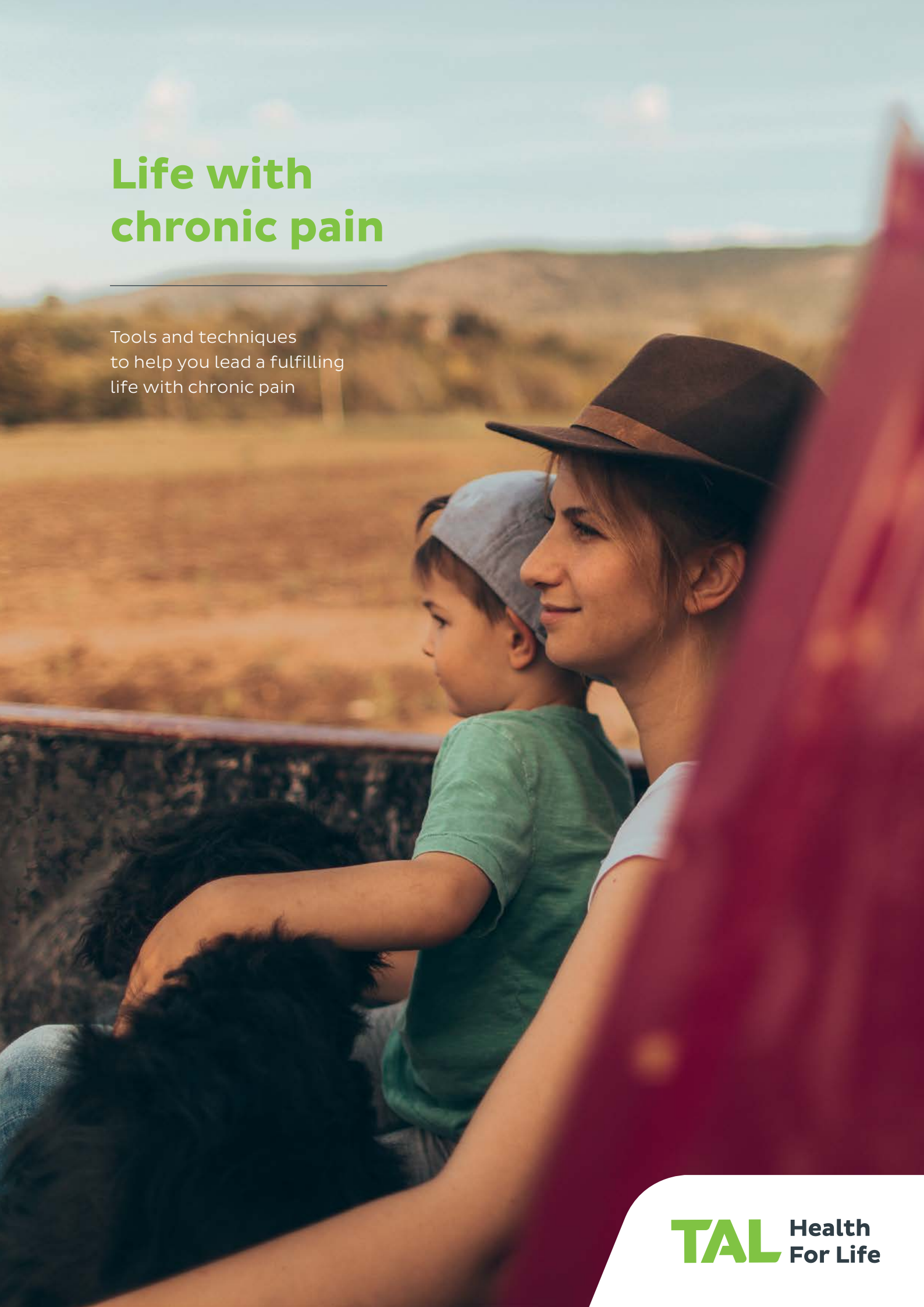
Life with chronic pain

Tools and techniques
to help you lead a fulfilling
life with chronic pain



TAL Health For Life

Introduction

Dealing with chronic pain can be challenging. It can have a large impact on how you go about your day to day activities and can change your physical abilities.

In this booklet you will find some information to increase your understanding of chronic pain as well as some tools and techniques to improve your health, wellbeing and management of pain.

