



# Arthritis Talks: Conservative Advancements in Pain Management

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# Presenters



**Dr. Siân Bevan**

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*(Moderator)*



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# Webinar tips

- Use the **Q&A** section to ask the presenters your questions. Some of the questions will be chosen for the live question period at the end of the webinar.
- Click on the **Chat** box to connect with other participants and the Arthritis Society's chat moderator.
- If you have further issues, email [arthritistalks@arthritis.ca](mailto:arthritistalks@arthritis.ca)

The screenshot shows the Arthritis Society Canada webinar interface. At the top center is the Arthritis Society Canada logo. Below the logo are two buttons: 'Q&A' and 'Chat'. At the bottom left is an 'Audio Settings' button. At the bottom right is a red 'Leave' button. A yellow callout box at the top right points to a red icon in the top right corner of the interface, with the text 'Click on the red icon to exit out of the Q&A or Chat'. A yellow callout box at the bottom left points to the 'Audio Settings' button, with the text 'Click here to access your audio settings'. A yellow callout box at the bottom right points to the 'Chat' button, with the text 'Click here to chat or to submit a question'. On the right side, a 'Q&A' window is open, displaying a 'Welcome to Q&A' message and a text input field labeled 'Type your question here...'.

# Overview

[1]

**Understanding Pain**



[2]

**Managing Pain**



[3]

**Questions**



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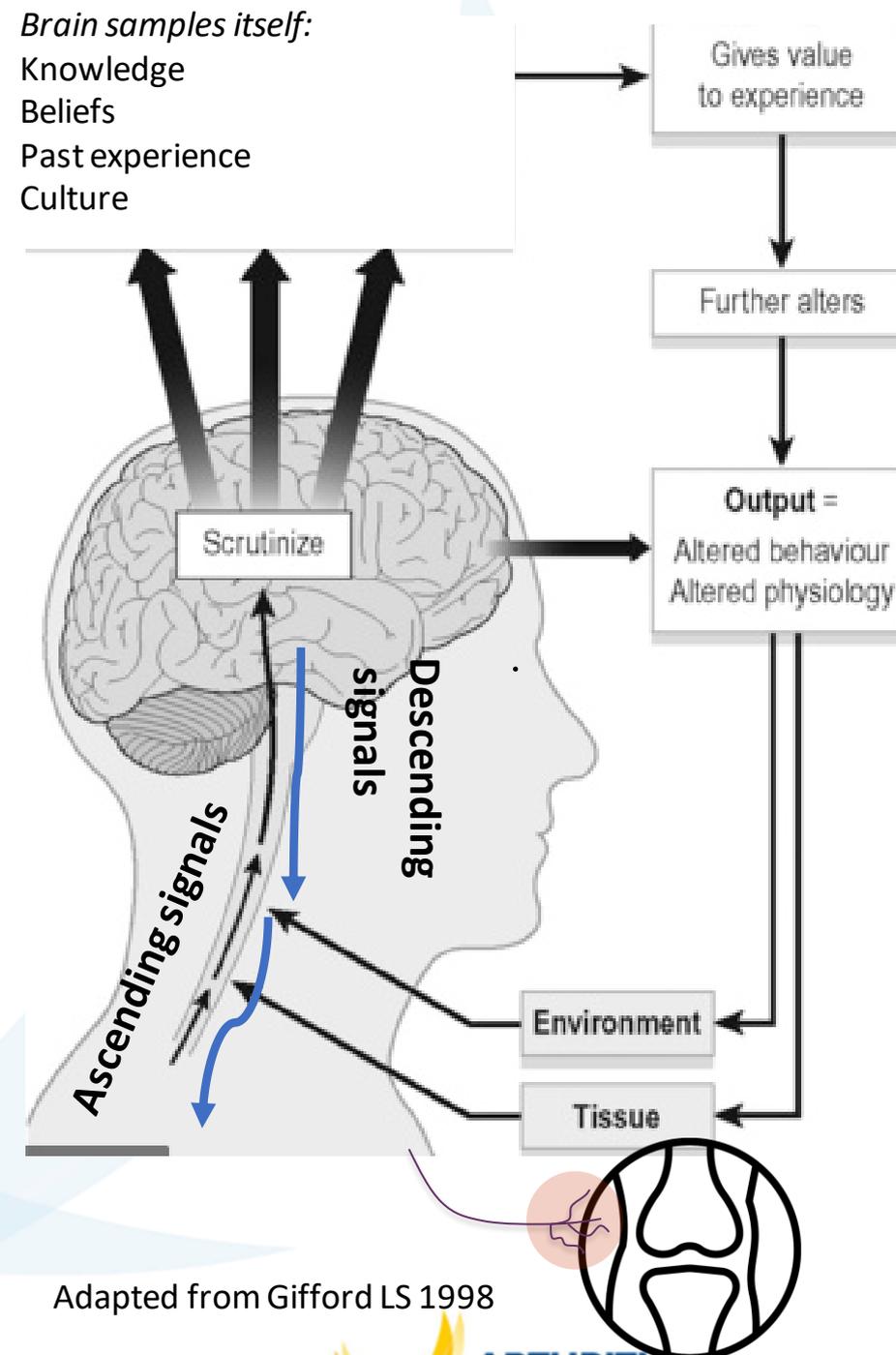


