



Somerset Community Pain  
Management Service

**Working together  
on my health**

## About Long Term Pain

**Long term pain is difficult to understand. Sometimes there is no medical explanation for it, especially when all your tests and scans are normal and health professionals just do not know exactly why you are in pain. This does not mean that you do not have pain; your pain is very real. What it does mean is that the explanations for long-term pain are more complicated. The information below will help you understand what we know about the reasons for long term pain.**

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Some people continue with pain despite having seen their GP or specialists, some may have had surgery or investigations, some people may have a diagnosis, and some not. This factsheet will explain what pain is, and how long term pain differs from other types of pain.

Why not watch our 'Understanding pain in 5 minutes' video? You can find it in the 'About the Pain Service' section of the Pain Service website.

## How do we “feel” pain?

We know that the brain produces the sensation of pain. This includes all pain no matter how it feels – sharp, dull, strong or mild, and no matter how long you have had it. Pain that has been present for three months or less is called **acute pain**. Acute pain is usually associated with damage to the body caused by injury or disease. In this case, the pain acts as a warning signal to us. This helps to protect the body by providing information about what is going on and encouraging us to take it easy during the recovery period. Examples are a broken leg, appendicitis or cuts and bruises. As the body heals the pain subsides and you gradually get back to doing normal things.

## What is the difference between acute pain and long-term pain?

Pain that you have for more than three months is generally called **long-term, persistent** or **chronic pain**. Around 10-20% of people will experience this at some point in their lives. Once any serious condition has been ruled out we can confidently say that long-term pain is not a warning signal and that the body is healed as well as it can be. This is because long-term pain is less about structural changes in the body and more about sensitivity of nerves within the **central nervous system** (the nerves, spinal cord and brain). This happens when pain signals do not get “switched off”, so the brain thinks there is still a problem.

## How should we manage long-term pain?

It is common (and natural) to be fearful of these pain signals and to avoid doing things that bring them on or make them worse. After a while the brain “learns” what these things are and memorises them. It is then the memory that causes the pain, rather than something that is wrong with the body. For example, if you get a lot of pain when you go to the supermarket, as soon as you set out to go shopping your brain recognises this and starts to give you pain even before you get there!

By avoiding activities that cause pain, your muscles become weaker and your joints become stiffer. When you try to do these activities again the body is not prepared and you get even more pain. This can feel like these activities are “proof” that you should not do them. On the other hand, you may try to push through pain. This is like prodding a bruise. It will not cause harm, but will aggravate an already sensitive **central nervous system** (see the **Managing Activity** section in the ‘Get more information/resources’ section of the Pain Service website). These nervous system changes do not show up on scans, x-rays or blood tests. The central nervous system often becomes sensitive with conditions such as low back pain, unexplained abdominal pain, fibromyalgia and pain that persists following an operation or accident.

Having a brain that keeps on producing pain messages can be really difficult to deal with and you may not know what to do about it. It can often be a complex problem and to try and to figure out what is going on it is often helpful to look at other things that also affect the nervous system. Everyone’s experience of pain is different so a broad perspective needs to be taken.

## Four things to think about

### 1. Doctors and Medicines

Healthcare professionals will start with the **medical** side of things. When you're managing pain with your doctor or other healthcare professional, taking the tablets and the other types of pain medication that they've recommended can help, but only if you understand how to manage the **non-medical** side of long-term pain. People who take a more active approach are usually those who are able to manage their pain more successfully. Using medication to get started will help, but it is usually best to gradually reduce this as you begin to get on top of your pain (see our **Using Medication to Manage On-going Pain** factsheet – you can find this in the 'Using Medication' section of the Pain Service website). Some people also think that surgery might be the answer, but when it comes to a complex problem like on-going pain an operation is often not the solution. If you are thinking about surgery, then it would be a good idea to have a discussion with your pain specialist first.

### 2. Emotional Wellbeing

It is also helpful to think about how your **thoughts** and **emotions** affect your nervous system. Pain really impacts on your life and can have a huge effect on your emotions and how you feel. This can create a vicious circle of pain, anxiety, tension and stress. The thoughts, feelings and beliefs that you have are also brain impulses, so it can help to learn ways to reduce stress and “wind down” the nervous system (see sections on **Relaxation** and **Stress and Anxiety** in the pain service website). This helps with both pain reduction and emotional wellbeing. There is often value in exploring the deeper meaning of pain and looking at your personal story. Many people can make useful links between a worrying period of life and a worsening pain picture by stepping back and looking at all the things that were happening around the time the pain developed. For many, recognising deep emotions can be part of the healing process. This is something that you may wish to discuss with your pain specialist or GP.

## Four things to think about continued...

### 3. Healthy Lifestyle

You should also consider the role of your **lifestyle**. We know that how we live can affect an already sensitised nervous system. You can look at things like sleep and activity patterns, smoking, nutrition and alcohol, and see if there are any changes you could make. For more help with this, why not take a look at our **Setting Goals** factsheet? You can find this under the 'Goal Setting' section of the Pain Service website.

### 4. Exercise

Last but not least is **physical activity** and doing normal things. From the brain's perspective getting moving at comfortable levels is best. This helps reduce fear and discourages the brain from mistakenly trying to protect the body by producing pain. Normal physical activity encourages normal impulses and improves the strength and fitness of weak and tired muscles (see our factsheet in the 'Exercise and On-going Pain' section of the Pain Service website).

## To Sum Up...

- ✓ Pain comes from the brain.
- ✓ Pain that persists for more than three months is rarely a sign that something is wrong.
- ✓ By looking at it from a broad perspective you can start to find things to work on. These may not get rid of your pain but may help reduce it and make it more manageable. This can improve how you feel and your overall quality of life.