



# FLARE-UPS Clinician Handout

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*“Be gentle first with yourself if you wish to be gentle with others.” – Lama Yeshe*



[www.oregonpainguidance.org/paineducationtoolkitforclinicians/flareups](http://www.oregonpainguidance.org/paineducationtoolkitforclinicians/flareups)

## FLARE-UP DEFINITION

A chronic pain flare-up is a sudden increase in pain or other symptoms that may occur in patients who already have chronic pain from low back pain, arthritis, fibromyalgia, or other conditions. A pain flare-ups usually lasts for a short time. Surprisingly, scientists have not agreed on a definition of a flare-up, so studying flare-ups is challenging.<sup>1</sup>

## BALANCING SELF ASSESSMENT WITH QUALITY OF LIFE

Flare-ups can be spontaneous and occur randomly with little or no warning. In fact, flare-ups are experienced by the majority of people with chronic pain. While researchers continue to unravel the mechanisms underlying a flare-up, there are things people can do now that may decrease the severity or length of a flare-up. For some, pain can be triggered by disrupted sleep, vigorous activity such as exercising and even routine movements like coughing. Flare-ups can also stem from emotional triggers like stress, and can show up abruptly when pain medication wears off. However, spending excessive time and energy trying to identify cause(s) of a flare-up should be balanced against spending time on outward facing activities, such as time with family, friends and activities that bring joy.<sup>2</sup>

## SIGNS AND SYMPTOMS OF FLARE-UPS

Flare-ups often include symptoms beyond pain severity. For some people, these symptoms may include a decrease in overall well-being, more disrupted sleep, stiffness, joint swelling and other changes depending on the disease state underlying chronic pain such as osteoarthritis, rheumatoid arthritis, headaches, fibromyalgia, and low back pain. Frequency of flare-ups also differs between people. Patients who experience frequent flare-ups are more likely to have depression, somatization, and self-reported poor health and to be on higher doses of opioid medication. These factors lead to an increased number of provider visits, hospitalizations, and utilization of the healthcare system.<sup>3</sup>

## COPING STRATEGIES FOR FLARE-UPS

A variety of coping strategies and cognitive behavioral techniques (CBT) may be helpful for the overall management of chronic pain, including flare-ups. Identifying helpful coping strategies will enable people experiencing pain to work together with family members and providers to assess their effectiveness. Over time, coping techniques become more effective and may require less energy to employ.<sup>4</sup>

Not all coping is created equally. Active coping strategies such as problem solving, explanatory style, relaxation, biofeedback, humor, exercise, support groups, professional help, training, and improving interpersonal skills may be better for some than passive coping strategies such as wishing, complaining, escaping, avoiding, or denying. A lack of knowledge or unsuccessful coping strategies may cause some to conclude hurt equals harm. Perhaps the most natural response to pain is to protect by limiting and restricting activity until the pain eases. Though too often the cycle of self-limiting and activity restriction leads to ongoing pain and greater functional limitation. Evidence from the pain literature suggests that, for selected patients from chronic pain clinics, psychosocial factors such as catastrophizing and fear-avoidance may be related to the presence of pain fluctuations.<sup>5</sup>

## PLANNING AHEAD FOR FLARE-UPS WITH YOUR PATIENT

When you are treating patients with complex chronic pain, of course it's important to establish a healthy partnership with your patient. As part of this partnership, it's critical to have a plan to deal with flare-ups. When we are proactive with our patients, we can help them manage through a flare-up, rather than just reacting. Things to keep in mind:

- Explain to your patient that they can learn from each flare-up if they collect some information and adjust their flare-up plan to manage better the next time.
- Develop a flare-up plan during a stable period.



- During flare-ups or crisis executive functioning can decrease, so use simple language and concrete, specific advice.
- Be cautious about making any changes in medications or other treatments during a flare-up.
- Document the flare-up plan in the chart to communicate this to the care team.

## ADVISING PATIENTS ON WHEN TO GO TO THE EMERGENCY DEPARTMENT

When a person is in intense pain they may think that they have injured themselves or that something else is seriously wrong. They may wonder if they should go to the emergency department. Discuss with your patient when this is appropriate. Provide contacts and other resources to call prior to going to the emergency department.

Some options before going to the emergency department:

- Call the clinic, even if it is after hours, as many clinics have an after hours answering service
- Call the 24 hour nurse advice line
- Some regions have urgent care clinics with expanded hours that take walk-in patients

The best approach though is to plan ahead. Encourage your patient to create a plan for pain flare-ups.

## FLARE-UPS AND CHANGES IN MEDICATIONS OR OTHER TREATMENT

Flare-ups can be caused when a patient changes their medications. Here are some examples:

- The patient abruptly stops their pain medication
- The patient tapers opioids too quickly
- The patient stops taking medications for anxiety or depression

Providers should discuss with their patients how important it is to take medications as prescribed at all times. This will help avoid flare-ups caused by medication changes.

## REFERENCES

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