

VETERANS IN PAIN

Gabriel Gadikor was serving with the British Army in Iraq in 2007 when he injured his back in a training exercise. Two days later his hospital tent was hit by a rocket. During his combat tour, Gabriel had become used to the constant threat of enemy fire, accepting with a philosophical attitude of 'when we die, we die'.

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FORCES IN MIND TRUST
MINDING MILITARY TRANSITION

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The aim of the Forces in Mind Trust is to provide an evidence base that will influence and underpin policy making and service delivery in order to enable ex-Service personnel and their families to lead successful civilian lives. [Read more](#)

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We award grants (both reactive and proactive) that aim to improve the transition process for ex-Service personnel and their families. [Read more](#)

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SUCCESSFUL SUSTAINABLE TRANSITION

Iraq and Afghanistan have developed chronic pain compared to 29 per cent of the general population.

Painful transitions

Healthcare for those serving in the military is provided by the armed forces and is generally easy to access and of a high standard. Former army colonel and pain specialist Dr Winston De Mello explains that 'the commanding officer wants a full strength of fit men, so there is a quick response. The risk of developing chronic pain is minimised because you tackle it early'.

However, after leaving the army the situation can be very different, as the military do not provide healthcare for veterans. While there are excellent pain management services available in the NHS, civilian readers will not need reminding that diagnosis and treatment

The newfound sense of vulnerability from his injuries combined with this terrifying situation, however, has left deep scars – nine years on he is still coming to terms with persistent pain and psychological trauma.

Gadikor is one among thousands of British ex-servicemen and women living with chronic pain. Dr Alan Barrett, the Clinical Lead at the Pennine Care Military Veteran Service for Greater Manchester and Lancashire says that chronic pain is the most common health complaint among his service users. Long term musculoskeletal problems, which are typically accompanied by pain, are the most common reason for discharge from the British armed forces. Studies in the United States, meanwhile, found that between 40 and 50 per cent of US veterans who saw active service in

can involve a long and frustrating journey. Veterans may face additional barriers because they are confronted with an unfamiliar healthcare system and frequently have other physical or psychological complications alongside their pain. For instance, researchers in the USA found that as many as two thirds of US veterans with post-traumatic stress disorder had also been diagnosed with chronic pain.

Michael Clough was left with complex regional pain syndrome (CRPS) after breaking his leg in a parachute jump. Treatment for his initial injuries and rehabilitation were managed by military healthcare professionals, but the severity of his condition meant he was unable to continue his career in the army. After being medically discharged, he was placed under the care of his local GP. According to Clough, his GP

‘didn’t really read my notes from the military’ and he was prescribed treatments he had already tried without success. The resulting frustration contributed to a ‘vicious circle’ of increasing pain.

Veteran voices

Recognising the scale of the problem of chronic pain among veterans and the difficulties many face in accessing pain management services, Pain Concern have produced a miniseries of three *Airing Pain* podcasts focusing on veterans’ experiences and the support available. Producer Paul Evans shares his impressions of the challenges faced by the ex-servicemen and women he interviewed:

‘Having spoken to veterans who had been through unimaginable trauma, both physical and psychological, and their former pain doctors in the military, I came away with the impression that pain management within the military is class-leading. However, the transfer from military to NHS pain care can leave a lot to be desired – waiting lists, lack of understanding of the psychological trauma of the patient, poor or inadequate communication between civilian and military doctors, particularly when it comes to transfer of medical notes, were some of the issues raised by the military veterans I met.

‘Having said that, I did meet with specialist healthcare professionals working in the NHS and third sector organisations, who were incredibly supportive and knowledgeable about dealing with veterans. I just wonder whether the log-jam between leaving the military and receiving those specialist services could be lessened.’

Top-notch care

Anyone who has served in the British armed forces can be referred or self-refer to any of the Military Veteran Services across the UK. Visit the Pennine Care Military Veteran Service website to find out more: penninecare.nhs.uk/your-services/military-veterans-service

Consultant in Pain Management Lt Col Dr Dominic Aldington is able to take NHS referrals of ex-servicemen at his pain clinics in Basingstoke and Winchester: thepainteam.com

The pain management services at the Royal National Hospital for Rheumatic Diseases (RNHRD) in Bath have expertise in treating veterans and can take referrals from anywhere in the UK: rnhrd.nhs.uk/our-services/ex-military-personnel

This article is supported by the Forces in Mind Trust.

Listen to all three programmes on our website: painconcern.org.uk/veterans

Notes



You become more prone to chronic pain as you get older...

Scientists at the University of Florida have shown that inflammation may occur sooner, be more severe and stay longer when older people experience pain compared with young adults. In the trial two groups had mild pain induced (by heat or iced water) and chemicals associated with inflammation were measured in blood samples taken before and at various intervals afterwards. Eight people whose average age was 68 were compared with nine people averaging 21 years old. The blood tests showed that the older group had an elevated inflammatory response compared to the younger volunteers.

The researchers commented that this could lead to a cycle as the inflammation will in turn cause more pain and, if older people are more likely to have these pain messages sent to the brain, then the nervous system is being adapted and may become more pain prone (allodynia). The researchers say that the study does not prove that experience of acute pain predisposes older adults to chronic pain, but this is the concern and more research is needed into pain in older people.

...and is this why?

Scientists in London are discovering how small injuries leave chemical changes which add up to more lasting damage, and possibly chronic pain. While chronic pain can have many different causes, the outcome is often the same: an overly sensitive nervous system which responds much more than it normally would (allodynia). Researchers at King’s College examined cells in the nervous system of mice, which are part of the inflammation/immune system and are involved in the development of persistent pain. They found that nerve damage creates changes in these immune cells that may ‘remind’ the cell that it has responded to injury. The research raises the question whether neurons also acquire these changes as a result of nerve injury and is this the reason that pain persists over such long periods of time?

Pain and sleep: a chicken and egg question?

As the previous two notes show, there is a lot of interest in the relationship between injury and inflammation and the sensitisation of the nervous system, which leads to chronic pain in some people. A recent study on older people with arthritis in their knees has looked at how this links in with sleep patterns. Sleep disturbance is common in people with arthritis and has a bi-directional effect on pain (meaning that pain affects sleep and sleep affects pain). In a recent trial 133 people completed daily diaries to evaluate sleep and

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