

2017

Structured Cooperation between Health Care Systems tackling the societal impact of pain!

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Chair of the BPS patient liaison committee

Life, Living & working in spite of pain

Disclosure Statement of conflict of interest in the context of the subject of this presentation



Within the past 12 months, I or my spouse/partner have had following financial interest/arrangement(s) or affiliation(s)

- Support for travel to SIP 2015, 2016, 2017 from Grunenthal UK
- Judge for the Grunenthal Pain Awards 2015, 2016 & 2017

Antony Chuter



Living with pain for over 25 years - #Patient #PainChampion #PainCampaigner







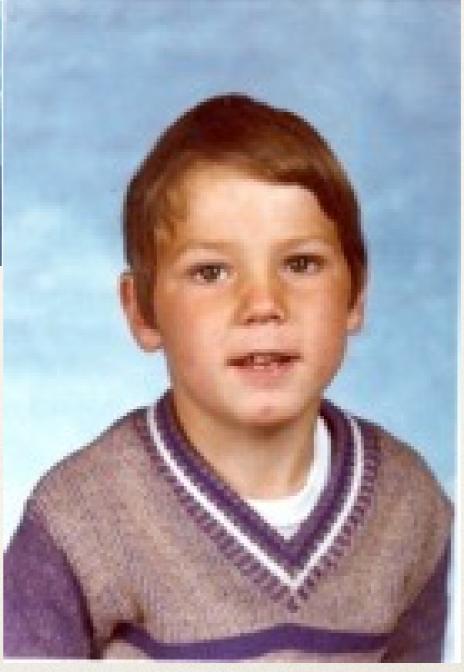




