

Chronicle



Spring 2023

A Hatch of Health

Turbulent Spring Storms Brings New Life

Confronting the Storm in Your Life

Matching the Health Hatch

Spring Cleaning

Pain of Depression

The Color of Migraine

Osteoarthritis Mom

New ACPA Website

In Memory

Also...

Research and Resources

New Virtual Support Groups

ACPA Mobile App Coming This Month



VISIT OUR
WEBSITE!

www.theACPA.org

TABLE OF CONTENTS

FEATURES

- 3 Confronting the Storm
- 4 A Hatch of Health
- 5-6 Take 5 Spring Cleaning
- 7 Health Hatch Continues
- 8-10 Pain of Depression
- 11 Osteoarthritis Mom
- 12 New ACPA Website
- 13 In Memory
- 14 Research and Clinical Trials
- 15 ACPA Resources
- 16-17 Patient to Person Support Groups
- 18 Message From CEO
- 19 Corporate Members
- 20 Our Mission

Chronicle

The Chronicle is published four times a year by the American Chronic Pain Association (ACPA).

LEADERSHIP

CHIEF EXECUTIVE OFFICER

Kathy Sapp

CHIEF OPERATING OFFICER

Scott Farmer, MBA

President

Trupti Gokani, MD

PRODUCTION

EDITORS

Kathy Sapp, CEO

Scott Farmer, MBA

ILLUSTRATION AND DESIGN

Scott Farmer, MBA

COVER PHOTOGRAPHY: Joel Holland

PHOTOGRAPHY: Johannes Plenio, Clay Leconey, Vidar Nordo-Mathisen, CDC, Zach Vessels, Thomas Le, Luca Bravo, Filip Mroz, Kristel Hays, Jeff Isaak, Accolade Creative, Clay Banks, Jeffery Erhurse, Sylvain Brison, Kitera Dent, Britt Felton

Our Mission

The ACPA Chronicle is our voice to help facilitate peer support, education, and hope for individuals living with pain conditions. We strive to raise awareness among the health care community, policymakers, and the public at large about issues of living with physical and emotional pain. Our vision is to motivate those with pain conditions to seek quality care, to optimize healthcare office visits, and to prevent chronic disease. Our goal is to provide those with pain conditions the resources needed to make educated and shared decisions with their healthcare provider. *Opinions in the Chronicle are those of the Authors and do not necessarily reflect the opinions or viewpoints of the ACPA. Although some topics may seem controversial, it is important for the Chronicle to cover a variety of topics regarding pain. And as always, consult a healthcare professional on all healthcare decisions.*

The Turbulence of Life: Confronting the Storm

By Scott Farmer, MBA

Turbulent storms bring new life. Through all the chaos comes elements that produce the necessities to start a new. The wind spreads seeds, the rain removes drought, and the sun brings warmth. As people with pain, this is the story of our life. The storm, although unique to each of us, brought turbulence. But how do we start a new? How do we bring calm to our life?

When my life becomes turbulent, I seem to look at others as if their life is somehow easier. It becomes apparent to me that somehow, they are lucky, and I am unfortunate. But in all truth, everyone is dealing with inner turmoil.

Pain is a combination of inner turmoil and external turmoil. We are in a state of great disturbance, confusion, and uncertainty. Our bodies are not inline physically nor mentally. This produces friction and turbulence... leading to chronic storms of pain, emotions, and external frustrations.

The definition of *chronic* when referring to a person with an illness is *persisting for a long time or constantly recurring*. The word chronic can also be used in describing a *problem*, meaning *long-lasting and difficult to eradicate*. I find these definitions ironic, in the sense that although the illness definition is accurate, I get a sense that we are viewed more as the problem...difficult and hard to eradicate.

But, what good does it do to blame healthcare systems or settle for being unlucky? Frustrations mount in turbulent times, but in all reality, it is up to me to calm my storm.

When we accept the fact that our turbulence is up to us to fix (the individual), it can produce a flood of emotions. Disappointment was my biggest emotion, as I naïvely always assumed that quality care would find me, but really it is up to me to find it.

Here's an example of why we must be proactive in confronting our storms. I have a friend that has always been active and in good shape. One day, she experienced a storm of extreme pain. Worried, assuming, and confused, my friend visited her healthcare provider, where nothing out of the ordinary was discovered. Frustrated, she left her provider knowing that something was not right. She knew she had to advocate for herself and find answers for her pain.

As she pressed for answers, imagery was finally conducted, and sure enough, a tumor was found the size of a grapefruit. Again, surgery was scheduled much to far in the future, so she pressed and was able to get the procedure done much sooner. As surgery concluded, we found out that time was of the utmost importance, and without advocating and pressing for care, the result could have been much worse.

