



ST VINCENT'S
HEALTH AUSTRALIA

CNC Pain Management issues in General Practice

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SafeScript GP Clinical Advisor

SafeScript has overtaken

1. Variable levels of IT skills
2. Fear based approach to this initiative – misunderstanding the clinical intention
3. Lack of confidence in pain management:
 - Pharmaceutical marketing has been influential
 - Musculo-skeletal & neurological exam not strong
 - Difficulty accessing Specialist help
 - **Result = over-reliance on scans and medication**

What can help now

- GP's understanding what went wrong
- Acknowledge the is-ness of now
- Tell patients clearly and optimistically what's going on and what can help

Is-ness of now – what SafeScript will reveal:

1. Patients with problematic drug use (most patients)

- Often started by Dr's & taken as prescribed
- Over-reliance on medication for pain mx

Can often taper doses once patient understands risks

2. Patients showing signs of substance use disorder

- Impaired control over use
- Social impairment
- Risky use

These patients need specific help inc MATOD



Tell patients what's happening & loosen attachment to passive help

- Correct misconceptions – partic around the value of scans
- The persistent pain experience is influenced by many things
- The nervous system and immune system have become very good at doing pain – sensitisation
- Self-management is the key to a good life



pain revolution

4. Pain and tissue state
are poorly related.

Scans on Pain Free People & consequences

Systematic Literature Review of Imaging Features of Spinal Degeneration in Asymptomatic Populations

W. Brinjikji, P.H. Luetmer, B. Comstock, B.W. Bresnahan, L.E. Chen, R.A. Deyo, S. Halabi, J.A. Turner, A.L. Avins, K. James, J.T. Wald, D.F. Kallmes, and J.G. Jarvik

Table 2: Age-specific prevalence estimates of degenerative spine imaging findings in asymptomatic patients^a

Imaging Finding	Age (yr)						
	20	30	40	50	60	70	80
Disk degeneration	37%	52%	68%	80%	88%	93%	96%
Disk signal loss	17%	33%	54%	73%	86%	94%	97%
Disk height loss	24%	34%	45%	56%	67%	76%	84%
Disk bulge	30%	40%	50%	60%	69%	77%	84%
Disk protrusion	29%	31%	33%	36%	38%	40%	43%
Annular fissure	19%	20%	22%	23%	25%	27%	29%
Facet degeneration	4%	9%	18%	32%	50%	69%	83%
Spondylolisthesis	3%	5%	8%	14%	23%	35%	50%

^a Prevalence rates estimated with a generalized linear mixed-effects model for the age-specific prevalence estimate (binomial outcome) clustering on study and adjusting for the midpoint of each reported age interval of the study.

**These changes
= kisses of time**

	100 people without scan	100 people with scan
Benefits		
How many people:		
...recovered by 3 months	57	46
...had serious illness detected	0	0
...were satisfied with care	63	78
Harms		
How many people:		
...got false alarm e.g. disc degeneration	0	68
...had unnecessary surgery	0	1
...were more worried about their back	0	10
*see scanyouroptions.org for more detail		

**Scans can cause
harm!**

It's not just in the back – it's everywhere

Scans on pain free people

51 people (age 40-70)

78% bursal thickening
65% ACJ degeneration
39% cuff tendinopathy

Girish et al (2011) [Am J Roentgenol.](#)

53 people (age 40-65)

72% SLAP lesions

Schwartzberg et al (2016) [Ortho J Sports Med.](#)

3110 people (age 20-80)

80% disc degeneration

Brinjiki et al (2015) [Am J Neuroradiol.](#)

710 people (age 51-89)

68% cartilage damage
72% osteophytes

Guermazi et al (2012) [Brit J Sports Med.](#)

45 people (age 15-66)