While this information may help you, it is not a substitute for medical advice and it is important for you to maintain an ongoing relationship with your doctor, any medical specialists you may have and any other health professionals that are within your medical team.

Understanding your chronic pain

Your brain is an organ that helps to control different functions throughout your body such as thought processes, movement, communication, and receiving sensory messages such as sight, smell, touch and pain.

Pain occurs as a result of complex brain processes, which are influenced by a combination of factors such as:

- **Physical factors**, such as exposure to harmful or potentially harmful stimuli or problems with the signals from nerves
- **Psychological factors**, such as emotions, associations and attitudes
- **Environmental factors**, such as temperature, social factors and relationship issues.

Experiencing pain is a very important function to help with human survival. When something causes us pain, it acts like a warning system whereby a message is sent from the receptors at the pain site, up to the spinal cord and then to the brain where the message is interpreted and the pain is then felt. When pain is felt, we can then respond to remove ourselves from that danger and avoid potential or further tissue damage in our bodies.

Pain itself is experienced differently from person to person. How you experience pain can be very different from someone else. Pain can result from a range of things such as surgery, trauma (e.g. broken bone or twisted ankle), or a type of medical condition (e.g. arthritis, fibromyalgia or cancer). When you experience this initial pain it is good to act quickly to treat and manage it so that it doesn't progress towards long term pain.

In some cases, pain can persist past the expected healing time. This is referred to as chronic pain. Chronic pain is often associated with an increased pain experience that extends from the site of initial tissue damage to surrounding tissue or nerves. In some cases, it can also exist without a clear reason at all.

MEDICAL TERMS YOU MIGHT HEAR

Acute pain: *the type of pain that lasts for a short time and often follows an event such as surgery, trauma or other condition*

Sub-acute pain: *sub-acute pain is the term used to describe acute pain that may be transitioning towards chronic pain*

Recurrent pain: *the type of pain that occurs on a cyclical basis, such as migraine or pelvic pain with menstrual cycles*

Chronic pain: *the type of pain that persists beyond the expected healing time, following surgery or trauma or other condition. Typically, it is pain that lasts for more than three months*

Nociceptive pain: *the type of pain that is caused by damage to body tissue*

Neuropathic pain: *the type of pain that occurs when there is damage to the nerves*

CHRONIC PAIN AND GATE CONTROL THEORY

The Gate Control Theory[1] developed in 1965, revealed that the nervous systems in the body do not just passively send messages to the brain, but can work to amplify and reduce the intensity of these messages.

One useful way to think about pain, is by understanding that pain messages are changed in the nervous system through apparent filters or gates. These gates can change the amount of information that goes to the brain. So, for everyday sensations like feeling the seat you are sitting on, feeling the clothes that you are wearing, and feeling the sensation of a meal in your stomach, messages are filtered to control the amount of information going to your brain. This means these sensations are not over-exaggerated. When you experience pain however, gates are opened in the nervous system to allow that message to reach the brain at an amplified level, so that you can recognise that something needs to be addressed.

In the case of chronic pain, these gates have been left open which allows pain messages to persist at a high level, even if there is no apparent damage or threat to the body. It's a bit like a faulty car alarm that goes off even when the wind blows – it is sensitised.

The good news is that you can work to close the gates to help turn down the volume of your pain. Refer to page 6 for more information about recovering from chronic pain.

Sourced from: Pain Management Network "Introduction to Pain" episode. https://www.aci.health.nsw.gov.au/chronic-pain/for-everyone/introduction-to-pain

What are the risk factors for chronic pain?

The cause of chronic pain can sometimes be unexplainable. There are however some risk factors that may make it more likely for a person to experience chronic pain. These include:

Unmanaged acute pain

You are more likely to develop chronic pain after an injury, illness or a disease where there was some initial tissue damage. It is therefore important to treat pain as soon as possible before it progresses further.

Age

As you age, your body undergoes degeneration and change, making it more likely to experience pain.

Gender

Some painful diseases such as fibromyalgia and migraines are more common in women than in men.

Overweight and obesity

Being overweight or obese can increase stress that is placed on the body's joints and increase the chances of developing chronic pain.

Personal medical history

Having a previous history of other chronic conditions such as diabetes, heart disease or other painful diseases such as rheumatoid arthritis, osteoarthritis, multiple sclerosis, cancer or AIDS, can increase your likelihood of chronic pain.

