Managing Chronic Pain

A RESOURCE FOR WOMEN VETERANS

This resource was developed for women Veterans and former servicewomen to learn more about chronic pain and pain management.

It includes information on:

- chronic pain
- why women experience chronic pain
- chronic pain and substance use
- evidence-based pain management strategies, including grounding strategies that can be used anywhere and at anytime
- how to find additional support

What is chronic pain?

Pain is a normal part of the human experience. It is a way for the body to warn us of unpleasant physical or emotional sensations. Pain can result in us thinking or behaving differently to avoid the feeling of danger.

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 it may come and go.

Chronic pain is not just a result of biological factors, but also psychological, social, cultural, and environmental factors. Understanding chronic pain has many benefits. When we understand what chronic pain is and how it works, it can change the way that we think about and manage our pain.

> **In Canada, nearly 8 million people live with chronic pain. Women, including women Veterans, often experience more severe and recurrent chronic pain than men.**

This informational package was developed by researchers and people with lived experience, as part of a larger study on women Veterans' chronic pain and substance use.

Why do more women experience chronic pain?

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

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 differently in certain stages of their menstrual cycle.

During menopause, hormonal and physiological changes can lead to musculoskeletal pain, heightened sensitivity to pain, and other secondary effects (e.g., poor sleep, mood changes, etc.) that can worsen the perception of pain.

Gender-related factors like gender biases that result in women's pain conditions not being fully understood, can limit women's access to safe, accessible healthcare. For women with chronic pain, these biases can lead to women's pain not being believed and can lengthen the time to receive a diagnosis or treatment.

For women Veterans, who may ignore or mask their pain out of fear of discrimination, stigmatization, or ostracism, these gender biases in care can discourage seeking help.

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.

Women Veterans have unique conditions, issues, and disease symptoms that separate them from male Veterans and the general population.

Women Veterans are more than twice as likely to develop PTSD, experience higher rates of depression, and face unique health challenges related to reproductive, pelvic, hormonal, and urogenital health.

Women Veterans have historically not had access to uniforms or equipment that fit their physiology, increasing risk for musculoskeletal injuries.

High rates of military sexual trauma and other forms of gender-based violence, depression, trauma, and adverse childhood experiences can also influence, and worsen, women Veterans' chronic pain.

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

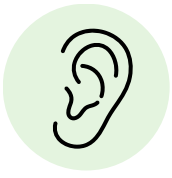
It is difficult to live with and talk about chronic pain.

This grounding technique can help bring you back to the present if you are anxious or overwhelmed. In these moments, our minds can be trapped in a flight-or-fight response. By actively focusing on the things around you, it can help regulate your nervous system.

Take a deep breath in and notice 5 things around you that you can see, 4 things that you can feel, etc.

