Four case histories

**Maria**

*I am useless, I cannot do anything anymore*

Maria, aged 47, was a school meals service cook. She has had pain problems for 3 years since a fall at work. She lives alone now. She used to be married but was physically abused by her ex-husband and divorced him 20 years ago while her children were young. All her four children live nearby. She has seen several hospital specialists and her GP. She has been told that she has a bulging disc, osteoporosis, and spondylosis. She does not really know what is wrong or what these labels or diseases mean. She is frightened that her spine may wear out. She is concerned that she will have more pain and that she will end up bed-ridden like her mother.

**Pain Sites**

Maria has had pain in her neck, left shoulder and arm since her fall.

**Pacing of activities**

On bad pain days, Maria often spends most of the day in a chair or in bed. On better days, she tries to get everything done that she has had to put off for so long. She finds the next day that she is very tired and the pain can be severe.

**Mood changes**

Maria realizes she has changed. She used to be a bright, amiable, cheerful person, who loved her job and would help others out. Now she can often not be bothered to clean the house, cook meals for herself, or look after the garden. She can be very tearful, moans out loud a lot and gets very angry, even violent at times with herself, or with other people.

She blames herself for rushing at work, and causing the fall in the first place.

**Relationships**

The family is at a loss, as Maria is often grumpy. She often shouts at them when things are left lying around the house after their visits. Maria realizes how it affects them and is frightened that they will stop visiting her. She says, “It is the pain, it has changed my life, I hate it.” She misses her work colleagues. She would love to get back to work but does not know how, or what she can do to help herself.

**Razia**

*I can’t get to do things, the pain spoils every day*

Razia is 28 years old, with two young sons aged 5 and 7. She is married to Hassian, who is a postal worker. He leaves for work early in the morning, sometimes six days a week. This means leaving Razia to get the children up and take them to the nearby school. Razia’s elderly parents live next door. They both have difficulty walking because or arthritis in their knees and back.

**Pain Sites**

Razia has chronic widespread pain mainly in the neck, both shoulders and lower back. The pain moves around the body and some days she has severe headaches. Razia finds that each day is different, as she doesn’t know where the pain will be the next day. “I can’t plan anything.” She says.

**Physical functions**: In the morning, Razia’s stiffness can be very severe. Razia finds that some of her daily routines make this stiffness much worse, e.g., bathing her youngest child.

Razia has difficulty managing her pain, especially when her pain levels are high. This means that her physical functioning is limited. She says, “I rest until the pain settles which could be a couple days. This means I get so little done in the house.”

**Pacing of Activities**: Razia finds her pain and stiffness very unpredictable and says that it is very hard to plan and pace her days. Razia tends to rest as much as possible to save her energy and lessen her pain levels. She does this so when her husband and children come home she can “see to them.”

**Sleep problems**: Razia complains that she has difficulty getting to sleep because she can’t get comfortable. She sleeps about 6 hours each night but wakes up feeling tired most mornings. “I’m as tired as when I went to bed last night: Razia says she feels “tired all of the time.” She often has a couple of short sleep breaks during the day but still finds she has little energy and is very irritable with the children, which upsets her a lot.

**Medications**: Razia has been given Amitriptyline, 10 mg, daily. This helps her sleep better but she doesn’t like the drowsy feeling the next day. She only takes the medications if her husband is taking the day off, so that he can look after then children.

**Relationships**: Razia relies heavily on her husband and children to help her out. When her husband is at work, she says, “My children have to put my shoes on for me.” Hassian, her husband, can’t understand what is wrong and is beginning to ask why things aren’t done when he gets home. There is a family wedding in two months time and Razia’s mother sometimes expects her to do things to help her out. This is an added stress, especially when Razia has a bad pain day. Razia finds it difficult to refuse her mother’s requests.

**Mood Changes**: Razia was very depressed after the birth of her second child. She is beginning to have the same depressed feelings again. She worries about the pain and what it might mean for her and her family in the future. She is frustrated that “I can’t do the same things that I used to, like cooking and swimming.”

**Previous Treatment:** Razia was seeing a physiotherapist who gave her some stretches to loosen her muscles. She stopped going after two sessions, as the physiotherapist “wasn’t helping my pain at all.”

**Jim**

*Why won’t the pain leave me?*

Jim has severe pain around the left side of his chest and abdomen after an attack of shingles (herpes zoster) five years ago. He is married to Ann and they have a close relationship after thirty years of marriage. Jim is 59 and his pain problem has made him tired and worried. It made sense to both Ann and to Jim for him to retire from his job as a secondary school teacher over two years ago. It has been a difficult time, with many stresses in his life over the last three years. These included his long term pain after his shingles, his early retirement, Ann’s heart condition and the death of his elderly parents. Since his retirement, Jim has taken on many household tasks to fill his day. This has helped Ann because someday she is short of breath because of her heart problems.

**Pain Sites**: Jim finds the stinging pain around the left side of his abdomen and his left shoulder blade area unbearable at times. His skin is extremely irritable and sensitive, and his clothes feel uncomfortable on his skin. He is frightened of anyone coming close to him on his left side in case they touch him. He sometimes moves out of the way when people come towards him on his left side.

**Pacing**: Jim tries to do everything himself. He shops everyday for food and He cooks most of the meals. He does all the vacuuming, washing and ironing and most of the other housework. Ann and Jim have a large garden. Jim usually spends the rest of the time weeding, planting and mowing the lawn. He thinks this is only fair as he is not working anymore and Ann is sometimes quite sick. He likes to feel useful and that he has achieved something every day. He says,” It helps to keep busy, as it takes my mind off the pain.”

