

What are Persistent Physical Symptoms?

We use the term 'persistent physical symptoms' to describe conditions where there are symptoms which last a long time (usually more than six months). In some cases there doesn't seem to be an underlying disease. Tests and scans may fail to find the cause of the problems.

Some common symptoms include pain, fatigue, dizziness, and numbness, but there are many others. You may have been given a diagnosis for your symptoms, such as Fibromyalgia, Chronic Fatigue Syndrome/ME, Non-Epileptic Attack Disorder, or Irritable Bowel Syndrome.

These terms can be helpful in understanding a particular pattern of symptoms. However, there are other terms that are less useful, because they do not help explain reasons for the pattern of symptoms. Unfortunately, these terms are still used widely within the NHS. These can include terms such as 'medically unexplained symptoms' and 'functional disorder'.

Regardless of your diagnosis, these symptoms often impact on people's lives in similar ways, for example:

- Making you angry and frustrated with yourself and others
- Affecting your relationship with others
- Affecting your mood
- Affecting your ability to work
- Leading to use of medication to control symptoms, often resulting in unwanted side effects
- Making you feel helpless and out of control
- Affecting your social life
- Affecting your sleep and energy levels

Although we cannot take the symptoms away, we hope that by working with us, you will be able to develop strategies to manage your symptoms and reduce their impact on your life.

Research shows that your thoughts and feelings can also have a significant effect on how much pain and fatigue you experience. If you are struggling with low mood, anxiety or stress, your pain or fatigue is likely to be worse. On the other hand, persistent pain or fatigue may **cause** you stress, anxiety or low mood, which can also then make any pain you are feeling worse.

Why Are Services Changing?

The way persistent physical symptoms, pain and fatigue are managed within the NHS is changing. If you suffer from these, your GP will advise you to stay as active as you can. New research shows that resting too much can make things worse.

In the past, you may have been prescribed medications for your pain. These may be Opioids (such as Codeine, Fentanyl, Morphine, Methadone, or others) or Gabapentinoids (such as Gabapentin or Pregabalin). You may also have been given injection treatments, for example, in your spine for back pain.

New research has shown that these aren't very effective at treating long-term pain. It has also shown that sometimes, they can be dangerous.

Instead of giving you these treatments, we can work with you to understand the causes of your pain and help you manage it in different ways. We do this by understanding more about how the mind, body and our environment are linked - how one can affect the other in many ways. We can use this knowledge to help you overcome your symptoms.

The Biopsychosocial Model of Care

Many persistent symptoms of pain or fatigue result from a "**normal**" nervous system acting in "**abnormal**" ways. The nervous system is complex, and is affected by just about everything around us. It is also affected by things inside our bodies - our own biology and our thoughts and emotions. Sounds, smells, memories, associations, culture, expectations, thoughts, and input from various parts of our bodies can all act together to make pain and fatigue conditions better or worse. Because of a lot of recent research, we now know how the nervous system works better than we did in the past, and how these thoughts and external triggers can affect it to create pain and fatigue.

Some times our body can cause problems by behaving in an unhelpful way:

- It can be too sensitive, firing up at the slightest thing when it doesn't need to, making pain worse;
- It can respond to protect us when it doesn't need to for example, by creating muscle spasms or switching muscles off to protect you from potential harm;
- It can learn patterns that aren't helpful. It gets so good at reacting in certain situations that the reactions happens more frequently, or even without the need for the original trigger to be present.

Learning how the body uses all of these triggers and aligning our care to manage them better is called the Biopsychosocial model of care. You may find the approach a little strange at first. This way of looking at persistent symptoms doesn't really fit with how society has seen healthcare in the past. We have been brought up to think that medicine has all the answers. The reality is that there isn't a way to 'cure' pain that will work for everyone, as everyone is different and has different experiences and understanding of the world around them.

What We Know About Pain

We know more about why pain occurs than we did in the past. We now know that often, pain has less to do with injury to our bodies, and more to do with our central nervous system (our brain and spinal cord). It's like the volume knob on our pain system has been left turned up, like a radio stuck on "loud" (Tasmanian Health Organisation South, 2014). You can read more about what we know about the causes of pain in the booklet 'Understanding Persistent Pain' to the right, or watch the video below.

Many traditional treatments are like scratching an itch – they may make it feel better in the short term, but in the long term it just comes back. Human beings are not like cars, and doctors are not like mechanics. They can't automatically fix things all of the time.

This service uses the knowledge of different healthcare professionals to put together a package of support that can help you to use this biopsychosocial model to better manage your symptoms, and enable you to move on with your life.