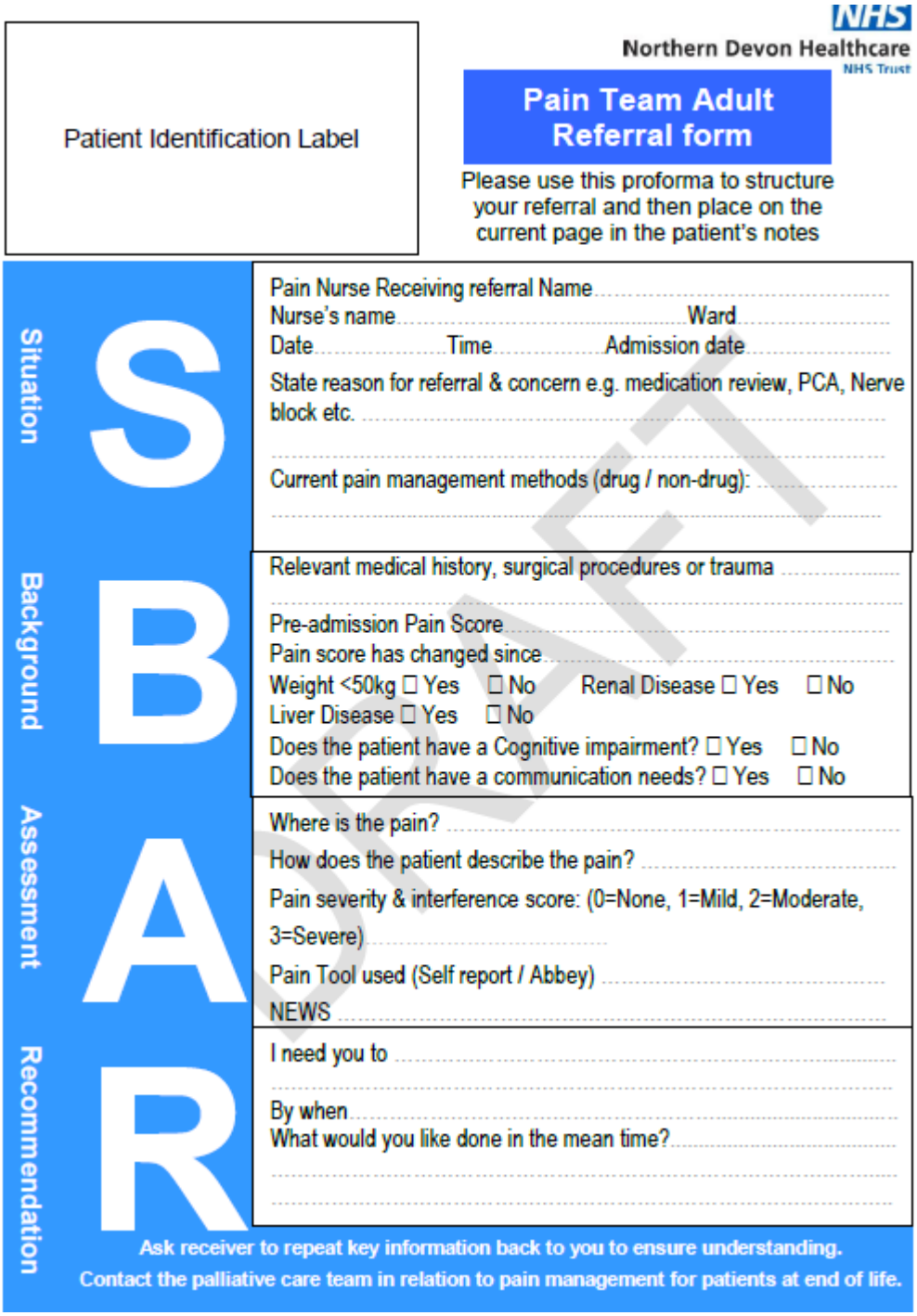


Patient Identification Label

NHS
Northern Devon Healthcare
NHS Trust

Pain Team Adult Referral form

Please use this proforma to structure your referral and then place on the current page in the patient's notes

S – Situation

Pain Nurse Receiving referral Name.....
Nurse's name..... Ward.....
Date..... Time..... Admission date.....
State reason for referral & concern e.g. medication review, PCA, Nerve block etc. .....
.....
Current pain management methods (drug / non-drug): .....
.....