So how do we calm our inner turmoil and confront our storm? We start by advocating for ourselves. We must not be difficult, but rather our own broadcaster of symptoms and motivator of quality care. We must own our storms, but utilize resources to calm our nervous system, to heal physically and mentally, while striving for a new beginning

A Hatch of Health

By Scott Farmer, MBA

In fishing, specifically fly fishing, there is a term called *Matching the Hatch*. This means choosing the correct fly at the height of an insect hatch. Insects are a trout's favorite meal. When the trout are selective, finding the right fly, catches more fish. The challenge is finding the species of insect the fish are feeding on.

Similarly, in freshwater or saltwater fishing, finding what the fish are feeding on results in much more productive sport fishing.

While fly fishing, you may arrive at a stream or lake to find the trout rising and eating hatching mayflies. You may pluck a fly from the air or the surface of the water, lay it on the lid of your fly box, and choose the fly in your box that best matches the size, shape, and color. Then you proceed to catch lots of fish.

The secret is observation, mindfulness, and your ability to adjust. Matching the hatch is like matching your pain management needs. As we progress through a life with pain, we learn what helps and what makes the pain worse. This is a unique journey where some may benefit from certain things where others don't. The secret is to match what benefits your individual mind and body needs with your pain management goals. To learn to match the hatch, we must experience things for ourselves and learn from others. Medical decisions, including medications, exercise, and diet, should always be determined between you and your healthcare team, however, education and resources can be practiced and perfected on your own time.

Exercise for Physical + Mental Pain

It took me over twenty years to find a *match the hatch routine*. I'll start with exercise. I've tried many types of exercise including sports, jogging, swimming, weightlifting, cycling, and treadmills. I've had gym memberships and apps tell me exactly what to do... but pain eventually guided me to a routine that matched my need. In fact, many of the previously mentioned exercises made my pain worse, but not exercising made my mental health worse. I had to find a happy medium. I have posted my routine on page 7. But, again, every individual must match the hatch. Like a hungry trout, feed your body exactly what it hungers for.

Diet Impacts My Pain

Speaking of food, pay close attention to how you feel after you eat. For example, I noticed over many years of eating pasta, that afterwards my mood degraded, and I would become more drowsy than usual. I noticed drinking Dr. Pepper made me anxious, and preservatives made my gut upset. Artificial sweeteners would give me headaches, and caffeine resulted in poor sleep. The problem is I love all these things in my mind, but my body reacted otherwise. Again, I have posted my diet that helped me *match my hatch*, but your experience will be unique to you.

Sleep and Pain

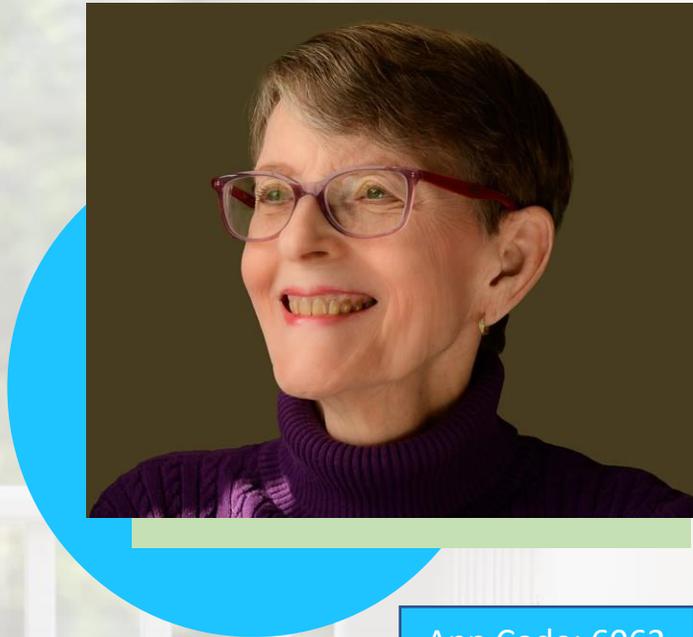
Sleep has a huge impact on my pain severity. I've always been told that 7 to 9 hours of sleep is a necessity, but it did not match my hatch. I've found that quality sleep makes the difference, and if I cannot sleep, I'm better off doing something constructive until I get tired. Sleep distractions have always been a battle.

- Continue page 7>>

Take 5 Spring Cleaning

By Jennifer Weisbrod, MS

Spring cleaning always heightens my awareness of the physical limitations I now face. It requires that I rein in my perfectionistic tendencies, overestimation of my capabilities, and reluctance to ask for the necessary help. This endeavor can be, literally and figuratively, a pain. The *Take 5 Strategy* yields a clean sweep of mind and heart, downplaying the physical aspects of this yearly project.



