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WHAT YOUR PATIENT IS THINKING

Reframing my chronic pain

Hannah Vickers shares what it is like to live with chronic pain and what health professionals can do to support patients to manage and live with their pain.

Hannah Vickers

Two years after my chronic leg pain started, I had gone through lots of investigations but still did not have a clear cause. My health professional asked, ‘Why do you think you’re in pain still?’ I paused. I honestly did not know. He pushed me further, asking what I was concerned could be causing this. Now, exasperated and tearful, I answered again, ‘I don’t know, that’s the problem.’ After numerous investigations and one operation, no one had explained to me the cause of my pain.

Understanding the mechanisms

Living with daily pain is challenging and full of uncertainty. For years I felt like a medical anomaly, being passed from doctor to doctor to try to make sense of what was going on. I had no clear explanation of why this might be happening. The pain itself brings uncertainty too. An activity can cause pain one day, and not the next. This makes the future uncertain too. How can you plan and think about the future when your pain changes every day?

I asked a specialist to explain to me the basic neural mechanisms and nerve hypersensitivities that I experience. Although I still don’t have an official diagnosis, this explanation gives me some sense of what’s causing the pain. Knowing this has helped me to both accept and deal with my pain better. It also helps clear some of the uncertainty for me.

Pushing my triggers

The unpredictable nature of pain symptoms can lead to overthinking, overplanning, and avoidance. When I first experienced chronic leg pain I noticed that stairs could be triggering it. As a young, fit individual I began to actively avoid stairs and seek out the lift. This meant that, when presented with stairs as the only option, I often became nervous and then hyper-aware of my legs. When I then did go upstairs, inevitably it would hurt and the experience would reaffirm the idea that stairs were bad for me.

Eight months ago, with advice from a specialist, I began running again. I started off with 2 minute runs, so I could show myself I could do it, and gradually increased the time. I still have uncomfortable moments in runs, but with time they have become far more enjoyable and less painful. I used many techniques to achieve this, including noticing and acknowledging sensations in my legs to demonstrate that pain isn’t constant and will come and go.

The importance of language

When surrounded by unknowns in the present, it can be difficult to know how to think about the future. Having a positive end goal that isn’t merely ‘to not be in pain’ can help give direction and purpose to current efforts to tackle the pain and make progress. I have started to call my daily exercises ‘training,’ instead of physio, to reflect this and to relinquish ties to injury or disability. Having these positive aims helps me create a more optimistic landscape to better navigate the hardship of chronic pain.

What you need to know

- Explaining the mechanism of pain can help patients to understand their experience, which may also reduce anxiety
- A positive ‘end goal’ can give purpose and direction to create a more optimistic outlook
- Using positive language when talking about pain, rather than terms associated with injury and disability, can create a more affirmative outlook

Education in practice

- How could you help patients understand their chronic pain?
- What support could you give patients who are struggling with the uncertainty of their condition?
- How could you work with a patient to develop an achievable goal when their pain may change?

Additional information

<https://understandpain.com/resources/pain-points/>

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