B – Background

Relevant medical history, surgical procedures or trauma .....
.....
Pre-admission Pain Score.....
Pain score has changed since.....
Weight <50kg ☐ Yes ☐ No Renal Disease ☐ Yes ☐ No
Liver Disease ☐ Yes ☐ No
Does the patient have a Cognitive impairment? ☐ Yes ☐ No
Does the patient have a communication needs? ☐ Yes ☐ No

A – Assessment

Where is the pain? .....
How does the patient describe the pain? .....
Pain severity & interference score: (0=None, 1=Mild, 2=Moderate, 3=Severe).....
Pain Tool used (Self report / Abbey) .....
NEWS .....

R – Recommendation

I need you to .....
.....
By when.....
What would you like done in the mean time?.....
.....
.....

Ask receiver to repeat key information back to you to ensure understanding.
Contact the palliative care team in relation to pain management for patients at end of life.

DRAFT

Know Pain, Know Gain:
Managing Pain With and Beyond Cancer

Rhea Crighton RN MSc NMP
@RheaCrighton1

Pain affects millions of people in the UK and worldwide, so you're not alone. It can have a huge impact on your quality of life, and can also affect the lives of your family and those around you.

What pain is?

Pain can be a normal protective response, it alerts us that we need to take action to avoid harm for example standing on a nail or touching a hot plate.

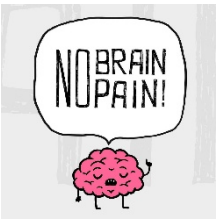
- Acute pain, whether due to cancer, its treatment or a non-cancer related cause such as a broken bone, is generally easy to manage, responds well to medication and eases as the tissues heal, usually within 3-6 months, although nerves can take longer to recover e.g. pain after shingles or increased sensitivity in an area after surgery or radiotherapy
- Persistent (chronic) pain is more difficult to manage, it generally doesn't respond well to traditional pain medication such as morphine and paracetamol and continues either beyond the time expected for tissues to heal e.g. 3-6 months after surgery, 12 months after nerve damage due to chemotherapy and/or radiotherapy, or sometimes with no obvious initial tissue damage e.g. fibromyalgia.

What pain isn't?

Pain is not always linked to the amount of damage to the body e.g. people can have relatively normal MRI scans or x-rays and experience severe debilitating pain such as fibromyalgia, back pain, endometriosis and even cancer. There is theory that changes in the body which occur slowly are not registered as danger in the same way that changes which occur rapidly; this is based on the boiled frog story where if a frog is put in boiling water it will jump out whereas if it is put in cold water which is slowly boiled it will stay where it is and boil to death.

This is one theory however the differences in how people experience pain and what registers as pain or not is complex.

Why do we experience pain?



- All pain is the result of the brain receiving messages from nociceptors (danger sensors) in tissues which are activated in response to mechanical (touch/pressure e.g. tumour pressing on tissues), chemical (internal e.g. inflammation and external e.g stingy nettles, chilli peppers) and thermal stimulus e.g. touching a hot plate or holding a piece of ice for too long
- Nociceptors send messages, along nerve fibres, to the spinal cord and then onto the brain where the messages travel to many different areas (over 25) which are responsible for many functions including; bodily awareness, emotions, memories, behaviours, to name a few.

- The brain then processes all this information in order to decide whether there is a threat or not and whether pain is the appropriate response
- If the brain decides pain is needed to keep you safe then it sends a message down the spinal cord, along nerve fibres to the area it judges to be in danger and you then experience pain and act accordingly
- If the brain decides pain is not the best course of action to keep you safe, for instance if you stub your toes whilst dealing with kids trying to destroy your house, your brain will not send the signal to feel pain straight away but will keep you focussed on controlling the kids and then once the chaos has calmed then your brain will send signals to the toe and you will become aware of the throbbing soreness in your toe and may swear, rub it, ice it etc. in response.

✓ Pain messages can be turned down by different chemicals released around the nociceptors, in the spinal cord and in the brain (our natural drug cabinet which is free, always open and has no side effects). These chemicals include: serotonin (lifts mood), dopamine (gives pleasure) and oxytocin (natural anti-depressants) and endorphins, enkephalins and dynorphins (natural morphine). You can access this drug cabinet by minimising any potential threats or dangers to you (DIMs), such as certain environments, people, thoughts etc. and increasing your positive safety behaviours (SIMs) such as positive distractions, support, education, movements etc.

➢ In chronic (non-cancer) pain or pain related to cancer treatment, such as nerve damage due to chemotherapy or radiotherapy, the nociceptors as well as the spinal nerves become more sensitive and so sensations that aren't normally painful stimulate a pain response, for example a hug in someone with fibromyalgia, the pain of clothing on skin damaged by radiotherapy or wearing shoes with chemotherapy neuropathy.

➢ Also, the areas of the brain which process pain become better at processing the signals and so respond more efficiently and the natural chemicals (described above) which help reduce pain aren't produced in the same quantity but the production of chemicals which turn up the pain volume (Glutamate, substance P) are increased so you have to work harder to produce them (see SIMs below).