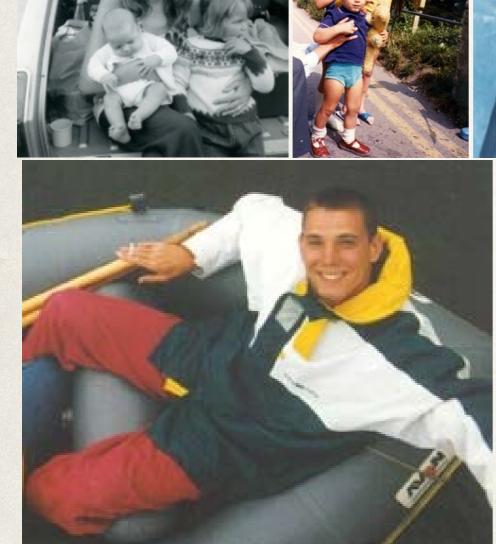


















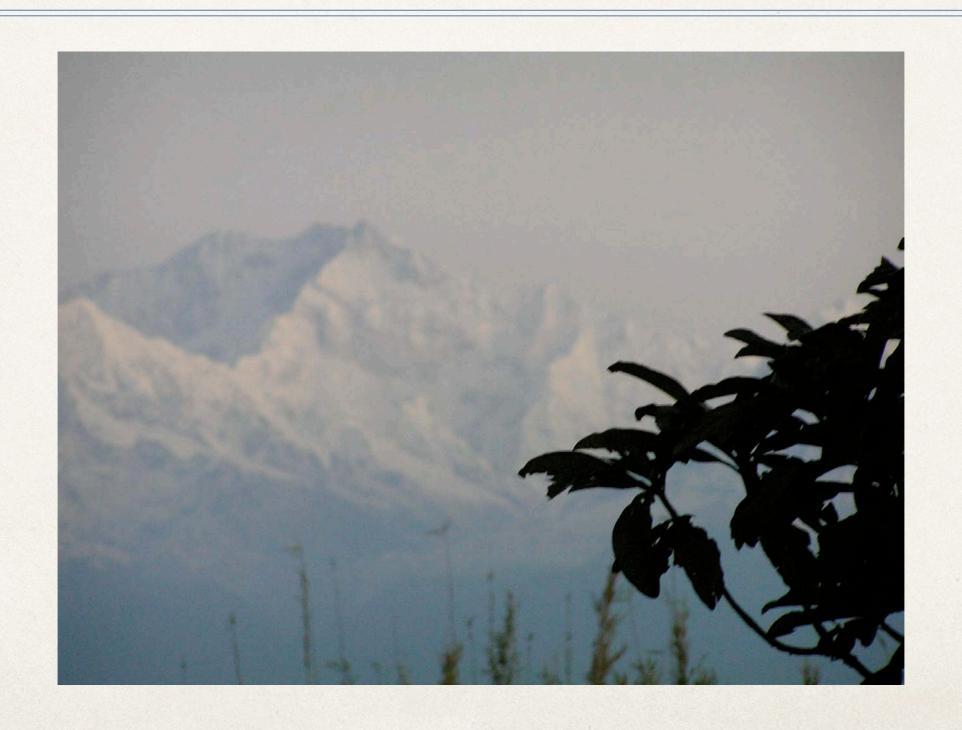


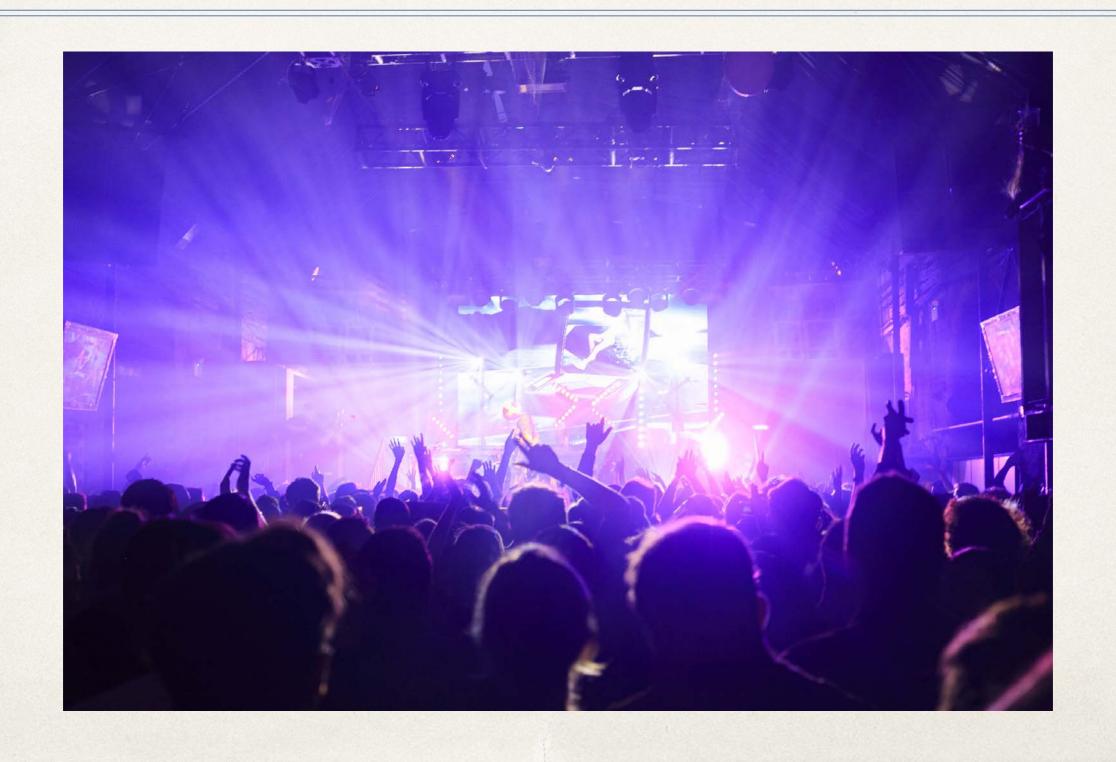


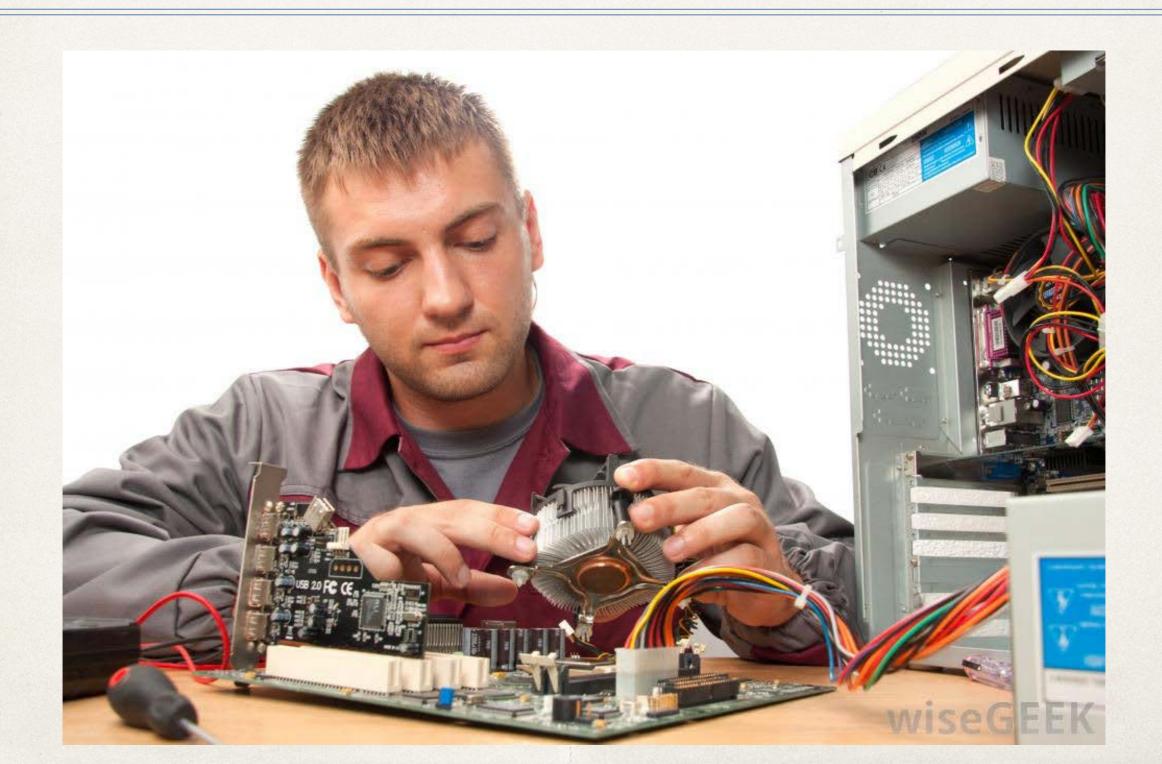






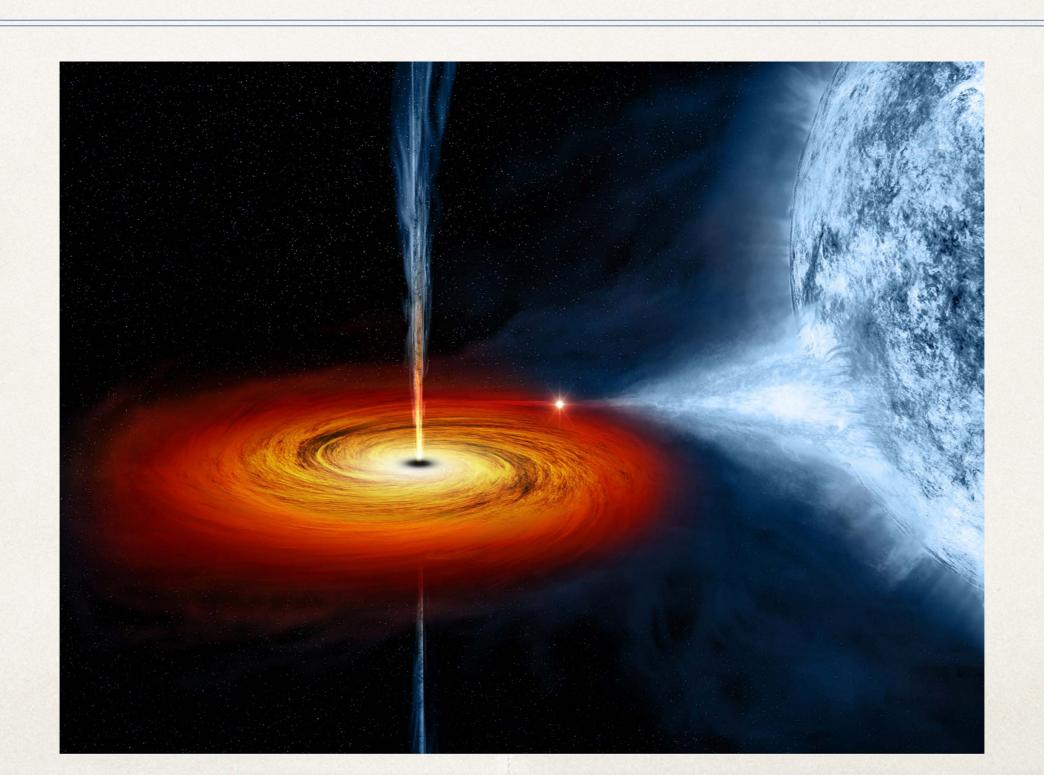


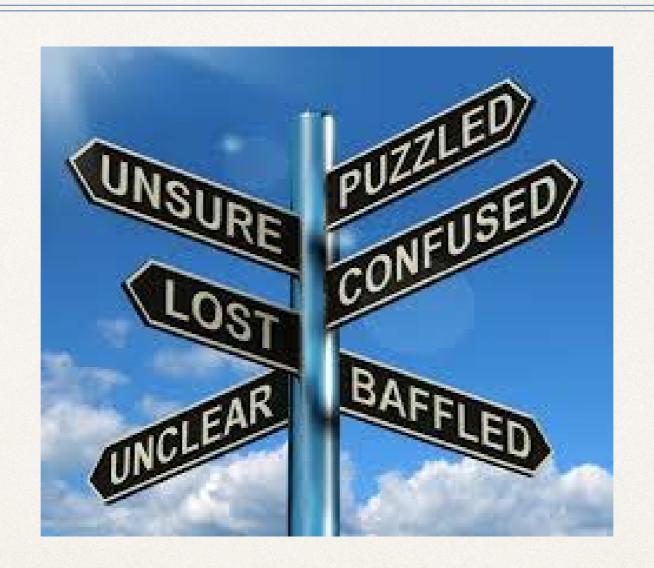








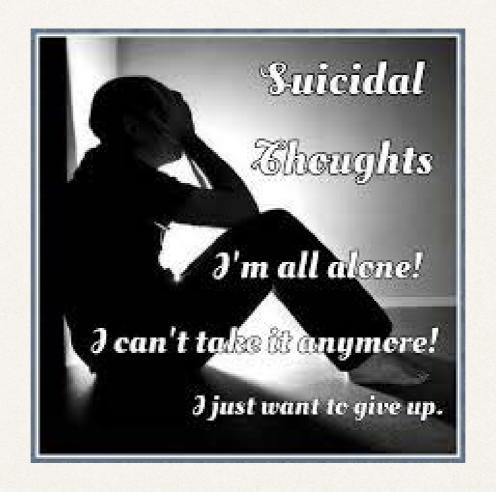






Anger is really disappointed hope.





Saying Someone can't be sad, because someone else many have it worse -Is just like saying someone can't be happy, because someone else might have it better!

OH I HAVE A FRIEND WHO HAS X! HAVE YOU TRIED THIS....?

Loss of hope rather than loss of life is what decides the issues of war.

But helplessness induces hopelessness.