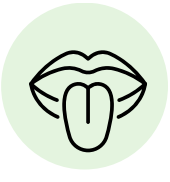
5
See

4
Feel



3
Hear

2
Smell



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Taste

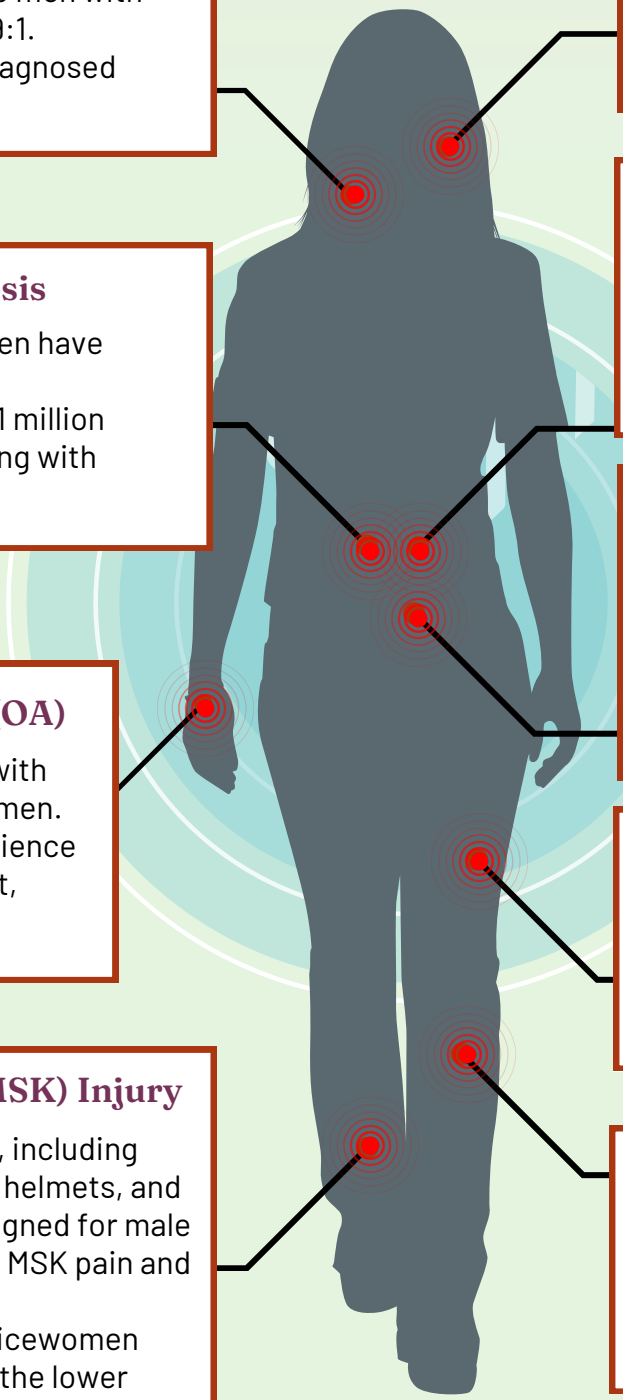
Women often experience more severe and recurrent chronic pain than men. This is influenced by sex- and gender-related factors. Below, you can find chronic pain and chronic pain conditions that disproportionately affect women, including women Veterans.

Temporomandibular Joint Disorder (TMJ)

- The ratio of women to men with severe symptoms is 9:1.
- Women are usually diagnosed between age 20-40.

Migraines

- Women are 3 times more likely to have migraines than men.
- 2.6 million Canadian women experience migraines.



Endometriosis

- 10% of girls and women have endometriosis.
- There are more than 1 million women in Canada living with endometriosis.

Irritable Bowel Syndrome (IBS)

- IBS has a 7:2 ratio of female-to-male diagnosis.
- 3 in 10 women with IBS have history of chronic pelvic pain.

Chronic Pelvic Pain (CPP)

- 20% of women between the ages of 18-50 experience CPP.
- Pelvic pain can be experienced in the uterus, cervix, vagina, vulva, bladder, bowel, hips, or lower back.

Osteoarthritis (OA)

- 60% of people living with osteoarthritis are women.
- Women tend to experience OA in their hands, feet, ankles, and knees.

Fibromyalgia

- 80-90% of people diagnosed with fibromyalgia are women.
- More than half a million Canadians are diagnosed with fibromyalgia.

Musculoskeletal (MSK) Injury

- Ill-fitting equipment, including clothing, rucksacks, helmets, and boots that were designed for male bodies contribute to MSK pain and injury.
- 67.5% of active servicewomen report MSK injury to the lower limbs and legs.

Rheumatoid Arthritis (RA)

- Women are 2-3 times more likely to develop RA than men.
- Women are more likely to develop RA at younger ages than men.

Understanding chronic pain and substance use

Many people use substances including alcohol, cannabis and/or opioids, as a way of managing their pain. When interviewing women Veterans who used substances for pain management, we heard that they did not feel that they received enough information about the substance or medication they were taking.

The information provided below may be used to answer some questions you have:

Cannabis is produced from the Cannabis sativa and Cannabis indica plants. Cannabis is a psychoactive substance that contains hundreds of chemicals. Over 100 of these chemicals are known as cannabinoids, which when consumed by humans, have effects on the cell receptors in the brain and body.

Cannabis can be smoked, vaped, used topically, or ingested. It is often used either recreationally or medicinally, including to help manage chronic pain. Emerging research has suggested that cannabis may help reduce inflammation, chronic pain, and hyperarousal of the nervous system, which can impact the experience of pain. Women report using cannabis for pain management, to reduce stress and anxiety, improve sleep, and as an alternative to pharmaceuticals.

