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### **Pain is the hidden side of the obesity epidemic**

People who are obese are more likely to suffer from chronic pain and need special help to manage it, an international speaker will tell a meeting of Australian and New Zealand pain specialists today.

“Obesity is a risk factor for developing chronic pain and has a particularly strong impact on those with knee problems. Every time you take a step, the entire weight of your body comes crashing down on that joint,” says Dr John Pereira, a staff physician at Canada’s largest chronic pain treatment centre. “Fortunately, losing even a small amount of weight can result in improvement.”

Obese people can also develop structural pain in the hips, ankles and spine. “They are also more likely to suffer chronic pain in unexpected places – such as osteo-arthritis of the hand – because fat is metabolically active and seems to increase inflammation and pain throughout the body.

“Even when weight loss is elusive, consuming more fruits, vegetables and good fats such as omega-3s, as well as supplements such as curcumin, can help combat inflammation.”

Dr Pereira says that obese people who are given medication for chronic pain often find themselves in a bind, as many of these drugs can also cause substantial weight gain, “but there are some prescription options with a much lower risk of this”.

Dr Pereira will speak in Auckland today at a scientific meeting of the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists. He will be joined by bariatric surgeon Mr Grant Beban, who will discuss which obese people in pain can be helped by gastric procedures, and by physiotherapist Mr Murray Hames, who will talk about physical rehabilitation.

Mr Beban says that around 80 per cent of obese patients in pain who are given gastric surgery manage to keep more than half of their excess weight off long-term. “The other components are a sensible diet and adequate exercise. The operation doesn’t make you watch your weight, it just stops you eating large amounts of food at one time.”

But he warns that surgery is not a widespread solution in western populations where one third of adults are overweight and another one-third are obese. “How many operations can a health system afford?” he asks.

“The people most likely to be morbidly obese are the disadvantaged, living in areas with the higher concentrations of fast food outlets; they are people with the lowest

repertoire of resources for dealing with our obesogenic environment. This has got to be dealt with as a population problem – we need to look at housing design, cooking skills.”

And graduated exercise, says Murray Hames, senior physiotherapist at the Auckland Regional Pain Service. He says obese people in pain who come to his clinic often have trouble exercising; partly because it hurts, partly because they are physically weak, but often because they fear exercise will aggravate their pain.

“Beliefs are a big issue,” he says. “The person may interpret discomfort when beginning an exercise program as a sign of further injury or damage, rather than as a natural consequence of inactivity. This can lead to anxiety and to avoiding activity, limiting how they are willing to reach and move, and holding back their return to normal daily activity and work.

“The person might be worried that exercise ‘might snap my back!’ Or a doctor once told them their bones were grating together, and they fear they might wear out. A chiropractor might have told them not to bend if it hurts – but this is years down the line, and they still haven’t ventured to put on their socks. So a big part of helping people back into exercise is helping them regain their confidence.”

- For more information or to request interviews, please contact ANZCA Media Manager Ebru Yaman on +61 3 8517 5303, +61 408 259 369 or [eyaman@anzca.edu.au](mailto:eyaman@anzca.edu.au). Follow us on Twitter [@ANZCA](https://twitter.com/ANZCA).