

**Psst!**

Plan to Stay in Shape Today

ACUTE

MIGRAINE

LUMBAGO

# Chronic PAIN

POST-HERPETIC  
NEURALGIA

ARTHRITIS

FIBROMYALGIA

RHEUMATOID  
ARTHRITIS

2<sup>nd</sup> edition

 **familiprix**

**We have all experienced pain.  
It can cause great harm, especially if it persists over time.  
If you suffer from chronic pain, you are not alone.  
This guide provides an overview of the most common types  
of chronic pain and how to deal with them.**

**IN CANADA,  
NEARLY 1 IN 5 ADULTS  
REPORT LIVING WITH  
CHRONIC PAIN.**

**THIS PROPORTION  
RISES TO 1 IN 3 ADULTS  
AGED 65 AND OVER.**



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# ACUTE VS. CHRONIC PAIN

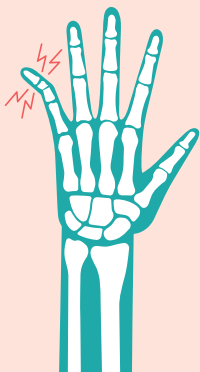
## ACUTE PAIN

Acute pain is the body's response to physical injury (cut, burn, fall, etc.). It serves as an **alarm signal** to the body that something abnormal has just happened. It disappears when the damaged tissue has healed, or soon after (from a few minutes to a few weeks).

**Rest, physical therapy** and **drug treatments** are the standard course of treatment for relief from acute pain.

### IMPORTANT

Receiving proper care for acute pain not only helps immediately relieve symptoms, but also prevents the development of chronic pain.



# CHRONIC PAIN

Chronic pain, on the other hand, occurs when the brain continues to send out pain signals even when there is no longer a need. The body thus continues to produce a **"false alarm."** Pain is generally said to be chronic when it persists beyond a normal healing time of more than **3 to 6 months**.

Some chronic pain is caused by an underlying disease, such as rheumatoid arthritis, which will be described later.

Chronic pain can be **persistent, continuous, intermittent** or **recurrent** (e.g., with migraines, irritable bowel syndrome).

## Is chronic pain treated the same as acute pain?

**NO!**

In chronic pain, maintaining an active lifestyle (walking, swimming) is often preferred over rest.

The treatments used may also be different. Information about this can be found on the subsequent pages.

### IMPORTANT

Always consult a health professional before engaging in certain activities to ensure that you do not aggravate your health condition.

# MIGRAINE

## Is a migraine simply a headache?

Not as simple as that!

A chronic migraine is characterized by recurrent episodes of **moderate to severe headaches** and may be associated with other symptoms, such as **nausea, vomiting, diarrhea and sensitivity to sound and light**. Approximately 20-30% of people with migraines will also have **auras**\*. The usual duration of an episode is **4 to 72 hours** and the frequency of onset varies widely from person to person (a few times a year to several times a week).

*\*For more details, see the section on this topic on page 8.*



## Beware of triggers!

Many patients are able to identify certain **triggers** for their migraines. Avoiding them, when possible, is the best way to prevent them. Here is a non-exhaustive list:

- **Hormonal changes in women:** Menstruation, pregnancy, menopause, hormonal contraception, hormone replacement therapy
- **Foods:** Coffee, alcohol, chocolate, aged cheeses, aspartame, certain preservatives, processed foods, skipping meals
- **Stress**
- **Environment:** Intense light, sunlight, certain odors (e.g., perfume, fresh paint, secondhand smoke), change in sleep patterns, change in temperature or pressure
- **Certain medications**

## What are the causes?

Because the brain is a very complex organ, the exact causes of a migraine are still unknown. Existing theories point to a series of successive events occurring in the brain (electrical imbalance, inflammation, dilation of blood vessels).

## How does it manifest?

### 1 PRODROME

Symptoms appearing several hours/days before the migraine. For example: hyperactivity, difficulty concentrating, repetitive yawning, desire to eat certain foods in particular, neck pain and stiffness, hypersensitivity to noise and light, hypersomnia (sleeping more), scalp sensitivity, and nausea.