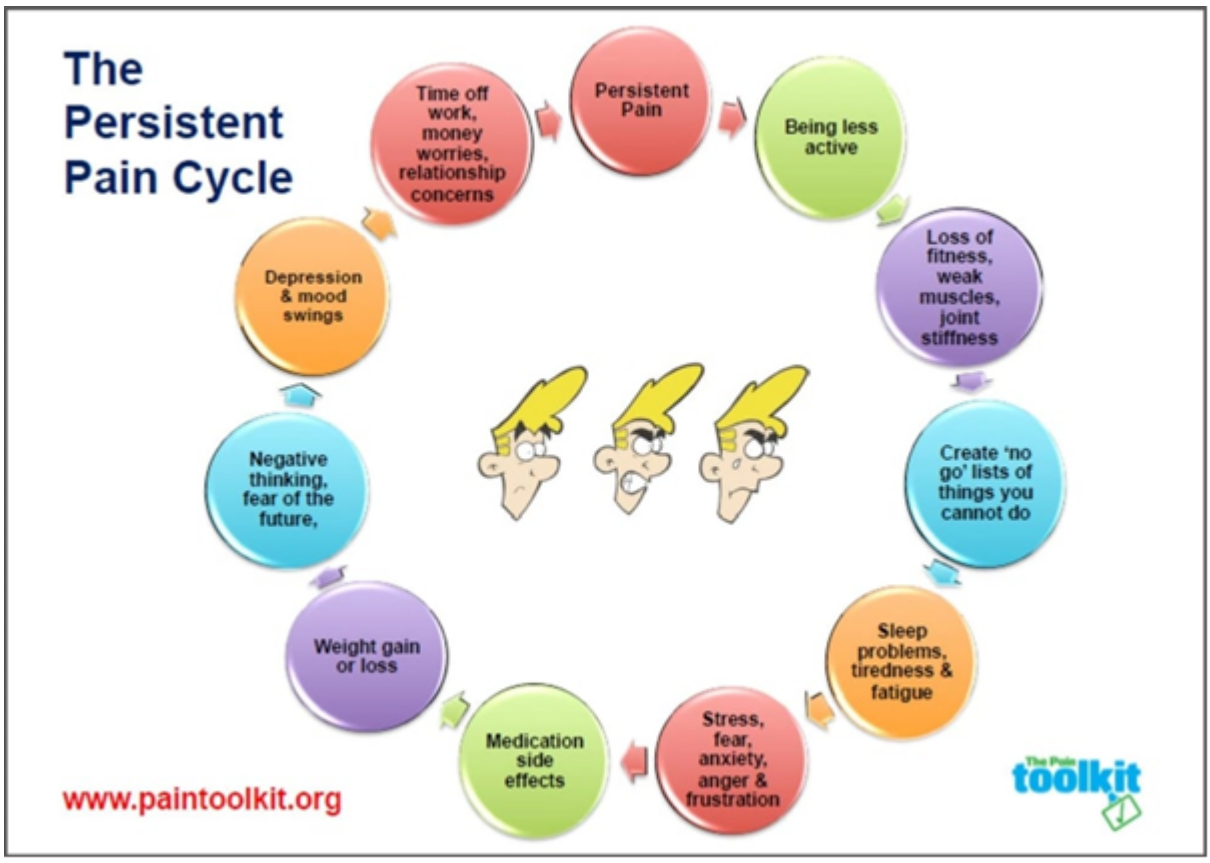
✧ These changes means that hurt doesn't always equal harm, that is some pain is "safe". These pains are pains due to chronic conditions and much more related to changes to the sensitivity of nerves than actual tissue damage e.g. fibromyalgia, chemo neuropathy, scar sensitivity, IBS, migraine etc. and so although the pain can still be distressing to experience you know that you are not causing yourself any further damage.

- After a cancer diagnosis it can be very scary to experience pain and other symptoms, as often pain can be part of the initial symptoms that alerted you that something was wrong (acute pain). If your pain has been present for more than a few months and it has been thoroughly investigated and no obvious cause has been found (such as fractures or tumours which could worsen if left untreated), most other causes of pain can be safely managed with medications, physiotherapy, adaptations, self-management etc. and you can focus on adding more of what you enjoy without worrying that you will cause yourself any harm. **However if you experience new pain or a significant change**

to the severity of your pain which persists for more than a couple of weeks then you should always seek advice from a health professional.

