

Welcome to our Summer Newsletter**Introducing our new Group Secretary**

My name is Margaret Webb and I heard that CPSG were looking for a secretary and thought that maybe I could help. I made contact with Lorraine and was invited to the next (April) meeting. I was made so welcome at that meeting that I am now involved and, hopefully, contributing to the group.

I moved from London to the Bury St Edmunds area in 1969 when I got married. I have worked as a secretary for the NHS and retired from working at West Suffolk College 5 years ago. I have also been involved with voluntary groups such as the Brownie Girl Guides, the Camping and Caravanning Club and Village Hall Committees, usually in the role of secretary.

I have thoroughly enjoyed these years of retirement. It is great to have the time to spend on my hobbies without looking at the clock. My garden looks as though someone cares about it although without any flair for design! I also love all forms of needlework and I make greetings cards. My other interest is in medieval history and I read a lot. I make good use of the library and am very thankful we have such a good one in BSE.

I have two daughters who both live in Bury and one suffers with fibromyalgia. I feel as though I have some understanding of what the group is trying to achieve to provide support for those who live with chronic pain. I have a heart condition which slows me down and I get very tired, but thankfully I do not have pain. I think that we sometimes have to accept that our body is not working perfectly but we can still enjoy life, indulge in new and interesting hobbies in the company of good friends.

I look forward to meeting more of the members at future meetings. Please bear with me though – I am hopeless at remembering names!

Since the last newsletter I can confirm that the constitution has been finalised and adopted. Speakers slots for the year have been filled and we will be looking for speakers for 2017 so if you have any suggestions please get in touch on 07724 187774 and talk to Margaret, who is now manning the group phone. Margaret is an asset to the group and since her arrival, has been very supportive in her new role.

[We now have 24 paid up members yet we have only been seeing between 10 and 17 at meetings since January. This group is about you the members and bringing people together. Help us to help you!](#)

Numbers at coffee mornings have also dropped—is it the venue? Suggestions for a new one please!

[Important Date for your Dairy—we do hope member's will support this meeting by attending](#)

Advance notice of the

Chronic Pain Support Group

Annual General Meeting

Thursday 15 September 2016 at 3.30pm

to be held at Southgate Community Centre, Bury St Edmunds

The AGM is the opportunity for members to hear about the Group's progress, plans and finances and to vote for the committee members who will take on the responsibility for running the Group for the next 12 months. Come along and take part in planning for the future.

[We look forward to seeing you at our next CPSG meeting on Thursday 21st July at 2pm. Speaker Jo Wortley-Emotional Freedom Technique .](#)

Bringing People Together



CPSG Speaker Presentations for April and May meetings



Peter Harrison speaker presentation on Thursday 19th May 2016

East Anglian Air Ambulance is the charity providing a helicopter emergency medical service for the people of East Anglia.

Launched in 2000 and attended over 16,000 lifesaving missions, giving the best possible clinical service now 365 days a year. The crew comprises of specialist pre-hospital doctors and critical care paramedics operating out of two high-tech, fully equipped, helicopters from 7am until 7pm from Norwich base and 7am until 1.30 from Cambridge base. The first air ambulance in the country to attend helicopter emergency medical incidents in the hours of darkness to unknown and unlit sites.



March 2011 saw the move from Sterling Aviation to Bond Air Services. Sky 1 are currently running a series of episodes on a Monday evening from 9pm called 'Air Ambulance ER'. A very interesting and informative programme



Heather Riggs Senior Clinical Nurse Specialist Department of Pain Medicine WSH speaker presentation on Thursday 21st April 2016

Heather presented on 'Safety and analgesic prescribing for chronic non cancer pain' and covered:-

Types of Pain: Nociceptive (or inflammatory) 'Tissue Damage' -Neuropathic 'Nerve Damage'-Generalised e.g: fibromyalgia 'No tissue or nerve damage'

Useful analgesic resources for people with pain: <https://www.nice.org.uk>
<https://cks.nice.org.uk/nsaids-prescribing-issues>
<https://www.britishpainsociety.org/british-pain-society-publications/patient-publications>
<http://www.who.int/cancer/palliative/painladder/en/>
<https://www.fpm.ac.uk/faculty-of-pain-medicine/opioids-aware>

Why is patient history important when prescribing? - to prevent prescribing errors, detecting drugs related pathology or changes in clinical signs, to ascertain all currently and recently prescribed drugs, previous adverse drug reactions, to check for any over the counter or herbal medicines and if alcohol is consumed or if recreational drugs are used.

Interesting fact: Over two and a half million prescriptions are written every day in the UK's National Health Service. In a UK hospital of average size around 7000 medications will be administered daily. Error is possible in any part of the medication process-prescribing, transcription, dispensing, administration or monitoring-but it is in the pre-prescribing phase that errors in the medication history may have their effect.

What analgesia to prescribe and why?

WHO analgesic ladder: Non-Opioid for mild pain (+/- Adjuvants) Opioid for mild to moderate pain (+/-Adjuvants +/-Non-opioid) and Opioid for moderate to severe pain (+/- Adjuvants +/-Non-opioid).

WSH acute surgical ladder: Time –Intensity. Step 1 Paracetamol+/-nsaid, Step 2 intermediate opioid + paracetamol +/-nsaid, Step 3 Epidural + paracetamol. Spinal diamorphine + paracetamol,+/-nsaid. Patient controlled analgesia, + paracetamol, +/-nsaid. Intermittent i.v, i.m, s/c, oral strong opioid, paracetamol, +/-nsaid.

