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From Painful Inactivity to Pain Reduction Through Activity a Personal Account

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Introduction

Chronic pain may be defined as "pain lasting beyond normal tissue healing time, generally taken to be 12 weeks" [1], or simply as pain that has lasted three months or longer [2]. This condition, whatever the cause, may change the levels of stress hormones and neurochemicals within the brain and nervous system, affecting the patient's mood, thinking and behaviour. It is often linked to activity limitations, anxiety, depression, insomnia, fatigue, and reduced quality of life. The proportion of the population with chronic pain is greater than the number of people with asthma [3] as well as with diabetes [4]. In their Cochrane review focused on adults with chronic pain, Geneen et al.1 hold that "physical activity and exercise may improve pain severity as well as physical function and quality of life" (p.12). I take this as the theme for this paper where my own experiences will be focused and discussed.

Keywords:

Background

I fit several of the contributing risk factors for chronic pain1, that is, being female, of older age (70 years), geography (Norway), and perhaps also genetics. I cannot remember life without headaches, even as a small child. The joint problems started around age 12. I was finally sent to a migraine specialist nearly 30 years ago. I was given the dual diagnosis of headache and chronic migraine and received better tailored medication. For years my migraines caused me to spend 2-3 days every 2-3 weeks in my bathroom non-stop vomiting/retching. I kept a pillow and a yoga mat on my bathroom floor as there was no time to get back to bed between "sittings". I was also diagnosed with a generalized rheumatic syndrome, which includes all joints and all muscles. The rheumatologist told me to avoid working out on "active" joints.

As some joint or other always was then and still is "active", this resulted in inactivity, and with that, my weight was steadily creeping up. Despite being prescribed prophylactic Botox injections in my head/shoulders four times a year and taking Antirheumatics x3 daily together with PRN migraine medication prescribed by the respective specialists, I could still be described as an inactive bundle of pain. All my energy was spent at work; there was hardly any left for anything else. Such physical inactivity may among other things "lead to reduced protection against cardiovascular disease" [5] (p.6). These researchers even found that most deaths in patients with knee or hip osteoarthritis were due to cardiovascular disease. Based on their extensive review point "to the linking between chronic pain in general and increased all-cause mortality" (p.5). Although I had avoided cardiovascular disease, at 60 I found that my inactivity had affected my physical balance woefully.

Action and Reaction

As strength and balance go hand in hand, I contacted the local fitness center/gym the very day I found that I was about to lose my balance while standing on my kitchen floor. I did this despite expecting that mostly self-absorbed, body- and muscle-focused people frequented such places. Not surprisingly, I felt rather out of place as I stepped into this to me totally alien environment. I soon realized that although most of the people there were much younger than me, some were my age and even older, and the skilled and cheerful personal trainer (PT) that was allocated to me, helped me through my steep learning curve in a way which very quickly made me forget my feeling of being "lost". And the young people, instead of being all self-absorbed, were friendly and encouraging. The three introductory trial sessions had me hooked! This was fun! And I very soon realized that getting

stronger and more mobile not only gradually restored my balance, but the workouts also helped reduce joint and migraine pains.

For ten years now I have worked out with PTs x3 weekly in addition to exercising on my own. My joints are still painful at times, sometimes quite badly so, but instead of avoiding exercising on "active" joints, I push, lift, and run until the pain subsides. I now take antirheumatics according to need instead of regularly, often only a few times a month. I still wake up with a migraine almost every morning and may have several episodes during the day, but also regarding this problem workouts at the fitness Centre comes to the rescue; tough and heavy workouts give pain relief. Getting in an average of 10000 steps during the day adds to the general pain reduction. I still need prophylactic Botox injections and PRN medication, but I use much less meds and I have not had the kind of pain that causes nausea in years. My balance has improved to the level of younger years, together with weight loss and much improved – and steadily improving – general muscle strength, flexibility, and endurance.

Discussion

In their Cochrane review of research on the treatment of chronic pain, Geneen et al.1 found that "health professionals traditionally focus on biomedical views of pain, utilizing pharmacology first and foremost, and sometimes not addressing potential non-pharmacological approaches such as physical activity and changing attitudes towards chronic pain" (p.4). This is a finding that mirrors my own experiences. No physician has ever suggested physical activity to me. Physical activity is no magic solution to chronic pain. Research shows that although physical activity may prevent migraine, for some heightened pulse may trigger migraine episodes or aggravate headaches [6]. This latter situation should not stop health professionals from encouraging chronic pain patients to give it a serious try where medically possible, perhaps according to the principle "start slow, go slow", that is, a slowly and gradually increasing of their tolerance to physical activity.

Vader, Douglas, Patel et al. [7] found three major factors that affected physical activity and exercise in adults living with chronic pain: "the challenge of staying active (decreased activity levels, discomfort during physical activity, and uncertain and fluctuating abilities); diverse factors influence participation (pain, fatigue, perceived risks, beliefs about physical activity, competing demands, social support, motivation, other health conditions, and access to supports for physical activity or exercise); and perceived outcomes (pain management, functional improvements, social participation, mental health, and overall well-being)" (p. 1829). These are factors I by and large recognize.

Some of the reasons why I continue working with a PT three times a week, is his ability to plan each session according to my fluctuating physical from: the level of pain and stiffness as we start the session, and what I can do that day, as this may vary quite significantly. With his experience, he always finds replacement activities for things that are difficult that day. Furthermore, knowing that we have an appointment makes me go even on days I really do not feel like it, and he gives me the support and inspiration I need during the session. The perceived outcome, pain reduction, improved physical functioning, and quality of life is also an enormous driver and inspiration. At the same time, it is important that I remind myself that lifting heavy bars, dumbbells etc., may injure me if I do not execute every movement with correct technique. Doing deadlifts of 70 kg, where I am now, can for instance seriously hurt any back, and not the least a rheumatic one like mine. But I am like a child who wants to do more, lift heavier, get stronger, and run faster.

After ten years the PT is still watching me like a hawk, telling me off if I do not do things correctly and showing me how to improve my technique. He inspires and supports, and pushes me to do my very best, but he is also my "safety valve" who stops me when need be. Different guidelines for lifestyle changes for persons with chronic pain are published by different interest groups and research institutes. The guidelines for patients with osteoarthritis produced by the National Institute for Health and Care Excellence [8] state that "exercise should be a core treatment [...] irrespective of age, comorbidity, pain severity and disability. Exercise should include local muscle strengthening [and] general aerobic fitness". I am one of the very fortunate people for whom tough physical activity is good "medicine" in combination with prophylactic and PRN medication. Mayer, Mooney, & Dagenais [9] research indicates that resistance exercise with so-called "overload", or other forms of strength training, improves the musculature supporting movement around the joints, which potentially will relieve stiffness as well as giving pain relief. Moreover, improving one's balance and flexibility reduces the risk of falling, which helps avoid further pain.

Conclusion

I retired three years ago. I would never have been able to keep on working until the Norwegian retirement age of 67 without going to the fitness center every morning before work and three evenings a week with the PT. Now, at 70, I go to the fitness center 4-5 times a week. The pillow and yoga mat were removed from my bathroom floor shortly after I started on my fitness journey. Vigorito and Giallauria [10] recommend that if physical activity reduces chronic pain, this should be a preferred alternative or used together with medical treatment like medication or surgery. For me, combining physical activity with a judicious use of pharmacology has been very beneficial. This my private "medical program" has a positive effect, resulting in less pain and a more active lifestyle both physically and socially.

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