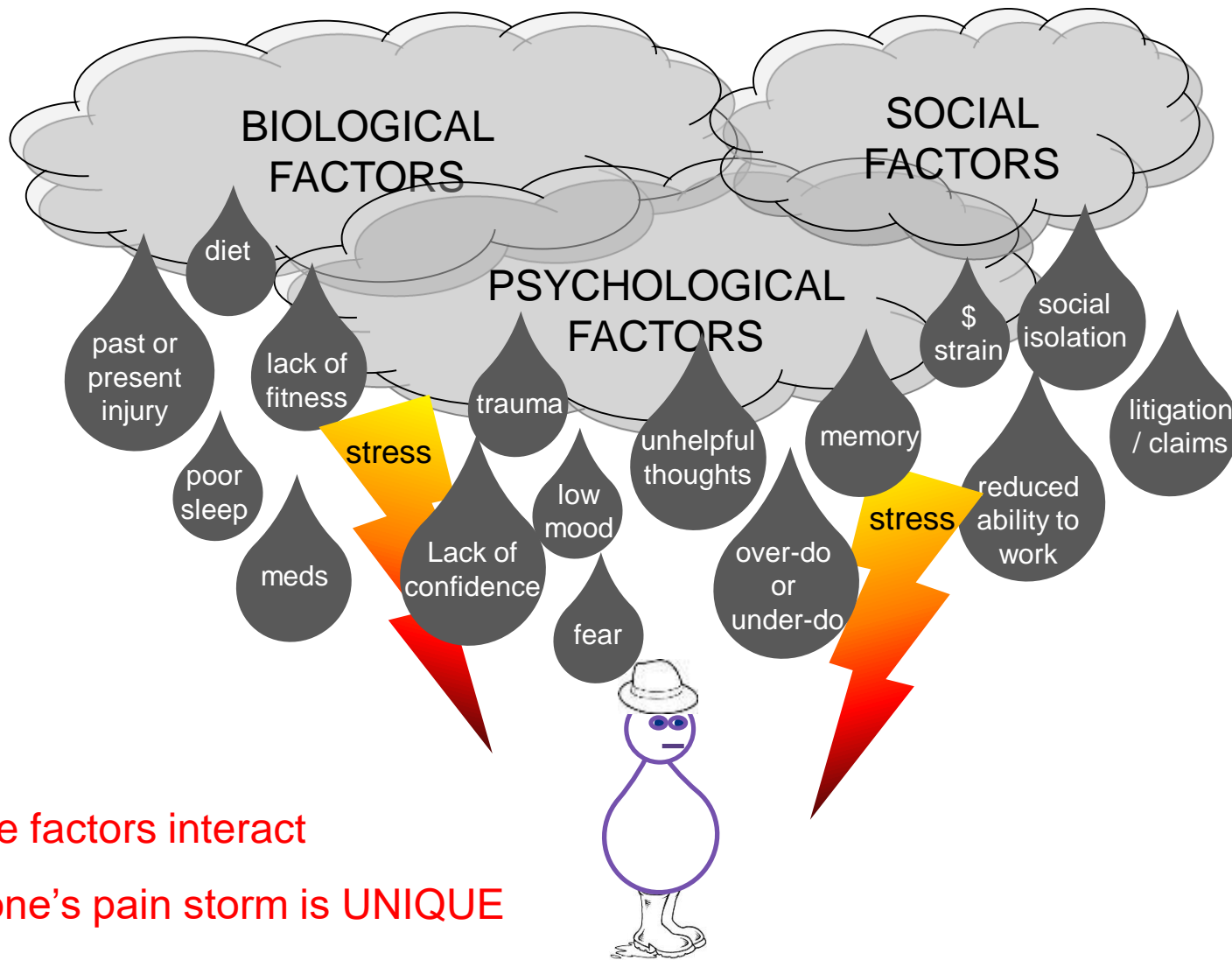
69% labral lesions

Register et al (2012) [Am J Sports Med.](#)



 **The Sports Physio** @adammeakins

Lots of things are involved the experience of persistent pain like a Pain Storm



- Multiple factors interact
- Everyone's pain storm is **UNIQUE**

The good news....