Some side effects of cannabis include feeling high or euphoric, heightened sensory experiences, anxiety, fear, panic and confusion, drowsiness, fatigue, memory loss, difficulties concentrating or paying attention. Cannabis can also have physical health effects like increased heart rate, decreased blood pressure, chronic cough, and changes to ovulation and menstruation.

Tobacco contains nicotine, a highly addictive stimulant that can be smoked, vaped, or ingested. Nicotine can produce a feeling of well-being and may provide temporary pain relief. Some people also find that when they smoke tobacco and vape nicotine, it distracts from the pain by providing a non-pain “focal point”.

However, nicotine and tobacco use can result in increased pain, progression of pain and physical dependence. Nicotine and tobacco can also decrease bone density, which can increase the risk of osteoporosis or of experiencing a fracture.

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, hydrocodone, hydromorphone, fentanyl, tramadol, and buprenorphine. Percocet and Tylenol® with codeine (also known as Tylenol #3) both include opioids.

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

Alcohol is widely available in Canada and deeply enmeshed in both civil society and military culture. Alcohol is also a depressant, that has a slowing effect on the central nervous system.

Alcohol can be effective in relieving pain in the short term. However, many people who use alcohol for chronic pain report that they use it to 'numb' their pain or to forget traumatic experiences. There are risks of alcohol use for everyone, but alcohol affects females more negatively than males. Women experience more negative health effects, such as organ damage, earlier, and from drinking lower amounts of alcohol.

Commons side effects of alcohol including impaired judgement, reduced inhibition and muscle control, problems walking, blackouts, nausea, headache, dehydration, shaking, and vomiting. Alcohol is addictive and is dangerous when used in large amounts or combined with other substances.

It is important to talk to a trusted healthcare provider about what may work best for you to help manage your pain. If you are dependent on medications or substances and want to reduce use, it is important to 'taper' or gradually reduce your dosage. This can help you avoid severe withdrawal, while reducing or stopping your use. Collaborating with a trusted healthcare provider is important to help you create a personalized tapering plan for a safe and effective transition.

For more information:

- Women, Chronic Pain & Prescription Opioids
- Women & Alcohol
- Women & Cannabis
- Women, Nicotine & Tobacco

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. While chronic pain may not have a cure, there are many ways to reduce your pain and improve your health and wellbeing, so that you live in a way that feels meaningful to you.

This goes beyond treating the physical symptoms, to also address the psychological and social factors that can impact women Veterans' chronic pain.

On the next two pages, you will find more information about evidence-based pain management strategies for women's chronic pain, as well as where you can find support. Many of the pain management strategies provided can be used in tandem to cater to your unique needs, financial circumstances, chronic pain experiences, and the availability of services in your area.

Some of these strategies you may have tried before. Others may be new to you.

Medical & Surgical Interventions

Medical and surgical interventions can include a wide range of procedures and treatments (e.g., steroid injection, botox, knee replacement, etc.) to alleviate or manage persistent pain. These interventions can improve functionality, mobility, and sleep. Long term, these interventions might also help people taper off medication. Medical and surgical interventions are most effective when paired with other biopsychosocial approaches to pain.

Medications

Prescribed and non-prescribed medications, including anti-inflammatories, muscle relaxants, anti-convulsants, anti-depressants and hormonal therapies, may be recommended by healthcare professionals to help manage acute or chronic pain. Some of these medications can also help address other health concerns, like depression or PTSD. The choice of medication will depend on the nature and intensity of the pain, as well as individual health considerations.

Lifestyle Interventions

Habits and self-management techniques, such as regular exercise, eating nutrient-rich foods or spending time on the land, can improve overall wellbeing, making it easier to cope with chronic pain. These strategies will differ for everyone based on affordability, interests, preferences, efficacy, and mobility, but can be beneficial in improving mental and physical health, reducing pain, improving strength and mobility, and longevity.

For example:

Exercise can help reduce pain severity, build strength, improve physical function. It also has psychological benefits, as the physical activity can naturally trigger the body to release endorphins and other chemicals that help block pain. Some exercises to try might include light aerobic activities, swimming/pool walking, strength training, yoga, or pilates.

Physical and 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.