App Code: 6062

1 Take a Look

Is there some item I'm keeping, that when I see it, provokes feelings of loss, sadness, or anger? For example, every time I glanced at my figure skates, knowing I would never use them again, I tumbled into a downward mental spiral.

Donating them grounded me in the present rather than in the past, and the extra space has been put to good use.

2 Take a Break

Is there a group of friends to which I belong that no longer seems a good fit? Am I pursuing an activity or hobby that lately produces negative thoughts or feelings?

When a group of friends I had long-ago, headed off in a new direction, I left each meeting in low spirits and feeling out of place.

I deciding to take a break, opting instead to revive a long-neglected interest that brightens even the most physically challenging days.

3 Take Time

What matters most? What matters least? When was the last time I took the time to explore my authentic priorities, not those priorities that others might have for me?

If the things that bring me happiness and the activities that ignite my creativity are shoved aside, my to-do list will prevent me from recharging my battery. - Continue page 6>>



Don't wear yourself out!

Take 5 Spring Cleaning

By Jennifer Weisbrod, MS

App Code: 6062

3 Take Time Continued

Coping well with chronic pain or illness demands substantial reserves of energy along with a reservoir of positive mental and emotional assets. As I do my best each year to organize and clean my rooms, I reflect on how I spend my physical, cognitive, emotional, and spiritual resources, often finding that my priorities have shifted since the last spring cleaning.

4 Take Control

Ask yourself, do I feel overwhelmed, anxious, worried, frustrated, irritated, or angry?

When a riot of thoughts and emotions seem to be taking over, I stop for a moment to identify the true cause of the distress. Sometimes I have little or no influence on the circumstances or the individuals that are provoking my negative thoughts and feelings.

What is most important is that I always have control over my response to my negative thoughts and feelings.

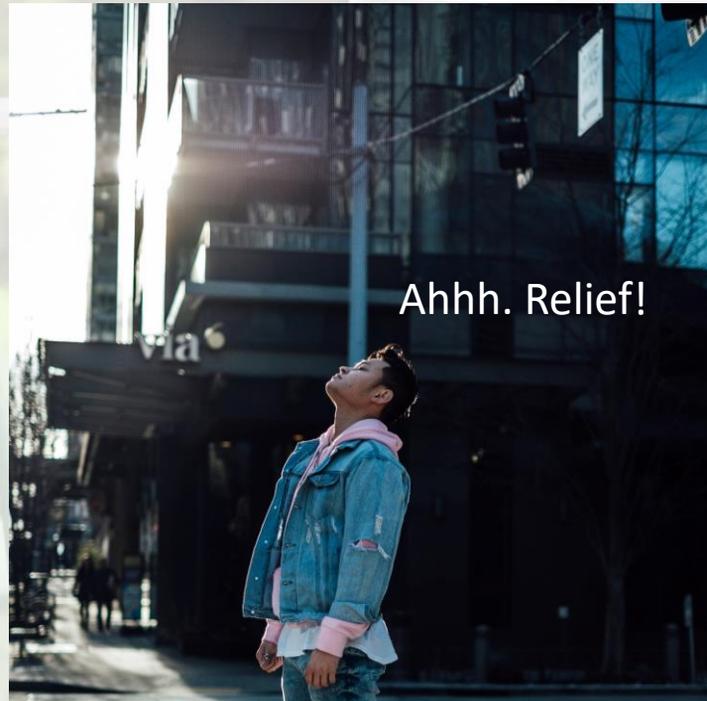
If I lack the capacity to change the situation, I try to dump it into the trash bin and hit “delete.” My best friend is always reminding me that distress never makes a positive contribution to coping with chronic illness.

When a problem arises, she pointedly asks whether I intend to address it directly or leave it behind where it belongs. Reality check!

5 Take Heart

I’ve now discarded the items in which I have outlived their usefulness. I’ve hit “pause” on the activities that are no longer rewarding.

I’ve ended unimportant pursuits, and offloaded situations that are not mine to fix.



Ahhh. Relief!

I was apprehensive about the *Take 5 Approach*. Eventually however, spring cleaning became a road map of how I should lead my life. I took it to heart, trusting that Take 5 was a better path to walk than my previous journeys. It’s not just spring cleaning now, but my everyday life.

And so it is that managing chronic illness is less onerous. My new space sports colorful items that bring me joy, and long-neglected childhood hobbies are gobbling up all my free time. Amazing what a little spring cleaning can do to jumpstart life!

A Hatch of Health

By Scott Farmer, MBA

Sleep and Pain Continued

I used to sleep with a TV on, but now I have a cool, dark room, with a sound machine that helps me find quality sleep. Sleep is important for all of us but pay attention to what your pain is telling you. Everyone reading this probably wakes up stiff and in pain as I do, but if you feel you need to improve your sleep quality and routine... do it. Quality sleep has made a huge difference in my pain severity and frequency.

