

Pain, sleep, and mood and how to Live well when they don't make life easy

- Presented by Dr. Bruce Dick

Unfortunately, we were not able to record this presentation, however, we were able to take some notes. Please note these are provided as a best effort. Also be aware this is in bullet form and somewhat organized as best as I could while still trying to capture the notes. We have also added additional resources and comments to clarify some of the notes as indicated by an asterisk: *. Anyone who would like to provide updates (or corrections) from their own notes is welcome to send them on to events@calgaryneuropathy.com and we will try to incorporate them. - CNA

About the Speaker:

Dr. Bruce Dick is a clinical psychologist and Full Professor in the Department of Anesthesiology and Pain Medicine with cross appointments in the Departments of Psychiatry, Pediatrics, and the Faculty of Rehabilitation Medicine at the University of Alberta. His research interests primarily focus on several topics associated with better understanding chronic pain and its management. He is the Chief of Psychology in the Multi-disciplinary Pain Centre at the University of Alberta Hospital and works clinically with adults in that program as well as youth in the Stollery Pediatric Chronic Pain Clinic.

Notes:

Please be aware, we did not capture everything, this is a list of the high points.

Dr. Bruce will be speaking about - How pain mood and sleep all interact.

Thoughts about pain & pain management

- [“The Pain Matrix”](#) s* is the set of areas in the brain said to be responsible for processing pain: “Pain is in the brain and in the mind.”
- Disruptions in sleep are very common with chronic pain.
- Chronic Pain is not an easy fix, and “they” are not sure they can reverse anything.
- **Movement is key in pain management** and life management.
- If we live long enough most of us will be touched by Chronic Pain.

MPC Programs (Multidisciplinary Pain Clinic) in Edmonton

- This MPC runs a number of topics in course format.
 - Self mgmt
 - Pain 101
 - Mindfulness
 - Behavior therapy
 - Positive psychology
 - Mindful self-compassion for chronic pain
 - Pain 701 – CBTi for Sleep

Notes*:

To attend the courses Dr. Dick referred to a person needs to be a patient at the MPC at the University of Alberta Hospital in Edmonton, for which you would need a referral from your doctor.

If you live in Alberta you can check the following site: <https://albertareferraldirectory.ca/PublicSearchVelocityController> and search for the word: pain. Look for clinics few in your area you could ask your doctor about.

If you're not in Alberta, you can search in your area for pain clinics.

There are also private psychologists and practitioners that will do some of the same work.

For Example, Donna Piercy:

<https://www.airdriecounsellingcentre.com/donna-psychologist> (she works remotely, so, I believe, you could be anywhere in the province)

Here is Part 1 of her talk with the CNA back in 2018: <https://youtu.be/SpDW2hjqPns>

FYI, I'm not pushing her services, this is just an example.

Another example:

<https://reframerehab.com/collections/debbie-patterson>

About Pain Management

- Pain is not easy to manage.
- It creates many complications. Pain specialists try to use “person centered” approach.
- They will pick a spot and start work... it takes effort on the part of the patient.

- Most common approach is the **Biopsychosocial model** of pain.
- Pain has 3 components:
 1. biological – a medical (biological) problem
 - side note: According to Dr. Bruce, anyone who says differently (i.e., there is no biological component) is wrong.
 2. Pain affects mental health (psychological)
 - Depression increases 5 times & anxiety even more with chronic pain.
 - People who have good psychological strategies do better.
 3. Social component...
 - The best predictor of health is social connectedness. (Harvard Men's study – [here is a basic explanation](#) of the study*)
 - People with chronic pain almost always have their social connections affected.
- **The big picture (of pain management) involves all three and we need to attend to all three as individuals.**

More about the Biopsychosocial model*

[Biopsychosocial model: Understand & Help](#)

About Pain

- Pain messages are all processed in the brain.
- This is an important point to remember!
- Medicine doesn't work as well as we like because pain is processed all over the brain. If it was a small area, we could make a medication to turn that off, but not all of it (or we'd be sedated. (Remember the pain matrix? [Here is a more detailed chart of it.](#)*)
- * Around 2006 a researcher was looking for one location ([a molecular switch](#)) that caused pain to be chronic.
- Acute vs Chronic pain.
 - Acute is short term, from damage. It's useful and protective.
 - Chronic pain
 - Is something going wrong in the system?
 - The nerves keep ringing after the pain switch should be closed.
 - The nerves are sending false messages – they essentially have a life of their own.
- There are three categories: brief pain, persistent pain, and abnormal (i.e., chronic pain).

- The brain starts off with (brief & persistent) doing exactly what it is meant to do. The brain because it is plastic it can become sensitized... and that can lead to abnormal (or chronic).
- Question: Why can't they find a way to switch of the pain at the gate?
Answer:
 - It is all hard to reverse because it's so interconnected and complex.
 - Nerves are like a tree roots or branches; you can't make it "ungrow". When they tried, in the past, to cut them, they would get worse.
 - It's true, some get nerve blocks or spinal cord implants. But if doctors dig around too much in the brain (or spine) you can get permanent damage... like paralysis. People have been made worse by that kind of work.

