

Ester - Functional Pain

D - Morning, Ester. Thank you very much, take yourself a seat. Stiff?

P - Yeah, I'm in a bit of pain today. I had a fall two days ago.

D - Oh, god.

P - I've got degenerative spine and hip damage, and at the minute it's really bad. Sometimes my hip and my legs are just giving way underneath myself, and I'm falling to the floor. Unfortunately, two days ago I fell to the floor outside of my house and since then, I've been in quite a lot of pain. The gabapentin that I have been prescribed isn't helping with anything at all, and I'm not sleeping, it's getting worse as the colder nights and the damp weather's coming in. So, I'm just...

D - Crikey, you're putting up with a lot.

P - Yeah, and looking after a four-year-old, as well - it's quite tiring.

D - Okay, is it just the two of you in the house?

P - Yeah.

D - Yeah, okay. Parent's nearby?

P - My parents live down the road, but it's a ten-minute drive.

D - Okay. Okay, but they're local at least.

P - Yeah.

D - Okay.

P - Just lost at what else I can do for it, because it is becoming a big problem. I'm struggling getting in and out of bed, I'm struggling getting up and down my stairs even though I've got double railings.

D - Yeah.

P - On my really bad days I'm having to use my dad's walking stick, just to kind of...

D - So, you've had adaptations made to the house because of this?

P - The adaptations were already in the house when I moved in, but they were helping. I'm trying to get a shower in the house because I can't get in and out of the bath. I'm relying on my parents for, for a shower at the moment.

D - Okay.

P - Because it's so hard to try and...

D - And that shower's in the pipeline for you, so to speak, is it?

P - I've asked about it, but I've had nothing back.

D - Where's that coming from?

P - I've asked the council if they can assist me?

D - So it's a council house that you're in at the moment, isn't it?

P - It is, yeah.

D - Okay. So, you're having trouble doing lots of activities in daily living.

P - Yeah.

D - So you can't get in and out of the bath... is there anything else that you can't do?

P - I can't - I'm scared to go shopping on my own, as around the supermarket my hip could give way, staff have assisted me on days where it has given way, but I'm kind of relying on my parents to come with me.

D - The staff in the supermarket?

P - Yeah, they've kind of helped me back up or helped me round the shops; it's getting really bad at the minute.

D - Blimey. Who've you seen about all of this beforehand?

P - I've seen Dr Romberg, I've seen a pain specialist at - near Team Valley, I can't remember what...

D - What do they think - or what do you think is the underlying problem here?

P - I was in a car crash five years ago.

D - Because of that then?

P - This has resulted.

D - And what damage was caused by the car crash?

P - It was a complete write-off, I got told I had bursitis, but then after a few years the pain was getting no better, and that's when I was referred to a pain specialist and a musculoskeletal specialist.

D - Did you break anything? Any fractures?

P - Nothing was broken, no, I came out unscathed. Just really pain in my right side.

D - So in your right-side hip and lower back, ever since then?

P - Ever since the accident.

D - How much of that is emotional, do you think?

P - I've gone through quite a bit of depression, I've sought counsellor's help because of it - because it was, at the time it felt really unfair that it happened to me.

D - Yeah.

P - Luckily it happened before I had my son, so it was before then, but it's - it kind of does impact, I'm getting emotional now, but it's like... this is why I can't be a parent to my son how I want to be and it's...

D - Is it stopping you from doing things for your son?

P - Yeah. I can't pick him up, I can't put him in and out of the bath...

D - Yeah, okay.

P - I can't, like, lift him when he wants to be, like when he wants a cuddle when he's poorly, I can't do anything.

D - So, you've been seen by a physiotherapist?

P - Yeah, they said they couldn't help. They've given me everything they can.

D - Okay, and you've had x-rays and things like that?

P - Yeah, I've had MRI scans, the lot.

D - Oh, god.

P - It just seems like it's getting worse. I'm struggling with what to do.

D - Yeah. Are you working?

P - No, I've lost my job.

D - What was your job before?

P - A civil servant.

D - And what did that involve?

P - Admin work, I had to sit at a computer, I had everything adapted, but I had an accident in work - bent down to my locker and my back completely gave way and I ended up lying on my mam's sitting room floor for five days. I lost my job because of it.

D - So, you fell over at work.

P - I bent down for a locker, to get into my locker.

D - And what happened?

P - And my back just spasmed, completely.

D - So you had a sudden exacerbation of your pain at work?

P - Yeah.

D - Okay. Okay, that sounds dreadful, okay. Difficult for you to cope with isn't it?

P - Yeah.

D - Okay. All right. Where's the money coming from at the moment?

P - Parents.

D - No benefits? Must be difficult for you, emotionally, isn't it?

P - It's very hard, I'm struggling to work out where I'm going to get my next meal from, some days. As long as my son eats, I don't eat.

D - You're not getting your benefits at the moment?