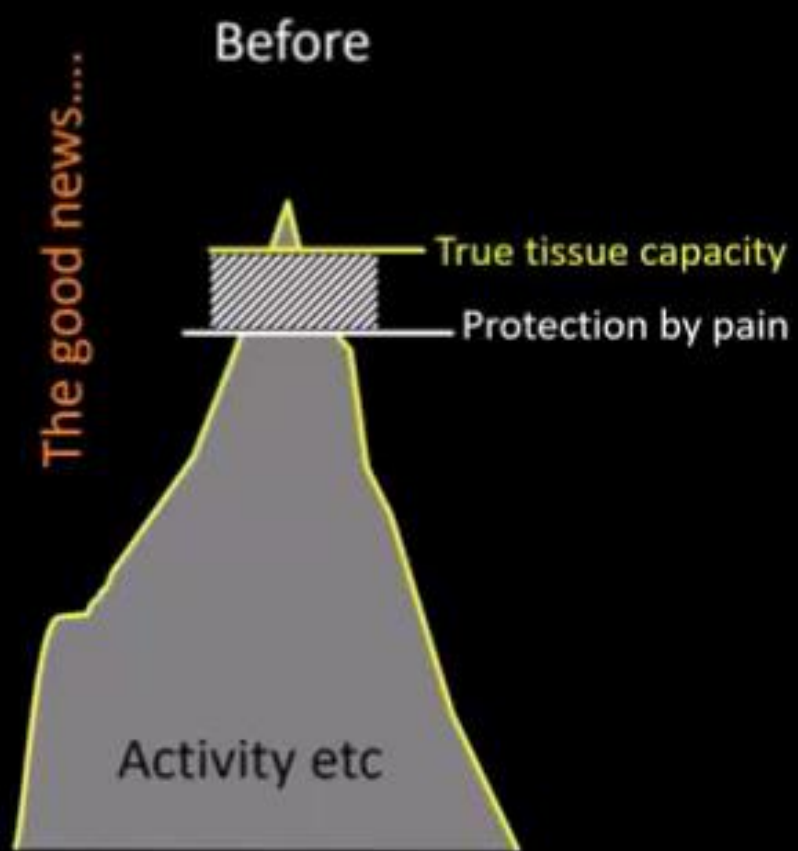
Before

Later



Our system becomes
way too protective

Professor Lorimer Mosely, The Pain Revolution , April 2017



Make conscious what the patient is taking – most don't know

	A	B	C
1	Morphine Equivalent Dose Calculator	Dose	
2	Codeine		mg daily
3	Tramadol		mg daily
4	Hydromorphone oral		mg daily
5	Methadone oral		mg daily
6	Morphine oral		mg daily
7	Oxycodone oral or suppository		mg daily
8	Tapentadol oral		mg daily
9	Buprenorphine patch		mcg/hr weekly
10	Fentanyl patch		mcg/hr every 3 days
11			
12	Total Morphine Equivalent Dose (MED) =		0 mg daily
13			
14	To calculate the total MED, enter the dose of each drug in the yellow boxes.		

Self-managing chronic pain

Key Points

- Medicines alone are not the most effective way to treat chronic pain.
- Chronic pain may never be completely cured, but can be managed.
- People managing their pain on a daily basis get the best results.
- There are many self-management strategies that can help.

Why medicines alone are not the answer for chronic pain

Most of us experience pain from time to time, but for one in five Australians, it doesn't go away.¹ This is chronic pain and lasts beyond the expected time for healing after surgery or trauma, and can exist without any clear reason.

While medicines such as codeine or other opioids are sometimes prescribed for chronic pain, research has shown they are not effective in the longer term, contributing on average to only a 30 per cent reduction in pain.²

**Medication
not very
effective
long term**

Tips on managing chronic pain without painkillers

Chronic pain is a complex experience, which is influenced by physical, psychological, and social factors. The best way to manage it is to address all the factors affecting your pain.⁵

Following are some tips to help you manage your pain. It is important to keep a positive attitude until you find a mix that works for you.

