

Enabling Self-management and Coping with Arthritic Pain using Exercise, ESCAPE-pain

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Worldwide chronic knee, hip and back pain are the commonest causes of pain¹. It impairs people's mobility, physical, mental and emotional health and well-being, independence, quality of life and increases the risk of comorbidity. Care of joint pain is responsible for enormous health and social care expenditure.

Despite its prevalence joint pain is managed poorly. Guidelines recommend people receive advice about self-management and pain-coping strategies, in particular regarding the role of exercise/physical activity and maintaining a healthy body weight in reducing pain and improving physical and mental wellbeing². Unfortunately, few people receive this advice most are maintained on long-term analgesia³, which is often ineffective, expensive and has risk of serious side-effects^{4,5}. Joint replacement is restricted to people with advanced disease (about 2% of people with joint pain), expensive and contra-indicated in many older people. Consequently, people endure many years of unnecessary pain and disability.

In addition, people usually associate physical activity, such as walking, with the onset and increase of pain. They assume pain signals activity may be doing more harm than good, causing joint "wear and tear" and exacerbating pain, and begin to avoid physical activity. Unfortunately, inactivity causes joints to become stiffer, muscles weaker and over time people find they are able to do less and less. It is very difficult to change people's entrenched health beliefs and behaviours, and convince them to be more active.

To address these issues we developed *Enabling Self-management and Coping with Arthritic Pain using Exercise, ESCAPE-pain* (www.escape-pain.org). This a rehabilitation programme that combines giving people information and advice to help them understand their condition, with an exercise programme that allows participants to experience the benefits of exercise/physical activity and it's role in the controlling joint pain and its impact.

Led by a specially trained "facilitator" (physiotherapist or exercise instructor), groups of 8-12 people (45 years and over), with chronic knee and/or hip pain attend 12 sessions, twice a week for 6 weeks. Each session comprises:

a 20 minute **education component** - a themed discussions and shared learning about the of causes of joint pain, prognosis, advice, and pain self-management/coping strategies, such as heat/ice, rest-activity cycling, relaxation (Figure 1);



Figure 1. Group discussion

a 40 minute **supervised exercise component** where participants undertake a personalised, progressive exercise regimen to increase strength, endurance and function (Figure 2).



Figure 2. Supervised exercise

Threaded into the education and exercise components are **behavioural change techniques** (motivational interviewing, goal-setting, action planning, positive reinforcement) to help people appreciate how physical activity can control symptoms, enabling people to regain control of their lives.

The blend of information-giving, shared-learning and experiential-learning challenge people's beliefs about joint pain, encourages them to be more active and lose weight if necessary. Clinical trials show *ESCAPE-pain* reduces pain, improves physical function, mental and emotional well-being for up to 2½ years⁶. Participants describe improvements in pain, functional ability, walking, climbing stairs, general wellbeing, quality of sleep and socialisation. They become more confidence, optimistic independent and self-reliant, rather than relying on medication, surgery and other people to help them⁷.

Programmes like *ESCAPE-pain* are usually delivered by healthcare professionals in healthcare facilities. Given the logistic, financial and workforce constraints on healthcare systems, this seriously limits the number of people that can access and benefit from such programmes. Moreover, healthcare systems cannot provide on-going support to help people continue to be active in order to retain a programme's benefits. Therefore we trained exercise professionals to deliver *ESCAPE-pain* in leisure and community venues. This negates the need for healthcare facilities and professionals, and enables people to remain active and exercise after completing the programme. The outcomes and positive feedback are comparable regardless of where *ESCAPE-pain* is delivered or who delivers it. Consequently, some healthcare commissioners are now forming partnerships with community/leisure organisations to deliver *ESCAPE-pain* outside clinical settings, freeing up clinical facilities, making better use of the workforce, reducing costs and providing on-going support.

ESCAPE-pain is helping us rethink and redesign how we deliver effective care to the large and increasing number of people with joint pain. It increases the range of professional groups who can deliver evidence-based health programmes in local communities, making care of people with joint pain more accessible, more effective and more efficient.

For information about the *ESCAPE-pain* programme visit www.ESCAPE-pain.org, our twitter-feed @escape_pain and #LiveBetterDoMore.

References

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