Q

**What causes pain?  
Why do people experience pain differently?**

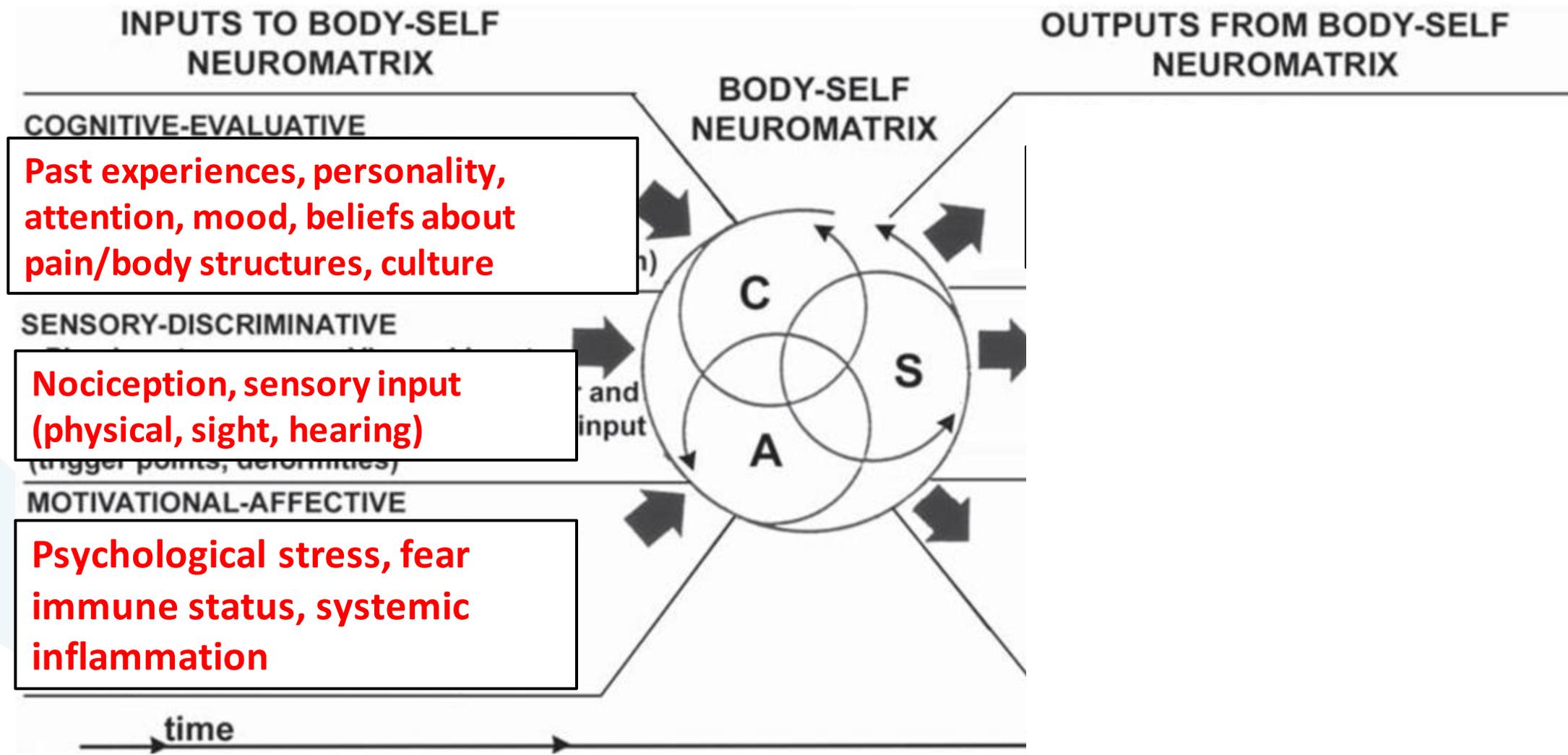


# An overview of the processing of stimuli that can result in pain



Adapted from Gifford LS 1998

# Current Understanding of Pain



Adapted from: Melzack R. Pain and the neuromatrix in the brain. J Dent Educ. 2001; 65:1378-82.



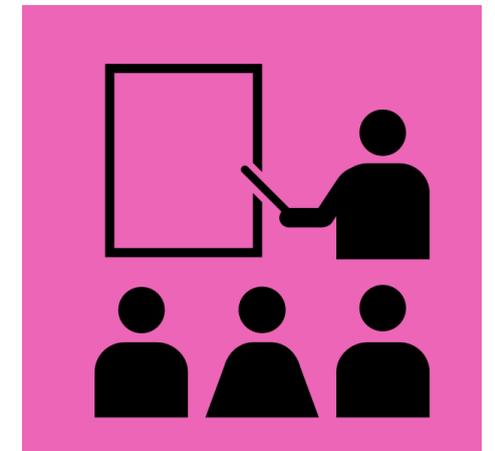
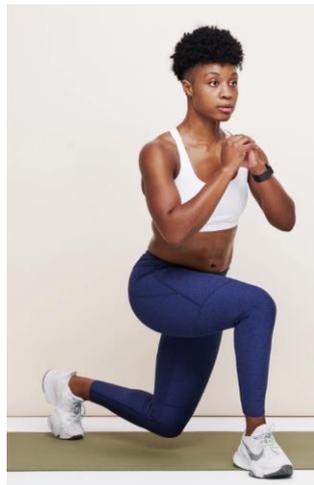
# What are the clinical guidelines for pain management?



# Summary of High-Quality Knee OA Treatment Guidelines Gibbs et al

2023 OAC

Royal Australian College of GPs 2018	ACR 2019	OARSI 2019	NICE 2022	EULAR 2018/2024
Exercise, education, weight loss, adjuncts				



Small positive effect on pain and function compared to non-exercise controls Holden et al 2023 Lancet Rheum

No consensus on content or format

# Summary of High-Quality Knee OA Treatment Guidelines Gibbs et al

2023 OAC

## Adjuncts

Consensus	No consensus	Generally recommended against
Walking aids CBT	Manual Therapy, lateral wedges, heat	Acupuncture, ultrasound, electrotherapy, unloader braces, medial wedges

## Nutraceuticals – All recommended against



**Pharmacologics** – Topical and oral anti-inflammatories before injections; Steroids ok in short term, PRP, stem cells and hyaluronic acid (generally) against; Acetaminophen and weak opioids conflicting; strong opioids against

# The Challenge

- ▼ No disease modifying medications



- ▼ Small effects for exercise and education



- ▼ Remaining recommendations  
Conflicting



OR



Against almost everything else

Q

**What are some non-pharma options for treating pain?**



# Current recommended/best options

## ▼ Exercise/being physically active

- Keeps muscles strong to support the joint; Can help manage cardiovascular health; Helps maintain mental/emotional health

## ▼ Education

- Proper understanding of OA can help minimize negative beliefs and thoughts which can pain