Psychology

Emotional factors such as beliefs, perception and predisposition to stress are believed to play a major role in the subjective nature of pain.

ASSESSING A HEALTHY WEIGHT

These goals are a general guide. Work with your doctor to set your personal healthy weight goal.

BODY MASS INDEX (BMI)

How to measure BMI

For example, a 75kg person with a height of 1.75m:

Risk Classification

BMI	Classification	Risk
Less than 18.50	Underweight	Low*
18.50 – 24.99	Normal range	Average
25.00 – 29.99	Overweight/ Preobese	Increased
30.00 – 34.99	Obese Class 1	Moderate
35.00 – 39.99	Obese Class 2	Severe
40.0 or greater	Obese Class 3	Very severe

* Risk of other clinical problems increased

WAIST MEASUREMENT

How to measure your waist

Using a tape measure, wrap around your waist at the halfway point between the top of your hips and your lowest ribs

Breathe out normally and make sure the tape is directly against skin, without pulling in too tight

Risk Classification

	Waist	Risk
	Less than 80cm	Average
	80 – 88cm	Increased
	Greater than 88cm	Greatly increased
	Less than 94cm	Average
	94 – 102cm	Increased
	Greater than 102cm	Greatly increased

What are the symptoms of chronic pain?

In general, chronic pain is defined as pain that has endured beyond its expected healing time. It therefore can be unexplainable.

Chronic pain can be experienced as aching, burning, discomfort, electrical impulses, sharpness, shooting, soreness, stiffness, and tightness. The sensation will differ from person to person.

The main characteristic of chronic pain is that the pain is persistent and enduring despite the fact that there is no damage occurring (remember the faulty car alarm?).

Your doctor may perform a range of investigations to identify the causes of your chronic pain and determine which treatment is best for you. Chronic pain can often lead to other effects, which can exacerbate your symptoms. These can include mood changes (for example, experiencing anger, anxiety, depression, fear or stress), lack of energy, changes in appetite, limited mobility and tense muscles. Assessment of pain therefore takes a holistic approach and includes:

- **General medical history:** including investigation of pain sites, pain history, previous illnesses, past or concurrent medical and surgical interventions, medication and other substance use history, and other treatments with health care professionals
- **Physical examination (neurological and musculoskeletal assessments):** including examination of mental status (such as level of alertness, behaviour and mood, memory and comprehension); motor system assessment (such as assessment of muscle tone and strength, reflexes and range of movement); and sensory perception assessment (such as using various stimuli to assess perception of pain)
- **Diagnostic testing:** If there is reason to suspect damage, diagnostic testing may be performed. This may involve X-rays and bone, CT or MRI scans. Diagnostic testing is often only used to rule out any worrisome diagnoses suggested by your general medical history or physical examination
- **Psychosocial assessment:** including assessment of coping skills and support structure, and looking at the impact of pain on mood, sleep and the ability to partake in social and recreational activities.

Once you have eliminated any real cause for concern or damage, then it is important to focus on what else you can do to learn to manage your pain.

IN AUSTRALIA, 67% OR 11.1 MILLION PEOPLE AGED 15 YEARS AND OVER REPORTED EXPERIENCING BODILY PAIN IN THE PREVIOUS FOUR WEEKS. AROUND ONE IN TEN (9%) AUSTRALIANS EXPERIENCED SEVERE OR VERY SEVERE LEVELS OF PAIN[2].

Treating your chronic pain

There is no definitive cure for most chronic pain conditions. The goal for chronic pain treatment is to manage pain so that your physical and emotional functioning is restored, and overall quality of life improved.

The management of chronic pain requires a broad whole person treatment approach which addresses the multiple aspects of pain and lifestyle. Once any cause for concern has been eliminated by your doctor, the focus on chronic pain management is to retrain the brain. This can help to close some of the gates in the nervous system and reduce the pain experience.

The process of retraining the brain and pain reduction takes time, in most cases many months. You might see a peak in improvement over time, but it is important to be patient. You may also experience flare ups from time to time. This is usually not new pain, but often a result of recent influences in your life (e.g. stress, recent illness, overdoing an activity). However, if you are concerned, you should see your doctor. In the cases of flare-ups, it is important to ease back a little and then gradually have a plan to work back to where you were.

