



Healthy Joint Group: Week 4 pain, mood and anxiety

The Healthy Joint Programme is for patients with joint problems caused by osteoarthritis (OA). The group sessions offer expert advice to help you manage your symptoms and live well. This leaflet outlines what is covered in week 4 of your group sessions – managing your pain, mood and anxiety. If you have any questions, please speak to your physiotherapist, who will be happy to help.

Pain, mood and anxiety

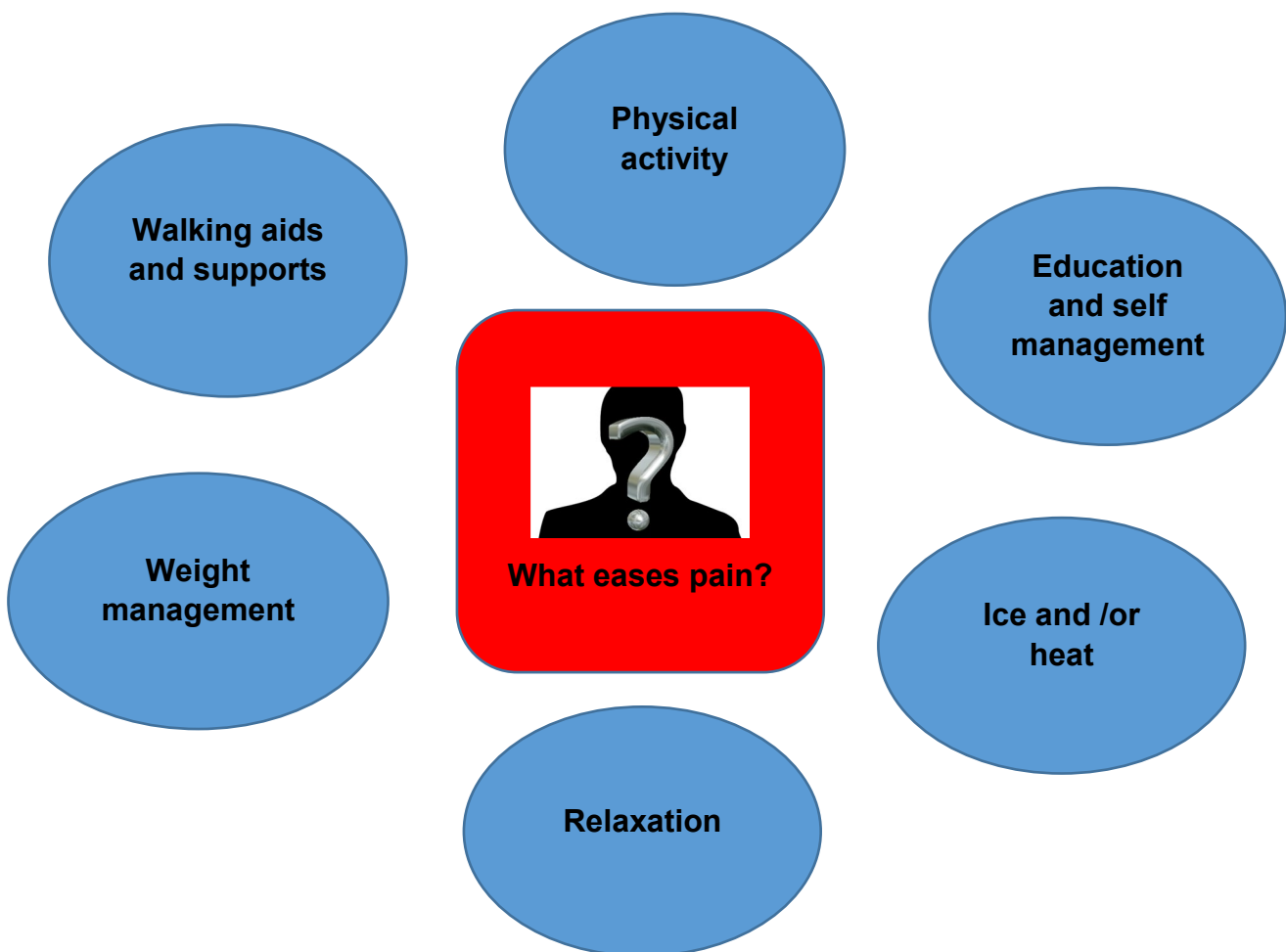
Pain can mean different things to different people and is very much a personal experience. Some patients will describe their pain as an ache, sharp or shooting, where as some people will describe their pain in terms of how it makes them feel, e.g. tired, fed up, depressed.

The definition of pain is: “An unpleasant sensory and emotional experience associated with actual or potential tissue damage.” So, in addition to the sensation of pain, such as aches, shooting or stabbing pains, it is also an emotional experience and affects how the person feels.

Things that can have an effect on pain:

- **Emotions** – Pain can still be felt even if there is no actual tissue damage. Even thinking about pain or being frightened of something will bring it on and can lead to a feeling of pain. The amount of damage at a joint or shown on x-rays does not necessarily link with the amount of pain a person feels.
- **Anxiety, depression, frustration** – people who are feeling anxious, depressed or frustrated may have more negative thoughts and less effective coping strategies to help manage their pain. If the pain increases or is not well managed this can lead to an increase in these feelings. Recognising these symptoms will help you to overcome the stress and develop skills to help control your pain better.
- **Fear of movement** – people often avoid moving as they are worried that they will damage their joints and that by moving, their pain will increase. Unfortunately, by becoming less active this can actually increase their pain and stiffness. Fear of movement can also cause muscle guarding, where the muscles tense up to try to stop the movement; this can again lead to an increase in pain.
- **Friends and family reactions and support** – perceptions of pain can be influenced by the reactions of others. Comments like “don’t do that or you will make it worse” or “you need to rest to get better” are unhelpful and likely to increase perceived pain. If you are allowed to get on with things as normally as possible you will be able to keep active and help to reduce pain.

