



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



Weather changes



Disrupted sleep



Disruptions to your usual routine



The trigger might be unknown



Increased stress, worry, or mood changes



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 injury<sup>1</sup>.

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.



### TIP

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 **active** coping strategies when managing flare-ups have a greater sense of wellbeing than those people who use **passive** coping strategies<sup>2</sup>.



**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<sup>3</sup>.



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<sup>3</sup>.



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 pain<sup>1</sup>. 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 prevent and relieve 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**

- |  |  |
|--|--|
| <input type="checkbox"/> Practice regular gentle exercise and stretching. Keep active.   | <input type="checkbox"/> Stay connected with others and maintain supportive relationships.   |
| <input type="checkbox"/> Take medications as prescribed by your GP.  | <input type="checkbox"/> Practice relaxation and mindfulness regularly.  |
| <input type="checkbox"/> Be aware of your thoughts about pain - practice acceptance. Negative or catastrophising thoughts can lead to low mood and increased pain. | <input type="checkbox"/> Pace your activities. Break tasks into smaller parts and take regular breaks. Stop before your pain spikes. |
| <input type="checkbox"/> Look after your health by eating a balanced diet and drinking water.  | <input type="checkbox"/> Avoid overdoing things. Prioritise your daily activities and take regular breaks.                           |
| <input type="checkbox"/> Manage stress and worries as best you can. Avoiding caffeine, alcohol and cigarettes can help.  | <input type="checkbox"/> Take note of your flare-up triggers so that you can feel confident to manage your pain.                     |
| <input type="checkbox"/> 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. | <input type="checkbox"/> 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<sup>4</sup>.
- ☐ Talk to supportive friends or family. Research shows that when pain is validated by others, the intensity can go down and physical function improves<sup>5</sup>.
- ☐ 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.



## CONNECT

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>



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.
5. Andrade Carvalho, S., Pinto-Gouveia, J., Gillanders, D., & Castilho, P. (2021). Perceived validation and criticism in pain: Development of a new measure in chronic pain. *European Journal of Pain*, 25(1), 136–148.