### 2 AURAS

A sensory experience that often heralds a migraine attack. Typically, auras occur 10 to 60 minutes before the migraine. Occasionally, an aura occurs without a subsequent headache. Their appearance varies and may include one or more of the following: flashes, light halos, blurred vision, temporary loss of vision, numbness of the face, difficulty speaking.

### 3 HEADACHE

Usually occurs unilaterally in adults. Often begins in the neck or skull area, then moves to the temple and forehead.

### 4 RESOLUTION

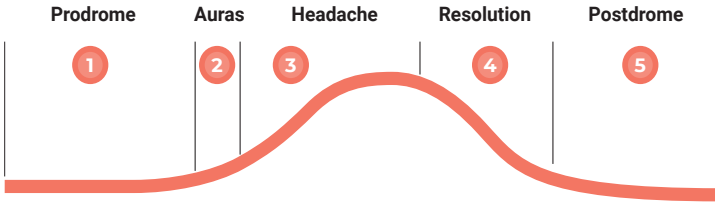
Gradual decrease in intensity of headache until it disappears completely.

### 5 POSTDROME

Symptoms that persist for some time after the headache has disappeared. For example: scalp sensitivity, sensitivity to sound and/or light, cognitive difficulties, fatigue.



## The phases of a migraine



## How to prevent and/or treat a migraine?

### Non-medicinal tips:

- Get some rest
- Be in a room away from noise and light
- Apply cold compresses (head/neck)
- Practice relaxation techniques
- Do aerobic activity on a regular basis (walking, swimming, etc.)
- Acupuncture may be an option
- Avoiding triggers (if known and if possible)

### Using medication:

- During the acute migraine attack, you can use painkillers (with or without a prescription, depending on the case) and/or antinauseants.
- To prevent migraines in individuals who suffer frequent migraine, a daily preventative medication is available that may help reduce the frequency and intensity of migraines.

Talk to your health care professional to see if these options may be right for you.

# LOWER BACK PAIN

## What is low back pain?

It is pain felt in the lumbar region of the spine, which is the **lower back**. Approximately 70-85% of the population will suffer from it at some point in their lives. It can occur at any age, but seems to be more common in adolescence and in people between the ages of 45 and 50.

In most cases, low back pain is not serious and resolves quickly, without causing any after-effects. However, some people will develop chronic low back pain (lasting more than three to six months). In this case, recovery is slower.



### LOWER BACK PAIN

Approximately 70 to 85% of the population will suffer from it at some point in their lives.

## What are the symptoms?

Symptoms vary from person to person, depending on the type of injury that caused them.

TYPES OF INJURIES THAT CAUSE CHRONIC PAIN	SYMPTOMS
<b>Muscle injury, sprain or strain, or slipped disc</b>	Sudden sharp pain in the lower back characterized by rapid and intense muscle contractions
<b>Muscle trauma and osteoarthritis</b>	Pain is worse upon waking and gradually diminishes in intensity with stretching and movement
<b>Sciatic nerve and herniated disc</b>	Painful sensation that radiates down one or both legs
<b>Inflammation, diseased organ, or tumor</b>	Pain generally increases in intensity over the course of the night

## What are the causes of low back pain?

Chronic low back pain can be caused by various factors:

- Unusual effort (e.g., lifting a heavy object) or the accumulation of many efforts (e.g., manual work, physically demanding jobs) that can cause microlesions
- A disc degeneration or herniation often caused by wear and tear of the intervertebral discs
- Slippage of one vertebra on another as a result of trauma or because of congenital weakness
- Aging.
- Health problems, such as arthritis, osteoarthritis, osteoporosis, fibromyalgia

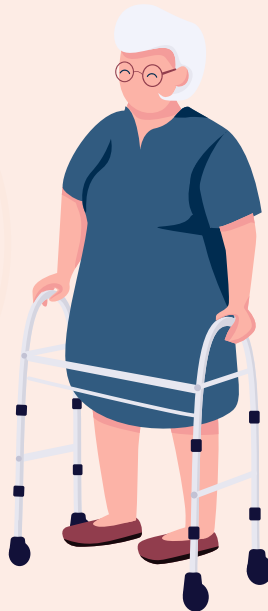
## What are the risk factors?