- **Health beliefs** – People who believe their joints are being damaged by a particular activity are more likely to feel pain during that activity than others do, People with negative thoughts will worsen feelings of pain and inability to cope. Positive beliefs and working out coping strategies, such as pacing yourself, will allow you to keep active and be able to manage your symptoms more easily, helping to minimise pain.
- **Memories of pain** – Pain experiences are stored in our brains. A memory of something being painful is more likely to cause pain again when that activity is done. Sometimes, even thinking about the activity that caused pain can make the person feel pain. This leads to task avoidance and lack of activity which can in itself lead to more pain. Remaining active and having goals can help with coping with joint problems and help reduce pain.
- **Positive thoughts** – can allow for better coping strategies and can help reduce pain whilst negative thoughts reinforce the pain, making it appear worse and limiting function.



Management strategies based on NICE guidelines 2022

Coping with low mood and sleep problems

You might find that your OA makes you feel depressed or anxious. Contact your doctor if you are feeling low and they may be able to recommend talking therapies to help you, e.g. cognitive behavioural therapies (CBT) and stress relieving techniques.

If your sleep is disturbed because of your OA, this could make your pain feel worse. Things that could help which might help include:

- Keeping a sleep diary to work out if there are any patterns to your sleep problem.
- Sleep at regular times to get your body into a routine.
- Avoid phones and other screens in the bedroom to help you wind down before bed.

If you are still struggling speak to your doctor, who may be able to give you other tips and techniques to try known as sleep hygiene.

Use of ice and heat for pain relief

Ice and heat are cheap, effective and safe ways to help reduce pain and swelling in joints. Some people prefer heat, whilst others find cool packs more helpful. Alternating ice and heat can be used to help relieve pain.

- **Ice** – is recommended for swollen and inflamed joints. If the joint is swollen, ice can be applied several times a day for 15-20 minutes. Place a dampened cloth over the area and apply the ice pack over this to prevent an ice burn. Wrap the area in a towel if necessary to keep the ice pack in place. Packets of frozen peas or crushed ice in a bag are the most convenient and re-usable although re-usable gel packs are also available.
- **Heat** – heat, is generally pleasant after having done your exercises. Wrap a hot water bottle / heat pad in a dry towel to prevent burning the area. Heat can be applied several times a day for 20 minutes at a time.

N.B. People with reduced sensation, numbness or circulatory problems should always discuss their use with a healthcare professional before using ice and heat.

Ice and heat can burn skin, therefore you should always use a towel to cover the area and check your skin regularly for any changes and signs of burning. A damp towel is more effective when applying ice.

If using frozen peas or similar as ice, ensure you mark the packet before putting them back in the freezer so that you do not eat them, as they may have been defrosted a number of times.

Reference: <https://www.nice.org.uk/guidance/NG226>

Pain medication management

Pain relieving medication can be used to help ease pain and stiffness caused by OA but they will not prevent or cure the condition itself.

Some of the medications that you can try include:

- **Painkillers** – simple over the counter painkillers such as Paracetamol may help but your doctor can prescribe stronger painkillers if necessary. This is often the first medication that a GP will prescribe. It is a simple painkiller with few side effects if taken correctly and so can be taken long term.
- **Anti-inflammatory gels or creams** – e.g. Ibuprofen and Voltarol can be used with or instead of Paracetamol and are available over the counter or be prescribed. They are suitable for long term use due to the lower amount of the drug absorbed by the body compared to tablets.

- **Capsicum cream** – a pain relieving cream made from the pepper plant which is available on prescription only may help if rubbed into the painful area.
- **Non-steroidal anti-inflammatories (NSAIDs)** – e.g. Ibuprofen, Voltarol and Nurofen. These can be bought over the counter or can be prescribed by your GP. A short course may help to reduce any pain, inflammation and swelling in your joint. These are often prescribed with an antacid tablet such as Omeprazole to minimise the adverse effects on the stomach. Side effects can include heartburn, nausea, skin rashes and stomach ulcers. They may be used with Paracetamol if it is not sufficiently reducing the pain or instead of Paracetamol if it is ineffective.
They may not be prescribed for people with heart disease, stroke or risk of heart disease or stroke or any peripheral circulation problems due to the slight increase in thrombotic risk.
- **Intra-articular steroid injections** – may provide short term pain relief. The effects can last for a variable length of time, between a few weeks and a few months. Injections are generally limited to three injections for a weight bearing joint and should not be given within three months of potential surgery to the joint.
- **Opioids** – strong analgesia. There is poor evidence supporting the use of opioids for joint pain. Opioids can lead to addiction and dependency and can have side effects. They can be used if other analgesia are ineffective, usually by prescription only.

You should always read the medication leaflet or speak with your GP or pharmacist to check that the medication does not affect your other health conditions or medication you are already taking.

Dietary supplements

Glucosamine / Chondroitin / fish liver oil or cod liver oil are often recommended for the symptoms of OA but there is conflicting evidence about how effective they are and they are not licensed for use as drugs for OA in the UK.

Acupuncture is not recommended in the NICE guidelines as a treatment of arthritis.

Reference: <https://www.nice.org.uk/guidance/NG22>

Contacting Physiotherapy

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To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Orthopaedic Physiotherapy, May 2024
Next review due: May 2026