P - I just get a bit of tax credits, child benefit for my son. But we've had a bit of a problem with income support, so I'm still waiting, waiting on stuff from them.

D - Yeah, okay. With coming here today, so it sounds like pain is the main issue?

P - Yeah.

D - And it restricts you from doing things, and you've got this problem with recurrently that right hip causing you—your hip to give away and you're falling in all sorts of odd places as well. Worst case scenario, have you got any thoughts in your mind about what might be behind all of this?

P - All I know is that it's the degenerative spine damage, and it's just going to keep getting worse, so it's like every day, what's it going to bring? I can't plan anything, I can't make sure of everything, I've just got to make sure I've got someone on standby.

D - Sure. Did you have any particular thoughts about what you were hoping I would help you with today?

P - Just anything for the pain, or anything that will help to stop falling to the ground, any assistance I can have. I mean, I drive a car and at the minute, I'm only driving short distances; if

I'm having to drive any further than ten minutes, it's a big—because my hip can go, my right side can go numb.

D - Safe enough?

P - Yeah. I've always got someone in the car with myself.

D - Yeah, okay. Okay. A lot going on isn't there? Okay. Can I check, you're not a drinker?

P - No.

D - Smoking?

P - No.

D - Substances?

P - No.

D - No, okay. But we've got you on some substances, haven't we?

P - You've got me on gabapentin...

D - Are they any good for you?

P - They can help, but on days like this it's still a struggle, because if I've got to take more...

D - Do they make you more likely to fall?

P - They make me sleepy, so I don't tend to go anywhere when I take them. I tend to keep them for the night-time.

D - I was going to suggest that you don't take them during the day, because they may make you more likely to fall.

P - Yeah, I only take them on a night-time.

D - What about these fellas, are you not using these anymore, the amitriptyline?

P - They're mostly to help me to sleep, but I still haven't taken them.

D - Did they make any difference with your sleep?

P - No, not really, no.

D - Okay, so we'll come back to those if that's okay?

P - Yeah.

D - Because it sounds like that was - it looks like that was a low dose.

P - That was when I was depressed mainly, they were helping me to...

D - But they helped you with you...?

P - They did, they helped me with my mood, but I stopped taking them.

D - But your mood's an issue at the moment, isn't it?

P - It's just because I can't do anything that I want to.

D - Frustration, isn't it?

P - Yeah.

D - Frustration, okay, good. Just give me a happiness score out of 10 - so, ten's perfect, nought's so bad that you definitely would harm yourself.

P - I would never harm - I don't know, I'm a six.

D - Good.

P - Like I say, it's just frustration. But there's days when I'm a ten, I feel like I want to conquer the world, I want to do all the housework...

D - Yeah, so things are okay?

P - Yeah.

D - But things are difficult at times?

P - Yeah, I'm struggling to even just do housework at the minute. I've got a wash a dish, wash a couple of dishes and I've got to stop.

D - Yeah.

P - Just so I don't...

D - If I take my magic wand and I solve one issue for you today, what would it be?

P - My back.

D - Your back?

P - My back. My hip I could, but my back, I struggle to bend down to pick - even doing the correct procedure, sitting down for long periods of time, I'm struggling.

D - Right.

P - Walking is a big issue.

D - And you've had an MRI and it showed some wear and tear, changes?

P - Yeah, it showed the degenerative spine damage, and that was...

D - When was that done?

P - That was done a couple of... last year, year before.

D - Going to need to look back at your records to find that, if that's okay.

P - Yeah, it was...

D - Sounds like I'm going to need to do a little bit of homework about this, Ester, there's an awful lot going on. Thank you for sharing all of this, it sounds really difficult for you. It sounds like, from the support that you've had and the investigations that you had, that the most likely explanation for this is that you've got a problem which is largely functional. So, what's happened is you've had a genuine cause for having severe pain in your hip and your back, but you're now very sensitive to pain.

P - Yeah.

D - And your brain and your brain and your body has reprogrammed yourself software-wise, and wiring-wise, to actually make you feel that you're going to fall. So, you're getting pains and you fall as a reflex for it, and it's not your fault that it's happening, but we need to try and reprogram you, okay?

P - Yeah.

D - So, almost certainly, you've got what we would call a functional illness. So, what I'd like to do today—so, I'm going to do my homework, I'm going to give you some homework to do to understand a little bit more about this side of things. I'm going to give you an article that I've written about functional illnesses, we're going to try to figure out, between us, where you want

to go in terms of trying to improve the symptoms that you've got, and your mobility and your safety, to allow you to do the things that you want to and need to be able to do as a mother as well.

P - Yeah.

D - Okay.

P - And I've been trying not to take medication where I can because of—sorry that's my phone going off - because of my son. It's kind of like, I don't want - I call it the zombie effect, so I try not to take, I mean I was on tramadol during the day, but it was kind of like a losing battle.

D - Yeah.

