

What is Chronic Pain and How Can I Manage It?

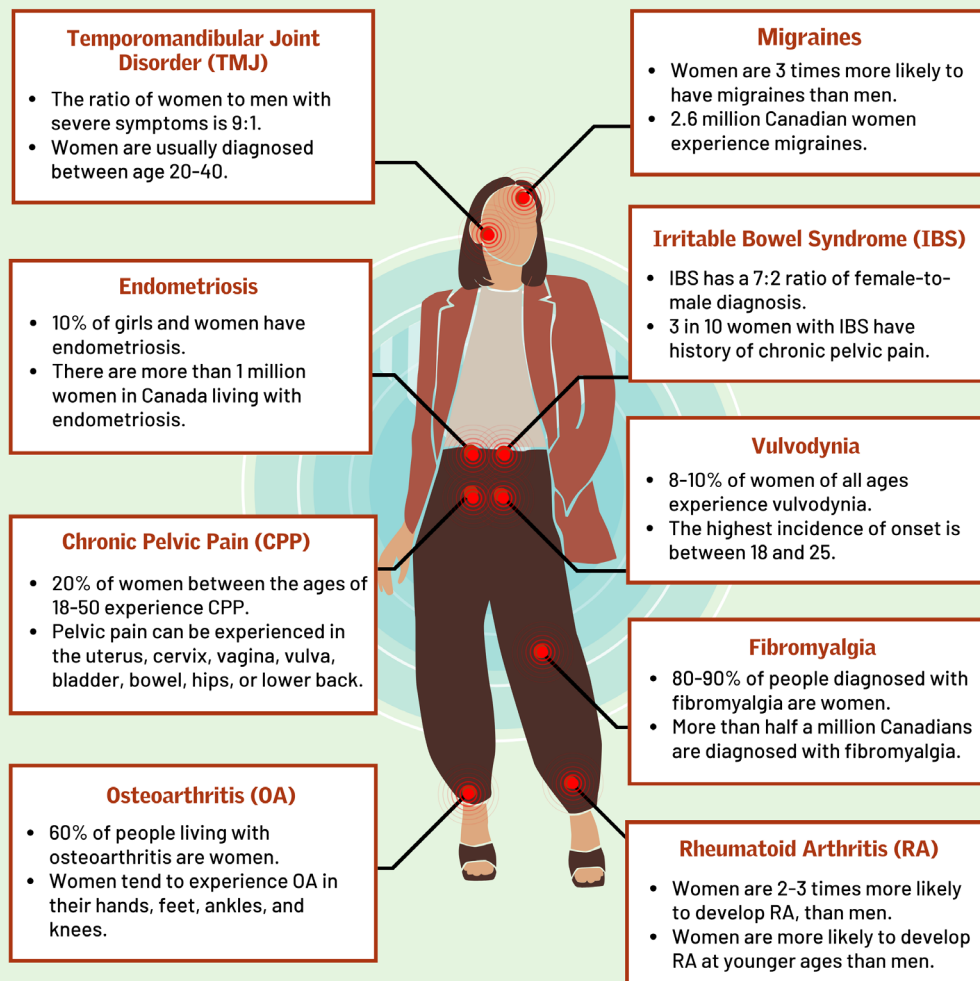
Information for Women Living with Chronic Pain

This information package was designed by researchers and people with lived experience of chronic pain at the Centre of Excellence for Women's Health, as part of a larger study on women's chronic pain and prescription opioid use. The information included is intended to help you learn more about women's chronic pain and strategies for pain management.

What is Chronic Pain?

Chronic pain is pain that lasts longer than three months. Chronic pain can occur in almost any part of the body. For some people, the pain may be continuous, while for others the pain may come and go. Chronic pain is not just a result of biological factors, but also psychological, social, cultural, and environmental factors. This can make chronic pain feel difficult to navigate, as often there is not a singular way of addressing the pain, but rather many strategies that can be used to help reduce pain or help you live pain-free.

In Canada, nearly 8 million people live with chronic pain, making it one of the most common reasons to seek health care. Women often experience more severe and recurrent chronic pain than men. Some chronic pain conditions are experienced disproportionately by women, such as those listed in the boxes below:



Why do more women experience chronic pain?

