

Chronic Pain, GPs and the KISS principle

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My goals

• Share a new approach to chronic pain

Show how the KISS principle can help

• Empower rural GPs





- Been a rural GP for 30 yrs
- Last 4 ½ yrs solely in pain management

Context

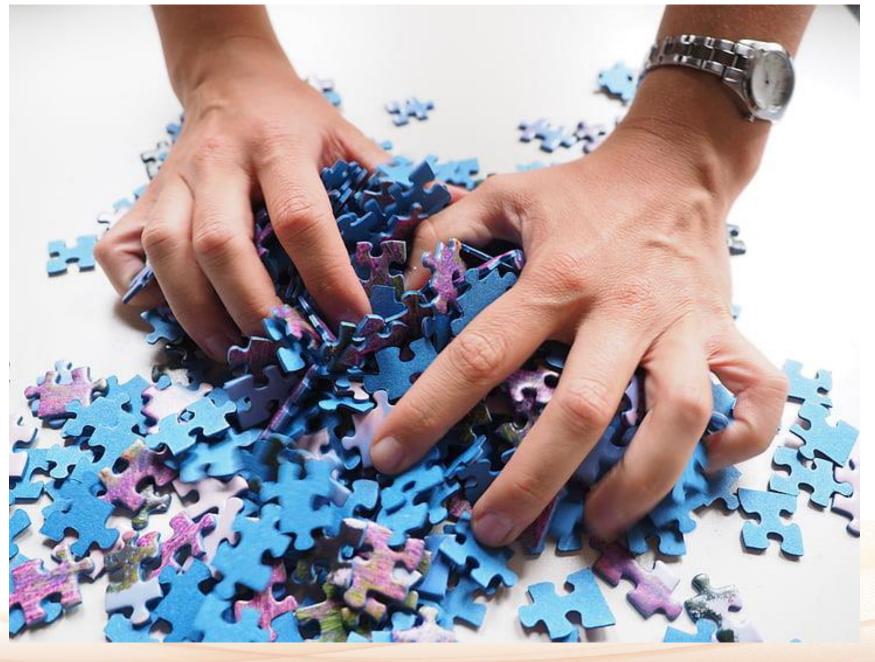


Chronic pain is common

• For many rural GPs, these are "heart sink" patients

Common pathologies are traumatic or degenerative changes.

Under-utilization of effective passive therapies





Why?



Patient factors

- Often high emotional charge (distress; desperation; suffering)
- "Flags", inviting suspicion about symptoms
 - Yellow psychosocial distress
 - Black compensable/litigation related

Doctor factors

- Pain taught as complex bio-psychosocial factors
- Dangers = red flags; SafeScript;
 Authority scripts; harm min Naloxone
- Lack of easy thought process
- Examination not familiar
- Results in low confidence hard to convey optimism

Why?





System

- Drug company promotions
- Lack of Specialist pain services
 - Drs, AH staff, Pain Programs
- Assessment resources not GP friendly
- Radiology reports can be unhelpful
- New pain approach yet to impact

TOO HARD TO HANDLE IN A 10-15 MINUTE CONSULTATION!!



Consequences

1. On GPs:

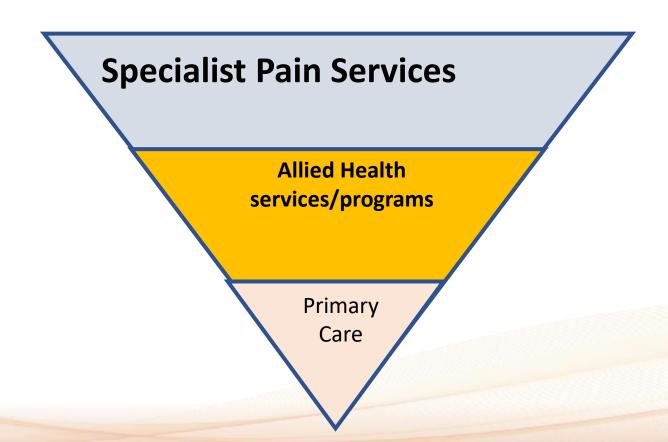
- Lack of confidence
- Many patients aren't examined
- Over use of investigations for diagnosis
- Over use of opiates for treatment

2. For patients:

- Poor QOL
- ED attendance for flare ups



Low GP confidence results in excess reliance on Specialists & ED







When it comes to helping GPs



What's been done well

- 1. Emphasise harm minimization
 - SafeScript
 - Naloxone use
- 2. Education
 - Project Echo Pain; Opioid
 - Health Pathways PHN
 - SafeScript modules

