

# Pain and Fatigue

Presented by Joe Nolan and Lynne Borgert

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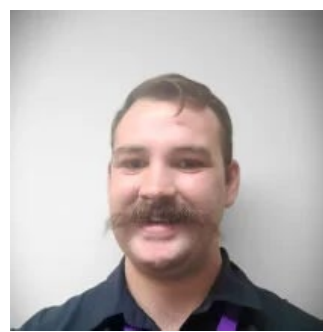
# Our Allied Health Team



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Lead Physiotherapist



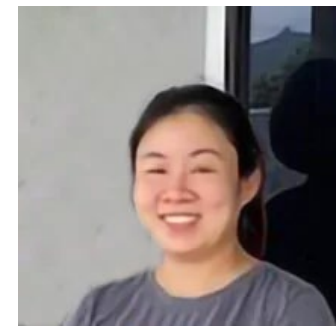
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# Outline of Presentation

1. Pain classification
2. Chronic Pain Management
3. Fatigue in Neuromuscular Conditions
4. Fatigue Management

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# Pain

“An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage”

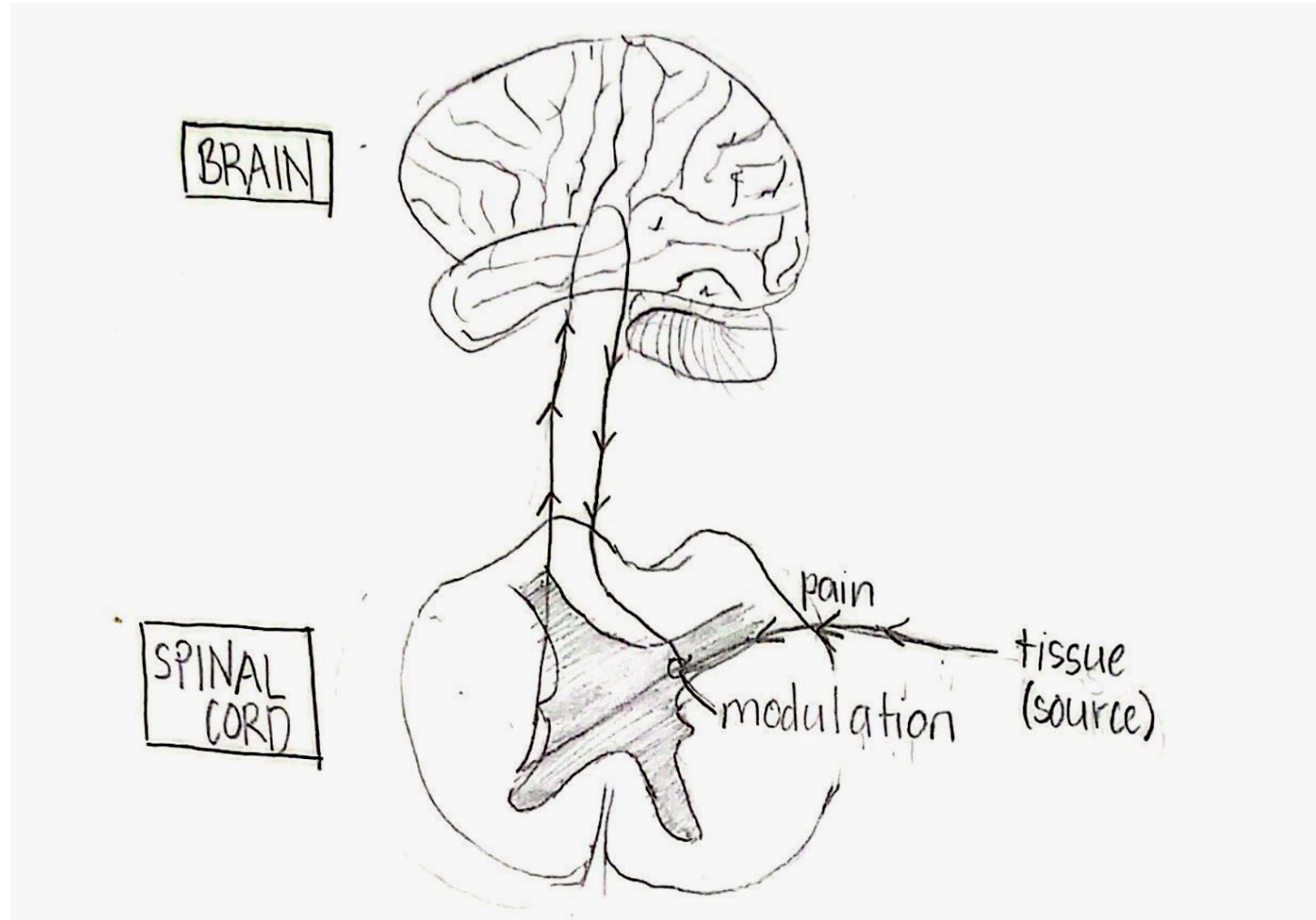
– *International Association for the Study of Pain*

- Multifactorial – physical and cognitive and social components
- Pain as protective mechanism – warning of tissue damage
- Pain without tissue damage – referred pain, neuropathic pain

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# The Pain Pathway



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# Acute Pain

- Acute pain is pain experienced as a result of an injury or illness causing tissue damage and inflammation.