The risk of developing low back pain has been linked to a number of factors. Here are the main ones:

- Age (higher frequency in adolescence and around age 45 to 50)
- Being overweight
- Lack of physical exercise
- Overtraining in sports
- Certain work-related tasks (prolonged standing or sitting, regular bending, frequent twisting of the back, heavy lifting or pulling, etc.)
- Pregnancy (related to weight and hormones)
- Poor posture
- Wearing high heels
- Stress
- Depression

Then there is the risk that this low back pain will become chronic. Here are some examples of risk factors that can cause the pain to become long-term:

- Aging
- Being female
- History of back problems and pain behind the knees
- Work dissatisfaction
- Depression, psychological distress and other psychological problems
- Lack of physical activity
- Difficulty carrying out daily activities
- Having poor self-perceived health
- Obesity
- Smoking



## What are the treatment options?

Relief from chronic low back pain can be complex. It is important to have realistic **relief expectations**. Despite best efforts, sometimes it is impossible to be 100% pain free. Therefore, it is important to learn to live with a more tolerable level of pain (e.g., going from a 9/10 pain level to a 3/10 level).

In addition, the most commonly used treatments are the following:

- Pharmacological treatments (e.g., anti-inflammatories, analgesics, muscle relaxants, antidepressants and opioids, etc.)
- Injection therapy (e.g., corticosteroid)
- Adaptive physical activity program
- Multidisciplinary pain management program
- Acupuncture
- Cognitive behavioural therapy
- Yoga and stretching



## Tips for a healthier back to prevent chronic low back pain?

There may not be a magic formula, but combining the following elements can certainly improve your situation.

- Get regular exercise to keep the muscles in your back and core strong and flexible
- When you lift something, always bend your knees, keep your back straight, and straighten your legs holding the object close to your body
- Develop good posture by keeping your back straight when sitting and standing
- Avoid twisting your back
- Don't wear high heels or other shoes without support
- Use a backpack or wheeled bag to transport heavy loads



# POST-HERPETIC NEURALGIA

## What is it?

It is a chronic pain that appears following the reactivation of a virus that a large proportion of the population contracted during childhood: chickenpox (herpes zoster virus).

## How is this possible?

The virus that causes chickenpox is tough. After the first infection, you don't get rid of it completely. The virus will "hide" in the nerve tissue and stay there "asleep." Over the course of a lifetime, the immune system can weaken and let its guard down, for example, due to age, taking immunosuppressive drugs, or even cancer. This is what allows the virus to reactivate and cause the symptoms of shingles.

## What are the symptoms?

1. **Lesion** of reddish appearance forming small blisters and following a precise trajectory (that of a nerve)
2. **Pain** that is often stabbing and feels like burning, throbbing, electric shocks
3. **Others:** Itching, nausea, fever, diarrhea, headache, uneasiness, sensitivity to light

## Let's focus on pain

It is normal to feel pain during an acute attack (when the lesions are present). However, it is not normal for this pain to persist for up to 3 to 6 months later. This is what is called post-herpetic neuralgia.



10-30% of people with shingles may experience post-herpetic pain. This pain is often more severe than that associated with shingles. It is thought to be caused by a permanent change or damage to the nerve affected by the infection.

## TRUE OR FALSE

Like chickenpox, shingles can occur only once in a lifetime.

### FALSE

Contrary to popular belief, it is possible for someone to have multiple episodes of shingles in their lifetime, which is not usually the case with chickenpox.

## What are the risk factors for having persistent pain?

When a person has shingles, the risk of developing post-herpetic neuralgia depends on:

- **Age:** As you get older, your immune system weakens.
- **Sex:** The risk is higher in women than in men.
- **The severity of the pain associated with shingles:** The higher the pain, the greater the risk.
- **The duration and severity of the rash:** The more severe the rash, the higher the risk of persistent pain the higher the risk of having persistent pain.
- **Experiencing pain before the onset of the rash** increases the risk that the pain will remain even after the acute attack.
- **The presence of ophthalmic symptoms** also increases risk.

## Is there a way to prevent the development of post-herpetic neuralgia?

There is no such thing as zero risk, but there are two things you can do to minimize its occurrence.