More research is needed on why women experience higher levels of pain. However, we know that sex and gender factors contribute to women's chronic pain, and how their pain is experienced, treated, and investigated.

Sex refers to the biological aspects of our bodies, such as the anatomy, physiology, genetics and hormones, which affect how our pain is experienced and the development of sex-specific chronic pain conditions.

Gender refers to the socially constructed norms, roles, relations, and identities that influence individual and group experiences and responses, all of which shape our experiences and perceptions of pain.

Sex-related factors can influence pain and the development of chronic pain conditions. For example, due to hormonal fluctuations, women may be more likely to develop chronic migraines and experience their migraines more prominently during different stages of their menstrual cycle.

While women are more likely to access healthcare for their pain, gender-related factors like gender biases in care can lead to women's pain not being believed and can lengthen the time to receive a diagnosis or treatment. Additionally, gender-based violence, trauma, and adverse childhood experiences can also influence, and worsen, women's chronic pain.

Understanding ways that sex and gender factors impact chronic pain can be helpful – it can provide insight to patterns and trends in your pain, which can be helpful information when speaking to your trusted health care provider.

What evidence-based pain management strategies are available?

Women's chronic pain is most effectively managed when the multifaceted nature of pain is attended to. This goes beyond treating the physical symptoms, to also address the psychological and social factors that can impact chronic pain. The pain management strategies found here highlight eight effective, evidence-based strategies for women's chronic pain management. Some of these strategies you may have tried before. Others may be new to you. In the next two pages, you will find more information about each of the strategies, what it is, and what it can be helpful for. Many of the strategies can be used in tandem to cater to your unique needs, financial circumstances, and chronic pain experiences, as well as the availability of services in your area. Find the full document [here](#).



Medical Interventions

Medical and surgical interventions for chronic pain include a range of procedures and treatments administered by healthcare professionals to alleviate or manage persistent pain.

Examples may include:

- Botox
- Spinal Cord Stimulation
- Surgery
- Trigger Point Therapy

helpful for:

- ➔ Improving functionality & mobility
- ➔ Improving sleep
- ➔ Reducing pain
- ➔ Managing symptoms
- ➔ Tapering off medication

Pharmaceuticals

Prescribed and non-prescribed medications are advised by healthcare professionals to help manage acute or chronic pain. The choice of medication will depend on the nature and intensity of the pain, as well as individual health considerations.

Examples may include:

- Anticonvulsants
- Anti-depressants
- Opioids
- NSAIDs
- Hormonal Therapies
- Triptans

helpful for:

- ➔ Reducing pain
- ➔ Addressing nerve pain
- ➔ Managing symptoms



Lifestyle Interventions

Habits and self-management techniques contribute to overall well-being and help alleviate or cope with chronic pain. These strategies are unique to each individual based on affordability, interests, preferences, efficacy, mobility, etc.

Examples may include:

- Exercise (e.g., yoga, strength-training)
- Diet
- Stretching
- Meditation

helpful for:

- ➔ Improving mental health & mood
- ➔ Improving mobility & strength
- ➔ Reducing pain
- ➔ Longevity



Physical & Manual Therapies

Physical and manual therapies use exercise and therapeutic interventions to enhance physical function, mobility, and overall well-being for people with chronic pain conditions.

Examples may include:

- Chiropractic
- Massage Therapy
- Physical Therapy
- Trigger point therapy
- TENS

helpful for:

- ➔ Improving sleep
- ➔ Improving mental health & mood
- ➔ Improving functionality & mobility
- ➔ Reducing pain
- ➔ Managing symptoms

Interdisciplinary Pain Programs

Interdisciplinary pain programs combine strategies from a range of healthcare disciplines to address the biopsychosocial nature of pain.

Examples may include:

- Integrative pain team
- Multidisciplinary rehabilitation
- Interdisciplinary pain management
- Multidisciplinary programs

helpful for:

- ➔ Reducing pain
- ➔ Improving sleep
- ➔ Developing coping skills
- ➔ Improving mental health & mood
- ➔ Improving functionality & mobility

Psychological Supports

Psychological supports use therapeutic approaches to address the emotional and cognitive aspects that may be related to or emerge from living with chronic pain.