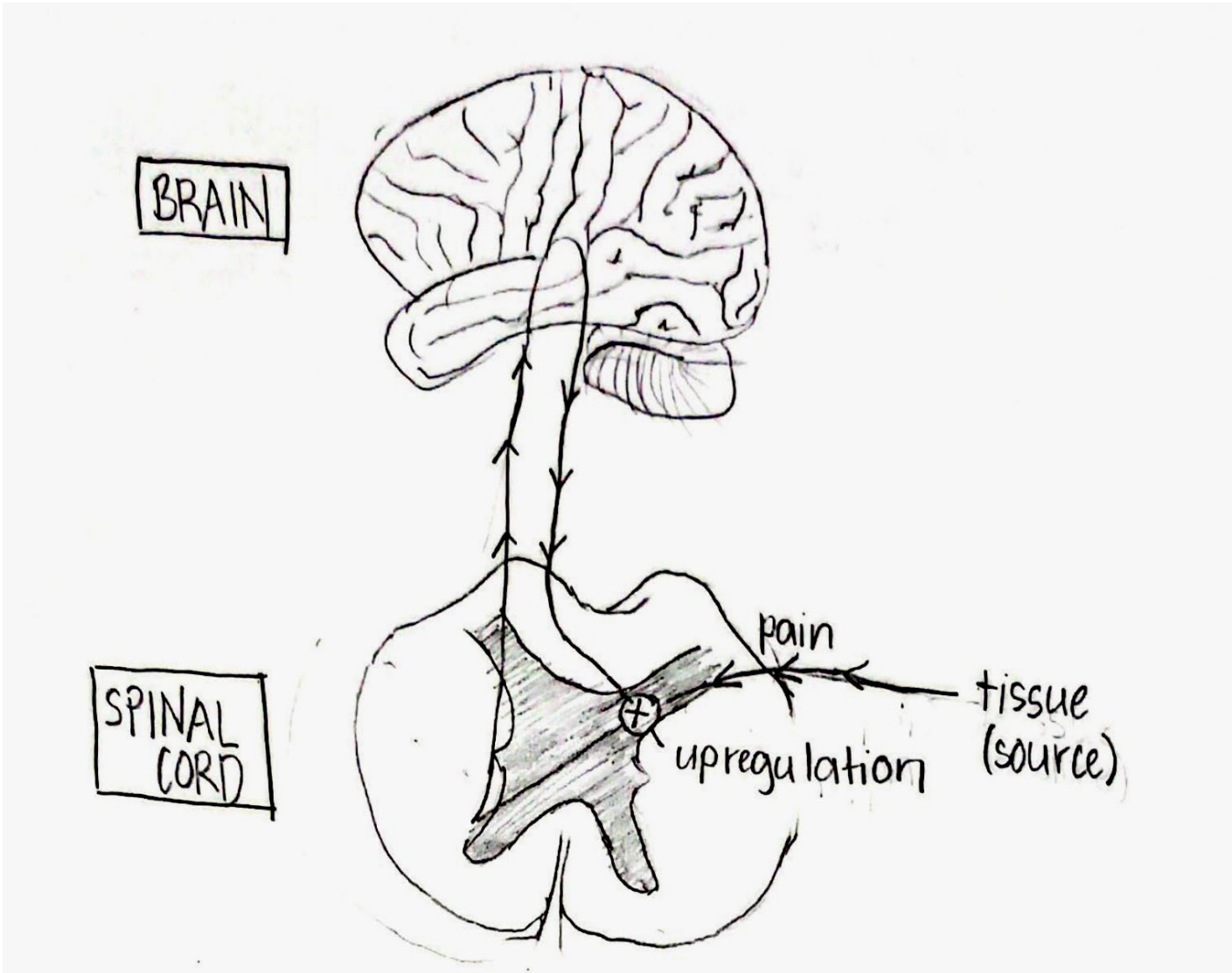
## Treating Acute Pain

- Listen to body's cues to avoid pain by resting
- Protect injury from further harm
- Take pain relief medications as prescribed
- Investigate underlying mechanism
- (doctor/physio+/- investigations)