Stress Management

Stress management is something that I have struggled with. Overcoming work anxiety, friend drama, and the lack of ability to say no, all became overwhelming. The more stress or guilt I felt, the more pain I felt. I tried biofeedback, yoga, meditation, guided imagery, and medications to reduce stress, however, I finally *matched my hatch* when I found controlled deep breathing. Also setting boundaries and clear communication can help avoid guilt and ending up places you don't want to be.

Depression and Pain

Depression plays a big role in pain. It's hard to do anything when you are hurting mentally and physically. Depression is a serious condition and should be discussed with your healthcare team. With that in mind, exercise, a healthy diet, quality sleep, and stress management will help both our mental and physical health.

*The mind and body are truly connected...
by matching the hatch you can find a
healthy balance.*

Exercise Plan

All healthcare decisions should be made with your healthcare provider... including recommended exercise, diet and sleep. This is for educational, example purposes only.

Morning: 1.8 miles nature trail walk
Weights (adjust to your comfort level)
With (2) 35 lb. dumbbells
10 squat lifts, 50 bench press
15 sit-ups

Healthy Diet Plan

Breakfast:

1 hard boiled egg and 4 oz of blueberries
12 oz cup of coffee
24 oz of water w/ 1 squeezed lemon

Lunch:

Sandwich w/ fresh meat, cheese, lettuce
24 oz of water and spinach salad

Dinner:

8 oz fresh meat or fish w/24 oz water
Potato, peppers, beans, nuts, and celery

Quality Sleep Plan:

Daytime Routine to Help Sleep:

Exercise, no naps, drink 75 oz of water
Don't drink or eat 2 hours prior to sleep

Sleep Habitat:

Cool temperature at 68-70 degrees
Dark room with a sound machine

Avoid:

TV and cell phone noises
Pets and others that move or snore

Chronic Panes: Windows on the Emotions of Chronic Pain

By Randall H. Duckett

The Pain of Depression

I suffer from twin burdens

I hit rock bottom when I cried watching Xena Warrior Princess. It was June 18, 2001. *I know because I just looked it up on IMDb.* I'd been a fan of the television series for years, in no small part because of actress Lucy Lawless. Now it was coming to an end. In the series finale, Xena is dead and despite heroic and fruitless efforts to resurrect her, the warrior princess's implied lover, Gabrielle, is left alone. The scene that got to me is the final one, with a long shot from the sky of the latter standing solo on the bow of a ship sailing into some new unknown life. Alone. All alone.

My reaction was disproportionate to the cheesy made-for-syndicated-TV moment. But I could feel in my soul the heartbreak, loneliness, and loss that Xena's best friend experienced. I wept at the thought of two lovers separated—one dead and the other to live on without her. I knew it was silly to cry at a fantasy TV show, but something deeper was going on inside me. Even though I was surrounded by people—my wife, my three daughters, my mother and brother, my friends, my coworkers—inside I felt so alone.

Major Depressive Disorder

A few months later, after 9/11 and the additional sadness it brought, I finally went to a psychiatrist. He diagnosed me with major depressive disorder (MDD). The clinical kind. The one that goes way beyond just having the blues for a while.

My Two Burdens

I also had, and still do have, chronic pain syndrome, thanks to a rare genetic disease called multiple epiphyseal dysplasia (MED) that causes my joints to deform, resulting in a constant grind when I move my body. I've been in pain all my life, but as I've aged, the pain has worsened. Now I hurt from head to toe. It wears me down.

The Two Go Hand in Hand

Chronic pain and depression go hand in hand. According to a literature study published in the Journal of the American Medical Association (JAMA), patients in pain are more likely to be depressed than patients not in pain, and depressed people report more pain than people not depressed. In addition, it reported that individuals with long-term chronic pain are three times more likely to be depressed than those without pain. And the paper compared rates of depression in various settings and found, for example, that an average of 56 percent of patients at orthopedic clinics or rheumatology clinics were depressed.

What Does Depression Feel Like?

How do I describe what it is like to be clinically depressed? Let's go to the experts first: According to the Mayo Clinic website, Depression ranges from mild, to temporary episodes of sadness, to severe, persistent depression. Clinical depression is the more-severe form of depression, also known as major depression or major depressive disorder. It isn't the same as depression caused by a loss, such as the death of a loved one, or a medical condition, such as a thyroid disorder.

Emotions of Chronic Pain

By Randall H. Duckett

The Pain of Depression

That definition doesn't capture the reality of depression as I feel it.