## ▼ Weight loss

- 5% weight loss can help reduce loads on knee and hip joints
- Body fat contributes to inflammation which can increase pain

## ▼ Adjuncts

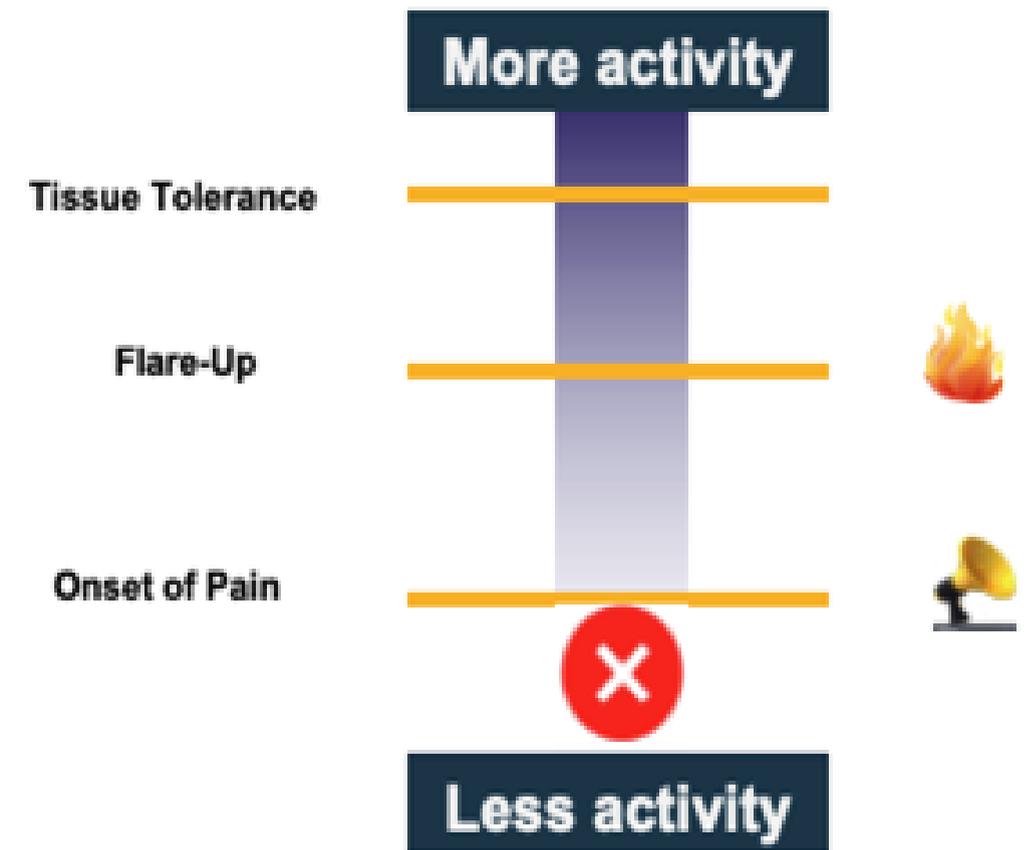
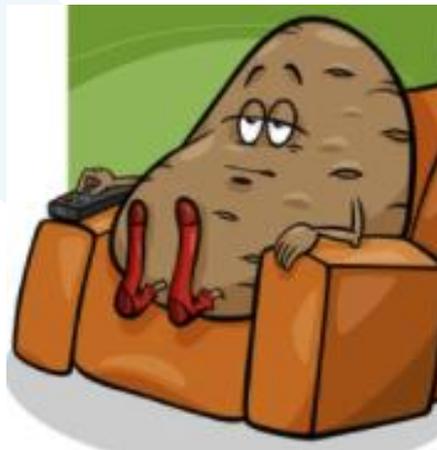
- Use of walking aid can decrease joint loads

## Over the counter supplements to support management of pain and disability

- Curcumin (Turmeric), Pycnogenol, Boswellia serrata extract, and MSM (methylsulfonylmethane)