Seeing your doctor

Chronic pain is usually managed using an integrated approach, based on a range of medical, psychological and physical therapies. This is best coordinated by your doctor, and sometimes with the support of a pain clinic. It may involve a range of health professionals such as a pain specialist, a clinical psychologist, social worker, occupational therapist, rehabilitation counsellor and a physiotherapist.

Your doctor may ask you about your emotions, your thoughts on pain and how pain is impacting your physical, working and personal life.

Attending a pain clinic or service

In Australia, there are three levels of pain services which you could be referred to as part of your pain management:

Tier 1 Facility

Multidisciplinary Pain Clinic (MPC)

This is a teaching hospital which has a number of doctors and other health professionals who specialise in pain. This facility also conducts pain research.

Tier 2 Facility

Pain Management Service (PMS)

This is a facility that has at least a doctor, a psychologist or psychiatrist, and two other health professionals who specialise in pain. Other health professionals at the facility may include nurses, social workers, occupational therapists, rehabilitation counsellors and physiotherapists. Tier 2 facilities are not required to conduct research.

Tier 3 Facility

Pain Practice or Single Modality/Body Region Clinic

This is a facility that may also be known as a “pain practice”. It can be a single health care provider with specialised pain management training. There is an expectation that these practitioners will refer to a Tier 1 or 2 facility if the problem is too complex for the health care provider to treat effectively.

Attending one of these facilities can help you, your family and your friends tackle any associated physical, emotional, psychological, sexual and work-related issues. Treatment may include:

- Individual assessment and risk factor modification
- Tailored exercise programs
- Education and counselling
- Behaviour modification strategies
- Support for self-management
- Social support through group programs
- Medication review and reduction.

FUNCTIONAL RESTORATION PROGRAMS

A functional restoration program takes a physical therapy or sports medicine approach to helping people affected by persistent pain. The main aim is to restore physical function through targeted physical performance. The programs can be delivered individually or in groups and are often based within physiotherapy clinics and gyms. Functional restoration programs may use some of the psychological approaches used in Pain Management Programs but they do not necessarily have the direct involvement of a registered psychologist.

Eating well with chronic pain

When experiencing chronic pain, it is not only important to move your body, but it is also important to eat well.

Chronic pain can be aggravated when you are carrying too much body weight which puts pressure on your bones and joints. If you are overweight or obese, it may benefit you to lose weight.

The Australian Dietary Guidelines[3] suggest the following tips that can help to achieve a healthy weight and improve overall health including:

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

- Vegetables, including different types and colours, and legumes/beans
- Fruit
- Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties, such as breads, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley
- Lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans
- Milk, yoghurt, cheese and/or their alternatives, mostly reduced fat (reduced fat milks are not suitable for children under the age of two years).

And drink plenty of water.

Please consult your doctor or Accredited Practising Dietitian before commencing a new diet.

Limit saturated fat

Limit foods high in saturated fat such as biscuits, cakes, pastries, pies, processed meats, burgers, pizza, fried foods, potato chips, crisps and other savoury snacks.

Replace high fat foods which contain predominantly saturated fats such as butter, cream, cooking margarine, coconut and palm oil with foods which contain predominantly polyunsaturated and mono-unsaturated fats such as oils, spreads, nut butters/pastes and avocado.

Limit added salt

Limit intake of foods and drinks containing added salt.

- Read labels to choose lower sodium options among similar foods
- Do not add salt to foods in cooking or at the table.

Limit added sugars

Limit intake of foods and drinks containing added sugars, such as confectionery, sugar sweetened soft drinks and cordials, fruit drinks, vitamin waters, energy and sports drinks.

Limit alcohol intake

If you choose to drink alcohol, limit intake. For women who are pregnant, planning a pregnancy or breastfeeding, not drinking alcohol is the safest option.

There are some food components and substances that may have some impact on relieving inflammation or controlling symptoms that you may experience from chronic pain.

Omega-3 fats

Eating foods rich in omega-3 fats (a type of polyunsaturated fat) may reduce inflammation. While the effects are not as potent as some medications, they do not have serious side effects and provide heart health benefits too.

Foods high in calcium and Vitamin D

Calcium and Vitamin D are both important to increase bone strength, and Vitamin D helps improve calcium absorption, as well as boosting the immune system. Low fat dairy products such as milk, yoghurt and cheese are the best way to get both of these nutrients, as well as green leafy vegetables.

WHAT ABOUT GLUCOSAMINE AND CHONDROITIN?