In November 1992, I happened to read an article in The New York Times Magazine. It was about Fred Aller, a long-time friend of Bill Clinton, predating his presidency. He and Clinton were Rhodes scholars together at Oxford University in England in the 1960s. A few years later, in 1971, Aller shot himself in the head with a .22 caliber pistol in his hometown of Spokane, Washington.

The article linked his suicide to his decision to avoid the Vietnam draft and talked about how it bedeviled him. But that angle didn't capture the deeper reality of Aller's life as a brilliant super achiever who "took it all too seriously," according to a friend. Though some in his circle speculated that he couldn't live being called a draft dodger, the women in his life presented a subtler picture that leads me to think he had clinical depression.

Skin That Got Too Tight

There was a quote from an Aller friend Jan Brenning, who confessed she couldn't figure out why Aller killed himself, but observed, "he was caught in skin that had gotten too tight." (This is a good time to say that if you feel suicidal, immediately call the National Suicide Prevention Lifeline at 988. Don't wait. Talk to someone.) The idea of "skin too tight" stayed with me through the decades since then.

Physically Depressed

I make a distinction between psychological depression and physical depression. I am not a medical professional and am simply speaking from my own experience. I believe I am dealing primarily with physical depression... some malfunction in my brain that causes feelings of hopelessness and despair. Something about my body chemistry is off-kilter, perhaps due to my MED, and it causes symptoms such as an all-encompassing feeling of being trapped in my own body, unable to experience much joy, a persistent feeling that all is not right with the world.

Its Personal

This is not to dismiss those who feel depression (a multifaceted word) for any of a thousand other reasons, physical and psychological. Depression is so personal that it manifests itself in wholly different ways for different people.

Depression can be dealt with through medication, cognitive therapy, exercise, acupuncture, and other methods. I was lucky. After some trial and, mostly error, my psychiatrist got me on an effective antidepressant. He warned me these types of drugs work slowly, so I mustn't be an impatient patient. This wasn't the case for me. From the first day I took this new drug I felt better. It wasn't euphoria. Rather, it was an absence of or a lack of the crushing feeling of my skin being too tight that I'd experienced for so long. (Remember: I am not a doctor and am not advising you to take any drug or supplement to deal with pain or depression. Always consult a physician about any treatment you are considering.) I also get relief by talking with a psychologist and by exercising as much as my chronic pain allows.

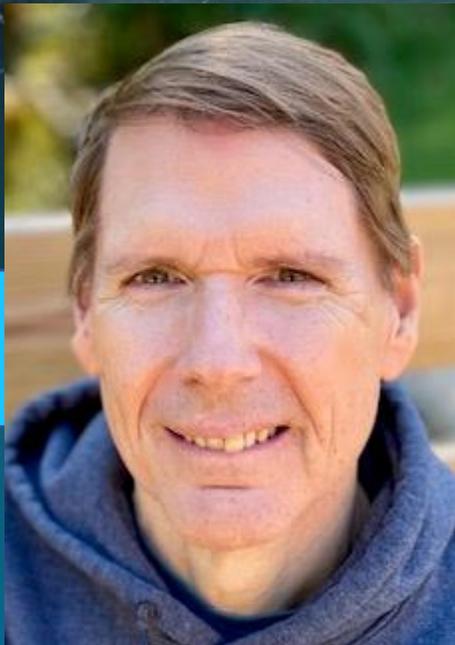
Emotions of Chronic Pain

By Randall H. Duckett

Never Give Up

Intractable chronic pain can make you feel hopeless, weary, and threatened. When this happens, I think about my greatest strength: I'm terrific at resilience, the ability to endure what life throws at me; it's a trait I share with many chronic pain sufferers. In my experience, it takes courage, grit, and the help of medical professionals, friends, and family to not let depression overtake you.

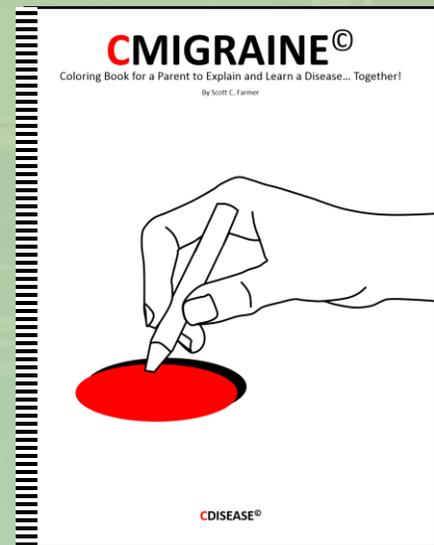
If you have the twin burdens of chronic pain and depression, ask for help from a reputable medical professional first. Don't fall for quacks or unproven supplements. Get through today; tomorrow may be brighter. You are seen and understood. Hang in there.



Randall H. Duckett is the author of *Seven Cs: The Elements of Effective Writing*. He can be reached at randallhduckett.com.