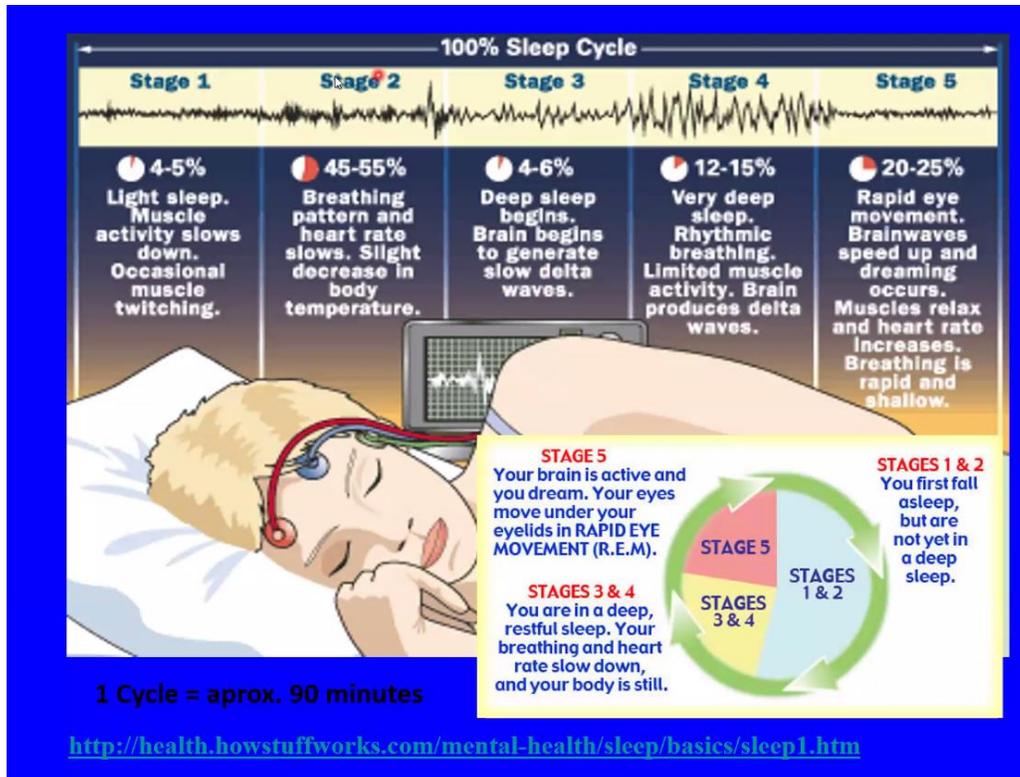
Pain Management

- Sometimes pain can become the center of our lives... many (former cancer patients) say they would rather have cancer than neuropathic pain.
- Pain causes all kinds of additional impacts (list is based on one of the slides)
 - You're able to do less
 - Chronic Fatigue
 - Which leads being able to do even less
 - Poor Sleep
 - which leads to more pain
 - Anxiety
 - worry that won't go away
 - Depression
 - sadness that won't get better
 - Stress
 - releases cortisol steroid... which increases pain.
 - Lower self-confidence and esteem
 - Social relationships fall away
- Managing chronic pain is about good life management:
 - Exercise
 - Nutrition
 - Sleep
 - Manage stress
 - Mental Health
- Since they can't fix the pain, pain management specialists focus on the things around the pain (those additional impacts)

- Doing all the good things (i.e. nutrition, exercise, self-care (physical, mental & social) will help with pain levels.
- Fear avoidance ... the more we avoid things that hurt us the more they will hurt us. For example, if you don't walk on your feet, when you do, it will hurt worse.
 - Fear avoidance [further explained](#) *
- Expert meditators – the key is practicing. There are many different kinds of meditation. Find the kind that works for you.
 - [Meditation for Skeptics](#) *
- When you find the techniques that work for you much of the pain will seem to disappear allowing you to feel more normal, even though the pain is still there.
- Question: Why say the pain is still there if you can't feel it? Answer: The scans show people who are in a coma or sedated still have the pain areas lit up.
- You can't see chronic pain on an mri , etc.
- Pacing:
 - Do what you can but be make sure to not overdo.
 - It is a balance for every person.
 - Use smart goals, make them relevant to you:
 - Specific, measurable, achievable, relevant, time sensitive.
 - Keep your expectations reasonable.
 - Side notes from CNA:
 - Pacing seems to be one of the hardest things to learn, particularly if you are someone who used to be high energy. Learn about [spoon theory](#) and how to apply it. Tips for pacing: Break activities into small chunks, alternate activity chunks, rest before you crash to recover more quickly, to reset during the day: meditate, used paced breathing, use visualization, or try [NSDR](#).
 - [More information on pacing](#)

Sleep

The following slide was included in Dr. Bruce's presentation. It is available here: [Howstuffworks](#) along with a full post.



The CNA has a collection of resources dedicated to the topic: [Help with Sleep](#)

Other Articles and references mentioned during the presentation

Association: [International Association for the Study of Pain](#)

“IASP brings together scientists, clinicians, health care providers, and policymakers from around the world in pursuit of their mission to bring relief to those who are in pain.” IASP-Pain.org

Article: [A Critical review of neurobiological Factors involved in the interactions between Chronic pain depression and sleep.](#)

Book: [Explain Pain](#) by the [noi group](#)

Book: [Pain Metaphors by Painful Yarns](#) by Lorimer Moseley