Impact of pain

Pain tends to have a significant impact on how people perceive themselves and others. Individuals often report experiencing increased negative and unhelpful thoughts as a result of pain. They tend to experience a number of worries and a change in mood, experiencing a range of emotions such as grief, depression, anxiety, anger, frustration, irritability. As a result of negative thoughts and emotions your body starts reacting. Physical symptoms like body tension and stress, lack of sleep, lack of motivation, concentration difficulties etc. are commonly reported and further increase pain and negatively impact your ability to manage it.



The context of our situation also has a large impact on our pain, thoughts, feelings and behaviours, for example if we surround ourselves with positive people, music, art, beautiful scenery etc. (SIMs) then often you will find that your pain is easier to manage and that your thoughts and feelings are far more positive and consequently our behaviours will be more positive also.

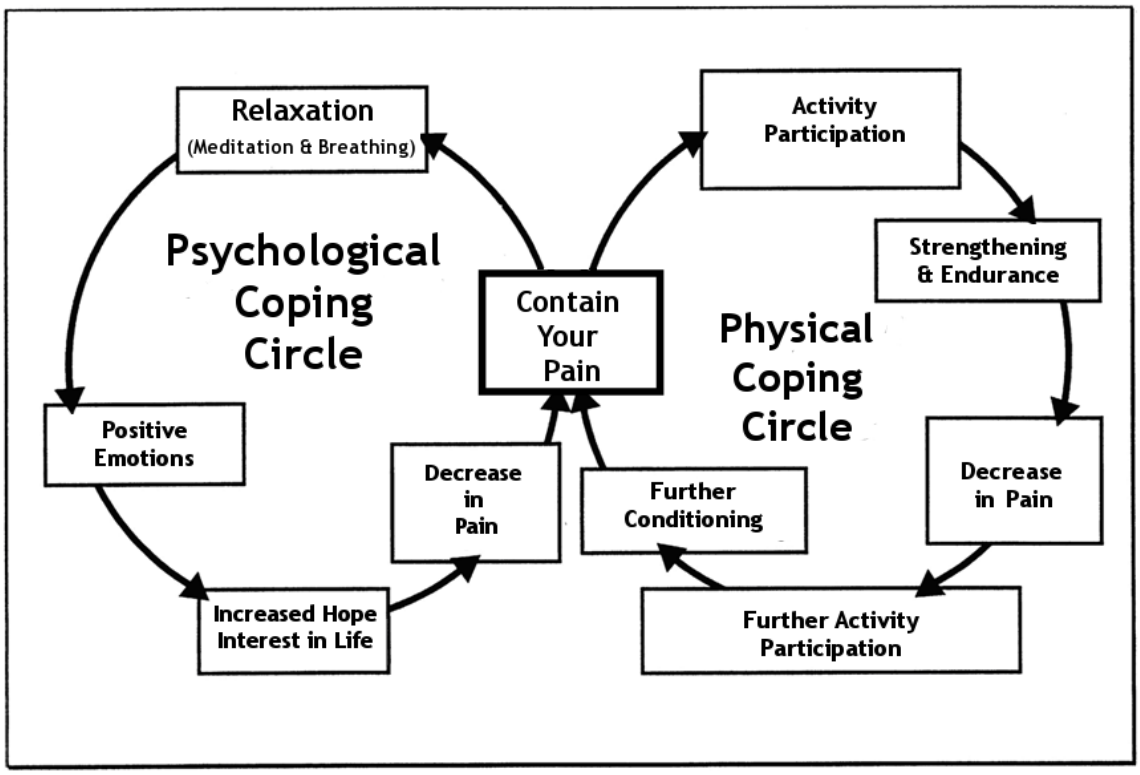
On the other hand if you surround yourself with very negative people who are very draining and critical of you, weather and food you dislike, a location that brings back bad memories

etc. (DIMs) then you will find your thoughts and feelings are much more negative and your pain will be harder to manage and your behaviours will become more passive and negative.

It can be helpful to look at situations where you experience pain and make connections between how these situations affect your

- Thoughts e.g. I am useless, I am a failure, I am broken etc.
- Emotions/feelings e.g. fear, grief, anxiety, anger etc.
- Behaviours e.g. avoiding others, avoiding movement, pushing yourself etc.
- Physical sensations e.g. pain, tension, increased heart rate, feeling sick etc.

By doing this you can look at areas where you can start to make changes for the better e.g. pace instead of push, question negative thoughts, deep breathing to reduce anxiety, slowly increase activity levels.



www.brainnworksrehab.com

Pain and Movement

"Motion is Lotion", all our organs (brain, lungs, heart) and systems (digestive, balance, cardiovascular, endocrine), tissues (muscle, skin, bones), mental health (memory, concentration, mood) rely on activity to keep them healthy and functioning optimally. Movement is also essential for general fitness and endurance. Movement should be part of our self-care regime just like brushing our teeth, moisturising our skin and eating 5 a day.

