Self-managing chronic pain

Key Points

- Medicines alone are not the most effective way to treat chronic pain.
- Chronic pain may never be completely cured, but can be managed.
- People managing their pain on a daily basis get the best results.
- There are many self-management strategies that can help.

Why medicines alone are not the answer for chronic pain

Most of us experience pain from time to time, but for one in five Australians, it doesn’t go away.¹ This is chronic pain and lasts beyond the expected time for healing after surgery or trauma, and can exist without any clear reason.

While medicines such as codeine or other opioids are sometimes prescribed for chronic pain, research has shown they are not effective in the longer term, contributing on average to only a 30 per cent reduction in pain.² They can also come with unwanted side-effects such as nausea, drowsiness, constipation, mood change and difficulty in concentrating.³

After a short time you may develop a tolerance to opioids and the dosage must be progressively increased to achieve the same pain-relieving (analgesic) effect.

If you have chronic pain, it is important to learn to manage it effectively without relying on medicines.

Evidence shows that people with chronic pain who are actively involved in managing their pain on a daily basis have less disability than those who are engaged in passive therapies, such as taking medication or surgery.⁴

Tips on managing chronic pain without painkillers

Chronic pain is a complex experience, which is influenced by physical, psychological, and social factors. The best way to manage it is to address all the factors affecting your pain.⁵

Following are some tips to help you manage your pain. It is important to keep a positive attitude until you find a mix that works for you.

Daily stretching and walking

Moderate daily exercise will keep your muscles conditioned and improve your pain levels. If you haven’t been active in a while, start small and increase your activity over time. Ask your physiotherapist about a tailored exercise program.

Pacing activities throughout the day

Pacing is key to pain management. By planning rest or stretch breaks, and keeping physical activity at an even level throughout the day, you can reduce the risk of flare-ups.

Daily relaxation techniques

When our muscles are tense, they increase pressure on nerves and tissues, which increases pain. To reduce muscle tension, you can use simple deep-breathing techniques, or take a yoga or meditation class, to learn techniques to use at home.

Practice mindfulness

Mindfulness is about learning to accept all your thoughts and feelings, including pain. It can help you live with pain more successfully.

Learn desensitisation

Desensitisation involves learning not to react to your pain in a negative way. This retrains the way your brain thinks about pain, which can improve the experience of pain and pain levels.
Apply distraction
Distraction is focusing on something other than the pain, often something pleasant or something you enjoy doing, such as listening to music.

Cognitive Behavioural Therapy (CBT)
CBT is a psychological technique to help people deal with the factors associated with chronic pain, including depression. Your GP can refer you to a psychologist for help with CBT.

Improve sleep
A good night’s rest will help you cope with your pain. If you are having problems sleeping, try implementing a bedtime ritual, and keep your bedroom peaceful and relaxing.

Diet and exercise
Maintaining a healthy weight can improve symptoms of chronic pain, particularly for people with osteoarthritis and other musculoskeletal or joint pain. Weight loss can be achieved by modifying your diet and reducing your daily intake of saturated fats and sugars. Daily low-impact exercise will also help. Your GP can help you develop a weight-loss plan.

Other treatments
Some people experience pain relief from massage or treatments that stimulate the nervous system. These include acupuncture or using a TENS (Transcutaneous Electrical Nerve Stimulator) machine. If your pain continues at a severe level, your GP may refer you to a pain specialist.

Finding support
Chronic pain can be an isolating experience and you may benefit from joining a support group or online community. You may also consult a counsellor if pain affects your work or home relationships.

How a GP Management Plan can help people with chronic pain
If you want to take charge of your pain management, find a supportive GP who can coordinate your care with a Medicare-funded care plan, which will allow you access to a rebate for treatment from an allied health professional, such as a physiotherapist or psychologist. Note that while Medicare provides a rebate for the preparation of a Chronic Disease Management Plan and a Team Care Arrangement, there may be a gap you are required to pay.