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# The Chronic Pain System



- The central nervous systems amplifies pain
- People experience harmless pain signals as 'loud' extreme pain (central sensitization)
- Chronic pain is not associated with acute tissue damage

# Pain - cause

- Pain is a common for people with neuromuscular conditions
- NMD diagnostic groups differ on the reporting and presentation of pain, the cause of pain and the functional impact.
- Neuropathic pain is caused by nerve damage, for people with some types of neuromuscular conditions ( ie. sensory neuropathies) it is present because of nerve damage in the peripheral nerve. Neuropathic pain is sometimes worse at night and can disrupt sleep (usually chronic)
- Nociceptive pain is caused by tissue damage. An example is musculoskeletal pain which originates in the joints, muscles, bones, ligaments or tendons. Eg joint contractures, scoliosis, inflammation in the muscle (may be acute or chronic)

(Saling, J 2021)

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# Chronic Pain Management

The focus of pain management is on reducing anxiety and acknowledging the way that your environment can affect your pain; some ways to do this are:

- Pacing – avoid over-activity and underactivity cycles
- Meditation and relaxation techniques
  - Mindfulness
  - Deep breathing
- Challenging negative thoughts and beliefs about pain – positive self talk
- Physiological education – understand and empower.
- Psychology – use tools to identify and control pain triggers.
- Distraction techniques
- Nutrition – identify foods and drinks that can trigger pain (alcohol, caffeine, sugar)
- Physiotherapy for people with neuromuscular conditions – movement- active and passive, hydrotherapy, pain relief modalities, monitoring of secondary symptoms that may lead to pain if not managed early eg seating, posture, range of movement
- Medication

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# Message

- Everyone's situation, triggers, tool and supports will be different.
- Health professionals can offer advice and education tailored to the individual.
- Multiple tools and strategies may need to be trialled before an individual finds a set of tools that work for them.

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# Fatigue

- Acute fatigue refers to the feeling of tiredness while doing a particular activity because the muscles do not have sufficient energy to accomplish the task.
- Chronic fatigue refers to a persistent or long-lasting feeling of tiredness because the diseased muscles have lost the capacity to maintain a maximum level of force.
- Fatigue can adversely affect mood, attention span, memory, thinking, and communication skills.

<https://musculardystrophynews.com/fatigue>

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# Causes of Fatigue in Muscular Dystrophy

- Muscle weakness
- Lack of oxygen
- Sleep disturbances
- Heart dysfunction and disease
- Lack of physical activity – reduced capacity.
- Psychological/emotional stress - fatigue is not proportional to muscle involvement
- inadequate nutrition
- Depression

Angelini & Tasca (2012)

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# Fatigue Management – Energy Conservation

- Reducing causal factors
  - Using prescribed ventilator
  - Reducing sleep disturbances
  - Eating adequate diet
  - Maintaining consistent sleep routine
- Energy Conservation
- Activity – participating in adequate mental and physical stimulation

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# Energy Conservation

1. Prioritize
2. Eliminate unnecessary tasks
3. Ask for help
4. Simplify tasks (e.g. ensure common items are within easy arms reach)
5. Plan
6. Pacing throughout the day and week – reduce instances of overloading yourself on 'good days' to reduce your number of 'bad days'
7. Assistive technology to conserve energy eg scooter or portable power wheelchair for distances outdoors

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# Online Resources

- <https://theloopcommunity.org/> Neuromuscular Resource Hub with tailored condition guides, forums and more
- <https://www.parentprojectmd.org/> Parent-led project to end Duchenne Muscular Dystrophy
- <https://www.mda.org/> Provides condition-specific information and information about managing a range of symptoms in their Quest section

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# Our Services



## Free

- *NDIS Access and Assistance program*
- *Infoline*
- *Breathe Well Rest Well*
- Support Through Crisis
- Advocacy
  - Individual
  - Systemic/peak body

## Chargeable under NDIS

- Support Coordination
- Plan Management
- Physiotherapy
- Occupational Therapy
- Programs delivered by Allied Health Assistants

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# Connect With Us

- Phone: 1800 676 364 (Free call to our Infoline service)
- Email: [info@mdqld.org.au](mailto:info@mdqld.org.au)
- Website: [\(Muscular Dystrophy Queensland Infoline mdqld.org.au\)](http://Muscular Dystrophy Queensland Infoline (mdqld.org.au)) (Make an online enquiry)

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# References

Angelini, C., & Tasca, E. (2012). Fatigue in muscular dystrophies. *Neuromuscular Disorders: NMD*, 22 Suppl 3, S214-20. <https://doi.org/10.1016/j.nmd.2012.10.010>

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<https://uihc.org/health-topics/role-your-central-nervous-system-chronic-pain>

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