

FLARE-UPS OP-ALMA



At times, the intensity of our pain can become much worse than usual. It might become very hard to perform our usual daily activities. This is called a flare-up and it will pass.

Flare-up Triggers



Medication changes



Overdoing it on the days you are feeling good



Being more active than usual





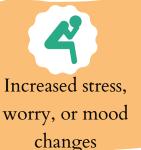
Disrupted sleep



Disruptions to your usual routine



The trigger might be unknown





A period of illness, such as having a cold



Spending too long in one position or doing one activity

A flare-up of existing pain does not signal more damage or injury¹.

How we respond to a flare-up can make a difference to how long it will last.

By learning to accept flare-ups and focusing on how to manage them, we can turn down the flare's intensity and duration.



Most activities have a flare-up point - we have pushed our limit or gone for too long, or too far. We might realise this right away, or the pain might be delayed until later that night or the next day.

Tips for managing flare-ups



Research shows that people who use <u>active</u> coping strategies when managing flare-ups have a greater sense of wellbeing than those people who use <u>passive</u> coping strategies².



Active strategies involve taking responsibility for managing our own pain. Examples include exercising, distraction, focusing on things other than pain, staying positive, and watching out for unhelpful thoughts ³.



Minimise **passive** strategies; those that involve giving control to someone or something else to manage the pain. For example, relying only on medication or our GP to turn down our pain, or avoiding all activity.



Stay as active as possible, pace yourself and modify your daily activities. Do not stop all activity completely. Some activity is better than none.

CORTISOL is a stress hormone. When we feel stressed, pressure or worry, our brain releases cortisol which can turn up our pain. Coping with these feelings can help reduce pain. Practicing relaxation, exercising and talking about our worries with someone who we trust can help.



Find ways to release helpful chemicals like ENDORPHINS and SEROTONIN. The brain releases these when you feel happy, loved or supported. They can help turn down the intensity of your pain¹. Spend time doing activities you enjoy, and stay in touch with supportive friends and family.

FLARE-UP PLAN

Developing a flare-up plan can make us feel less helpless

These strategies help us to <u>prevent</u> and <u>relieve</u> flare-ups. Tick the ones that you already use. Circle the strategies that you would like to add to your flare-up plan.



PREVENT

Regular use of these strategies can reduce the likelihood of a flare-up

the likelihood of a flare-up				
	Practice regular gentle exercise and stretching. Keep active.		Stay connected with others and maintain supportive relationships.	
	Take medications as prescribed by your GP.		Practice relaxation and mindfulness regularly.	
	Be aware of your thoughts about pain - practice acceptance. Negative or catasrophising thoughts can lead to low mood and increased pain.		Pace your activities. Break tasks into smaller parts and take regular breaks. Stop before your pain spikes.	
	Look after your health by eating a balanced diet and drinking water.		Avoid overdoing things. Prioritise your daily activities and take regular breaks.	
	Manage stress and worries as best you can. Avoiding caffeine, alcohol and cigarettes can help.		Take note of your flare-up triggers so that you can feel confident to manage your pain.	
	Adjust your expectations of yourself. Don't give yourself a hard time if you can't do as much as you did before living with chronic pain.		Regularly apply a heat pack to help with relaxing muscles.	

RELIEVE

Apply these strategies to reduce the intensity and duration of a flare-up

Try some gentle stretching or self-massage.	Use heat or ice packs as appropriate.
Use positive self-talk and be kind to yourself. For example, 'This flare-up will pass,' 'I know what to do'. Avoid catastrophising.	Take medications as prescribed or recommended by your GP. Do not increase your pain medication without consulting your GP.
Reduce or modify activity but keep moving and take brief rest periods. Becoming fearful of movement can lead to more problems like losing muscle conditioning ⁴ .	Talk to supportive friends or family. Research shows that when pain is validated by others, the intensity can go down and physical function improves ⁵ .
Distract yourself. Watch a funny movie, listen to your favourite music, call a friend for a chat.	Focus on things that are within your control - your thoughts and actions. Focusing on the pain can lead to feeling hopeless and helpless.
Reduce feelings of loneliness by connecting with others online.	Practice calm breathing and relaxation.



Relieve stress by practicing calm breathing. Scan this QR code to try an exercise:

http://bit.ly/opalma-breathe



Scan this QR code to watch a clip that describes a way of thinking about chronic pain: http://bit.ly/opalma-pain



^{5.} Andrade Carvalho, S., Pinto-Gouveia, J., Gillanders, D., & Castilho, P. (2021). Perceived validation and criticism in pain:

Turning Point

Development of a management of Development of a new measure in chronic pain. European Journal of Pain, 25(1), 136-148.







^{1.} Butler, D. S., & Moseley, G. L. (2013). Explain Pain. (2nd ed). Noigroup Publications.

^{2.} Jensen, M. P., Turner, J. A., Romano, J. M., & Karoly, P. (1991). Coping with chronic pain: a critical review of the literature. Pain, 47(3), 249-283.

^{3.} Brown, Gregory K., & Nicassio, Perry M. (1987). Development of a questionnaire for the assessment of active and passive coping strategies in chronic pain patients. Pain, 31(1), 53-64.

^{4.} Vlaeyen, J. W., & Linton, S. J. (2000). Fear-avoidance and its consequences in chronic musculoskeletal pain: A state of the art. Pain, 85(3), 317-332.