Daily stretching and walking

Moderate daily exercise will keep your muscles conditioned and improve your pain levels. If you haven't been active in a while, start small and increase your activity over time. Ask your physiotherapist about a tailored exercise program.

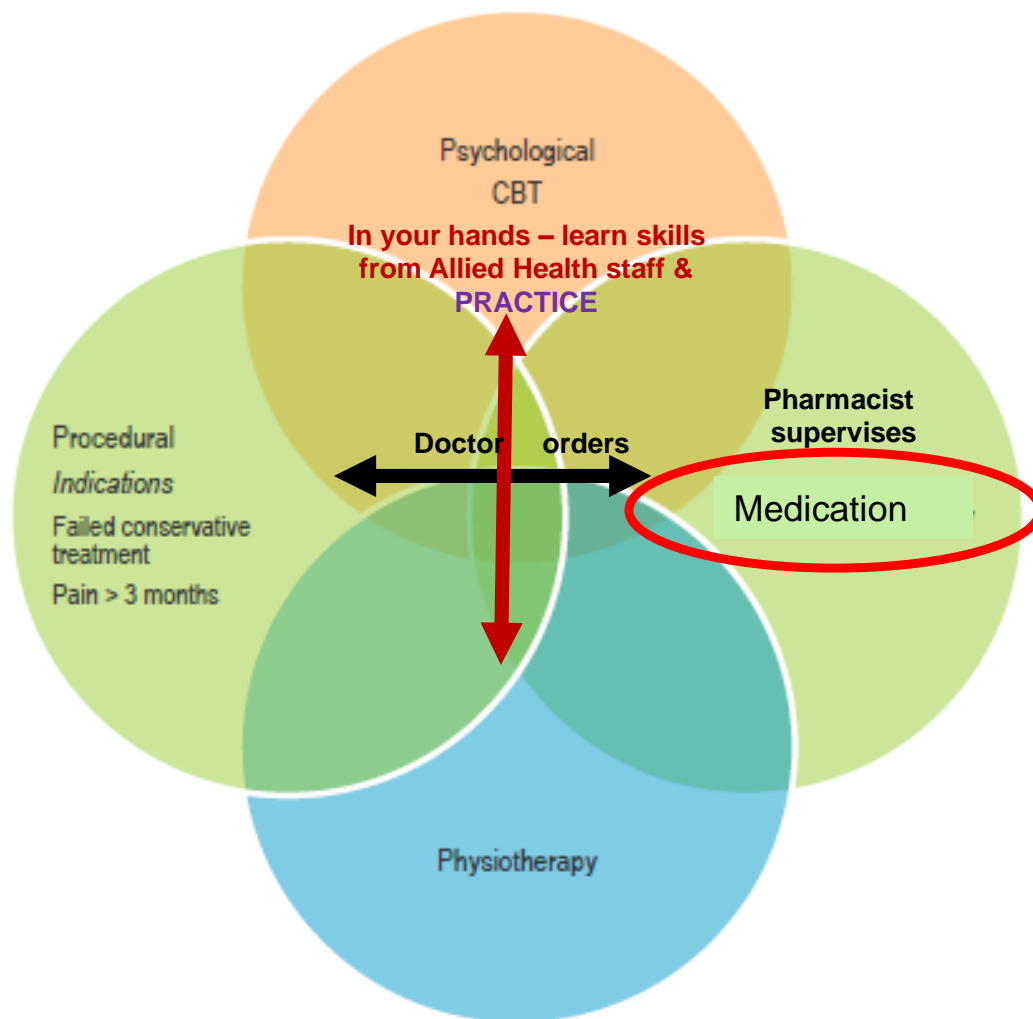
Pacing activities throughout the day

Pacing is key to pain management. By planning rest or stretch breaks, and keeping physical activity at an even level throughout the day, you can reduce the risk of flare-ups.

