Persistent Pain

KEY MESSAGES

We are an integrated multidisciplinary team.

Our aim is to provide patients with persistent pain skills that enable them to manage their symptoms and focus on their quality of life.

These strategies will improve independence though self-reliance and self-management.

Patients need to be committed to change.

MANAGEMENT IN PRIMARY CARE

Successful pain management requires the patient to take responsibility for their own wellbeing.

Understand the pain management approach – see top tips

It is good to be able to explain persistent pain. This you tube clip is a useful resource: https://www.youtube.com/watch?v=4b8oB757DKc

On-going stress of any form significantly impacts on pain intensity and duration. Treatment of anxiety and depression is really helpful. Some patients may require mental health or DAS services.

MEDICATION

1. **Keep pain relief simple and only persist with effective medications**
2. **Use strong opiates with care:**
    - Prescribe with an early referral threshold.
    - Do not continue with ineffective medication.
    - Avoidance of short acting opioids is advised.
    - Most newer opioids are considerably more expensive.
    - Beware titrating opioid doses too high. It is unlikely that any dose of morphine sulphate greater than 120mg/24hrs or equivalent dose will be more effective at controlling pain.
    - British Pain Society opioid guidelines:

https://www.britishpainsociety.org/static/uploads/resources/files/book_opioid_main.pdf

3. **Is there a neuropathic element to the pain? :** NICE offers some useful guidance on neuropathic pain management.
http://www.nice.org.uk/guidance/cg173/evidence/neuropathic-pain-pharmacological-management-full-guideline-191621341

   - First line medication should be amitriptyline at night.
   - Note imipramine may be superior to amitriptyline because of its shorter half life.
   - Pregabalin can be titrated up to effective dose more quickly than gabapentin but is more expensive.
   - After titration with pregabalin, it is possible to transfer patients directly to the equivalent dose of gabapentin.

4. **Sooth the Pain**. Consider other treatments such as warmth, ice, TENS, acupuncture, relaxation techniques or mindfulness.

RED FLAGS:

PLEASE CLEAR RED FLAGS AND SPECIFY IN YOUR REFERRAL

Consider the following, if identified make appropriate referral:

Unremitting night pain	Trauma
Sudden unexplained weight loss	Constant, progressive, non-mechanical pain
Signs of cauda equina symptoms	Prolonged steroid use
Widespread or progressive neurological symptoms	Drug abuse, HIV
New onset of pain (under 20 or over 55)	Systemically unwell
Past history of malignancy	There may be condition specific red flags that you need to consider.

REFERRAL:

All referrals to the persistent pain service must be sent to DART (CAB)

Consider condition specific referral to secondary care.

Patients with persistent pain that has not responded to primary care management should be referred to the persistent pain team.

Please refer patients who are committed to change, preparing them for a biopsychosocial approach.

Please inform your patients that once your referral has been accepted by DRSS they will be sent a self-assessment form to complete and send back to DRSS before an appointment can be made.

REFERRAL INSTRUCTIONS:

Our **small** multidisciplinary team consists of;

Anaesthetic pain consultants

Physiotherapy

Occupational Therapy

Psychology

Please include sufficient information in your referral to allow appropriate triage, to the correct persistent pain team member.

Link to our website for more information: www.northdevonhealth.nhs.uk/persistent-pain-team/

Please include

- **The purpose of the referral and what the patient wants**
- What treatments have been tried and their effectiveness or side effects (including biopsychosocial approaches)
- Full details of the presenting problem(s), including diagnoses
- Pain (SOCRATES)
- Full patient past medical history / investigations / current medications (DART referral metrics).
- Sleep
- Mood /mental health history – Include depression and anxiety score (GAD 7 or PHQ 9)
- Recent blood tests and investigations
- Hobbies and interests
- Physical activity and exercise
- Brief social history (employment, relationships, benefits, carer)
- Other services involved in patients care