Glucosamine and chondroitin are substances naturally found in the body which are thought to be important components in building and maintaining healthy cartilage. They are commercially available as supplements, which have been made from shells of crustaceans (in the case of glucosamine) or from cow or shark cartilage (in the case of chondroitin).

There is limited and unclear evidence that supports the effectiveness of glucosamine and chondroitin in reducing joint pain. Despite this, both supplements are relatively safe to take with few side effects.

Speak to your doctor if you want to trial glucosamine and/or chondroitin to make sure you choose the right type and dose for you.

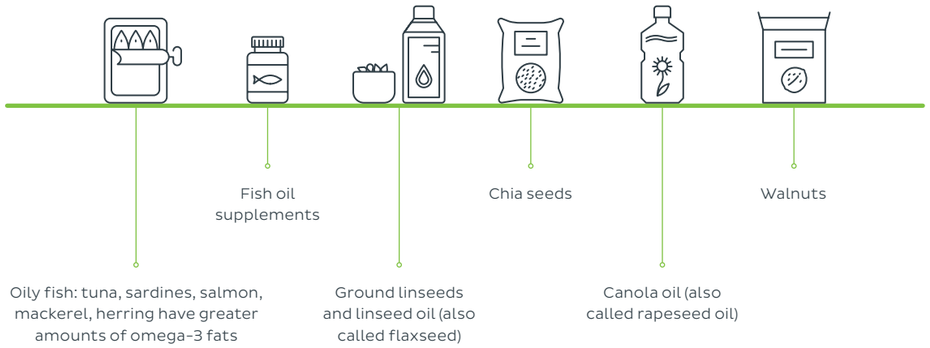
FISH OIL SUPPLEMENTS

Fish oil supplements are widely available in supermarkets and pharmacies in a range of doses. Research suggests the dose needed to reduce inflammation in conditions such as back pain is 2.7 grams of omega-3 (EPA plus DHA) daily[4]. This dose usually requires either:

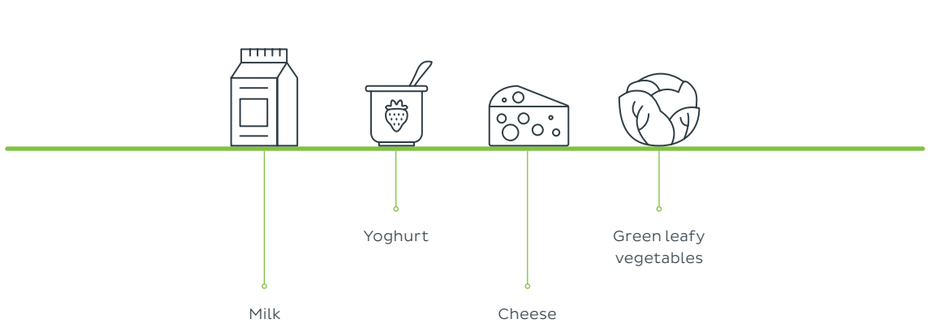
- 9–14 standard 1000mg fish oil capsules, or
- Five to seven capsules of a fish oil concentrate per day, or
- 15mL of bottled fish oil or 5–7 mL of concentrated bottled fish oil per day.

It may take a few months to notice improvements in symptoms after you start taking fish oils regularly, if there is no change; speak with your doctor about other options. Make sure that if you use supplements to take pure fish oil rather than fish liver oils (such as cod liver oil). Fish liver oils contain large amounts of Vitamin A which can cause serious side effects if taken in large doses.

FOODS RICH IN OMEGA-3 FATS



FOODS HIGH IN CALCIUM AND VITAMIN D



LIMITING YOUR ALCOHOL INTAKE

Australian guidelines[5] recommend no more than two standard alcoholic drinks per day. A standard drink is equal to:

Treating your chronic pain

Exercising with chronic pain

Engaging in physical activity is an important part of chronic pain management as it can alleviate some pain by helping to control your weight, improve mental health and help to increase your energy levels.

Because chronic pain can affect different parts of the body, it can change your ability to move in certain ways. Despite this, research suggests that people who are physically active have fewer problems with their chronic pain[6].

Recovery can be a long process but slowly increasing your physical activity levels can be achieved, even with pain. Unless advised otherwise, do not wait for complete relief of pain before returning to normal activities and work.