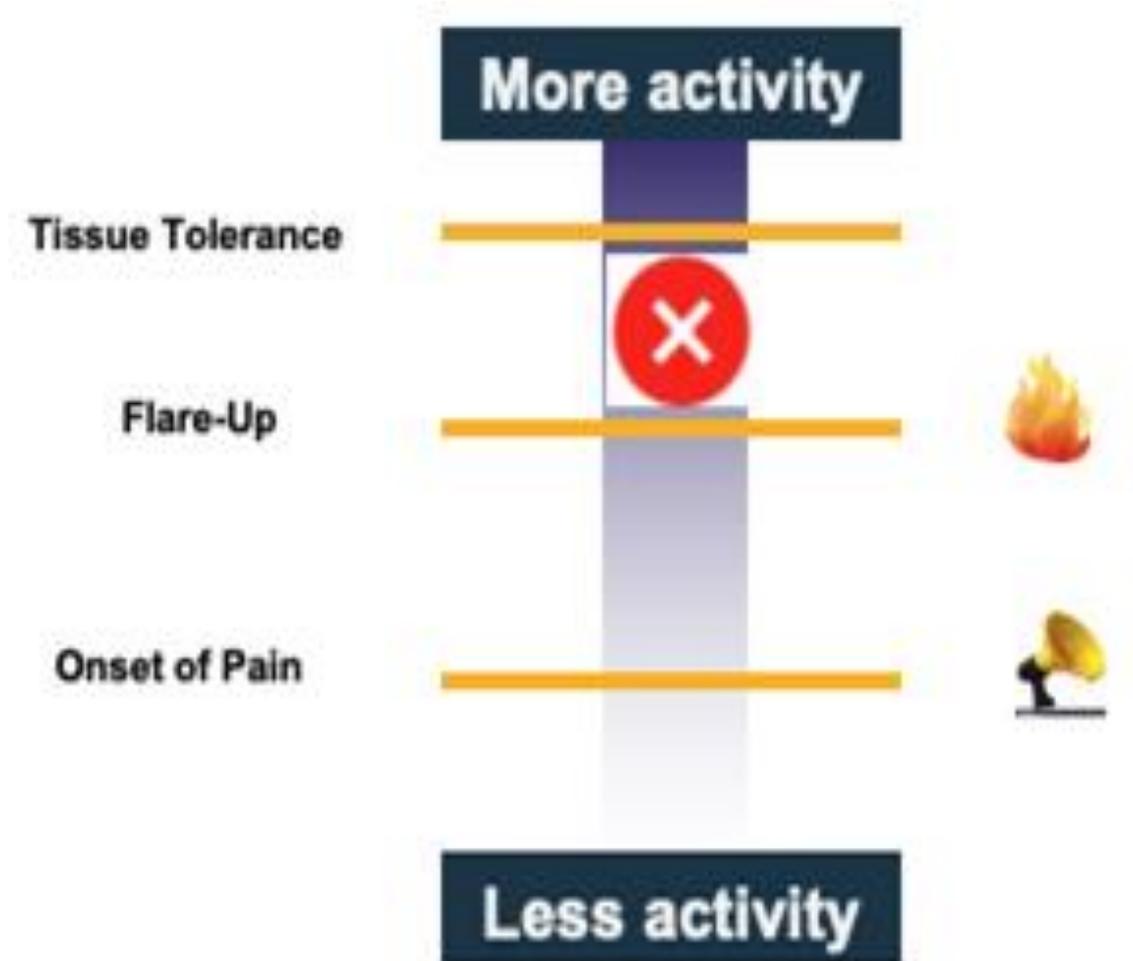
# It is natural to avoid activity when you have pain..