### 1. ANTIVIRAL AGENTS

Prescription antiviral agents are essential to the management of shingles and to prevent progression to chronic neuralgia.

In addition to relieving acute pain and reducing the duration of rashes, these agents reduce the nerve damage caused by the virus. As a result, it reduces the likelihood and intensity of post-shingles pain.

#### **IMPORTANT**

**For antiviral treatment to be effective, it must be started within 72 hours of the appearance of the lesions. It is therefore essential to consult a physician or pharmacist as soon as possible in order to initiate treatment.**

### 2. VACCINATION

Vaccines are offered as a preventive measure for people aged 50 years and above. Studies suggest that some are about 90% effective; if you don't have shingles, you won't develop post-herpetic pain. Talk to your health care provider to see if this is an option for you.

## DID YOU KNOW...?

If you've never had chickenpox, you should avoid contact with anyone who has shingles because the virus is highly contagious.

This is especially important for people whose immune systems are compromised—pregnant women, children, patients taking anticancer agents, etc. The virus that causes shingles is very contagious and is transmitted via the fluid inside the skin blisters. If you accidentally come in contact with the fluid, you should immediately wash your hands and the contact area with soap and water. Monitor your skin for any signs of a rash or lesion.

## Treatment of postherpetic neuralgia

- Medication to control neuropathic pain (pain caused by nerve damage)
- Acupuncture
- Relaxation, meditation
- Staying physically and socially active
- Cognitive-behavioral therapy

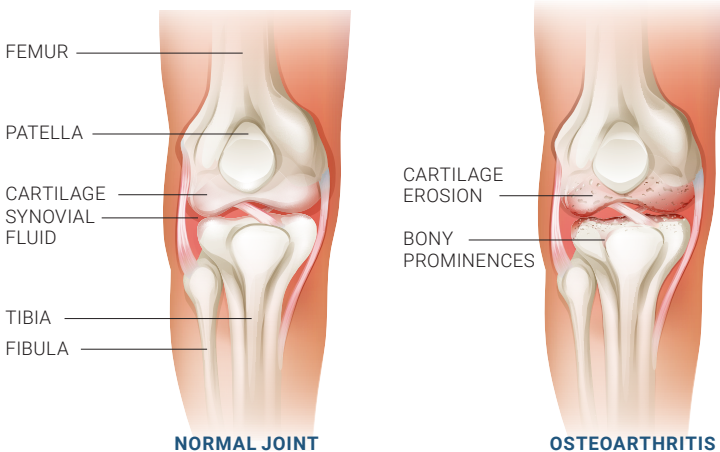


# OSTEOARTHRITIS

## Anatomy 101

Our joints have several components that allow us to perform all kinds of movements safely. For example, in a healthy joint, the opposing surfaces of the bones are covered with **cartilage**, which has the function of absorbing shock during movement. There is also a cavity containing **synovial fluid**, which acts as a lubricant for the joint. The cartilage and synovial fluid therefore help to reduce friction between the bones and thus prevent cartilage erosion and bones rubbing against each other. Similarly, the **ligaments**, **muscles** and **tendons** also protect the joint by stabilizing it.

## Knee osteoarthritis



## Is it osteoarthritis or arthritis?

Actually, **osteoarthritis** is a type of arthritic disease.

It is characterized by an abnormal production and gradual deterioration of the cartilage found in the joints. This erosion causes the bones to rub against each other. The pain is caused by the wear and tear of the cartilage and the entire joint (ligaments, bones, muscles, synovial fluid). Virtually any joint can be affected (hands, feet, hips, knees, neck, lower back). Osteoarthritis is often described as degenerative, meaning that the pain increases in intensity as the disease progresses, with some exceptions.

