Top 10 Tips for Managing Patients with Persistent Pain in Primary Care

Managing patients with persistent pain in primary care can be challenging, mainly due to time constraints, leading to some practitioners feeling overwhelmed. This is never a good place to start a consultation and all concerned can end up frustrated and dissatisfied.

Over the last ten years, in contrast, I have found treating patients with persistent pain some of the most rewarding of my general practice work. Of course, I do have an interest in this area. Nevertheless, below are a few pointers that I hope will help non-specialists assist their patients.

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ASSESSMENT

1. **'Control not Cure', so take your time.**

   Chronic (or persistent) pain is now seen by many as a chronic disease in its own right. An acceptance of this premise helps both patient and practitioner take a more long-term view of management, as we do with long-term conditions such as lung or heart disease. The aim of treatment therefore changes to helping the patient regain control rather than seeking non-existent cures.

   It is important, for the patient and practitioner, that time is taken to consider the next, most appropriate course of action. This is rarely to arrange further investigations and possibly the most unhelpful thing to do on first contact is to prescribe yet another 'pain killer'.

2. **Know how the patient got to this point.**

   I'd suggest splitting the assessment into **two appointments**. This avoids being over-whelmed by what can be a complex situation. The first appointment can seek to answer the question **'How did the patient get to this point?'** and includes

   a) **The pain story so far** – when it started, how it's progressed and finishing with how it is now.

   b) **Previous investigations and management** - including helpful - or otherwise -medications and interventions.

3. **Know where the patient is going.**

The second appointment can then answer **'Where are they going?'** This may sound odd but without a plan which is realistic, both patient and practitioner can feel frustrated with a lack of progress. Being pain-free is often unrealistic, but returning to the same job or certain other previous activities may or may not be. Many practitioners will be familiar with S.M.A.R.T. goals (see box 1.), most patients will not. Some time spent on this at an early stage with patients will get everyone going in the right (and same) direction.

Box 1

SMART GOALS

Specific

Measurable

Achievable

Realistic

Timed

4. **Know some persistent pain concepts** (and be able to explain them to patients!)

Perhaps the most useful are 'The pain cycle' and 'Pacing'. Discussing pacing is a particularly good rapport-building tool as most patients can recognise un-paced behaviour in themselves. In my experience, this can be done in a couple of minutes of the precious ten-minute consultation and is time well spent. These and other concepts can be found on www.paincommunitycentre.org.

5. **Is there a neuropathic element to the pain?**

It's worth asking specifically about neuropathic pain symptoms (see box 2), as they will often co-exist in persistent pain and respond poorly, in many cases, to standard analgesics. I would suggest becoming familiar with a few medications that maybe helpful and confident in their use. Helpful NICE guidance on neuropathic pain management can be found at www.guidance.nice.org.uk/CG96/Guidance

Box 2

Neuropathic Features

- Constant burning
- Intermittent shooting
- Electric shock like
- Dysaesthesia
- Paraesthesia
- Hyperalgesia
- Allodynia

TREATMENT

6. Keep pain relief simple and effective.

A useful approach to medicines management in persistent pain is to follow these S.T.E.P.S. to answer the following questions…

- Is it **S**afe for the patient to continue on this medication long term?
- Can they **T**olerate this medication with its side effects?
- Is the medication **E**ffective? Some patients can't tell one way or another!
- Are they are on the best **P**riced treatment? Expensive treatment is acceptable if it works, in my book!
- Is the taking of analgesics as **S**imple as possible? Would a long-acting preparation be preferable to frequent doses of short-acting analgesics?

Consider non-medication treatments including warmth, ice, TENS, acupuncture which are helpful for some patients, and relaxation techniques which are useful for most.

7. Use strong Opiates with Care

Prescribing without a plan is pointless - prescribing strong opiates without a plan can be disastrous. Prescribing is just part of an overall strategy to help the patient realise their realistic goals. All need to know what you're trying to achieve by prescribing strong opiates.

Used correctly, strong opiates can be very effective in persistent pain management for selected patients, but should be used by practitioners *confident* in their use.

Opiates used in this context are distinct from palliative care where the emphasis maybe more on symptom alleviation and uses a combination of short and long–acting preparations. In contrast, persistent pain management is more about function, in my opinion, and short-acting strong opiates, make a very limited contribution, if any. In particular, short-acting strong opiates can quickly lead to a patient and practitioner feeling out of control on ever-escalating doses.

The British Pain Society has produced useful guidance which can be found at www.britishpainsociety.org/pub_professional.htm and it is well worth studying this before embarking on this aspect of a treatment strategy.

8. Self- Management is the key.

It's not you, it's them! Successful pain management depends more on the patient than the practitioner. Pain management is the patient's ***responsibility***. The skilled practitioner is able to help the patient find their ***ability to respond*** to their persistent pain condition and its consequences. This may simply involve directing patients to self-management resources such as www.paintoolkit.org or self-help groups such as the Expert Patient Program among many others. Health Trainers - who traditionally assist people with other long-term conditions - have been used in Sheffield and elsewhere to assist patients in self-management strategies, so if you have access to one – use them!

9. It's not all about the pain

Patients with persistent pain can have their life (and yours, if you're not careful), dominated by the pain. Well-managed pain is evident as the patient starts shifting their focus away from pain, doing more and getting their 'life back'. Sometimes the pain may actually stay the same and it's the other aspects of life that improve including sleep, exercise tolerance, mood and general well-being, which are also very worthy end points. Some time spent addressing poor sleep and depression, although not necessarily directly affecting the pain, can make living with persistent pain more manageable.

10. Continuity helps maintain control for everyone

Having successfully supported your patient with persistent pain, guard their onward management and follow-up jealously and enjoy the benefits of a patient-practitioner partnership centred in self-management. Do your best to avoid other practitioners getting involved which can lead to giving the patient inconsistent advice, unhelpful medication changes or referrals, for often fruitless further investigations.