- ▼ ... but it is *not effective!*
- ▼ **“Avoidance” coping leads to:**
  - reduced activity tolerance
  - lower pain threshold
  - reduced strength

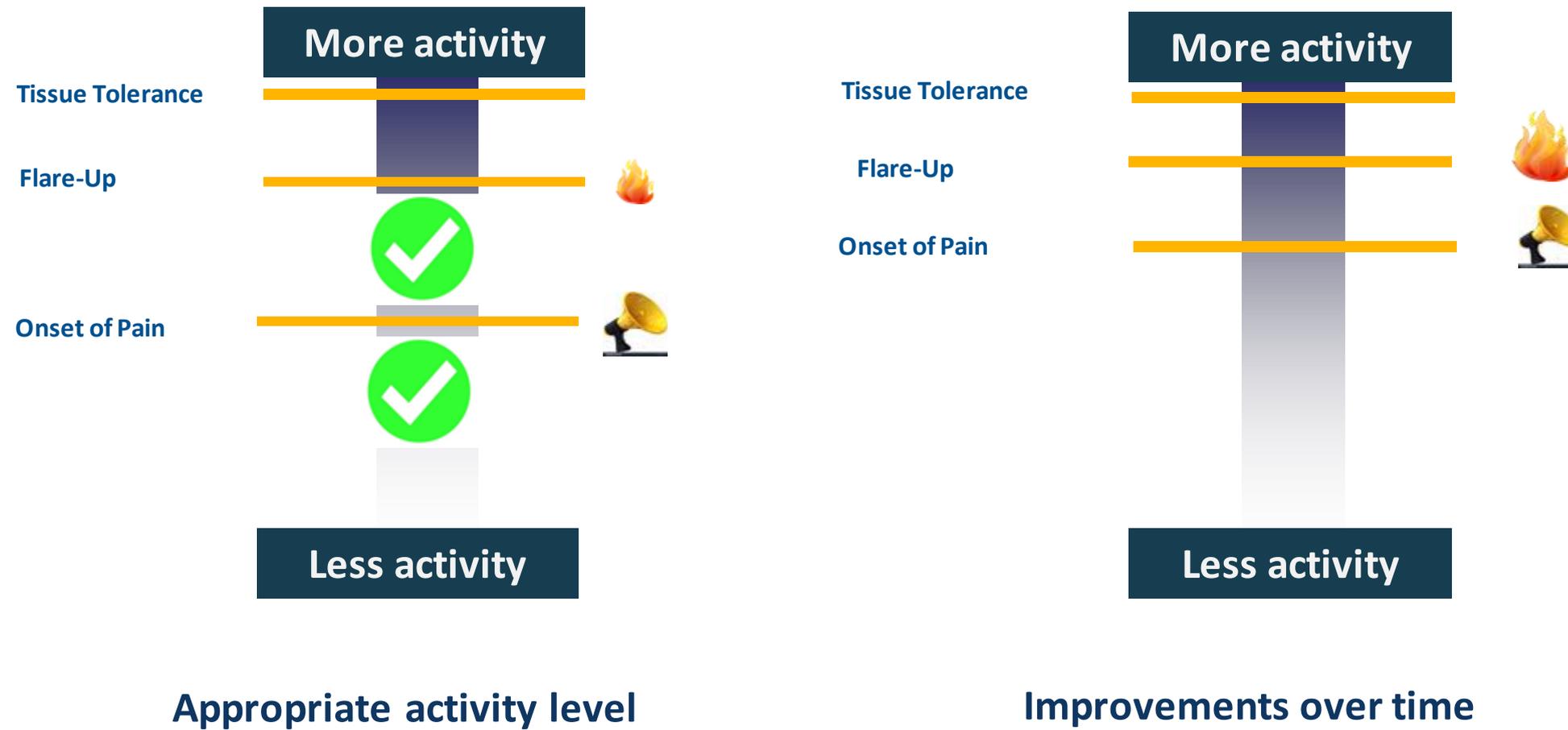


## It is natural to try to “push on” despite the pain...

- ▼ ... but this too is *not effective*
- ▼ “Endurance” coping leads to:
  - increased pain
  - reduced activity tolerance
  - lower pain threshold
  - increased frustration