A common cycle for people with pain tends to be a "Boom and Bust" cycle where you push yourself until the pain tells you to stop. This often follows with pain flare-ups, exhaustion and resting for several days until pain levels reduce. The effect of this rest period is that muscles start to weaken and joints start to become stiff, reducing your capability to cope with activity when you resume a routine. And so the cycle continues.

Here are some key tips for recommencing activity and avoiding flare-ups:

1. **Pace yourself and build up**
It is important that you reintroduce movement and physical activity with chronic pain, and increase it gradually. A good place to start is to consider how far you can walk without a flare-up. If it is 10 minutes, start by walking a little less than this (to avoid the flare up from occurring). Keep a record of your activity and make goals to increase the duration and/or intensity over time.

   Over time, aim to build up to 30 minutes of moderate intensity activity on most or all days of the week. Physical activity doesn't have to be all in one go; it can be accumulated in shorter sessions if required.

2. **Talk to your doctor or physiotherapist**
It is important to talk to your doctor or physiotherapist about increasing the intensity of your work out, or starting a new exercise program.

3. **Keep up the good work**
It is important to continue doing regular physical activity. It may be difficult and frustrating but it is important to keep practicing activities that you have difficulty doing. Physical activity it is important part of your chronic pain management, but also an important part of your life.

SOME PHYSICAL ACTIVITY TO TRY

There is no perfect type of exercise for chronic pain. It is therefore much better that you do a type of exercise which you enjoy and are likely to stick to. Some lower impact activities that you could try include:

- Walking
- Swimming
- Pilates
- Yoga
- Dancing
- Hydrotherapy

Consult your doctor or physiotherapist before starting a new exercise program.

Managing your emotional health with chronic pain

Chronic pain can impact your life in many ways. You may be faced with some changes in your physical ability to move, in your ability to perform some work duties, in your independence, and in your relationships with others.

Ongoing pain can also place stress on your brain leading to insomnia and changes in your emotions. It is common to feel a range of emotions when you are experiencing chronic pain. These can range from anger and frustration, to fear, and worry.

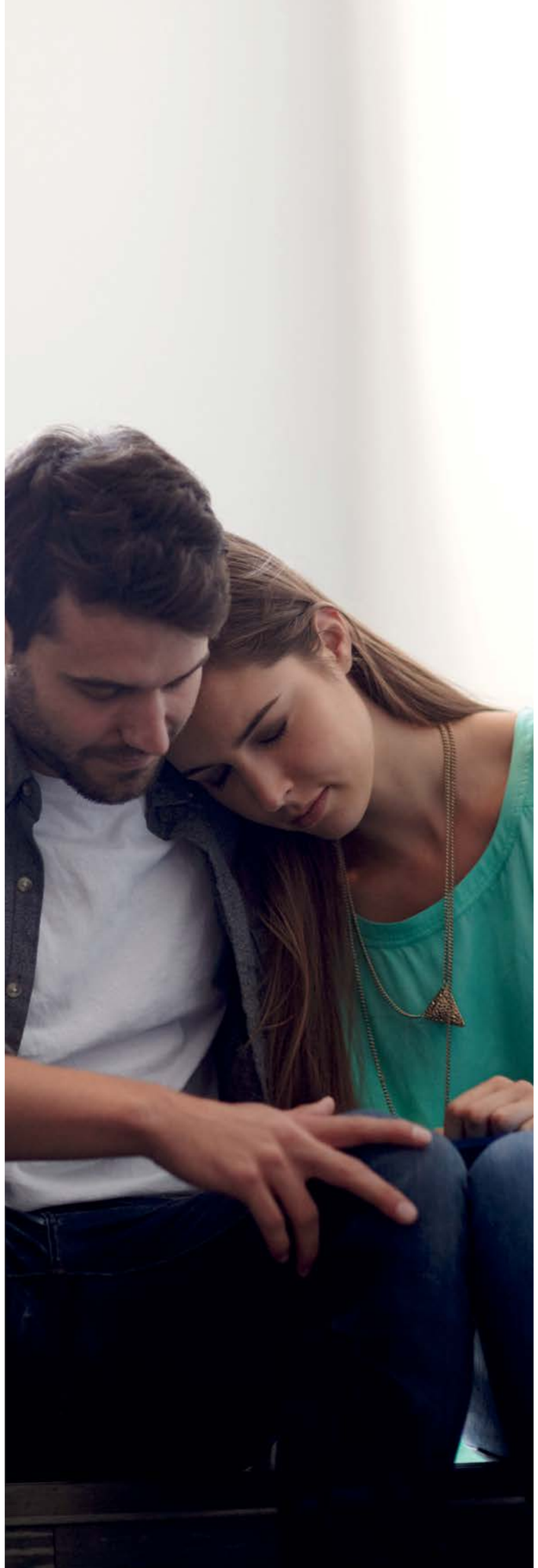
Your attitudes, beliefs and personality can strongly affect your pain experience. One in five Australian adults with severe or very severe pain also suffer from depression or other mood disorders[2]. While emotions can come and go, it is important to take note of how you are feeling, and to address feelings of depression and anxiety that last longer than two weeks[7].