Increased pain during activity or movement in people with persistent pain is usually due to stretching of underused short muscles, tight ligaments and stiff joints activating your already sensitive pain system.

Many people with persistent pain fall in to a vicious cycle of pain and fear of movement. Long term pain often limits activity. Movement hurts and is then thought to signal harm/ injury/ more damage and this results in less activity, decreased fitness and change in social interaction.

It seems sensible to reduce activity in acute pain in order to let tissues heal and recover. However in persistent pain it is not helpful to stop moving. Loss of activity = loss of confidence/ energy/ fitness/ stamina. This may lead to reduced independence, life can become less fun and it becomes difficult to even think about being active again.

What happens if we don't move enough?

Health of the soft tissues is affected by lack of movement/use and poor tissue health may lead to more pain.

Effects of lack of movement are:

• joints feel stiff • Nerves aren't able to move freely • Altered balance and coordination. • Muscle spasm • Tightness of muscles • Loss of movement • Weakness of muscles • Hypersensitivity (unable to tolerate touch or pressure)	• Fatigue • Weight gain • Low mood • Loss of confidence • Reduced energy and stamina • Lowered fitness level • Reduced flexibility and strength

Types of Movement

Different types of movement can help you, including stretching, movement to improve flexibility or strength, cardiovascular or aerobic exercise.

Stretches

Stretching movements are designed to gently stretch the soft tissues around a joint to loosen them and allow more movement. It should be carried out slowly, smoothly and gently in a relaxed and controlled movement. A stretch is taken to the point where the soft tissues feel stretched and slightly uncomfortable, but not past this point. This is the key point of the stretch and will be different for everyone. If the part to be stretched is always painful or uncomfortable, the stretch is taken to the point of increase in the discomfort. Go to, not through discomfort

Movements for mobility or flexibility

Mobilising movements improve joint movement and increase general flexibility. They are performed as a smooth and controlled movement with no hold or relax, but gentle and sustained action within the existing range of movement.

Mobilising movements may be swinging, rocking, turning or circular and may be directed to particular joints / limbs or be large movements of the whole body. Mobilising movements can be part of a warm up or are useful before stretching.

Strengthening movements

Muscle strength provides extra support and stability for your joints and helps increase strength capacity and strength endurance. Strength improves bulk and tone of muscles and gives greater control of balance and coordination. As strength improves, day to day activities will become easier.

Aerobic or cardiovascular exercises

Aerobic exercise improves stamina and general fitness and means making the body work and 'puff a little'.

Aerobic activity can be

• Walking • Water walking in a pool • Swimming • Cycling • Climbing stairs	• Hoovering • Sweeping • Done in sitting such as bicep curls and leg raises

These activities involve steady and sustained rhythmic movements, they increase cardiovascular activity as they use oxygen as energy and undertaken regularly they can increase general health.

Pacing

Pacing is a technique that you can use to gradually increase your level of activity.

If you have pain, you might find that you have good days, when you can get on with things around the house or do something that you enjoy, and bad days, when you can do very little. As time goes on, some people find that they have fewer good days and more bad days.

Pacing is all about breaking this pattern and gradually increasing what you can do. It should be possible to pace any activity, although in everyday life, we are not used to doing things gradually - we like to get things done quickly. But pacing really does work!

Start by choosing one or more activities that you want to be able to do, or be able to do for longer, e.g. walking, sitting, standing, etc. If it's the first time you've tried pacing, don't be too ambitious. Choose an activity that you find difficult, but not impossible. Set a baseline amount of time that you can easily and comfortably achieve. Then practice that activity regularly, every day if possible, on good days and bad. Then gradually build up the amount of time you spend doing this activity, but never do more than you planned. Write down your times on each occasion and this will help you to see how much you're improving.

Pacing really does work. It can help you stay motivated by continually achieving a series of small goals! It also helps to stop the “pushing” behaviour you may engage

Goal setting

Pain can affect lots of different aspects of your life. You may find that you have had to give up going places or doing things that you used to enjoy because you are afraid that this may make you feel worse. Also, it may be a little frightening to think about starting something new.

Goal setting is rather like pacing - you can use it to gradually build up the activities that you do. It's all about giving you some control back, rather than letting the pain take over.

A goal is something that you would like to achieve. It may be going to the cinema, walking the dog, or playing with your children or grandchildren. You could have all kinds of different goals, and they can be either short- or long-term.

There are seven ideas for setting SMARTER goals:

Specific – choose something that is detailed and not vague

Measurable – choose a goal where you will know when you have reached it

Attainable and **R**ealistic are related – choose a goal where you are not setting yourself up for failure

Timely – when there is time pressure you know you have to make an effort, if you know you have 2 months and its 6 weeks in and you have done nothing then you know this goal will fail and you can reassess.