**Sleep problems**: Jim is tired when he goes to bed. He has difficulty getting to sleep as he thinks about the recent events and worries about what the future holds. He would like to sleep in. However Ann often gets up very early, around 6a.m. and Jim thinks he should start his day at that time too. He is quite groggy in the morning but he tries to be bright and cheerful for Ann. He is not sure how she would cope, if he seemed depressed. Jim notices that when he is tired, the pain seems worse.

**Medications**: Jim no longer wants to take his medications because “it doesn’t work and he wants to feel in control.” He is worried that if he does take tablets he will become addicted.” He saw his mother become dependent on tranquilizers and he’s not going to become like her.”

**Relationships**: Jim feels irritable and stressed because of the high standards he sets for himself. He is worried about the future, especially at times when the pain is severe. He doesn’t know if he can continue at this pace for much longer. He doesn’t want to let Ann know his worries: “She has enough problems without worrying about me.” His skin is so sensitive that he is often frightened about being hugged by his grandchildren or by Ann. This upsets Ann as it makes her feel less close to Jim, just when she feels worried because of her illness.

**Mood Changes**: Jim is aware that he has been having trouble relaxing and it has been getting worse recently. He used to enjoy walking and reading. But he can’t seem to find the time now, especially as Ann’s health recently had a setback. He is worried that if the pain gets worse he won’t be able to manage: “What will happen to us then?”

**Previous treatment**: Jim has been to the pain clinic and had medication and acupuncture. He is not sure why the treatments haven’t worked and why the nerve pain doesn’t settle down.

**Steve**

*Why can’t they fix the pain*

Steve is 26 and used to be a very active cyclist and runner and loved canoeing. He was an electronic technician and was due for a promotion. He used to cycle to work most days. One day a car hit him from behind while he was waiting at a pedestrian crossing. He was thrown from the bike and landed awkwardly on his back. He felt something in his back split. He was stunned but was able to get up and walk about. His bike was smashed beyond repair. He went for a hospital checkup and there was no evidence of any fractures or serious damage. He was advised to rest and was given some pain relief drugs. For several days he had pain in his back, and then it seemed to improve. After two weeks he decided to return to work but the pain started to get much worse. His back and leg movements were much stiffer and at the end of the day he had to go to bed. After two months he could not manage work anymore. He has not been able to cycle after the accident. He can only hobble around the house. He has started to get up much later each morning, and finds that lying down helps ease the pain.

**Pain Sites**: About 18 months after the accident, Steve’s pain was in his lower back and had spread into his left leg and right shoulder. He sometimes has pins and needles in his right arm and his left knee would give way.

**Mood Changes**: Steve is getting very frustrated. He has lost his job and is not able to do his hobbies. He often thinks about all the things he used to do, like mountain biking on Saturdays. He isn’t able to join in the local bike race events anymore. He wanted to go back to Karate classes and has not been able to get there. He often thinks, “It’s not fair that I have this pain. It was that drivers fault. He blamed me for stopping for the pedestrian crossing.” Steve has been fed up about the long wait to see the specialist. He eventually had an MRI scan of his back, but the scan showed no evidence of spinal problems in his discs or bones. This made him even angrier. He would shout at Nicole, his girlfriend. He sometimes drinks too much beer as it helps his pain and calms him down. He then seems to get snappier the next day. “I just want to do the things I used to do; I’m not going to go on living like this.”

**Relationship**: Steve’s mood changes have been affecting Nicole, who has been getting really worried about him. Steve seems to be less physically close to Nicole. He often sleeps in the spare bedroom. This means he can get up at night and use the computer. This has helped him, as he has found some useful websites for pain sufferers. He can use their chat rooms to find out more about pain. This upsets Nicole as she seems to be living in the day and Steve seems to be living in the night. If Nicole tries to talk about it with Steve he just says it is the pain and he can’t cope with it any other way.

**Previous Treatment**: Steve had tried at least 6 or 7 different drugs for his pain but he finds that they only work for the first two or three weeks. Then their pain relief lessens. His GP can only suggest more tablets and Steve is not keen to try anymore. He is fed-up with the side-effects, especially constipation and dry mouth. He enjoys his fast foods, especially fish and chips, as this seems to be his only pleasure. But he does not like the fact that he has put on 30 pounds.

**Sleep Problems**: Nicole has noticed that Steve is a very restless sleeper and often has bad dreams and nightmares sometimes breaking out into cold sweats. This means that he will sleep in until midday and sometimes stay in his bedroom next to the toilet, until late afternoon.

**Physical Function**: Some days, Steve finds it almost impossible to climb the stairs. He tells Nicole, “I am not coming downstairs; I’m staying in the bedroom- it is close to the toilet.” He finds a cane helpful but refuses to go to the shops on bad days if he has to use it: “Other people think I have a glass back,” he states.

**Legal and Financial Issues**: Steve had decided to sue the driver because of all the problems he has had since the accident. He has now seen six different specialists for his legal case. He is very confused about why he still has the pain. His lawyer wants him to see a psychologist about his nightmares and angry moods. Nicole and Steve are also beginning to struggle financially. Their credit cards and electric bills are overdue. Nicole only works part-time. Steve is worried about how they are going to pay their bills. They have already had a loan from Steve’s mom and just don’t know what to do next.