Managing your mental health can assist with improving your physical capability, ability to cope with pain, relieve symptoms, and enhance your perceived effectiveness of your treatment. Being calm and relaxed can cause the brain to release inhibitory chemicals which can start to close the pain gates and reduce your pain.

As part of the holistic approach to pain management, your doctor may refer you to a mental health specialist like a psychiatrist, psychologist or social worker to help you with your recovery:

- **Psychiatrists** are doctors who specialise in mental health. They can perform medical and psychological tests and prescribe medication. Some psychiatrists use psychological treatments like cognitive behavioural therapy (CBT) or integrated psychological therapy (IPT). Your doctor can refer you to a psychiatrist
- **Psychologists, social workers and some occupational therapists** specialise in providing psychological treatment for depression and other related disorders. You do not need a referral from your doctor to see a psychologist, social worker or occupational therapist. However, you may be able to claim a rebate for this treatment through Medicare if you have a referral from your doctor.

> Being connected is important; you will be able to manage your pain more effectively when other people, like your family, friends, colleagues, health professionals, and support groups, help you.
>
> Going to work, getting involved in community activities and doing things that you love can help to improve your mental health by enhancing your feelings of accomplishment, contribution and enjoyment. This can help to improve your chronic pain symptoms.



Cognitive Behavioural Therapy

Cognitive Behavioural Therapy (CBT) is a psychological treatment that helps you to address patterns in your thinking and behaviour that may affect your pain experience. CBT focuses on goal setting development and planning with an emphasis on an accurate understanding of pain and its relationship with how thoughts, emotion and behaviours might influence pain and muscle tension. Other strategies and lifestyle changes, such as relaxation, are also encouraged to develop coping skills and improve sleep patterns.

Sleep and chronic pain

Pain may disrupt your sleep, which can increase stress levels. Establishing regular sleep patterns can help to reduce any problems. This can involve:

- Going to bed at the same time each evening, and get up at a regular time in the morning
- Avoiding naps in the day
- Avoiding caffeine (such as in coffee, tea or energy drinks) and alcohol later in the day
- Avoiding smoking
- Avoiding screen time (such as television, computers and mobile phones) close to your bed time
- Creating a sleep-promoting environment by having a darkened room at a comfortable temperature and removing distracting light or noises
- Exercising regularly
- Avoiding medication to help you sleep.

If sleep problems persist, see your doctor.

Relaxation and mindfulness meditation techniques

Relaxation and mindfulness meditation can play a supportive role in chronic pain management. Relaxation can help break the pain-tension cycle. This is the cycle whereby pain increases muscle tension, which then increases pressure on nerves and tissues in the body, creating even more pain. Relaxation and mindfulness meditation can help to reduce muscle tension.

BREATHING EXERCISE FOR STRESS

This calming breathing technique for stress and anxiety takes just a few minutes and can be done anywhere.

1. Start by deepening your breath, letting air flow as deep down into your belly as is comfortable, without forcing it
2. Breathe in through your nose and out through your nose
3. Focus on equalising the length of your breath by inhaling to the count of four, and exhaling to the count of four
4. Continue this equal breathing for three to five minutes.

Undergoing procedures and surgery

In some cases, surgery or specific procedures may be performed to provide pain relief such as:

Corrective surgery

Corrective surgery is usually only considered if there is an underlying structural problem (such as a problem with your spine) or obstruction that is irritating nerves (such as scar tissue). This is because surgery comes with different risks such as infection or risk different kinds of pain surfacing.

Neuroblation

A procedure whereby nerves that are transmitting pain signals are destroyed. This type of treatment is usually only considered after all other treatment options have not been successful.