Enjoyable – focus on pleasure rather than tasks

Reward – it is important to remember to reward yourself for reaching your goals

The first step is to decide on your goal. Then think about all the things you need to do to achieve that goal. It might help to write all this down on a piece of paper.

Say, for example, that your goal is to start driving your car again. There are lots of things involved in this:

• Getting in and out of the car • Moving the pedals up and down • Sitting in the driver's seat • Twisting to put on your seat belt • Leaning forward over the steering wheel • Turning your head to look in the mirror	• Changing gear • Looking to the side as you pull out of a junction • Pulling the handbrake on • Opening and closing the door • Concentrating on the road

Now look at each of these things in turn - what do you have problems with? If, for example, you have a problem with sitting, you should start by gradually increasing the amount of time that you sit in the driver's seat. To start with, you might only be able to sit for a minute or two, but after a few weeks, you should hopefully be able to build this up to 15 minutes or so. You may also want to make practical changes, such as back supports and wider mirrors.

It's important to review your progress regularly - about once a week if you can - and re-think some of your methods if they're not working. Always remember that each small step is an achievement in itself, and that lots of small steps can help you take one big leap. Hopefully you'll be on your way back to a more active life. **Remember** – always take time to enjoy your successes.

Coping

Individuals experiencing persistent pain cope with pain by using different strategies. Some people stop doing everything in order to protect themselves from pain whereas others throw themselves into everything to try and distract themselves from the pain. Some dwell on the worries as they cannot think of anything else and/or they think that by worrying they will be able to solve the problems. Others may try to avoid thinking about pain and its effects. Some share their difficulties while others shut themselves away. Provided in this booklet is some information on different skills and tools to help you cope with your pain more effectively.

Whatever your way of coping with the pain is, it is important to recognise it and understand why you may be doing what you are doing for instance, if you think that it is a sign of weakness to ask for help, you are more likely to avoid asking for help and push yourself therefore it is really important to identify the logic behind any coping behaviour or strategy and better understand the vicious cycle you are stuck in.

Assertive Communication

People with pain sometimes lose their confidence, finding it hard to express their needs. If you don't express your needs clearly, this can increase your tension, which as you know, can increase your pain. So it's important to communicate well and to be assertive. You can do this by following the simple tips given below.

• Be firm and say what you mean • Try not to complain, plead or be apologetic • Don't shout or raise your voice, keep it calm and low • Make sure your message is clear, rather than expecting people to guess what you're getting at	• Don't tell people what to do, but explain to them why you're asking them to do something • Ask for help when you need it • When you're asking for something, say 'I want' instead of 'I need' and 'I don't want' instead of 'I cannot' • Be precise and to the point - don't beat about the bush!

Remember it's OK to change your mind and to say 'no' without feeling guilty - you're in control

Stress

Stress and tension can make your pain worse, so it's important that you learn how to cope with stress. This involves knowing what it is and recognising when you are suffering from it. When undertaking activities you must be sensitive to the feelings that you are having, especially in relation to any pain that you may experience. Being aware of your emotions and taking action to calm yourself down and relax despite the pain will require practice and patience.

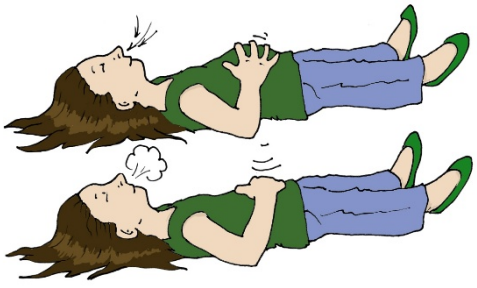
In our day-to-day lives, each of us faces physical and emotional demands from our friends, family, work and so on. Most of the time, we can cope with these demands and there's no problem. However, stress occurs when you find that you are unable to cope. As well as increasing the pain, this can make you quick-tempered, weepy, angry and frustrated. Pain itself also causes stress.

Breathwork for pain and stress

The way that you breathe is very important when you are in pain or stressed. This may sound strange, as breathing is something we don't usually think about! However, when you are in pain, your breathing may be shallow or you may find that you are holding your breath. This can lead to tension, which may make your pain worse. The trick is to take time to think about your breathing, making sure it is slow and relaxed.

