

## **CASE STUDY OF PAULINE WHITE**

Pauline White is a 40 year old who lives in a 2-storey house in old south London. She loves the atmosphere of her home and when she and her husband bought the house just after they married in 1999 envisioned her home with 2-3 children running around. However, this was not to be and even after trying unsuccessfully to become pregnant for several years tried an IVF program when she was 35 for over three years, again without success. She and her husband have resigned themselves to remain childless. She wonders if her inability to become pregnant is related to the sexual abuse she was under when older male cousins assaulted her when she was an early teenager. Even though this was going on she grew up in a large family with many cousins. Her parents were supportive but her father frequently reminded her that 'family is all you have'. This caused her to wonder how long she would have to put up silently with this sexual abuse. To help her 'relax' she took up smoking up to 1 pack of cigarettes as day which she continues to do. When she finished secondary school she choose to take a secretarial course through a private college and then found a job working in as an executive secretary for a president of a construction company in London. She enjoyed the work and had a positive working relationship with her boss.

When she was 23 years old she met Robert, the love of her life. Robert was studying to become an accountant and once he became a CA they married. Pauline was 25 years old and she saw her marriage as an 'escape' from the abuse her male cousins were inflicting on her. However, this ideal married life did not allow her to escape from the legacy of what she had endured since becoming a teenager. Not long after her marriage she starting having abdominal pain that was eventually diagnosed as irritable bowel syndrome, she also suffered periodically from migraine headaches that once controlled with Axert became manageable.

Pauline although working and enjoying her life continued to experience pain not just in her abdomen but it kept extending into her neck, down her back extending into her hips and feet, and across both shoulders. She became alarmed

and at first thought it was due to working intensely on the computer. Her boss was also concerned and requested an ergonomic assessment of her chair and work area. Based on this assessment adjustments were made to help Pauline. Initially there was some relief in her neck and shoulders but the other pain persisted and at times intensified. Her doctor prescribed a cocktail of medications including: Pregabalin 150 mg. twice a day, Duloxetine 60 Mg. and Celexa 40 mg. once a day and then advised her to take Ibuprofen 200 mg. four times a day as needed up to 4 a day. As time went on Pauline saw less and less of her family. They seemed to think she was neurotic with all her complaints of pain.

After 3 years of almost constant pain, she was also sent to a rheumatologist to determine if her pain was due to arthritis. The rheumatologist ruled out arthritis but diagnosed her pain as due to fibromyalgia. At least she had a diagnosis and this provided her with some relief as she was wondering if her pain was all in her head. Robert was getting somewhat frustrated with her constant complaints of pain and its impact on her inability to sleep through the night. She finally chose to sleep in another bedroom so that she did not disturb Robert. Although he reluctantly agreed to this arrangement he did support a trial of this option to see if it would help him have a good sleep and see if Pauline might sleep better as well. Since this time they have continued this arrangement because Pauline is unable to sleep longer than 2-3 hours at a time. Her doctor ordered Lorazepam 1-2 mg. at bedtime to see if this might assist with helping her gain longer patterns of sleep. She was also ordered a Fentanyl 150 mcg. Patch to be put on, and used for 72 hours at a time. Both of these measures have not significantly reduced her pain. When asked how severe it is she says on average her pain is a 7 to 8 out of 10 and at times can flare up with her periods to a 10/10. She explains that the pain in her legs often makes them 'feel like cement'.

This ongoing chronic pain limits her activities and 2 years ago she had to approach her boss to resign from her position. He worked with her and through their HR department for the firm to provide her with disability coverage that has continued. She is very grateful to him for his caring about her.

Staying at home is both a blessing and a curse. It allows her to sleep in as long as possible but staying at home all day while Robert is at work is lonely. She does get out of the house but the most exercise she gets is to work the dog about 8 short blocks. This lack of mobility has caused her to significantly reduce her exercise and she feels out of shape. This seems to add to the pain in her legs and increased the pain. Her lack of sleep and dealing with this ongoing unrelenting pain has left her discouraged and lonely. She has come to the interprofessional team for help.