For further information and support:
- Painaustralia
  www.painaustralia.org.au
- Pain Management Network
- painHEALTH
  www.painhealth.csse.uwa.edu.au
- Australian Pain Management Network
  www.painmanagement.org.au
- Alcohol and Drug Information Service (ADIS)
  www.drugs.health.gov.au
- Ask Your Pharmacist
  www.askyourpharmacist.com.au
- Chronic Pain Australia
  www.chronicpainaustralia.org.au
- Pain Link Helpline 1300 340 357

References:
3) Nicholas N et al. (2011) Manage Your Pain
6) Medicare provides a rebate for the preparation of a Chronic Disease Management Plan and a Team Care Arrangement. If the GP does not bulk bill these services there may be a gap payment you will be required to pay. Check with your GP. It is important you check with the provider to see how much the appointment will cost as you may have to pay the gap.
Key Points

- Multidisciplinary pain management addresses the physical, psychological and environmental or social factors that contribute to the pain experience.
- Chronic pain must be managed differently from acute pain.
- Patients with chronic pain benefit from education and self-management strategies that help reduce pain and disability.

What is multidisciplinary pain management?

Multidisciplinary (or interdisciplinary) pain management consists of treating the physical, psychosocial, medical, vocational and social aspects of chronic pain, and there is growing evidence of its effectiveness in the treatment of chronic pain.¹ ²

The multidisciplinary team should include a physician, psychologist or psychiatrist, physiotherapist or other allied health professional and pharmacist and may also include a vocational counselor or social worker.¹

Treatment is not ‘one size fits all’ but needs to be person-specific. A critical step in the development of an effective pain management plan is face-to-face discussion by team members of the relative importance of factors identified by them in the patient.¹

Although a multidisciplinary approach may include medical interventions and medication, it is largely based on non-invasive and non-pharmacological treatments.

Shared medical records facilitate ongoing communication between team members, and patients involved in this process should register for a Personally Controlled Electronic Health Record (PCEHR) through eHealth.³

Patients may also benefit from joining a pain support group in their local area, and this should be encouraged.

The multidisciplinary approach to pain management is a key recommendation of Australia's National Pain Strategy. It is also endorsed by the International Association for the Study of Pain.² ⁴

Is the multidisciplinary approach more effective than traditional methods?

Patients with chronic pain often receive the same approach to treatment that would be applied to acute pain. However, this treatment is generally ineffective, contributing to only a 30 percent reduction in pain, on average.⁵

Use of medication such as morphine or other opioid alone may confer analgesic benefit but is unlikely to result in psychological or functional improvement.⁶

For people with persisting pain and disability, unless something specific and treatable has been overlooked, curative treatment is very unlikely and its very pursuit may not be risk-free.⁵ ⁸

For example, pain associated with emotional disorders should not be treated with morphine; and multiple back operations may not be the best solution for chronic back pain.⁹

What are the key elements of a multidisciplinary pain management plan?

The National Pain Strategy recommends a multidisciplinary pain management plan that includes a combination of medical approaches, physiotherapy, and psychological interventions based on Cognitive Behavioural Therapy (CBT).² ⁴

CBT approaches to pain management are based on the evidence that chronic pain is best understood within a bio-psycho-social framework. A thorough assessment of medical (somatic) aspects of each patient, as well as careful assessment of psycho-social contributors to the patient’s difficulties, provide the basis for the CBT intervention that may be targeted at multiple contributing factors.⁹ ¹⁰

CBT pain management programs provide an additional option for limiting the impact of pain on the patient and assisting them to resume normal functional activities.⁸ ¹²
What is the role of self-management in pain management?

Substantial evidence shows that patients with chronic pain who are engaged in active approaches to manage their pain have less disability than those who are engaged in passive therapies, such as taking medication or surgery.1

Self-management begins with helping the patient understand their pain is unlikely to disappear, and treatment is unlikely to return them to their previous condition. Once they have come to terms with this, they can be encouraged to take an active role in managing their pain.14

A key element of self-management is the concept of pacing – incorporating a sufficient amount of activity every day and keeping it at an even level throughout the day – in order to keep the body conditioned, and avoid pain episodes sparked by overactivity.14

Another important technique in self-management is desensitisation – where the patient learns to accept their pain and understand it is not harmful, and not to react to it in a negative way, effectively retraining their brain.14

How can the multidisciplinary approach be implemented?