Try the following steps:

1. Start off by making sure that you are comfortable
2. Now close your eyes and focus on your breathing
3. Notice how quickly and how deeply you are breathing
4. Take a long, slow, relaxed breath in through your nose. Push out your tummy (this helps your lungs to fill up) and feel the air gliding slowly down in to your lungs



5. Hold it there for a few seconds and then slowly breathe out again through your mouth, with your lips slightly parted. Let your tummy fall - this helps get rid of the air from your lungs

6. Take another long, slow breath in, pushing your tummy out, then breathe out, letting your tummy fall

7. Check for signs of tension in your body, from your head down to your toes, notice the tension and allow it to soften and flow away with every breath out

You can practise this on your own or consider joining a yoga or gentle movement group.

Sleep

Pain and stress can have a huge impact on your sleep, some of the negative effects of lack of sleep include: drowsiness, impaired memory and increased pain.

Some tips to aid sleep:

• Go to sleep at the same time each night and get up at the same time each morning **regardless** of sleep quality the night before. • Establish a relaxing bedtime ritual, rather like you had as a child. Routine is important & prepares the body for sleep. • Try not to sleep during the day, but a short nap may be appropriate (20-30mins). • If you cannot fall asleep and do not feel drowsy, get up and read or do something that is not overly stimulating until you feel sleepy - Avoid housework, watching TV or using the computer/mobile phone at this time. • Eat regular meals. Avoid large ones or spicy food for two hours before bedtime. • A light snack before bedtime or a warm milky drink has been shown to help with sleep.	• Take regular exercise daily but pace yourself. • Don't focus on how much time you stay awake during the night. • Avoid retiring to your bedroom during the day when in pain - your bed is for sleep or sex. • Make your sleeping place comfortable. Be sure that it is dark, quiet, and not too warm or too cold. If light is a problem, try a sleeping mask. If noise is a problem, try earplugs, a fan or a "white noise" machine to cover up the sounds. • Avoid caffeine, nicotine and alcohol late in the day. This includes tea, coffee and fizzy drinks. Caffeine and nicotine can keep you from falling asleep and Alcohol can cause waking and interferes with sleep quality.

Remember:

- You are not alone; all of us have sleep problems from time to time.
- Anxiety about sleep will only make it worse!
- Focus more on quality of sleep rather than the hours you get.
- If you cannot fall asleep again get up, move to a different area and do something relaxing until you feel sleepy and try again.

Non-Medication Management

✓ Heat/Cold - these can help reduce pain and swelling (cold) and improve blood supply to muscles helping them relax (heat) and interrupts messages about possible danger getting to the brain

✓ TENS - this can help to improve blood supply, relax muscles, interrupt messages about possible danger getting to the brain

✓ Acupuncture - thought to work in a similar way to TENS plus it encourages the brain/body to produce more pain relieving chemicals

✓ Psychological techniques such as those mentioned previously as well as mindfulness, distraction, hypnosis and psychological therapies including CBT, ACT, group work, EMDR

Medication Management

There area range of medications available to help with pain (analgesia), however medications are only a small part of pain management and should be used alongside the other techniques discussed in this booklet.

Non-opioids

➢ Paracetamol and Anti-inflammatory medications such as ibuprofen, diclofenac (great rectally for very severe acute pain), naproxen, mefenamic acid (great for gynaecological pain especially with bleeding) are great medications which are effective for mild to moderate pain. Also, when used regularly and in combination with stronger medications they can reduce how many of the stronger pain medications you need. Anti-inflammatories can be great for bone pain, back pain, period pain, tooth pain and reduce chemicals that cause inflammation but long term can damage the stomach and kidneys.

Opioids

- Codeine (not safe in breast feeding), dihydrocodeine, tramadol, tapentadol, buprenorphine, morphine, oxycodone, fentanyl are all opioids. These are strong acting pain medications that work on certain receptors in the body and alter pain chemicals and therefore change pain levels. These medications are very good for moderate to severe pain which affects your ability to do your usual activities such as breathe, cough, sleep, dress, walk, eat etc. Unfortunately they can have many side effects such as constipation, nausea, dizziness, sleepiness and long term can have an impact on hormones, immune system, gut function, brain function e.g. memory and concentration. Also at high doses, in those who are frail or have poor kidney or liver function and in overdose, they can cause life threatening breathing difficulties and unconsciousness. These risks are higher when taking other medications such as diazepam, sleeping tablets and pregabalin. These medications are also associated with tolerance, dependence and addiction especially when taken long term and any concerns about misuse should be raised with your GP/Nurse/Oncologist.

Anti-depressants

- Amitriptyline, nortriptyline, imipramine, duloxetine can all be used to help with nerve pain such as burning, tingling, pins and needles, electric shocks, painful numbness that can occur due to chemotherapy (duloxetine has the best evidence), radiotherapy and surgery, a tumour pressing on nerves or pain after viruses such as shingles. These medications were originally taken for depression, often at much higher doses, and were found to help with pain too as the chemicals that are linked to depression are also involved in pain (serotonin and norepinephrine). these medications need to be taken regularly and can take 6 weeks for the benefit to be felt. Unfortunately they can have side effects for example amitriptyline can cause a dry mouth, constipation, urinary retention and daytime sleepiness but can help with pain and sleep as well as urinary urgency and frequency and duloxetine can cause constipation and dizziness but can also help with depression and anxiety.

