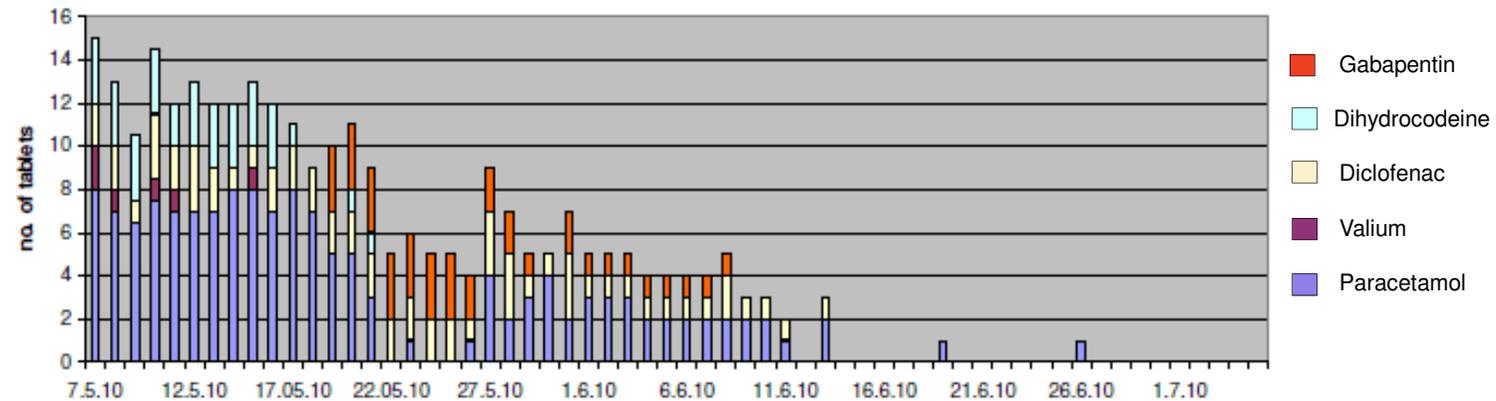
Research has not only shown that depression is a strong predictor of the onset of an intense episode of LBP<sup>3</sup>, but also that findings on MRI scans (e.g. Disc bulges or protrusions) were not predictive of the development or duration of LBP<sup>4,5</sup>. With all of this in mind, a new paradigm for chronic pain could be the answer.

The SIRPA (Stress Illness Recovery Practitioners Association) Programme offers a cutting edge approach to resolving pain, rather than just learning to live with it.

Fig.1 Patient's MRI scan



Fig.2 Medication used over the 6 week SIRPA Recovery Program



## CASE STUDY

43-year old female with long term recurring low back pain and a 6/12 history of severe right sided sciatica, numbness of both feet, loss of both S1 reflexes & unable to toe-stand on her left foot. Functionally she struggled to walk from one end of the house to the other and was waking around 20 times a night due to pain. Due to the severity/intensity of her pain she was on multiple medications which are outlined in Fig 2.

The results of an MRI Scan (Fig 1) showed - 'Massive disc protrusion at L5/S1, compressing both S1 nerve roots and causing marked central canal stenosis'. A referral for surgery was recommended on the basis of the MRI report, but having discovered the SIRPA Programme she decided to put off surgery.

By continuing with the SIRPA Programme she became pain-free within 8-weeks, with recovery from residual symptoms within 4 months. She is now just left with minimal change in sensation on the lateral side of her right foot. She is also fully active and returned to her previous level of swimming, cycling etc, all of which she thought she would never do again.

## References

1. British Pain Society;
2. Gordon. *Therp. Tod.* 2010,21,16;
3. Carroll et al 2004;
4. Borenstein et al. *J. Bone & Jnt Surg.* 2001. 83,1306;
5. Sarno. In *The Divided Mind* Duckworth Publ.2006;
6. Lederman. CPDO. 2010.1.

## DISCUSSION

When overwhelmed with emotions, the mind is capable of somaticizing psychological pain. Experiencing the pain physically can be more bearable than feeling the enormity of the psychological pain<sup>2</sup>.

Emotional memories are registered and stored in the *Amygdala*, in the unconscious brain. These emotions can unconsciously trigger physical or emotional responses even years after the initial event. The *Dorsolateral Prefrontal Cortex* (DLPFC) is in the conscious part of the brain and, when stimulated, this inhibits the response of the *Amygdala*, which in turn decreases pain.

All conscious activities in the SIRPA Programme (e.g. Journaling; positive visualisation/affirmations and mindfulness) stimulate the *DLPFC* and therefore help reduce pain. One of the primary goals of treatment is to help patients recognise and acknowledge the underlying emotional causes of their pain and empower them to break the pain cycle through education<sup>5</sup> and self-empowering strategies. A person's cognitions and behaviour will therefore have important implications on their recovery from LBP<sup>6</sup>.

This approach to treating chronic pain is focused on patient self-care and demonstrates how health professionals can work *with* the patient to help them recover from chronic pain, rather than merely learning to cope with it.