NEW! cMigraine

cMigraine is a coloring book that enables a parent to explain and learn about Migraine, along with a child! As you color, you will learn important migraine management techniques. With twenty pages to color, along with your child or grandchild, you will learn about migraine and coping techniques like learning the causes and triggers of migraine. The interactive coloring book will allow you and your child to learn every aspect of migraine management, including ways your child can help while you have a migraine. Likewise, if your child has migraine, how you can help. Together, you will learn how to track your migraines, prepare for healthcare visits, and communicate with a medical clinician. The coloring becomes exciting when a migraine superhero, a migraine toolbox, a backpacker, and a migraine monster are introduced. This coloring book will be sure to inform you and make lasting and meaningful memories, while making your family healthier.



Profits go to the ACPA!

Order Here: www.acpanow.com/cb



Osteoporosis: Family Experiences & Impact

By Sarah Green, NP

My mother has struggled with osteoarthritis of the knee for years. As an avid outdoorsperson who loves to stay active, an osteoarthritis diagnosis was devastating. The progressive physical disability became increasingly apparent, along with an emotional toll that is equal, if not worse than the physical toll.

Osteoarthritis seemed to make her personal fears a reality... almost in a slow creeping manner. She tried to continue to do the things she loved, but the pain eventually overcame her drive. The stigma became real, as the statement *I will always stay active* became increasingly challenging. Social experiences become embarrassing, as getting out of a vehicle revealed severe pain and disability.

Living with daily osteoarthritis is like caring for a classic car. The vehicle was once a well-oiled machine, but now requires tools and maintenance to keep it going. On a good day, the pain and stiffness may allow a nice cruise around the neighborhood, but on a bad day it breaks down and requires a repair shop.

When my mother was first diagnosed, she rolled her eyes when she was warned that her life will change. As a clinician, I would remind her that it is never too early to start practicing alternative exercises as opposed to her high-impact traditional adventures. In the back of her mind however she was reminded of her family history. She knew her mother and sister both had osteoarthritis... one resulting in major disability and the other resulting in two knee replacements.

The Stigma of Osteoarthritis

She expressed the feeling of being stigmatized, and she promised that because she is dedicated to being active and healthy, the disease will not have the major impact on her as it did on her family. However, along with time and progression came fear and frustration.

There was a period where it seemed she tried to prove osteoarthritis wrong, along with all the people who said *you can't*, or *you shouldn't*. Her behavior was defiant, including avoiding and ignoring medical advice. Unfortunately, the disease progressed. One of her favorite past times was floating rivers in a kayak. But eventually she could no longer brace herself on the gravel banks and she would lose her balance after sitting long periods of time.

Osteoarthritis was destroying her quality of life. She could no longer be active with her grandkids, and her family constantly worried about her stability in fear that she would fall. Her kids angered her because they were persistently offering her a shoulder to lean on, but she insisted on being the strong independent person her kids were used to.

If my mother could have changed one thing about osteoarthritis it would be her ability to interact with her family. She mentioned, *I would deal with the pain, if I could just be able to have mobility*. At family gatherings it was very upsetting to her to sit and watch. She felt isolated and alone, as grand kids would obviously be placing their fun on hold to come speak with grandma.

Osteoporosis Continued

By Sarah Green, NP

Eventually, we approached a healthcare team as a family. We did this to find support so we could offer an understanding of osteoarthritis to my mother. We made a valiant effort to discuss our options as a family. We studied and searched for osteoarthritis education and tried to explain the disease to her grandchildren. We researched activities we could do as a family, so we could all do our part to help.

In the process, I approached the American Chronic Pain Association (ACPA). The ACPA gave us educational resources on the diagnosis and management of osteoarthritis. It was a relief to find out that the ACPA partners with people like us to develop resources and to advance the understanding of osteoarthritis and other pain conditions. Together we formed a support system for my mom so as the disease progressed, we were prepared to help reduce the burden of her osteoarthritis.

There is much more to learn about osteoarthritis. This is why the ACPA is producing communication guides for people, families, and caregivers focused on helping people navigate osteoarthritis when it is first diagnosed and as it progresses. The ACPA will soon offer education and resources for all age groups, as in Sarah's case, osteoarthritis impacts all family members and the disease itself can impact and progress much earlier in life than people assume. The resources will prepare patients, families, and caregivers to discuss symptoms and treatment options with their healthcare team, especially focusing on interprofessional teams. These resources will guide treatment expectations to all communities in need.

NEW ACPA Website!

The new ACPA website has many new features. With a new modern design, finding what you need will be easy and efficient!