Anti-convulsants

- Gabapentin, pregabalin, carmamezapine, lamotrigine were originally used to reduce seizures in epilepsy but they are now commonly used to help with nerve pain (as described above) as they work by reducing the sensitivity of the nerves a bit like an internal local anaesthetic. These medications need to be taken regularly and are started at a low dose and then slowly increased over time to reduce the risk of side effects which can include: weight gain (often due to fluid accumulation not fat), sleepiness, dizziness. These medications can also be addictive which is why gabapentin and pregabalin are now controlled drugs and should be treated in the same way as oxycodone or tramadol regarding risk of tolerance, dependence and addiction.

Other Medications which can help with pain or side effects

- Hyoscine (buscopan) - for bowel, bladder, uterus spasms.
- Capsaicin (chilli pepper) cream or lidocaine (local anaesthetic) plasters - can be used for local areas of nerve pain
- Laxatives for constipation especially when taking opioids
- Anti-emetics - for sickness which can accompany opioids
- Gastric protection such as omeprazole or lansoprazole when taking anti-inflammatories

Summary

Pain is complex, affecting and being affected by many things including our emotions, belief's, thoughts, behaviours, previous experiences. The aim of pain management, using medications as well as non-medication techniques, is to improve your ability to engage in meaningful activities and improve your quality of life. Often persistent pain is safe and although it is a horrid experience it wont be causing you any damage. However, if at any point your pain or pain severity suddenly changes or changes for more than a couple of weeks please contact an appropriate health professional for advice.

Resource List

Action on Pain	www.action-on-pain.co.uk
Action radiotherapy	https://www.actionradiotherapy.org/
Able radio	www.ableradio.com
Breath works	www.breathworks-mindfulness.co.uk
British Acupuncture Council	www.acupuncture.org.uk
British Pain Society	www.britishpainsociety.org
British Pain Society - cancer pain (very science based)	https://www.britishpainsociety.org/static/uploads/resources/files/book_cancer_pain.pdf

Cancer Research UK	https://www.cancerresearchuk.org/about-cancer/coping/physically/cancer-and-pain-control
Carers	www.carers.org
Chronic Fatigue & Fibromyalgia Self Help	www.cfidsselfhelp.org
Citizens Advice	www.citizensadvice.org.uk
Clinical Knowledge Summaries	www.cknice.org.uk
Depression Alliance	www.depressionalliance.org
Gov. UK	www.gov.uk
Fibromyalgia Association	www.fmauk.org
Flippin' Pain	www.flippinpain.co.uk/
International Association for the Study of Pain	www.iasp-pain.org
Living life to the full	www.llttf.com
Living with chronic pain	www.paincd.org.uk
Macmillan	https://www.macmillan.org.uk/cancer-information-and-support/impacts-of-cancer/pain
Migraine trust	www.migrainetrust.org
Mission Remission	https://www.mission-remission.com/
Mood Juice	www.moodjuice.scot.nhs.uk/mildmoderate/entry.asp
My Live Well With Pain	http://my.livewellwithpain.co.uk/
National Cancer Institute - Cancer pain (USA)	https://www.cancer.gov/about-cancer/treatment/side-effects/pain/pain-pdq
NICE - Neuropathic Pain	https://cks.nice.org.uk/topics/neuropathic-pain-drug-treatment/management/neuropathic-pain-drug-treatment/
NICE - Palliative Pain	https://cks.nice.org.uk/topics/palliative-cancer-care-pain/

Opioids Aware	https://fpm.ac.uk/opioids-aware
Overcoming mental health problems	www.overcoming.co.uk
Pain concern	www.painconcern.org.uk
Pain Tool kit	www.paintoolkit.org
Pelvic pain support network	www.pelvicpain.org
Pelvic Radiation Disease Association UK	www.prda.org.uk/
Physiotherapy Pain Association	https://ppa.csp.org.uk/
Samaritans	https://www.samaritans.org/
Scottish Chronic Pain Guidelines	https://www.sign.ac.uk/media/1380/sign136_qrg_2019.pdf
Sleep Council	www.sleepcouncil.org.uk

This booklet was developed for Mummy's Star to accompany the talk of the same name. It is based on commonly known knowledge and principals as well as the authors own knowledge and experience. It is not intended to replace medical advice and is a resource only. If you have any concerns please seek advice from health professionals/appropriate charities.