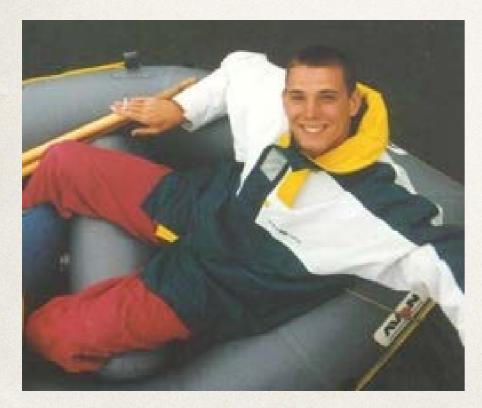






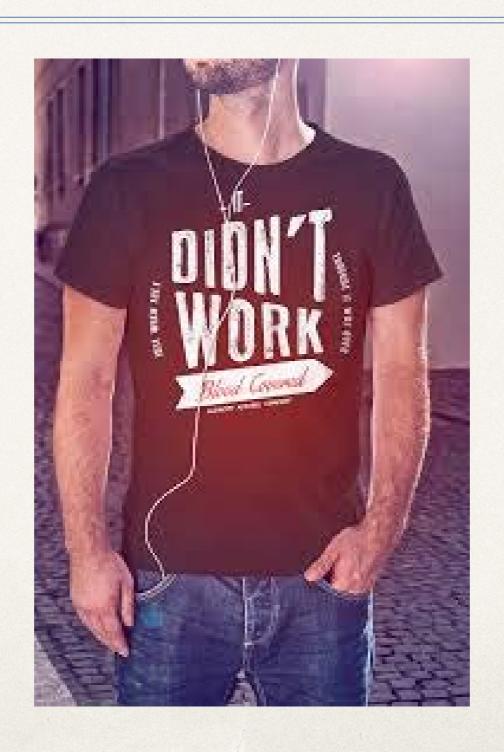




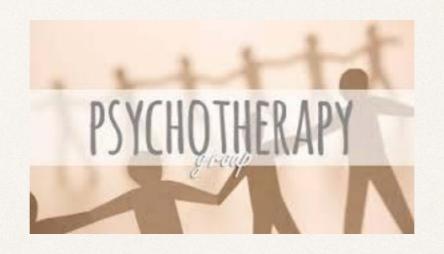








Nothing is more painful than realising that he meant everything to you but you meant noting to him!