While there is a shortage of pain clinics sufficient to treat all Australians living with pain in a timely manner, the National Pain Strategy recommends that the vast majority of people with pain could be effectively treated in primary care.

Education and training programs are now available for GPs and other primary care professionals to provide knowledge about best-practice pain management and to facilitate the formation of multidisciplinary pain teams to work collaboratively to treat patients in primary care. Community based programs are now available in some areas and information about these can be accessed from the Painaustralia website.

A leading example is the STEPS (Self Educative Pain Sessions) program, first developed in Western Australia which provides pain management education and self-management techniques to patients in an eight-hour program.

As a result of STEPS, wait times for pain clinics in the Perth area have reduced from 2 years to 2 months and requests for expensive large-scale interventions, such as surgery have reduced.

Useful resources

- www.painaustralia.org.au
- www.painmanagement.org.au
- www.chronicpainaustralia.org.au
- www.painhealth.csse.uwa.edu.au
- www.nps.org.au
- www.move.org.au
- www.arthritisaustralia.com.au

Getting support

Community support networks are available to people with chronic pain and can be helpful for information, advice, emotional support and sharing stories of pain. Information on pain support groups that meet in various locations around Australia can also be found through the websites listed in the grey box.

References

2/ National Pain Strategy (2010)
3/ www.ehealth.gov.au
4/ www.iasp-pain.org
9/ Eccleston C. Role of psychology in pain management. Br J Anaesth 2001; 87: 144-52
13/ Nicholas M and Molloy A (2011) Manage Your Pain
14/ www.alexandertechnique.com
In the scientific literature, there is no definitive cure for most chronic pain conditions. The goal for treatment of chronic pain treatment is to manage pain so that the patient's physical and emotional functioning is restored, and overall quality of life improved.

There are multiple possible contributors to pain. At times pain can relate predominantly to bodily injury, as is typical of acute pain. However, if pain persists, additional factors are often involved and the message of pain may then point to broader issues. The management of chronic pain generally requires a broad whole person treatment approach which addresses the multiple aspects of pain and lifestyle. “Active self-management” is a key component, along with targeted medical input and appropriate social support. The focus is on making gradual change and assessing response. The aim in chronic pain is to “retrain the brain”. Pain reduction usually happens slowly over a 6-12 month period, although at times rapid improvement can occur.

The following is an overview of various treatment for chronic pain. It is recommended that you carefully weigh up the evidence before you commencing any intervention for chronic pain. This includes consideration of possible side effects that might arise.

**Biomedical**

This can include surgery, nerve blocks and medication. There are also more invasive medical procedures such as implantable intrathecal drug delivery systems and spinal cord and peripheral nerve stimulators. Overall the evidence for medical interventions in chronic pain is weak. There may be a time limited role in selected cases.

Commonly used medications include, anti-inflammatory analgesics, paracetamol, antidepressants, anticonvulsants and opioids. It could also include pharmacological treatment for depression and anxiety.

**Psychological Treatments**

Cognitive Behavioral Therapy (CBT) helps patients to address patterns of thinking and behaviour. There is a focus on goal setting development and planning with much emphasis on an accurate understanding of pain and its relationship between physiology eg) pain and muscle tension, thoughts, emotions and behaviors. Lifestyle changes and strategies are encouraged to improve sleep patterns and to develop better coping skills for pain and other stressors using various techniques eg) paced activities and relaxation.
Physical Therapy (passive and active therapies)

This therapy may be guided by a physiotherapist, exercise physiologist, occupational therapist or other. Hands on therapy, has a role in acute pain management. The focus in chronic pain is active self management. Here the therapist facilitates an activity or exercise program. This could include a progressive program of range of motion therapy, muscle strengthening and postural training. Any therapy utilised will also include promoting active self-management strategies to increase an individual’s ability to work and function, perform household duties and simply enjoy life.

Complementary Alternative Medical (CAM) Therapies.