P - Because I felt like I needed more, so they let me have a break off it, but at the minute I've got no medication at all because I'm scared to take it, but then I need the medication. But I've got none in, sort of thing.

D - Sure, sure. I can see that when the pain has been bad before, you've taken a tablet called naproxen.

P - I still take naproxen.

D - You're still using it at the moment?

P - With lansoprazole.

D - Okay. I think that's reasonably safe, and I'm happy for you to use that, but I don't suggest that you use gabapentin during the day because it hasn't been helpful.

P - Yeah, it's just for night-time, so I can actually lie down.

D - Yeah. Because your mood's been an issue, we could think about adding in amitriptyline on a night, and that might give you an additional benefit for the re-wiring issue.

P - Right.

D - For the reprogramming issue that you've got with the functional illness, so it may actually help you with your sleep as well.

P - Right.

D - Is sleep a problem?

P - Sleep's a huge problem, I've got broken sleep, I'm not going to sleep until about one o'clock in the morning.

D - So, because you've used it before, why don't we restart that, but ask you to slowly increase it as time goes by?

P - Yeah, okay.

D - Do you get fibromyalgia?

P - No.

D - No. You don't get pain anywhere else in your body, apart from in that side and lower back?

P - Just the right side of my body.

D - Just the right side. None on the left-hand side?

P - None on the left-hand side.

D - Okay. So, this is to try and improve the pain and also to help you with your sleep, and we'll slowly increase it depending on what you're tolerating, but we're aiming to leave the pain.

P - Is there anything I can take for the pain, like I say, I used to take tramadol, but...

D - No, I wouldn't recommend any additional pain killers on top of what you've already got.

P - Because, I've tried paracetamol, but...

D - Usually they're not particularly helpful, to be fair.

P - they don't touch the sides.

D - Keep active - that's a really helpful, positive thing for you. You're not doing any harm, and even when you get that sudden urge to fall, don't fall, hold onto something.

P - I do try to stop myself, I've got a trolley or my mam.

D - Great, lean on something, if you need to go to ground, make sure you don't harm yourself when you're going down.

P - Okay.

D - But, it's just a reflex, and what you need to do is to hold the part that's sore and brace yourself and stop yourself from falling - that's important, okay. So, I'm going to give you some information, I'm going to give you some more amitriptyline today. That's the only additional painkiller I'm giving you at the moment; does that sound reasonable?

P - Yeah, that sounds reasonable.

D - Good, and I don't think you need any additional test, but I'd like to just see what the investigations show, because I think that that could inform me sharing with you what you should be doing in the future. Yeah, I don't think we need to do any additional scans or anything. So that's the amitriptyline, if you're not using at the moment then slowly increase it and see how you get on with it. If you're dry in the mouth, stop it; if you're drowsy in the mornings, reduce the dose.

P - Right, okay.

D - So, just start on one tonight, and then every two or three nights, you might want to increase it by a further tablet. That might well give you substantial help with your tolerance to pain. Your tolerance to pain is the problem here - you've got a low tolerance for pain, and we need to improve your pain tolerance and for you to understand that you're not doing any harm by keeping active.

P - Yeah.

D - And if we can help you back towards even voluntary work, that would be a big step towards you getting back towards some sort of gainful employment, where you feel you've got the confidence to do something.

P - Yeah. I mean, I try to go for walks with my son, but it's just the thought of if I go down. I try to just make it a short walk, and if I feel good, we walk to the park or we walk to the shops.

D - Brilliant. Definitely a really positive thing to do - there are some other exercises that might be really helpful for you under the circumstances, but I think we really need to revisit this once you've had a chance to do some homework. One of the things I'd like you to think about in the future is tai-chi, because that can be really, can really improve your symptoms.

P - Right, okay.

D - Okay. Does the word 'functional illness' mean anything to you?

P - It's not something that's been brought up before, I've just been told this is what you've got, that's what you take. So, it's always been...

D - Well, there's a bit of wear-and-tear in your back, because of, obviously, the injury, but I think at the moment what you have is a low pain threshold and an increased sensitivity to the signals that you're getting from your body, and we need to just bring them down a bit. Because you're too sensitive to them, and it's not necessarily tablets that are going to be the full answer, but they may be part of the answer, and the amitriptyline might help you in that respect. There's your homework.

P - Okay.

D - And why don't we see each other again within the month?

P - Right, okay.

D - Would that be okay?

P - I'll try and book in for, say like, the end of January?

D - That's a good idea, and just as a priority booking you can use one of these. So, a week before you need the appointment, book in to see me.

P - Right, okay.

D - Does that sound okay?

P - Yeah, that's perfectly fine. I've got all my adapted chairs at home, I've got cushions, the lot, I've got everything.

D - Great. So, I'll do my homework before I see you next time, and I'll look forward to meeting you again within the month.

P - Thank you very much, I'll get an appointment booked.

D - You're very welcome.

P - Thank you.