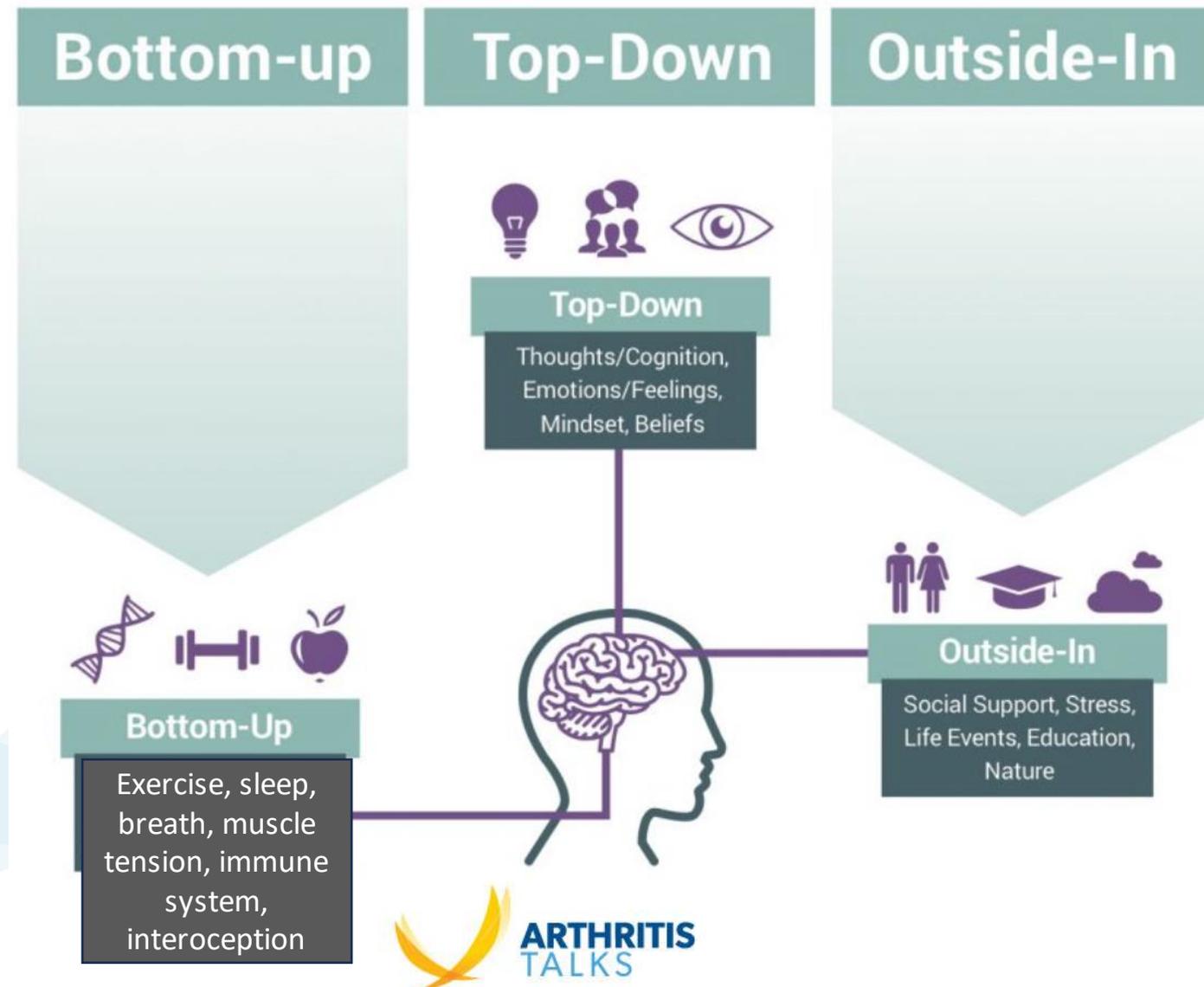


# A balanced approach to activity with persistent pain



# Mind-body approaches

- Combines 'Top down (brain down to body) and Bottom up (body up to brain)' input to modify pain experience



Q

# What excites you about the future of pain management and treatment?



# Focus on understanding underlying causes of pain

- ▼ Pain relieving effects of exercise
- ▼ Movement evoked pain
- ▼ Combined approaches. E.g. medication with mind-body techniques