**ABOUT  
1 IN 10 CANADIANS  
WILL SUFFER FROM IT  
AT SOME POINT  
IN THEIR LIVES.**

**AMONG THOSE AGED  
70 AND OVER, WE ARE  
TALKING ABOUT ONE  
IN TWO PEOPLE.**





## What are the symptoms?

The symptoms of osteoarthritis can vary from person to person and from day to day. These include:

- **Asymmetrical** joint pain (affecting only one side of the body). Triggered by movement, relieved by rest. Often amplified by physical activity or at the end of the day. When osteoarthritis is severe, pain may be present at rest and at night.
- Joint stiffness following a period of immobility (e.g., upon awakening). Often relieved by moving the joint (e.g., stretching exercises). Usually disappears within 30 minutes.
- Restricted or reduced range of motion. Pain may appear during movement.
- Formation of osteophytes (small bony growths) around the joint. Consequences: Pain and decreased mobility.
- Cracking of the joint during movement.
- Joint discomfort during temperature changes
- Tenderness in the joint when light pressure is applied.
- More rarely: Signs of inflammation (redness and swelling) present.

## What are the causes and risk factors?

There are many causes and risk factors for osteoarthritis. Often, they are associated with mechanical problems, such as:

- Aging
- Female gender
- Family history
- Excess weight
- Other arthritic conditions (e.g., rheumatoid arthritis)
- Overuse of a joint or joint injury caused by playing certain sports or from a specific job (e.g., plumber: must frequently be in a kneeling position)
- History of joint injury (fracture, sprain, etc.)
- Poorly aligned joints (e.g., knees turned inward or outward)
- Wearing high-heeled shoes (promotes the development of knee osteoarthritis)
- Physical inactivity: This can lead to a lack of oxygenation of the cartilage and muscle weakness



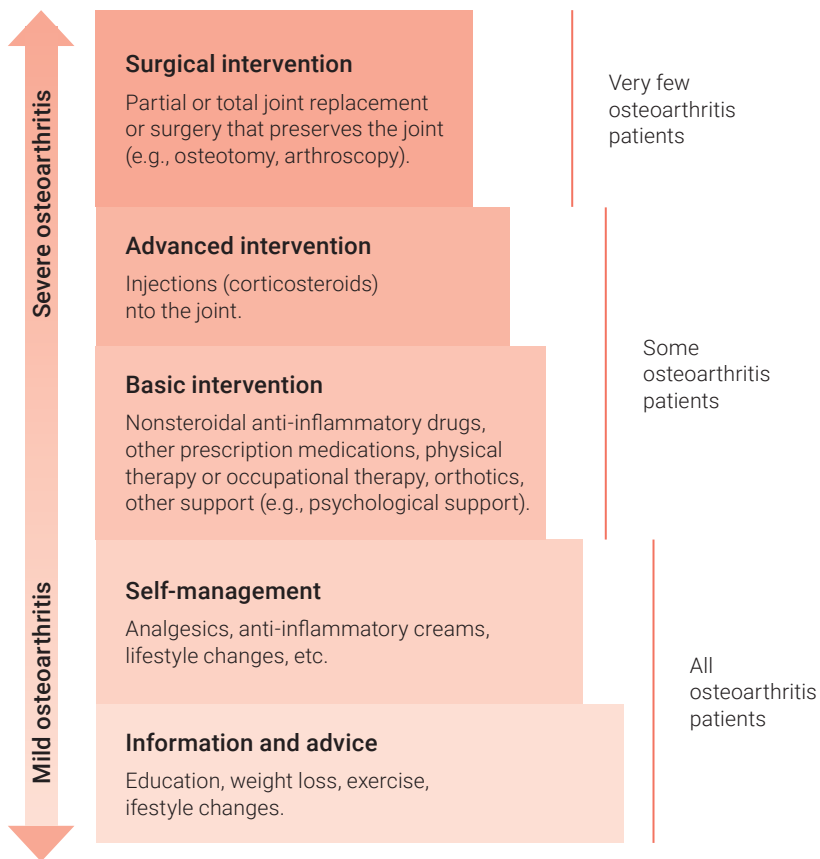
## Are there any treatments available?

To date, there is no treatment that can cure or slow the progress of osteoarthritis. However, it is possible to relieve the symptoms (pain, discomfort) in order to maintain a high quality of life.

## Principles of management

The management of osteoarthritis is often done in stages. The following intervention guidelines are theoretical and must be individualized for each patient.

### Every step is supervised by a health care professional





## Key aspects to consider

Osteoarthritis can significantly limit one's ability to perform daily activities, in addition to taking a toll on one's morale. There are a few strategies that can potentially improve your daily life.