Spinal Cord Stimulation

A therapy where a neurostimulator is implanted near the base of the spinal cord. This neurostimulator then provides electrical pulses to certain nerves of the spinal cord. This creates a tingling sensation which inhibits and replaces the pain signals before they reach the brain.

Chronic pain is best managed using an integrated approach, based on a range of medical, psychological and physical therapies[9].

This is best coordinated by your doctor, and sometimes with the support of a pain clinic. It may involve a range of health professionals such as a pain specialist, a clinical psychologist and a physiotherapist.

If your current treatment is not working, or you are experiencing bad side effects, speak to your doctor who may suggest other options.

Taking medications

Medications may be used in the treatment and management of chronic pain. All medication has side effects and you should not take any medication without first consulting your doctor. Medication is not the long term solution to chronic pain and forms only a small part of chronic pain management. While not an exhaustive list, here are some of the most common medications that may be prescribed by your doctor.

Simple analgesics

Pain killers (e.g. aspirin, paracetamol) which are available without prescription. They work to reduce acute inflammatory symptoms such as pain, redness and swelling at the site of injured tissue.

Opioids

Opioids are stronger analgesics that need a prescription (e.g. morphine, oxycodone). They reduce pain in the short term, however they do cause side effects such as nausea and vomiting, drowsiness, itching, dry mouth, dizziness, and constipation.

Anti-inflammatories

Anti-inflammatory drugs (e.g. non-steroidal anti-inflammatory drugs, NSAIDs) work to reduce inflammatory symptoms such as pain, redness and swelling at the site of injured tissue.

Anticonvulsants

Medications such as carbamazepine or gabapentin may be used in neuropathic pain whereby they help to reduce excessive electrical activity in the brain (which is a symptom of neuropathic pain).

Antidepressants

These drugs work by altering the levels of specific chemicals in the brain such as noradrenalin and serotonin. While both of these chemicals have a positive effect on mood, noradrenalin appears to be more important in filtering the transmission of pain messages[8].

In some cases long term use of medications can reduce its effectiveness over time, and can cause significant side effects. It is important to speak to your doctor who will discuss active self-management skills for long term treatment of chronic pain, which can reduce the reliance on medications.

Chronic pain and substance abuse

When pain medications are properly prescribed and taken as directed, the chance of addiction is relatively low, although it can still occur. When your condition is causing significant pain, it can be easy to rely on substances such as over the counter medications, prescription medications, alcohol or other recreational drugs as a ‘grab’ for relief. The belief that “more is better” becomes problematic and “use” can become “misuse”.

Studies indicate that chronic pain and substance use disorders frequently occur together[10, 11, 12]. Substance abuse can spiral into a cycle of chronic pain and addiction where you may experience increased pain when the substance has exited your system, as well as experience withdrawal symptoms such as nausea, insomnia, headaches, abdominal cramps, depression and anxiety.

A similar situation may occur if the drug is one that causes rebound symptoms. For example, some drugs that relieve pain, may in fact lead to rebound pain that are more persistent and resistant to treatment. This can cause further over-medication.

The cycle of seeking pain relief, experiencing pain relief and then having pain resurface can be very difficult to break.

If you or someone you know is concerned about your use of medication or other substances, it is important to seek professional help and consult your doctor.

Take your medicines as prescribed by your doctor. Discuss any possible side effects, and how to reduce them. To do this, establish good routines and plan ahead with any disruptions in your normal routine

Where to find more information and support

Agency for Clinical Innovation

Pain Management Network
The Pain Management Network website is designed to help you gain a better understanding of your pain. The site contains information to enable you to develop skills and knowledge in the self-management of your pain in partnership with your healthcare providers.

→ aci.health.nsw.gov.au/chronic-pain

About TAL

TAL has been protecting Australians for over 150 years and as one of Australia's leading life insurers, we are trusted by 4.5 million Australians to be there to support them when they need us most. In 2020, we paid $2.7 billion in claims to over 36,000 Australians and their families - that's over $45 million every week.

At the heart of the claims experience is you. Our goal is to help you get back to your best possible state of health as quickly as possible.

TAL Health for Life

We all approach life a little differently and that's what makes this Australian life so precious and unique. As a leading life insurer, we partner with superannuation funds to provide them and their members with evidence-based and holistic health and wellbeing support.

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