Effect and side effect—Nsaids: Analgesia, Gastro intestinal, Renal, Cardiovascular, Respiratory, Skin, Haematological, Liver (very rare).

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Run for Patients by Patients

Southgate Church and Hardwick Primary School Family Fun Day 2nd May 2016 11am-5pm



A football tournament kicked off the event. The many attractions on the day included:-

Dr Who Dalek & Tardis which proved popular with the children

Activities included Archery Tag, Rodeo bull, bungee run and bouncy castle.

Tombola, candy floss, ice cream van, beer tent and a variety of stalls.

Displays from a Zumba class and the Starlets.

A fun day success for all involved.

Overall funds raised = £50.96 CPSG £34.46 PC £16.50



Thank you to all the members who came along and gave their support.

FORTHCOMING EVENT

Cockfield Village Show at Clipt Bushes, Smithwood Green on 11th September 2016 from 12 noon. Farmer's Market and Fete. CPSG will be taking part in this community event.

Fordham Car Boot Sales

Sunday 5th June from 7am to 1pm on a field at Fordham



Row upon row of cars selling a variety of wares spread out to catch the eye of the buyer. A cold start until the sun burnt off the cloud and a pleasant morning was had by all. Did we sell all that we took, unfortunately no, but we did come back with less. The crowds were not so plenty this time. We did make £ 63.55 which has been donated to the group funds.



St Peter's Church Family Fun Day—Saturday 4th June 2016 12.30—4pm



A well supported and organised event with inflatables, face painting, BBQ, variety of stalls and entertainment in the garden.

On the car park was the ice cream van and guess how many balloons in the Dignity car.



In the Hyndman Centre were more stalls including tombola, CPSG Positively Crafty and more.....

Rev'd Nick Alexander was delighted with how the day went on the whole. Over 300 people attended the event. They will be able to make a donation to the Bury Drop in for the homeless of over £200.

Overall funds raised = £67.50 CPSG -£44.75 PC - £22.75

Thank you to all the members who came along and gave their support



Speaker Presentation by Heather Riggs continued from page 2

Endogenous opioids: Endogenous, i.e. naturally occurring, opioids are involved in many more physiological systems than the transmission modulation of pain signals, emotional and reward systems.

In mammals, endogenous opioids have been shown to be involved in cell proliferation, immune functions, vascular function, cardiac function and even hibernation and hunger—endorphins-enkephalins-dynorphins.

Exogenous opioids: **Strong Agonists** = morphine, meperidine, methadone, propoxyphene, dextromethorphan, fentanyl, sufentanyl, alfentanyl. Also Codeine, oxycodone, propoxyphene. **Mixed Agonists/antagonists** = Pentazocine, butorphanol, nalbuphine, buprenorphine **Pure Antagonists** = naloxone, naltrexone.

Effect and side effects—Opioids: Contraindications— acute respiratory depression, paralytic ileus, head injury, raised intra cranial pressure. Cautions-Respiratory depression/sleep apnoea/COPD, older person+/-co-morbidities, hepatic and renal impairment, pregnancy and breast feeding, previous history of substance misuse, mental health history/depression, prostatic hypertrophy.

Pain Ladder—non cancer: Guidance on analgesic choice for adults in primary care. Acute pain and Chronic pain. Mild pain-for both paracetamol. Moderate to severe pain-for both morphine sulphate, oxycodone hydrochloride, diclofenac sodium, buprenorphine. Pain should respond to an opioid within 48 hours & to other treatments within 6 weeks, ineffective medicines should be stopped.

Neuropathic Pain: Pain arising from a primary lesion or dysfunction in the peripheral or central nervous system. Trigeminal Neuralgia-Carbamazepine. Diabetic peripheral neuropathy-Duloxetine. (if not tolerated switch to amitriptyline, if ineffective switch to/or combine with gabapentin. All other neuropathic pain-Amitriptyline hydrochloride (if not tolerated switch to gabapentin or if ineffective combine with gabapentin. Gabapentin-if not tolerated, contraindicated or ineffective switch to Pregabalin.

Alternatives-Tramadol, Capsaicin, Lidocaine. Taper the regimen when switching or withdrawing treatment.

Drugs for Neuropathic Pain-what are the main adverse effects? Anticholinergic effects, appetite, dizziness, somnolence, nausea, cardiovascular effects, sexual dysfunction, leucopenia.

Why does analgesia fail: No single drug will treat successfully more than a minority of patients with a painful condition. Successful pain relief is also likely to improve sleep, depression, fatigue, quality of life, function, and ability to work. Experience (and some evidence) suggests that failure with one drug does not necessarily mean failure with others, even within a class. We do not know the best order in which to use drugs, in terms of efficacy, harm, or cost. Success or failure can be determined within 2-4 weeks, and success, when achieved, tends to be long lasting. Because success rates are low, a wide range of drugs is needed to do the best for most patients, especially in complex chronic conditions.

What to do next: Ensure you have regular medication reviews with your GP. Avoid the trap of continuing repeat prescriptions even when the medicine is not reducing pain. Remember many patients only need to use medicine in a flare up. If you are on long term analgesia ensure you store it safely and use only the prescribed amount.

*This article is taken from a handout and is only a snapshot of the presentation. Some areas may seem a little vague and without being present at the time, may be difficult to understand/follow. If more information/understanding of this document is required I may be able to approach Heather for a little more detail, if requested to do so.



A **big thank you** to all of you for your support and contributions to the raffle.

Please send your articles and suggestions to the contact details below.

You can find some of the in-depth articles on our website www.chronicpainsupportgroup.co.uk

Bringing People Together



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Next meeting 21 July
Southgate Com Centre