For example:

Physiotherapy can help reduce pain, strengthen muscles, support goal setting, and provide education on pain management strategies, posture, pacing, and other helpful tools to prevent or reduce further pain or injury.

Massage and Acupuncture are hands-on, passive therapies that may be effective in reducing pain. They are often recommended in addition to other interventions for chronic pain management.

Interdisciplinary Pain Programs

Interdisciplinary, or integrated, pain programs combine strategies from a range of healthcare disciplines to address the biopsychosocial nature of pain. Interdisciplinary pain management may happen in person or virtually. In addition to reducing pain, interdisciplinary programs can support individuals with their mental health, mood, functioning, and mobility.

Psychological/Psychotherapeutic Interventions

Psychosocial, psychological, and psychotherapeutic interventions use evidence-based strategies and therapeutic approaches (e.g., Cognitive Behavioural Therapy, Acceptance and Commitment Therapy, Eye Movement Desensitization and Reprocessing, etc.) to address the emotional and cognitive aspects that may be related to or emerge from living with chronic pain. There are several individual and group-based interventions that have been effective in reducing pain severity and depression, anxiety, and PTSD symptoms.

For example:

Mindfulness involves staying in the moment and observing what you feel in your body, without judgement or resistance. Mindfulness techniques might include focused breathing, body scanning, growing acceptance towards pain instead of fighting it. If you are just getting started, there are free mindfulness apps or you can look for a mindfulness meditation on YouTube.

Service and Companion Animals

Service and companion animals can help women Veterans with chronic pain and co-occurring mental and physical health concerns by offering mobility aid, pain management, emotional support, and/or mental health relief.

Cultural and Spiritual Practices

Cultural and spiritual 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.

For example:

Land-Based Healing takes place when people return or reconnect to the land. For Indigenous Peoples, this may also involve utilizing supports to relearn or reclaim traditional wellness practices. Land-based healing honours local strengths, resources, and traditions, fosters connection to the land, and views Indigenous wisdom, values, and worldviews as foundational.

Speak to your primary care provider or VAC case manager for one-on-one support and coverage availability.

To find services that directly support Veterans:

- Veteran Resource Directory
- True Patriot Love - Veteran Hub
- Respect Map

Reflection Questions:

1. What pain management strategies have you tried?
   - What were the benefits? What were the drawbacks?
2. Are any of the pain management strategies described here new to you?
   - Are there any that you would like to try?
3. What questions do you have for your trusted healthcare provider about these pain management strategies?

Finding Trauma-Informed Support

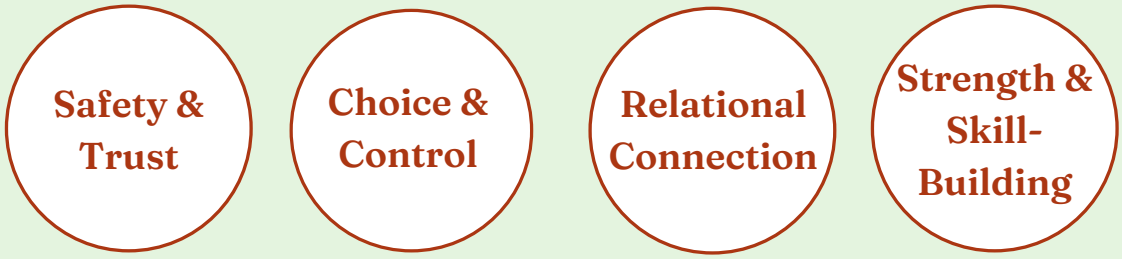
Trauma and chronic pain are deeply interconnected. Traumatic experiences can increase stress in the body. Like pain, stress is a natural way for the body to warn us when we feel like we are in danger. These two protective mechanisms can make parts of the brain more active and alert. This can increase muscle tension, impact your ability to sleep or engage in social activities, or leave you with the feeling of not being in control.

Experiences of trauma can affect:

- physical health (e.g. chronic pain, gastrointestinal problems, sleeping disturbances)
- cognitive functioning (e.g. difficulty concentrating, memory lapses)
- emotional health (e.g. depression, anger, difficulty in relationships)
- behavioural choices (e.g. self-harm, choosing friends that may be unhealthy)
- spiritual health (e.g. feeling damaged, questioning life's purpose)

For some Veterans, the traumatic events might also be connected to the onset of pain. The pain can be a reminder of the trauma or vice versa.