CAM refers to forms of health care that are used in addition (complementary) or instead of (alternative) traditional medical treatment by some people with chronic pain. These are defined as:

1. Alternate medical systems: arises from complete systems of theory and practice eg) homeopathic and flower remedies in western cultures and traditional Chinese medicine in non-western cultures
2. Mind-Body interventions: techniques to enhance the minds capacity to effect the body eg) Counselling, meditation, prayer and creative therapies such as music or art therapy. These can overlap with some psychological therapies.
3. Biologically based therapies: Uses substances in nature eg) Nutritional supplements and vitamins, naturopathic nutrition and diet
4. Manipulative body based methods eg) massage, acupuncture, aromatherapy chiropractic and osteopathy
5. Energy therapies: based on use of energy fields eg) Tai chi, reiki and therapeutic touch.

The evidence in chronic pain management supports active over passive strategies and trial principles apply to CAM therapies, as it does to traditional approaches. It is important to understand that like any treatment there can be benefits and side effects. Refer to the professional body regulating practice for advice on levels of experience, qualifications, and training required by practitioners.

References:
Pain and Sleep

People with chronic pain often report problems with getting to sleep, staying asleep or both. Thinking too much and worry can also add to sleep problems. The following ideas can help you develop better sleeping habits to manage your sleep problems.

Top Tips for sleeping:

- Try to go to sleep and wake up at the same time each day regardless of how well you slept, even on weekends
- Make a good bedtime routine eg) shower, brush teeth, wash face
- Sleep on a comfortable mattress and pillows
- Make sure your bedroom is not too hot or cold
- Ensure you are comfortable and your bedroom is quiet and dark
- Don’t use your bed for anything but sleeping eg) No TV or computer games, eating, work, watching television or discuss problems in bed
- Learn to reduce thinking and worrying in bed eg) relax your mind
- Only lie down to go to sleep when you are sleepy
- Relax for 30 minutes before going to bed (e.g. have a warm bath)
- Avoid naps during the day. If you do nap, keep it to 20 minutes and before 3pm, this includes 5 minutes nodding off in front of the TV
- Do some form of physical relaxation every day, but not too late in day
- Avoid heavy meals, exercise or working on the computer late in the evening
- Don’t stay in bed if you are awake for more than 20 minutes — go to another room and do something relaxing. If you aren’t asleep in 20-30 minutes, get up again and do something
- Be as active as possible during the day and spend some time outdoors
- Reduce or avoid the amount of caffeinated drinks eg tea, coffee, chocolate, Coca Cola and energy/sports drinks each day and especially after lunchtime
- Avoid smoking and drinking alcohol in the evening

Pain and Physical Activity

What is the difference between physical activity and exercise? [1]

**Physical activity** refers to *movement* of the body. It is produced by muscles and uses energy. Examples of physical activity could be going to work, playing sport, or undertaking the normal household activities. This information sheet focuses on physical activity.

**Exercise** is a little different. Exercise is done to improve or maintain physical fitness and is usually planned, structured, and repetitive.

What is so bad about being inactive?

Around the world in 2008 figures from the World Health Organisation showed that about 30% of adults over 15 years did not move enough for good health. More sobering was that approximately 3.2 million deaths each year can be put down to not getting enough physical activity.

We know that being physically active is good for us. It can reduce the risk of high blood pressure, heart problems, having a stroke, getting diabetes, getting breast and colon cancer, suffering depression and having a fall. Physical activity is also important in using up energy and helping keep weight steady.

**What levels of physical activity do the world activity guidelines recommend?**

**18–64 years old:**

For adults of this age group, physical activity includes recreational or leisure-time physical activity, transportation (e.g. walking or cycling), occupational (i.e. work), household chores, play, games, sports or planned exercise, in the context of daily, family, and community activities. In order to improve cardiorespiratory and muscular fitness, bone health and reduce the risk of non-communicable diseases and depression the following are recommended:

1. Adults aged 18–64 years should do at least 150 minutes of moderate-intensity aerobic physical activity throughout the week, or do at least 75 minutes of vigorous-intensity aerobic physical activity throughout the week, or an equivalent combination of moderate- and vigorous-intensity activity

2. Aerobic activity should be performed in bouts of at least 10 minutes duration
3. For additional health benefits, adults should increase their moderate-intensity aerobic physical activity to 300 minutes per week, or engage in 150 minutes of vigorous-intensity aerobic physical activity per week, or an equivalent combination of moderate- and vigorous-intensity activity.