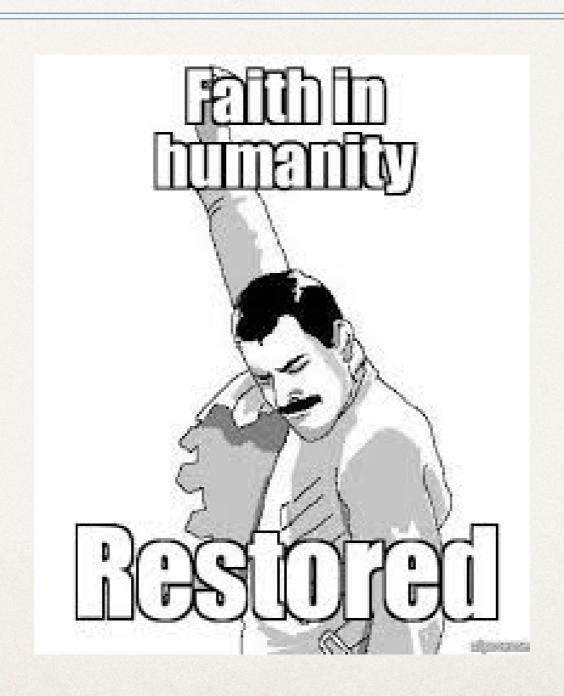


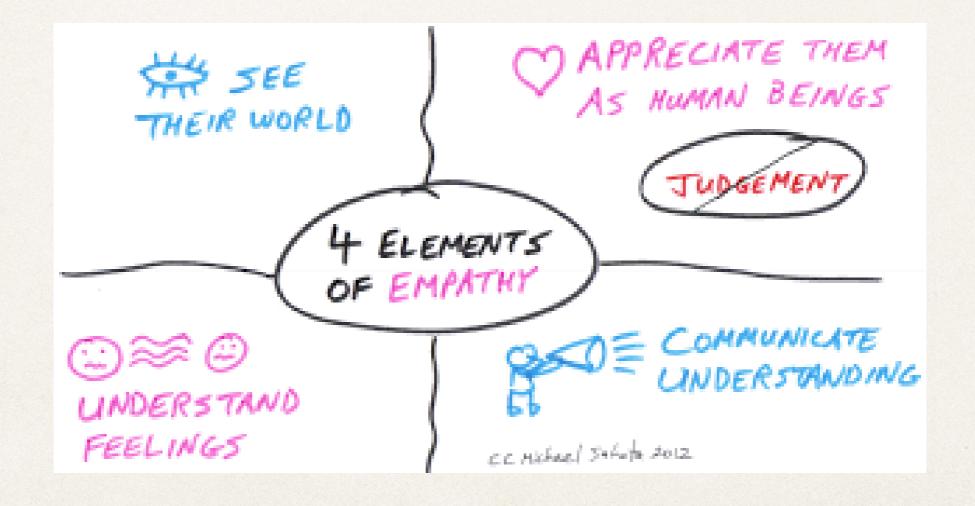






I don't know et's see if we can find out togethe You are not alone I believe you!





Sometimes we just don't know what causes pain!

A diagnosis would be lovely but.....

Not everyone gets one

I Believe You!



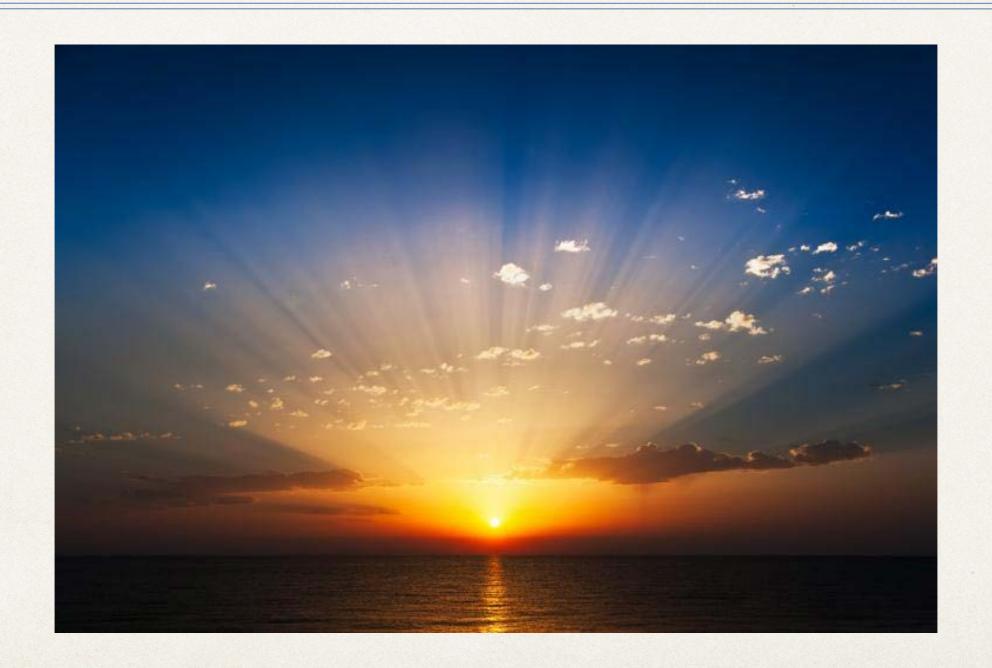


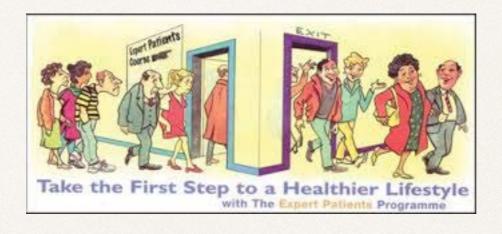


Good Friends helped too

I met friends in Guernsey and Haslemere via volunteering

They were a massive part of helping me recover!







The Expert Patients Programme

- The EPP is a course designed for adults living with any long-term health condition.
- The EPP aims to help people take control of their health will by learning new skills in order to manage their condition on a daily basis.