### Physical activity

Practicing moderate intensity physical activity on a regular basis helps strengthen the muscles and other tissues that support your joints.

### Weight

Some studies suggest that losing about 10 pounds of fat reduces pressure on the joints, especially the knees. An active lifestyle and a balanced diet may help with this.

### Posture

There are exercises and accessories to help promote good posture. Talk to your health care professional.

**IMPORTANT**  
Consult a health professional before starting a new training program (e.g., kinesiologist, physiotherapist).





# RHEUMATOID ARTHRITIS (RA)

## What is the meaning of this complex term?

RA is a **chronic inflammatory autoimmune disease**. An autoimmune disease occurs when our immune system's defense mechanisms are malfunctioning. With RA, antibodies are produced to attack healthy cells in our joints as if they were foreigners. A cascade of events ensues and causes an inflammatory reaction that will affect the film that covers the joint (synovial membrane). If the inflammation isn't treated quickly enough, it can cause irreversible joint damage.

Examples of damage:

- Bone erosion
- Damage to cartilage, capsule, tendons, ligaments and muscles
- Destruction of the joint

RA usually appears between the ages of 30 and 50, and progresses gradually, which means that initially only a few joints will be affected, then the disease will spread to other joints. In the beginning, symptoms often appear as **"flares"** that will last a few days or even weeks. These flares will be interspersed with periods of **"remission,"** where pain and stiffness will decrease or disappear completely for a period of time ranging from a few days to several years.

## How does it manifest?

The hands, wrists and feet are usually affected first, followed by the elbows, shoulders, hips, knees, ankles, neck, and jaw.

The impairments are usually **symmetrical**, which means that both sides of the body will be affected similarly. This is a feature that sometimes differentiates RA from osteoarthritis, which occurs more often in an asymmetrical fashion.

## What are the symptoms?

The intensity of symptoms varies from day to day, and they are often characterized by:

- Joint pain and tenderness: most intense at night, upon waking, or following a period of inactivity. The pain may interrupt or decrease the quality of sleep.
- Joint stiffness in the morning upon waking or after a long period of inactivity. Typically, upon awakening, the stiffness tends to decrease after at least 30 to 60 minutes.
- Swelling (edema) in the joints: Usually symmetrical (e.g., both wrists are affected)
- Heat and redness in the affected joint
- Joint deformity that can lead to loss of dexterity and functional disability
- In some cases, patients report fever, extreme fatigue, muscle or joint pain, weight loss, or loss of appetite when symptoms first appear or during a flare.

## What are the causes and risk factors?

Like other diseases mentioned earlier, the exact cause of RA is still unknown. Therefore, there is no treatment to prevent the onset of the disease.

Risk factors can be classified into three broad categories.



### Biological

Women are 2 to 3 times more affected than men.



### Genetic

A family history of RA increases the risk.



### Environmental

Smoking is thought to increase the risk proportionally to the number of cigarettes smoked.

## Are there factors that may protect against RA?

Some studies report conflicting data on the presence of "protective" factors, in contrast to risk factors. Breastfeeding, a diet rich in omega 3, moderate alcohol consumption, and regular physical activity were among factors raised in this context. Currently, it is impossible to confidently state that making changes to one's daily routine to include the above-mentioned elements would be beneficial.

## How is it treated?

While pain relief and improvement of symptoms like stiffness are important parts of a rheumatoid arthritis treatment plan, the primary objective is to preserve joint function and prevent other organs (heart, eyes, kidneys, lungs) from being attacked. One or more of the following treatments may be prescribed for patients with RA.

- Antirheumatic drugs: By combating the immune system action that is responsible for joint damage, they help prevent and delay the progression of joint damage.
- Anti-inflammatory drugs: They help manage pain.
- Physical exercise, physical therapy and occupational therapy
- Joint protection: Having good posture, using accessories/devices to make tasks easier (e.g., utensils with oversized handles), alternating demanding or repetitive tasks with moments of rest
- A healthy diet
- Maintaining a healthy weight
- Getting a good night's sleep
- Surgery may be required in more advanced cases

### **IMPORTANT**

**As mentioned earlier, RA can cause irreversible damage if it is not treated in time. Consult a health care professional if you perceive any RA symptoms.**



# FIBROMYALGIA

## What is it?

Fibromyalgia is a disease with a complex clinical picture. Simply put, it involves diffuse and widespread pain and widespread pain that may be associated with **hypersensitivity to pain**, and may be present both at rest and on exertion. Mild pressure or rubbing of the skin can quickly become painful.