4. Muscle-strengthening activities should be done involving major muscle groups on 2 or more days a week.

**What’s the link between physical activity and chronic pain?**

From the science, we know that many people with chronic pain are still physically just as active as people without pain. What the evidence can’t tell us yet is whether being inactive actually causes pain. There is some good news—people who are physically active have less problems with their chronic pain and this is a good place to start.[2]

**How can I start becoming more active with pain?**

When people have pain it can be easy to slip into thinking about “how pain limits my activity”. These thoughts might lead people to turn to passive treatments like heat packs or medication. These types of coping strategies may be OK for a couple of weeks after acute injury but are less helpful when pain is ongoing.

Instead, there has been a recent trend toward focusing on the levels of physical activity level that people with pain can sustaining without having a flare.[3][4] The message is: increasing physical activity levels, slowly can be achieved, even with current pain.

So, let’s begin...

In whole person pain management the first steps are finding an **average tolerance** for an activity and then practicing that amount regularly.

Taking walking as an example, you could try keeping a log book for 4-5 days or you could wear a pedometer to keep a check on how many steps you are taking. If you have a smart phone you could download an app to do the job. After several days you will have enough information to determine your average walking level. For some, if walking is difficult a better activity to work on could be standing up. In this case, making a habit of standing up more often will gradually reduce the amount of time you spend being sedentary. Finding your average tolerance for being “up” can be the starting point, perhaps aiming for around 1 minute of “up-time” out of every 20 minutes. Over time it is possible to slowly build up your level of activity.
Will exercise reduce my pain? [5]

If you have chronic low back pain, exercise appears to be slightly effective at decreasing pain and improving function in adults with chronic low-back pain.

What if I have fibromyalgia? [6]

There is very good evidence that supervised aerobic exercise training has beneficial effects on physical capacity and fibromyalgia symptoms. Strength training may also have benefits on some fibromyalgia symptoms. There is less research on the long-term benefit of exercise for fibromyalgia.

References


Pain and Pacing

Some people with persistent pain markedly reduce physical activity because it hurts. Others push through pain and may overdo their activity. This generally flares pain up and the increased activity becomes hard to sustain. Still others overdo when their pain level is relatively low and then stop activity when pain flares. This sets up an unhelpful cycle of rest and overactivity. All of these patterns tend to have the eventual overall effect of reducing an individual’s activity. Then within a short space of time muscles tighten, joints stiffen and there are many negative effects on cardiovascular fitness, mood and sense of wellbeing.

Pacing is about planned physical activity and doing a little bit often. Pacing means finding an achievable amount of physical activity given your current level of fitness and pain. It is not underdoing or overdoing but working at a level between the two.

Background Planning

1. Firstly you need to take control by learning about your pain from your doctor or other qualified health provider. You will need to actively work with your health provider to explore new ways to get moving again - despite your pain.

2. Think about the things you enjoy or did enjoy doing and brainstorm ways to gradually introduce them into your normal daily routine.

3. There may be limits on what you can do, especially at first, though a well rounded program of exercises should include:
   a. Activities that keep the body more supple or flexible (stretching). Gently stretch all areas of the body, not just the painful area.
   b. Exercises that make you stronger like lifting small loads. Other ideas are wall slides or lunges. Having strength to maintain good posture is also worth practicing
   c. Exercise for the cardiovascular system such as walking, swimming or dancing for example.

4. It is important to start slowly. Your exercise regime needs to be comfortable. Over time, your improved fitness, mobility and posture will gradually counter the effects of disuse.