What remains to be done well

A GP friendly approach for consulting room use that focuses on

reducing pain generators







Chronic pain is complex

BUT

it doesn't have to be complicated



What if

- GPs had an easy thought process that enabled:
 - Distress to be acknowledged
 - Confident clinical diagnosis
 - Thoughtful investigations
 - Greater options for passive therapy





- 1. History taking
- 2. Examination
- 3. Targeted investigations
- 4. Treatment options
 - Reduce pain burden
 - Refer for physical therapy
- 5. Education



Build on GPs strengths

Activate curiosity through pain pattern recognition



The pain patterns to look for are

- Localised
 - Radicular
 - Non radicular

Generalized

1. Pain pattern recognition - history

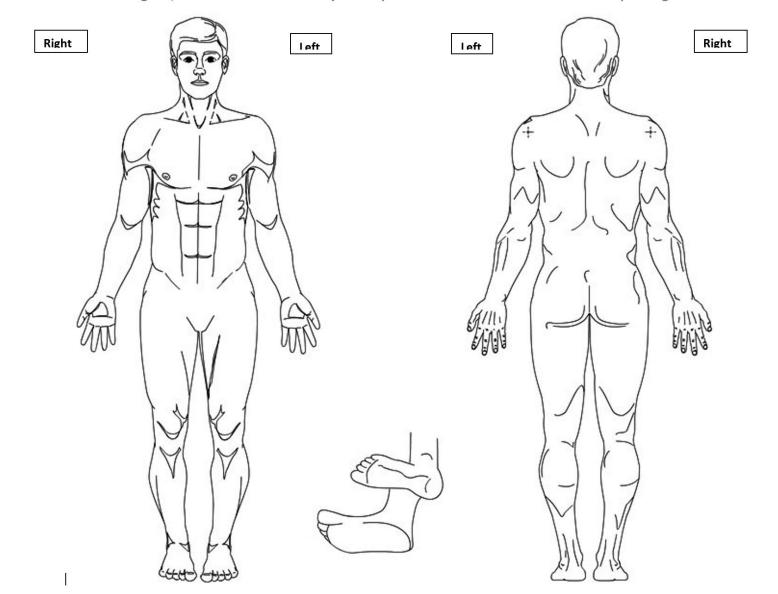


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PAIN BODY DIAGRAM



On the diagram, shade in the areas where you feel pain. Put an "X" on the area where the pain is greatest





1. Pain pattern by feeling

Many patients confuse pain **FEELING** with intensity – insist on what it feels like

- Burning/shooting/numbness/tingling type pain think neuropathic
- Aching/dull think nociceptive
- Widespread pain of any feeling type, often laced with drama think nociplastic (pain system sensitization)



2. Examination to confirm

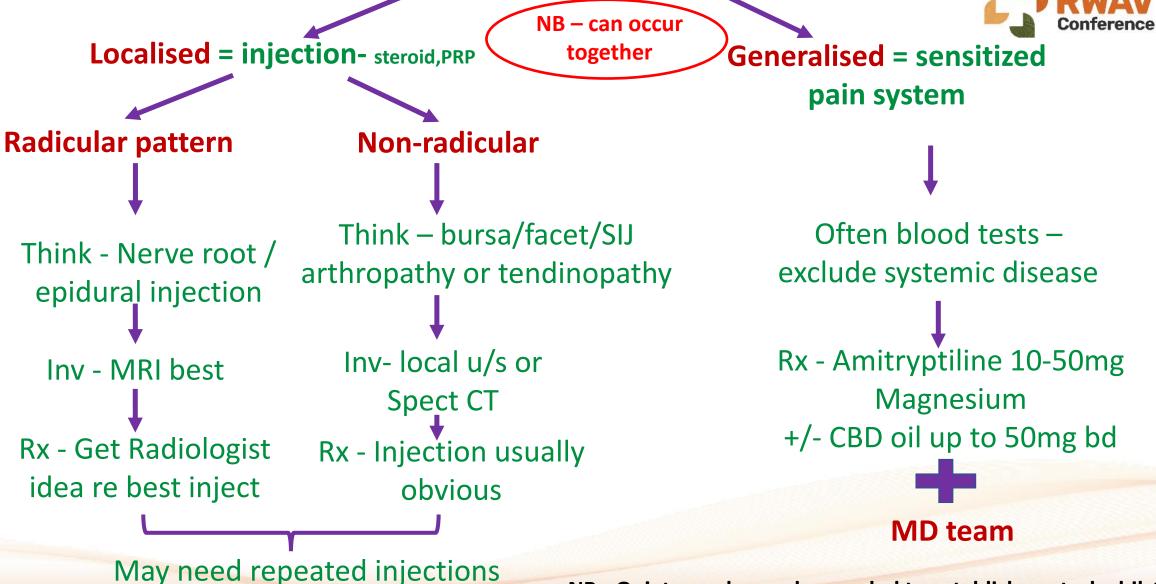
 Localised radicular – looking for impairment of sensory or motor function; ?any movements that reproduce the pain