In addition to pain, several other symptoms may be present (see next page).

## How does fibromyalgia manifest?

Diagnosis of fibromyalgia is usually suspected in patients who have had **chronic pain for at least three months**, without identifying a traumatic or inflammatory cause. The diagnosis is then made based on the patient's symptoms. It is usually a diagnosis of exclusion, meaning the symptoms, physical examination, and questionnaire responses are designed to ensure that the patient's symptoms are not the result of another disease.

## What are these symptoms?

In addition to diffuse and widespread pain in different parts of the body, several other symptoms may be present.

### The most common symptoms are:

- Fatigue
- Poor sleep
- Concentration or memory problems

### The following may also occur:

- Muscle pain or weakness
- Itching, numbness, tingling
- Ecchymosis, redness, sun sensitivity, hives
- Raynaud's syndrome (a blood circulation disorder that causes numbness or pain in the extremities)
- Irritable bowel syndrome, pain and cramping in the stomach, heartburn, constipation, diarrhea
- Frequent or painful urination, bladder spasms
- Nausea, vomiting, dizziness
- Fever, convulsions
- Pain in the upper abdomen, chest pain, wheezing, shortness of breath
- Blurred vision, dry eyes
- Ringing in the ears, difficulty hearing
- Dry mouth, mouth ulcers, loss or change in taste
- Loss of appetite, hair loss
- Headaches, insomnia, depression and nervousness

## What are the causes and risk factors?

Most people with fibromyalgia are unable to clearly identify the cause of their illness. However, some people claim that their symptoms developed after a significant event, such as an illness, traumatic event, or intense emotional stress (e.g., sexual or physical abuse, death of one's child, car or work accident, etc.). Currently, there is no clear cause to explain the onset of fibromyalgia. However, a few theories have been put forth and a few risk factors have been established.

### Neurobiological factors

The body has a mechanism for modulating pain. The increased sensitivity to pain felt by people suffering from fibromyalgia could be explained by the fact that their modulation mechanism is dysfunctional. This causes a fibromyalgia sufferer to feel a stimulus like heat, cold, or pressure more quickly and tolerate it less effectively than a normal person.

### Genetic factors

The risk of developing fibromyalgia is thought to be higher in people who have a family member with the disease or other types of pain syndromes, especially when a first-degree relative is affected. Specific genes may also play a role.

### Physiological and environmental factors

Physical trauma, serious accidents (e.g., car accident), certain infections, as well as some hormonal changes (e.g., hyperthyroidism) may be related to the development of fibromyalgia.



## Psychological factors

The various emotional and psychological stresses that an individual may experience could contribute to the onset and duration of fibromyalgia. Moreover, about one-third of people with fibromyalgia will also experience some mental health problems, such as depression, anxiety, and post-traumatic stress disorder. Although these problems alone cannot explain the onset of fibromyalgia symptoms, they may contribute to their amplification.





## Are there any treatments available?

There is no cure for fibromyalgia. Instead, let us talk about symptom relief and management. It is also important to point out that treatments will vary from person to person, especially depending on the symptoms that most affect their quality of life. Typically, a combination of the following approaches will be used:

- Pharmacological treatment: for management of pain and other symptoms
- Fibromyalgia education program
- Acupuncture
- Physical exercise (e.g., yoga): to achieve better physical and psychological health
- Cognitive-behavioral psychotherapy: to manage pain and other symptoms, such as depression and anxiety

# USEFUL LINKS

Arthritis Society:

[arthritis.ca](http://arthritis.ca)

Familiprix official website:

[familiprix.com](http://familiprix.com)

Migraine Québec:

[migrainequebec.com](http://migrainequebec.com)

Quebec Association for Chronic Pain:

[douleurchronique.org](http://douleurchronique.org)

Société Québécoise de la fibromyalgie

[sqf.quebec](http://sqf.quebec)

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