The screenshot displays the ACPA website interface. At the top, there is a navigation bar with links for HOME, ABOUT US, EDUCATION, RESEARCH, and CONTACT. Below the navigation is a hero section featuring the ACPA logo and a woman's profile. The main content area includes a call to action: "BECOME A MEMBER OF THE ACPA". A featured video titled "Chronic Pain is Like a Car With Four Flat Tires" is shown, with a description: "It's hard to know how to move forward once chronic pain has entered your life. It helps to think of a person with chronic pain as like a car with four flat tires." Below this is a section titled "The ACPA Chronicle" with a grid of article thumbnails. Another video player is titled "Family Matters: The Impact of Pain" with a description: "Chronic pain may happen to one person but the whole family is affected. Our three-part video series Family Matters discusses the issues loved ones face and offers suggestions for keeping the whole family happier and more functional when chronic pain is an unwelcome guest in the home. Scroll down for videos 2 and 3." Below this is a section for "LIVE ACPA Educational Conferences" with buttons for "PATIENT CONFERENCE" and "SIBB CHS CONFERENCE". The final video player is titled "Taking Care and Working With Your Pharmacist" with a description: "83% of Pharmacists said they would like to speak more with people with pain about their pain and treatment options."

In Memory

By Scott Farmer, MBA

Holly Harris

The Holly Harris Memorial Golf Outing will be on Friday July 28th, 2023 (1:30 PM) at Sycamore Hills, Macomb MI. This is in honor of Holly Harris (12/24/64 to 03/16/21). Holly passed away of heart failure and had chronic pain. She needed two knee replacements, two shoulder replacements and her right femur needed to be replaced as well. Proceeds from the outing will go to the American Chronic Pain Association (www.theacpa.org). Contact Mark Harris at (284) 229-8267.

James Gray

In loving memory of James Gray... from Allison Sutton. The ACPA will offer a premium membership in the amount of \$154.97 in honor of James and Allison.

Don Bowman

In loving memory of Uncle Don Bowman... from S Ferris. The ACPA will offer a premium membership in the amount of \$50 in honor of Don and S Ferris.

A Special Thanks to...

- Eric Sheridan... (Premium Member in the amount of \$515.38)
- William Schmidt... (Premium Member in the amount of \$200.00)
- Robert Goodman... to Matt (Premium Member in the amount of \$103.48)
- Lyn Spens, Adele Garland, and Evan Shin

People Prescribed Opioids and Drink Alcohol Needed for Online Study!

If you are currently prescribed opioids, drink alcohol, and are at least 21 years-old, you may qualify to participate in an online research study about substance use and health.

If interested, please call (315)443-1052), email bmrj@syr.edu, or complete this brief questionnaire: https://syracuseuniversity.qualtrics.com/jfe/form/SV_eFlaWMRxkvooRM

- Behavioral Medicine Research Group, Syracuse University

Check Out All Our Clinical Trials

By Scott Farmer, MBA

Go to...

www.acpanow.com/research



People with pain can play an important role in the development of new therapies by taking part in clinical trials. Find a listing of IRB-approved clinical trials that might be of interest to you at www.ACPANow.com/research/ New trials are posted often, so check back regularly.

Current Research Studies

- Knee Osteoarthritis
- Cannabinoids
- Fibromyalgia
- Rheumatoid Arthritis
- Dermatomyositis
- Anxiety and Pain

NEW

**PRESCRIPTION OPIOID TAPER SUPPORT (POTS)
AND MEDICAL CANNABIS STUDY (Earn \$1,130)**

NEW

The ACPA and Stanford Chronic Pain

Resource Guide

The ACPA Inspire Pain Freedom

Video Conference

Painful Diabetic Peripheral Neuropathy

Resource Guide

Are you struggling with headaches?

MigrainePro.com



THE TEN STEPS FROM PATIENT TO PERSON

By Scott Farmer, MBA

Endless Group Discussion

The question I hear most often from other facilitators is *what do we discuss within the group?* My answer is the *Ten Steps From Patient to Person*. It provides endless topics to discuss. By following, discussing, and analyzing each step over several meetings, the steps act as goals for group members. Written by Penney Cowan (Founder of the ACPA), simply ask the questions, *what does this step mean to you? Have you accomplished this step? How?*

Step One: Accept the Pain

Learn all you can about your physical condition. Understand that there may be no current cure and accept that you will need to deal with the fact of pain in your life.

Facilitator:

I explain what this step means to me, and if I have accomplished this step. If I have, I explain how. If I am still trying to accomplish this step, I explain how I plan to accomplish it. Then I open these questions for group discussion...

Repeat these questions for all ten steps

Questions:

- *What does this step mean to you?*
- *Have you accomplished this step?*
- *How did you accomplish this step?*

Coming This Month!
The ACPA Mobile App
Featuring Virtual Peer Support Groups!

