

Bridging two worlds: rethinking pain and wound management

In June, I attended the British Pain Society (BPS) conference to present a poster on the European Wound Management Association document Holistic Management of Wound Related Pain (Holloway et al, 2024). As it was my first time at the conference, I wasn't quite sure what to expect. Over the course of three days, it became clear that the 'pain world' and the 'wound world' have significant overlap — highlighting a real opportunity for greater collaboration that could ultimately improve patient outcomes. In this editorial, I share my reflections and learning, which I hope will also prompt you to consider your own clinical practice.

The BPS partnered with the British Society of Lifestyle Medicine (BSLM) for a pre-conference educational day. One of the keynote speakers, Dr Deepak Ravindran, emphasised the growing relevance of nutrition and microbiome science in pain neuroscience. While the importance of healthy eating in wound healing is widely accepted, how often do we comprehensively assess a patient's nutritional status? More importantly, do we consider their functional nutrition — a concept that encompasses the broader lifestyle and environmental influences on food choices, such as activity levels, chronic illness and social factors (Ravindran, 2021). This holistic nutritional lens differs from standard approaches that focus narrowly on nutrient content or dietary rules. In this way, we might begin to appreciate how "food is medicine" (Downer et al, 2020). For those of us in wound care, holistic thinking is not new, but it's worth asking how meaningfully we integrate nutrition into our care plans.

Professor Ravindran also explored the consequences of gut dysbiosis (an imbalance of gut microorganisms), which has been linked to conditions like neuropathic pain and rheumatic disease (Goudman et al, 2024). Dysbiosis contributes to chronic oxidative stress — a known disruptor of wound healing (Ukaegbu et al, 2025). For individuals with both chronic wounds and chronic pain, the combined effects of inflammation, impaired immunity and altered gut health may be substantial (Pang et al, 2019). Moreover, chronic pain can negatively impact eating

habits, which reinforces a vicious cycle of poor nutrition and prolonged symptoms. A useful resource on this topic can be found below at Live Well with Pain.

Another important theme was the interplay between sleep, pain and wound healing. We know that inadequate sleep — particularly non-rapid eye movement restorative sleep — can disrupt recovery (Gethin et al, 2022). Pain both affects and is affected by sleep quality, with evidence indicating that pain elevates pro-inflammatory cytokines, which may delay healing and contribute to chronic wounds (Falanga et al, 2022). Clinicians should ask patients how pain and their wounds are influencing sleep patterns to better identify root causes and tailor care appropriately. The collective burden of pain, poor sleep and slow healing can have serious psychological impacts, potentially leading to anxiety or depression (Gouin and Kiecolt-Glaser, 2011).

The key learning points for me were that there are strong overlaps between pain management and wound care, presenting a collaborative opportunity to improve outcomes. A holistic approach to nutrition — emphasising functional nutrition — may better support individuals with chronic wounds and pain. Dysbiosis and its link to oxidative stress can complicate both pain and wound healing, suggesting the gut microbiome deserves more attention in assessment and management of individuals. Sleep disturbance exacerbates pain and inflammation, with serious implications for recovery and mental health. I would argue that greater emphasis on assessing nutrition, sleep and psychosocial wellbeing is needed to create effective, integrated care for people with chronic pain and wounds. ●

Further Information

- <https://bslm.org.uk/>
- <https://deepakravindran.co.uk/>
- <https://livewellwithpain.co.uk/>

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