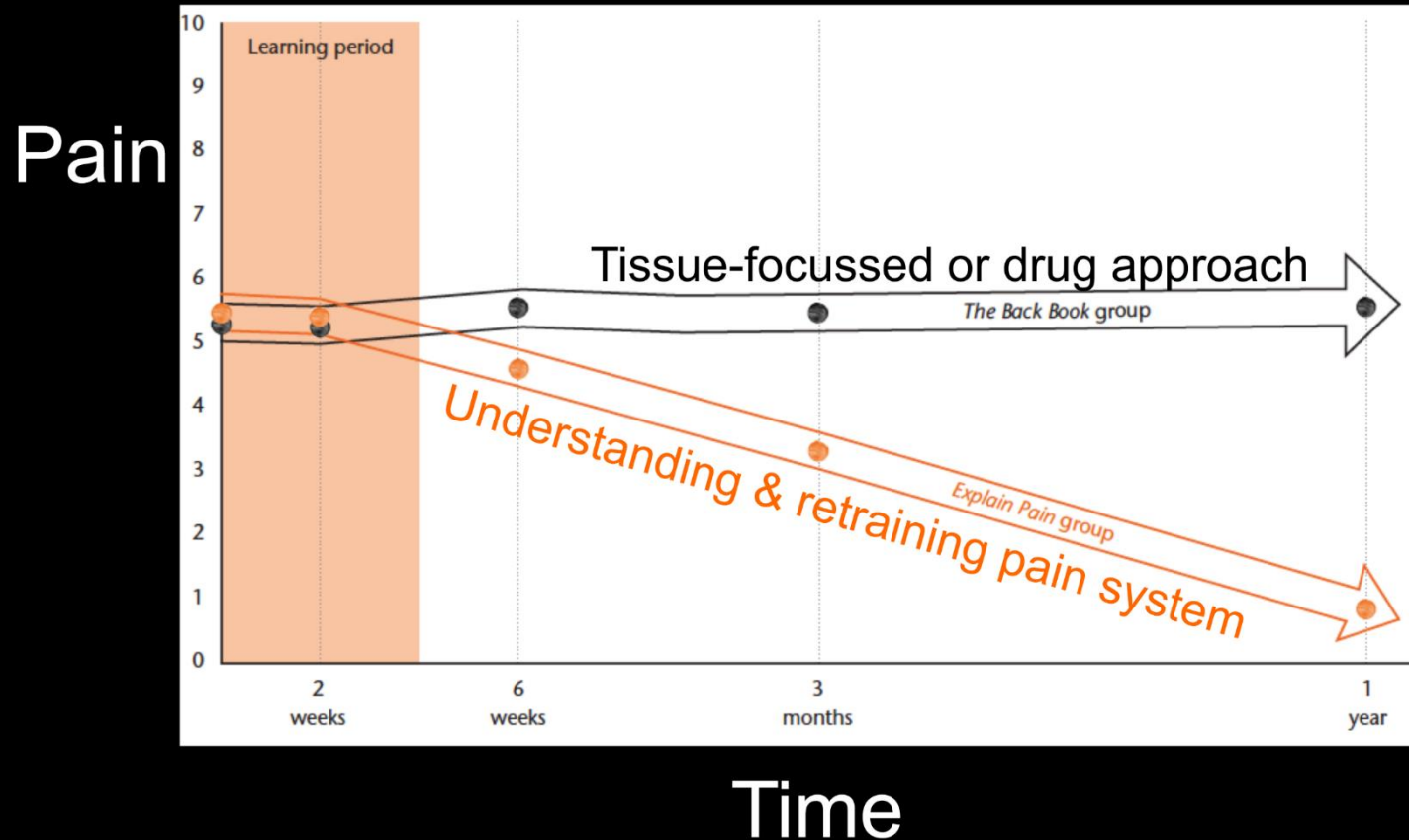
Daily relaxation techniques

When our muscles are tense, they increase pressure on nerves and tissues, which increases pain. To reduce

Multidisciplinary Pain Management – the 4 P's



Retraining the pain system through education and self-management works



Moseley GL. **Explaining pain to patients e recent developments.** In: **Proceedings of the New Zealand Pain Society Annual Scientific Meeting.** Rotorua, NZ; 2009