5. Remember, the gains are entirely up to you. A small amount of regular activity is better than overdoing it and flaring up your pain.
Pacing involves commencing a daily activity routine that is easily achievable. The activity can then be gradually increased by counting number of movements, distance or time. Pacing is most simply applied to walking in the first instance but the principles can be used for any type of physical activity including specific exercises, household tasks, hobbies or work duties. The key steps are as follows:

1. Measure **baseline physical tolerance**. For example, how far can you walk before your level of pain begins to increase significantly?

2. Calculate **regular activity level**. This involves reducing the baseline physical tolerance by 20%. For example, if pain flares after walking 100 metres, then reduce this by 20% to give a **regular activity level** of 80 metres.

3. Devise a daily program. If your **regular activity level** is 80 metres, you could choose to repeat a walk of this distance 2 times daily. The number of repetitions needs to be decided by you. It needs to fit in with your time commitments and energy levels.

4. Gradually increase activity levels. Rate of increase depends on what you are comfortable with. You could choose to increase either walking distance, walking speed or number of repetitions. Walking distance, for example, could be increased by 10% each week.

5. Record progress in a pacing or pain diary and discuss it with those involved in your health care.

*Key Message:* Pacing can be used to increase your level of activity and fitness and hence your overall sense of wellbeing.
Points to remember

- Flare-ups are common, predictable and manageable

- Have a flare-up plan BEFORE you upgrade your activity

- Don’t panic - If managed well, flare-ups usually settle quite quickly

- Cut back activity, but don’t stop - any activity is better than no activity

- Try and keep rest periods short – less than 30 minutes

- Use positive self-talk

- Monitor your improvement through the flare-up

FLARE UP PLAN

Even with a successful pain management plan in place, flare ups of your pain, beyond the normal fluctuating levels can sometimes occur. It is important that you remember that there are ways you can manage to stay in control of your pain, even during these particularly challenging times.

By preparing a FLARE UP PLAN, when your pain levels are manageable, you can then rely on the plan to help direct you when your pain is more severe. It allows you to put in place strategies to get you through the hardest of times.

A Flare-up plan has two parts:

1. A plan to AVOID a flare-up
2. A plan of WHAT TO DO if a flare-up happens

By implementing your FLARE UP PLAN, you are giving yourself the best chance of maintaining your great gains towards successful pain management.
### PLAN TO – “AVOID” A FLARE UP

<table>
<thead>
<tr>
<th>High risk situation or trigger / What are the warning signs?</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.g. when I get stressed (when I have exams or tests at school)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How can I avoid a flare-up?</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.g. Concentrate on my breathing, problem solve a solution</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>High risk situation or trigger / What are the warning signs?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How can I avoid a flare-up?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>High risk situation or trigger / What are the warning signs?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How can I avoid a flare-up?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
**PLAN TO- “MANAGE” A FLARE UP**

<table>
<thead>
<tr>
<th>Strategies to minimize flare-up intensity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eg: take a stretch break</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consider the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medications:</td>
</tr>
<tr>
<td>Physical Activity:</td>
</tr>
<tr>
<td>Rest:</td>
</tr>
<tr>
<td>Meditation/Relaxation:</td>
</tr>
<tr>
<td>Healthcare Team Support:</td>
</tr>
<tr>
<td>Family, Friends &amp; School:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If I have a pain flare up, I will do this for the next few hours:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eg. Practice my relaxation and breathing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If I have a pain flare up, I will do this for the next few days:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eg: Cut back my activity but do not stop</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Back on Track Plan:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eg: Start back with soccer training by commencing a walking program for 15 minutes twice a day – remember to implement my pacing skills</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I will reward myself once the flare up settles by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eg: Spending some extra time with my friends at the park</td>
</tr>
</tbody>
</table>
Use small amounts

Only sometimes and in small amounts

Use small amounts

Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties

Vegetables and legumes/beans

Lean meats and poultry, fish, eggs, tofu, nuts and seeds and legumes/beans

Milk, yoghurt, cheese and/or alternatives, mostly reduced fat

Fruit

Australian Guide to Healthy Eating

Enjoy a wide variety of nutritious foods from these five food groups every day.

Drink plenty of water.