 Localised non-radicular – localized tenderness; ?any movements reproduce the pain

 Generalised – usually multiple tender spots with light pressure being experienced as pain; sometimes a range of other sensations reported

3 & 4 - What pattern? What treatment?

Physio required



NB - Opiate meds may be needed to establish control whilst working on these pain pattern pathways









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.\text{!} This is chronic pain and lasts beyond the expected time for healing after surgery or trauma, and can exist without any clear reason.\text{!}

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

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

Websites helpful for Persistent Pain- patients

1. Pain Management educational resources for patients:

- http://www.hnehealth.nsw.gov.au/Pain/Pages/Pain.aspx
 One stop shop for all the latest in Pain Research in easy to use format for everyone to understand
- https://www.aci.health.nsw.gov.au/chronic-pain/healthprofessionals/quick-steps-to-manage-chronic-pain-in-primary-care
 This has a good series of videos available for you to understand persistent pain
- https://www.tamethebeast.org/. Prof. Lorimer Moseley, Adelaide, has an interesting approach to pain management.
- MOVE Managing Your Pain Booklet free e-book (1 chapter at a time) or \$10 hard copy – via https://www.msk.org.au/pain-guide/
- http://www.pathoutofpain.com.au/. Associate Prof Geoff Littlejohn has a particular interest in Fibromyalgia





How could this work for a busy rural GP?



Over 2-3 x 10-15 minute consults:

First consult

- ➤ Use mini ePPOC
- ➤ Understand red flags
- ➤ Identify likely pain pattern(s)

Second consult

> Examine the patient to confirm clinical diagnosis – **BEFORE** investigations

Third consult

> Follow algorithm for treatment

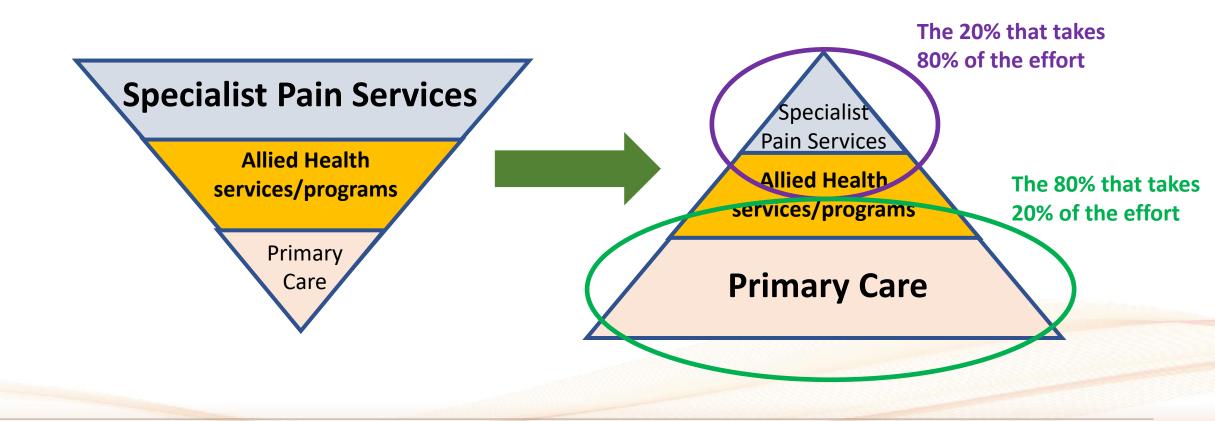


How could this change outcomes?

- GP conveys optimism
- Reduced pain sooner
- Patient safety increased
- Engagement with AH
- Positive working together



Flip the triangle by building GP confidence





How?

Centre of Excellence

Teach GPs the pain pattern approach



Thank you for your attention!