It can be difficult to ask for help after experiencing trauma. But, trauma-informed services should offer:



Experiences of trauma are overwhelming. Through finding a trauma-informed service, you may find increased connection in your life; feel listened to, heard, and respected; have choice in your care; and build on what you already know.

For more information

➡ Finding Trauma-Informed Support

Grounding Exercises

Grounding is about connecting to the present, the “here and now”, to observe what is happening in your body. It can take a lot of effort, at first, to use these strategies. With time, they may become a habit. Because chronic pain can ebb and flow, these exercises can be helpful to come back to if you find yourself in a period of increased pain or stress.

Mental Grounding Examples

- Say your name, age, and where you are out loud. Now, list out what you have done today.
- Think about different categories or groups, like:
  - Players on your favourite baseball team
  - Genres of music
  - Types of dogs
  - Countries in the world

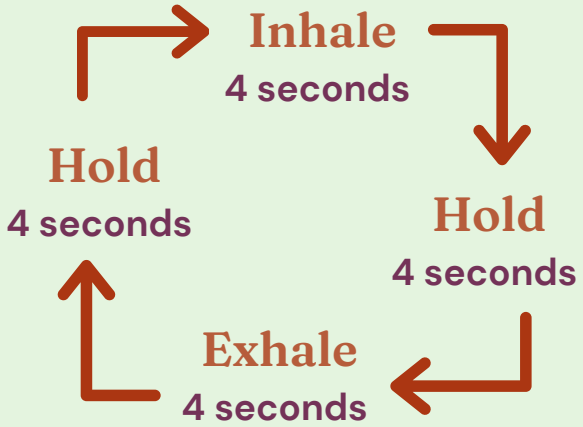
Physical Grounding Examples

- Run cool water over your hands
- Carry a grounding object in your pocket. Touch it when you feel overwhelmed or uncomfortable.
- Get outside, go for a walk, and dig your feet on the ground. Find your connection to the earth.
- Give yourself a butterfly hug by crossing your arms and tapping your left and right arm alternatively.
- Try a breathing exercise, like box breathing, or slow and deep breaths.

Soothing Grounding Examples

- Repeat a lyric from an inspiring song or words from a poem you like.
- Say an affirming mantra:
  - “I am safe”
  - “I can get through this”
  - “I am strong”
  - “I am loved”
  - “I am a good person”

Box Breathing Practice:



For More Information

Chronic Pain Centre of Excellence for Canadian Veterans (CPCoE) is a research centre dedicated to improving the lives of the Canadian Armed Forces, Veterans, and their families living with chronic pain. The CPCoE shares research findings and hosts events, webinars, and the Most Painful Podcast, which explores a wide range of issues related to chronic pain among Veterans, including several episodes focusing specifically on the experiences of women Veterans with chronic pain.

True Patriot Love offers resources and services in family health, mental wellbeing, physical health and rehabilitation, and community engagement. True Patriot Love hosts the Veteran Hub connecting Veterans, active military members, and their families with local services, including for women specifically (e.g., through the Women's Mentoring Network) or for Veterans with chronic pain.

Atlas Institute for Veterans and Families works with Veterans, families, service providers and researchers to increase access to safe, meaningful mental health care. The organization works to ensure that all Veterans and families can navigate and have access to benefits, resources, and supports that protect dignity and identity and improve health and wellbeing.

Power Over Pain Portal is a pan-Canadian platform supporting individuals, including Veterans, managing chronic pain. It offers a variety of free resources, including information, courses and workshops, peer support, counselling, crisis help, and user stories. While designed for a broad audience, many of the resources may be useful for women Veterans with chronic pain.

LivePlanBe offers free, online, pain education and self-management programs. While designed for a broad audience, many of the resources may be useful for women Veterans with chronic pain.

More organizations supporting women veterans with chronic pain:

- The Pepper Pod
- Women Warriors' Healing Garden
- Veterans for Healing

Service maps and resources:

- True Patriot Love - Veteran Hub
- Respect Map
- Veteran Resource Directory

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