Examples may include:

- Cognitive Behavioural Therapy (CBT)
- Pain Coping Skills
- Mindfulness
- Psychotherapy

helpful for:

- ➔ Reducing pain
- ➔ Reducing pain-related distress
- ➔ Relaxing
- ➔ Developing coping skills
- ➔ Improving sleep
- ➔ Managing symptoms



Cultural Practices

These practices recognize the cultural influences and understandings of pain, and culturally appropriate approaches to managing chronic pain that support women's overall health and wellbeing.

Examples may include:

- Acupuncture
- Land-based healing
- Traditional Chinese Medicine (TCM)
- Smudging

helpful for:

- ➔ Increasing quality of life
- ➔ Improving mental health & mood
- ➔ Reducing pain
- ➔ Connecting to culture and self



Other

Additional pain strategies and innovative approaches offer alternate avenues for individuals seeking relief from pain and related symptoms.

Examples may include:

- Cannabis
- Time

helpful for:

- ➔ Improving sleep
- ➔ Improving mental health & mood
- ➔ Reducing pain
- ➔ Developing coping skills
- ➔ Improving sleep
- ➔ Managing symptoms

A Spotlight on Opioids

One question we heard when we interviewed women who experience chronic pain and use prescription opioids was: *can you tell me more about opioids?* Even though women were prescribed opioids, they did not always feel like they received enough information about the medication they were taking. In this spotlight, we hope to answer some questions you may have.

Opioids are a family of analgesic (pain-relieving) drugs that are prescribed to manage acute and chronic pain. Opioids are a depressant, which means they have a slowing effect on the central nervous system. Some common examples of opioids include morphine, codeine, oxycodone (e.g., Oxycontin[®], Percodan[®] or Percocet[®]), hydrocodone (e.g., Hycodan[®], Tussionex[®]), hydromorphone (e.g., Dilaudid[®]), fentanyl, methadone, tramadol, and buprenorphine. Percocet and Tylenol[®] with codeine (also known as Tylenol #3) both include opioids.

Opioids can be very effective in reducing pain but are most effective as a pain management strategy when used short-term. Unlike other pain management medications, opioids can be taken at higher doses, which is why they are often prescribed to manage pain. Common side effects of opioids include dependency, drowsiness, nausea, vomiting, constipation, depressive symptoms, feelings of suicidal ideation, and memory loss. At higher doses, the sedative and depressant effects can be dangerous, leading to slowed breathing, which can cause coma and death.

In our interviews with women who used opioids for chronic pain management, many women described the benefits of using opioids, including the pain relief they experienced, improved quality of life, and improvements in their mental health because they knew they had an effective pain management tool nearby. However, women also expressed their concerns around becoming dependent on opioids and were cautious to take their medication as prescribed and often tracked their usage.

Opioids are addictive and prescription opioid medications can be dangerous when taken in large quantities or misused. Indicators of misuse may include taking more medication than prescribed to you or taking medication that was not prescribed, changing how your medication is taken, or using opioids with alcohol or other medications with sedative effects.

It is important to talk to a trusted healthcare provider about what medication may work best for you to help manage your pain. If you are using opioids, but want to reduce or stop your use, it is important to 'taper' or gradually reduce your dosage to avoid severe withdrawal. Collaborating with a trusted healthcare provider is important to help you create a personalized tapering plan for a safe and effective transition.

Additional Resources:


- [8 Most Evidenced Treatments for Women's Chronic Pain](#)
- [Women, Chronic Pain & Prescription Opioids Fact Sheet](#)
- [Women and Prescription Opioids Info Sheet](#)

Reflecting on Pain Management

1. What pain management strategies have you tried? What were the benefits? What were the drawbacks?
2. Are any of the evidence-based pain management strategies described here new to you? And of interest?
3. What are some questions you have for your trusted healthcare provider about the pain management strategies described above?



To access the references, view our [Research Methodology](#).
To learn more about this project, visit our website www.cewh.ca.

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The Centre of Excellence for Women's Health respectfully acknowledges the First Nations, Inuit, and Métis peoples as the first inhabitants and traditional custodians of the lands where we live, learn, and work.