Step Two: Get Involved

Take an active role in your own recovery. Follow your doctor's advice and ask what you can do to move from a passive role into one of partnership in your health care.

Questions:

- *What does this step mean to you?*
- *Have you accomplished this step?*
- *How did you accomplish this step?*

Step Three: Learn to Set Priorities

Look beyond your pain to the things that are important in your life. List the things that you would like to do. Setting priorities can help you find a starting point to lead you back into a more active life.



Step Four: Set Realistic Goals

We all walk before we run. Set goals that are within your power to accomplish or break a larger goal down into manageable steps. And take time to enjoy your successes.

THE TEN STEPS FROM PATIENT TO PERSON (Continued)

By Scott Farmer, MBA

Step Five: Know Your Basic Rights

We all have basic rights. Among these are the right to be treated with respect, to say no without guilt, to do less than humanly possible, to make mistakes, and to not need to justify your decision—with words of pain.

Step Six: Recognize Your Emotion

Our bodies and minds are one. Emotions affect physical well-being. By acknowledging and dealing with your feelings, you can reduce stress and decrease the pain you feel.



Step Seven: Learn to Relax

Pain increases in times of stress. Relaxation exercises are one way of reclaiming control of your body. Deep breathing, visualization, and other relaxation techniques can help you to better manage the pain you live with.



Step Eight: Exercise

Most people with chronic pain fear exercise. However, unused muscles feel more pain than tones, flexible ones. With your doctor, identify a modest exercise program that you can do safely. As you build strength, your pain will decrease. You will feel better about yourself.

Step Nine: See the Total Picture

As you learn to set priorities, reach goals, assert your basic rights, deal with your feelings, relax, and regain control of your body, you will see that pain does not need to be the center of your life. You can choose to focus on your abilities, not your disabilities. You will grow stronger.

Step Ten: Reach Out

It is estimated that one in three suffers with chronic pain. Once you have begun to find ways to manage your chronic pain problem, reach out and share what you know. Living with chronic pain is an ongoing learning experience. We all support and learn from each other.

The Ten Steps From Patient to Person are a copyright of the © American Chronic Pain Association 1985-2023.



PLEASE CONSIDER SUPPORTING THE ACPA

By Kathy Sapp, CEO

Thank You for Your Support!

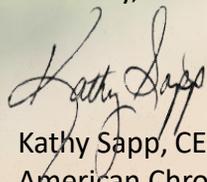
Dear ACPA Members,

Since 1980, The American Chronic Pain Association has advocated for people living with pain and provided them with resources. Our efforts have reassured people with pain that they are not alone, as we offer the support and the hope they deserve. The ACPA has shown millions of people in pain how to achieve reduced suffering and a better quality of life.

The ACPA understands the daily battles people in pain fight. Therefore, we continue to advocate for your rights and provide pain management strategies and tools for you, your caregiver, and your healthcare team to better understand your condition. We believe more resources are needed to provide empowerment and shared decision-making in pain management.

We are grateful for your partnership. When you support the ACPA, you help fight for people living with pain to be heard, respected, and treated equally. Your support makes the important work of the ACPA possible, so please consider support today.

Sincerely,



Kathy Sapp, CEO
American Chronic Pain Association

If preferred, send membership check by mail

Mailing Address

American Chronic Pain Association
11936 W. 119th Street, Suite 216,
Overland Park, KS 66213

HOW TO SUPPORT THE ACPA

- Recognize someone to be featured in the Chronicle (\$50.00) [Click Here](#)
- Purchase a Premium Membership (\$100.00) [Click Here](#)
- Purchase a Contributor Membership (\$500) [Click here](#)
- Purchase a Lifetime Membership (\$1,000) [Click here](#)
- Purchase a Legacy Membership (\$5,000) [Click here](#)
- Advertise in the Chronicle. Email us for pricing: acpa@theacpa.org
- Corporate Membership. Email us for pricing: acpa@theacpa.org
- Consider the ACPA in your Estate Planning: acpa@theacpa.org

OUR CORPORATE MEMBERS

By ACPA Staff

THANK YOU!



THE ACPA MISSION

By Scott Farmer, MBA

Be Well Our Friends

The American Chronic Pain Association (ACPA) is a non-profit, 501(c) (3) organization. Our Mission is to facilitate peer support, education, and hope for individuals living with pain conditions. We strive to raise awareness among the health care community, policymakers, and the public at large about issues of living with physical and emotional pain. Our vision is to motivate those with pain conditions to seek quality care, to optimize healthcare office visits, and to prevent chronic disease. Our goal is to provide those with pain conditions the resources needed to make educated and shared decisions with their healthcare provider.

Thank You for Reading!

Have a Wonderful Spring
-ACPA Team-

