

BIOPSYCHOSOCIAL MANAGEMENT OF CHRONIC PAIN

This management plan is designed to help you provide advice to your patients on the biopsychosocial approach to managing their chronic pain.*

Use this tool to facilitate a discussion with patients about the importance of incorporating non-pharmacological strategies into their pain management.

GPs manage the majority of chronic pain patients

Around 1 in 5 Australians experience chronic pain (ie, pain lasting over three months). Most visits to health professionals by people experiencing chronic pain are made to their GP.

Medicines are being overused to manage chronic pain

Management practices for chronic pain are not always in line with guidelines. Therapeutic Guidelines promote non-pharmacological strategies first-line for chronic pain.

Current figures suggest that 50–60% of people with chronic pain use only medicines to manage their condition. BEACH data show that most people with chronic pain are currently taking at least one medicine.

Medicines should only be used alongside non-pharmacological strategies

Therapeutic Guidelines recommend that medicines only be used alongside non-pharmacological strategies, or used for a short period of time.

Adjuvants (eg, antidepressants, anticonvulsants) can be considered for pain that responds poorly to analgesics, such as neuropathic pain.

Opioids have a limited place in treating chronic pain.

Non-pharmacological strategies: an essential part of management

Educate people about the biopsychosocial nature of chronic pain.

Involve people in developing management plans that encompass a variety of non-pharmacological interventions, including active self-management strategies, to place them at the centre of their care.

Consider chronic disease management programs that offer multidisciplinary team care and referrals to allied health practitioners.

Opioids have a limited role in chronic pain management

Opioids have a limited role in chronic pain management because of a lack of evidence for their long-term benefit. If opioids are started, Therapeutic Guidelines recommend limiting trials of opioids to four weeks, after exploring all other treatment options, both physical and psychological.

Look for measurable improvements in quality of life (sleep, mood, libido), function (activities) and pain scores to gauge the effectiveness of opioids during the trial phase. If a functional improvement is not seen within four weeks, longer-term use of opioids is not recommended.

Therapeutic Guidelines recommend discontinuing opioids if there is evidence of abuse or misuse during the four week trial.

Rather than looking for people who might misuse opioids, an alternative approach may be to identify those people who adhere to their non-pharmacological interventions and who do not avoid activities when in pain. These people may be better able to manage an opioid trial as an adjunct to their existing self-management strategies.

Opioid contracts, either verbal or written, can stipulate behavioural boundaries, exit strategies and self-management strategies. These may help structure conversations and ensure both parties are aware of the limitations of opioids in the management of chronic pain.

Further information

- ▶ www.nps.org.au/chronic-pain
- ▶ Therapeutic Guidelines: Analgesic

* This management plan is available as a pad of 25 sheets. Order free at www.nps.org.au/hporders

YOUR PRESCRIPTION

Patient name: _____ Date: ____ / ____ / ____

Tick where applicable and complete details in the boxes below

MEDICINE OPTIONS	NON-MEDICINE OPTIONS
Analgesics Paracetamol <input type="checkbox"/> Anti-inflammatories <input type="checkbox"/> Other:.....	Physical (body) Exercise <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Massage <input type="checkbox"/> Other:.....
Opioid medicines	Psychological (mind) CBT <input type="checkbox"/> Mindfulness <input type="checkbox"/> Other:.....
Other pain relieving medicines	Mind-body Yoga <input type="checkbox"/> Relaxation <input type="checkbox"/> Biofeedback <input type="checkbox"/> Other:.....

Record the details of the medicine and non-medicine interventions to be trialed.

Medicines

Date	Active ingredient	Brand name	Strength	Dose	Frequency

Non-medicines

Date	Therapy	Practitioner	Frequency

Measurable pain management goals

Goal type	Current level	Aim	Time frame
Pain			
Physical/exercise			
Function/tasks			
Social/emotional			

COMMONLY ASKED QUESTIONS ABOUT CHRONIC PAIN

Can chronic pain be treated without medicine?

While people with chronic pain often take some kind of medicine(s), typically they do not provide full relief. Chronic pain is a complex condition and there are a variety of other strategies which can help to manage it.

What if my medicines aren't working?

It is unlikely that any pain reliever will be able to completely take away chronic pain.

Medicines are best used along with other non-medicine approaches.

The goal of treatment with pain relievers is to reduce pain to a level that allows you to improve your physical functioning and quality of life.

What is self-management?

Like any long-term complex condition, chronic pain requires self-management. Self-management may include setting step-by-step achievable goals to give you something to aim for.

Self-management goals should cover different aspects of your life:

- ▶ Physical goals – based on how long you can exercise for and how difficult the exercise is.
- ▶ Functional/task goals – focused on achieving everyday living tasks such as housework, hobbies or work.
- ▶ Social and emotional goals – covering moods, relationships, family life and work.

Will my pain get worse if I am very active?

When you have constant pain it seems natural to avoid doing things like walking, bending and moving around as they can make the feeling of pain worse. However, our bodies are designed to move. When we decrease activity, we lose muscle strength – over time this means that even simple activities can become more difficult.

Many people with pain are afraid of exercise as they think it will cause more problems. However, regular stretching and exercise can actually decrease pain and increase your ability to function physically.

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Should I wait for my pain to go away before I go back to activities I used to do?

Starting to exercise and learning new coping skills are important strategies to help improve your ability to function and reduce the impact of the pain. It is also important not to wait for the pain to be completely gone before starting normal activities, including work.

Who can help me deal with my pain?

There are a number of health professionals who can provide help and support. Managing chronic pain requires a consideration of a number of different aspects of life and these can be covered in a multidisciplinary plan. This may include referrals to specialists such as physiotherapists, psychologists or specialist pain clinics.

Will opioids help my chronic pain?

Opioid pain relievers (eg, codeine, oxycodone, morphine) are often effectively used to treat severe acute pain or cancer pain.

There is no clear evidence to show that long-term opioid therapy can greatly improve chronic pain and restore physical function. At the same time there is growing evidence for the harms associated with long-term opioid use.

If you and your GP decide a trial of opioids is appropriate, you may be asked to agree to an opioid treatment plan or contract. It is important to understand that treatment with opioids may not be helpful. Opioids are not intended to be used long-term and will need to be stopped at some stage.

Stopping opioids

When you and your GP agree to stop your opioids, you will be asked to slowly decrease your use of opioids; this is known as tapering.

It is important that you follow the tapering schedule you agree to with your GP and not just abruptly stop them. This will help reduce the chance of you having withdrawal symptoms.