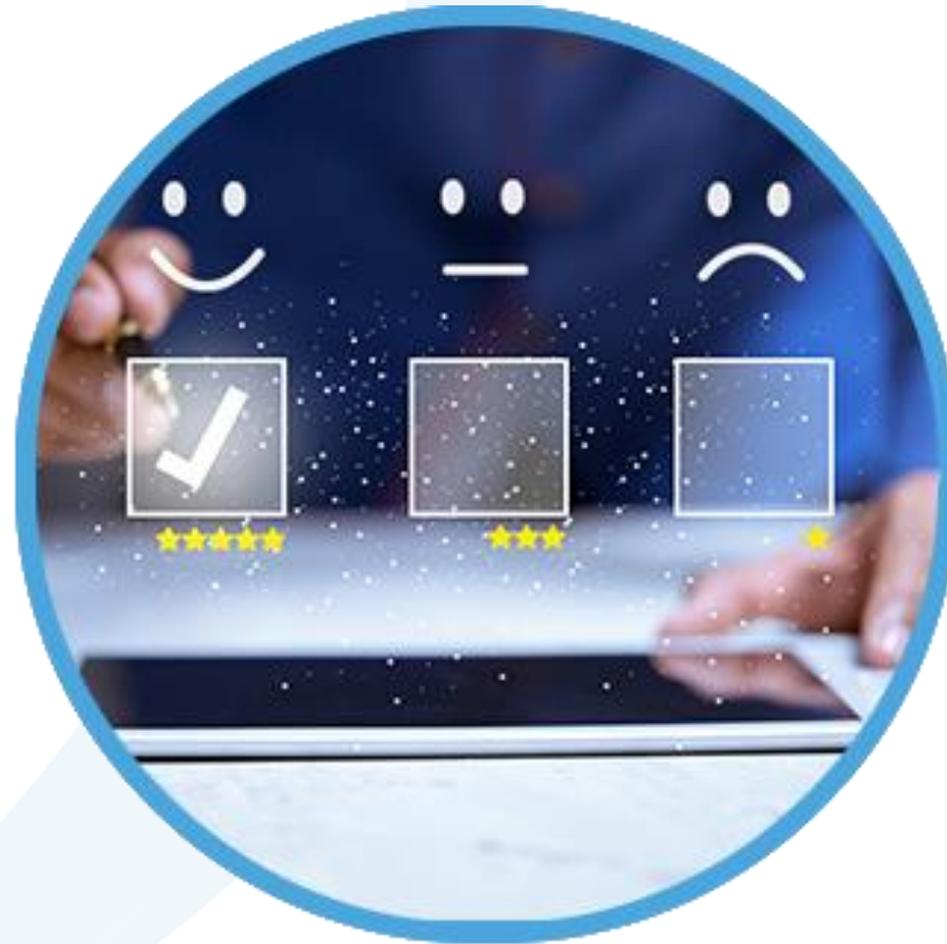
**Any final thoughts or recommendations?**



# Questions



Tell us what you think...



# Arthritis Connections



Arthritis Connections  
Online Peer Support Groups

## Book an Appointment

Please note all sessions are listed in Eastern Time - please monitor the time difference between Eastern Time and your time zone when booking (if applicable).

Welcome to our online booking site

### Arthritis Connections

Book by Session

- Rheumatoid Arthritis Online Support Group 45 minutes - Offered by Marie B., Michelle M., and Michele W.
- Osteoarthritis Online Support Group 45 minutes - Offered by Karen D. and Shannon N.
- General Arthritis Online Support Group 45 minutes - Offered by 5 Volunteer Facilitators
- Psoriatic Arthritis Online Support Group 45 minutes - Offered by Sophie W.
- Axial Spondyloarthritis Online Support Group 45 minutes - Offered by Jacquie S.

Book by Session Leader



Arthritis Connections online peer support groups occur different days and times each month. Join us!

- Room types:
- Rheumatoid Arthritis
  - Osteoarthritis
  - Psoriatic Arthritis
  - Axial Spondyloarthritis
  - General Arthritis
  - Caregivers
  - Chronic Pain
  - Young Adults

For more information, visit [arthritis.ca/connections](http://arthritis.ca/connections)