25/05/2015





On average, people living with a health condition spend just 3 hours per year with their health care team; the rest of the time they are managing day to day life with that condition or their own – or self-managing.

Being a self manager means that you use tools, skills and find the support that you need to improve your wellbeing.

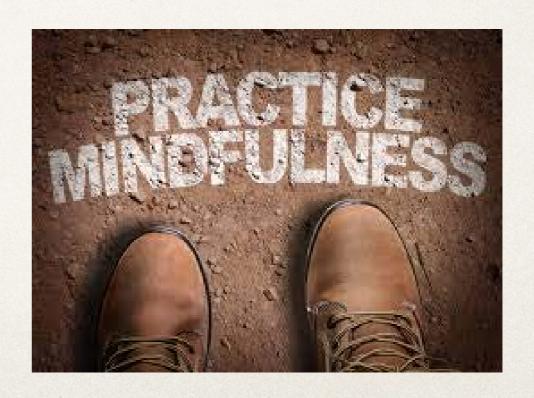
Self-management does not mean doing it alone.











Movement and Exercise to be healthy

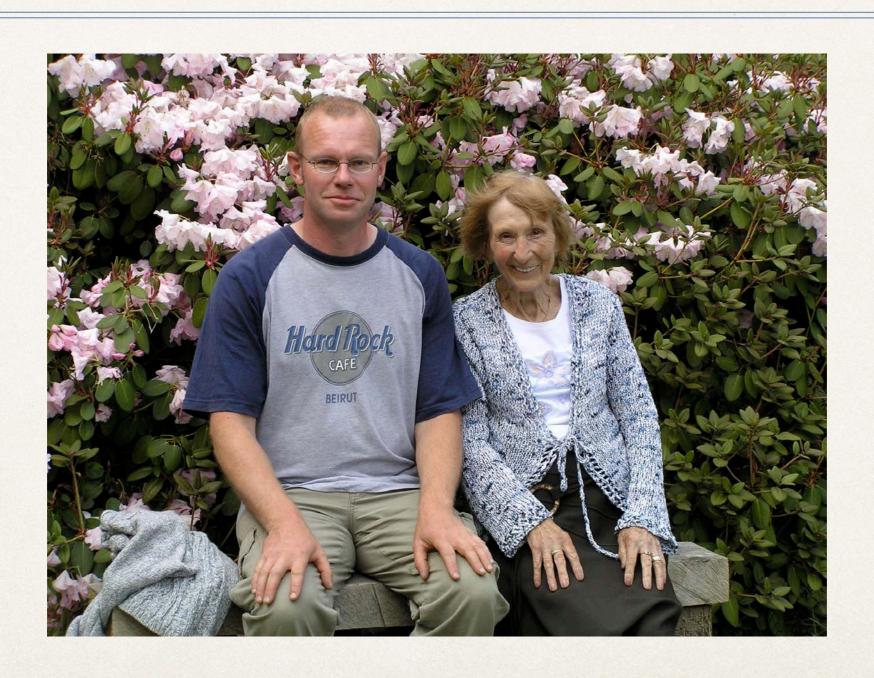








































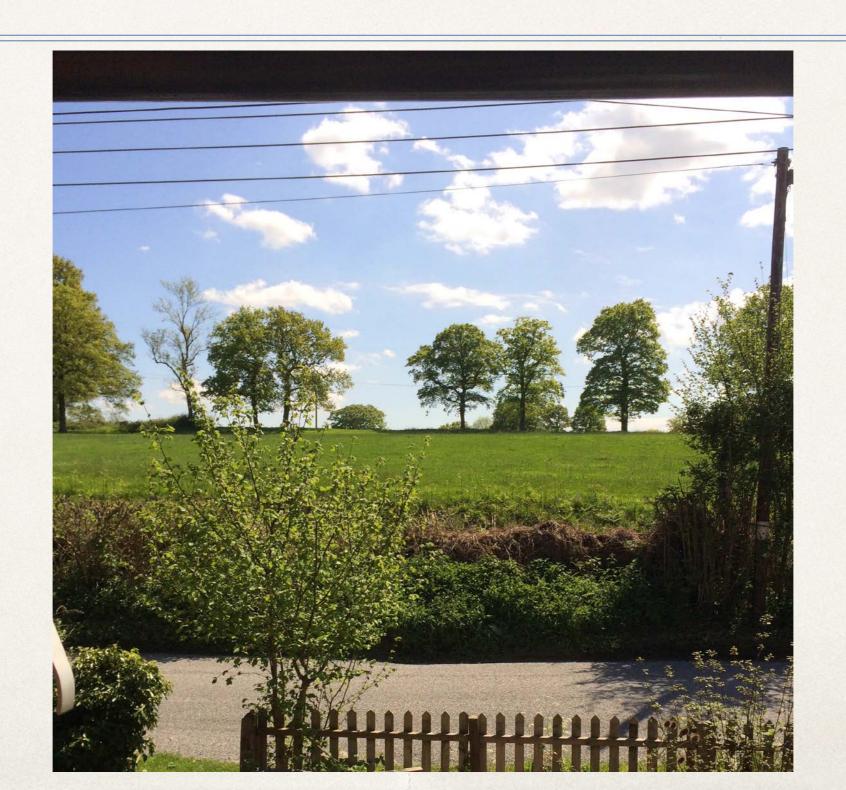










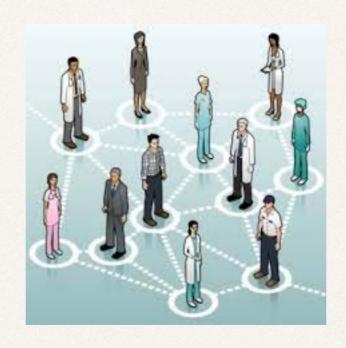












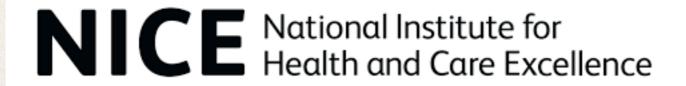
























My Health Now More pain:

Arthritis (walking problematic - Very Painful Feet), Neuropathic face pain,
Painful Gynocomastia, Chronic Prostatitis as well as Visceral pain
Atrial Fibrillation, Asthma, Acid Reflux, Osteoporosis
Testosterone problems, Fatigue issues are one of my biggest challenges
Weight Issues, Hearing Loss, Constant Tinnitus,
My 'Mental Health' is good but I have to watch out for Depression
I'm terrible with exercise
Sleep Apnea

My Future & The Issues:

No pension - I didn't work for 15 yrs, and have little earning capacity to pay into one

Self Employed = Low job security &

How many years will I be able to work for?

What about my relationship risks?

Practicalities of life now: Hotels, trains, taxis

Mentally Coping: Pacing, rest, timing, not expecting too much

My Needs and Other People's expectations: Getting needs met, comfort over style and speed

Accepting:
That I can't do everything or please everyone.
But.....
I can make a big difference while I am on this planet

What's important: Relationships Feeling fulfilment

Practicalities of life now: Hotels, trains, taxis **Mentally Coping:** Pacing, rest, timing, not expecting too much My Needs and Others expectations: Getting needs met, comfort over style and speed Accepting: Can't please everyone What's important: Relationships Feeling fulfilment



My Life Now



















My life so far



















My Question to you

Does 'Living with Pain' cause Social Deprivation, What could prevent it?

And does deprivation cause 'Living with Pain' to be more disabling in a vicious cycle?

How do we break it?

t. Conversely, those with least need of health care tend to use

My Solution

Offer people, who are newly diagnosed with long term pain, a pain support group with a therapist:

This may last while people pass through the following steps

There is no need to rush people through the process

When someone has accepted living with their pain: Offer them a self management programme

Then the person will get the most out of a Multi Disciplinary Team's Pain Management Programme

Then offer them ongoing (annual review) support via a well supported and educated GP, who has access to the same pain team for support themselves

Encourage voluntary work which may lead paid work

Thank you for Listening

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