

How to help support and manage the challenges of living with persistent pain in every-day clinical practice

Part 2: Managing Persistent Pain

Claire Ross
Senior Clinical Nurse Specialist
West Suffolk Integrated Pain Management Service

Putting you **first**

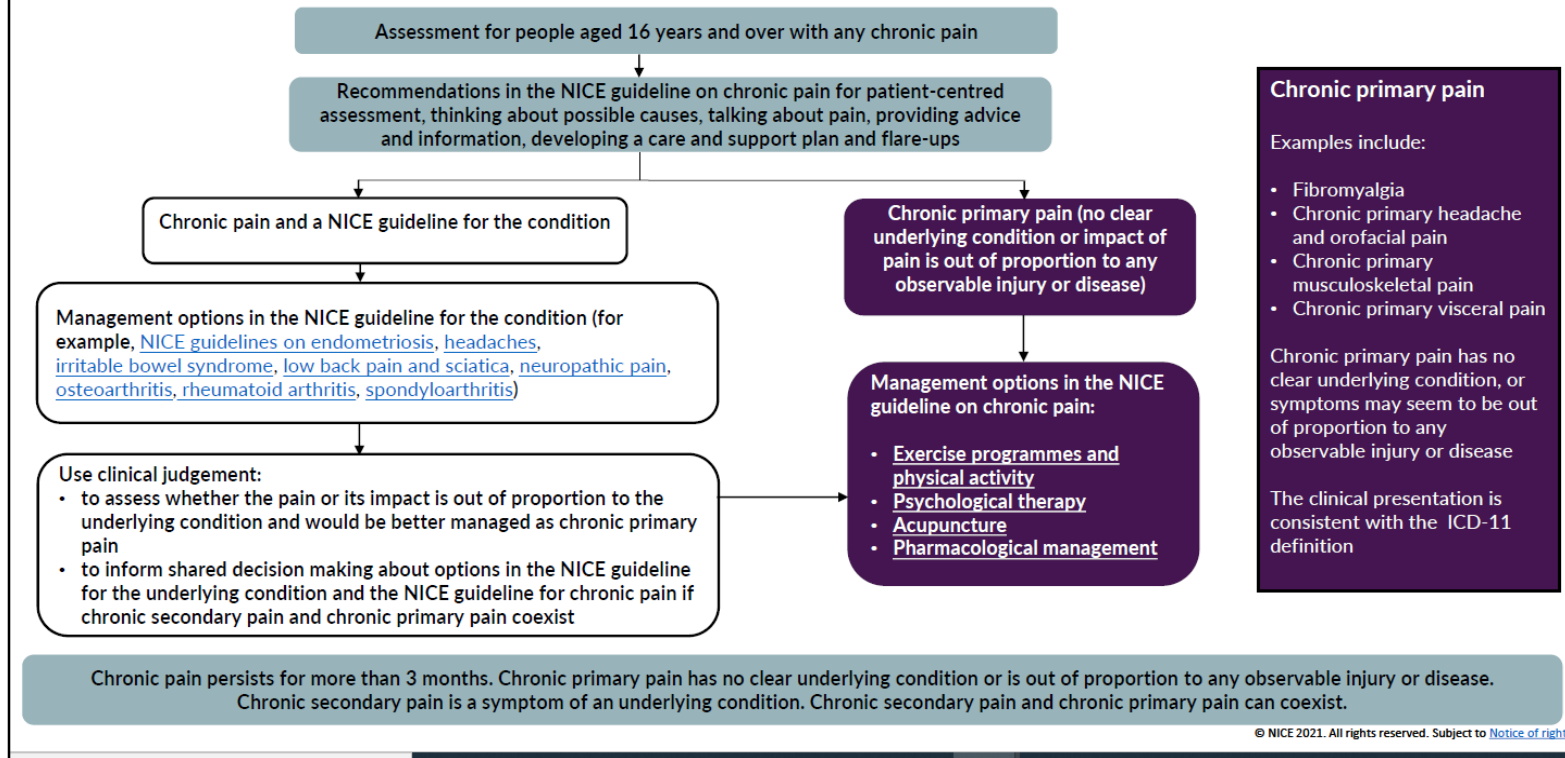
Aims

- NICE
- Why non pharm?
- One thing
- Acceptance
- Pacing
- Distraction
- Relaxation techniques
- Flare up/set back plan
- Useful tools

Chronic pain (primary and secondary) in over 16s: assessment and management

Chronic pain (primary and secondary) – using NICE guidelines for assessment and management

NICE National Institute for Health and Care Excellence



Overview | Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain | Guidance | NICE
NG193 Visual summary ([nice.org.uk](https://www.nice.org.uk))

Why non-pharm?



Pain medication

- At best a 30-50% pain reduction, should see improvement in function/QOL
- 50-80% of patients in clinical trials experience at least one side effect from opioids, in everyday use the incidence may be higher
- Risks – overdose, dependence, misuse, diversion

<https://fpm.ac.uk/opioids-aware-clinical-use-opioids/side-effects-opioids>

Pain medication trial

- Agree outcomes
 - Reduction in pain intensity
 - Achieve specific functional improvement
 - Improved sleep would be a reasonable outcome
- Set a time frame for trial

Pain medication

- Diary
 - Pain intensity
 - Sleep
 - Activity levels
 - Side effects

If the pain medication is not successful,
it should be tapered and stopped

A good prescription

(Stannard 2016, 2018)



- Is effective for the condition
- Does not harm the patient
- Does not harm anyone else
- Is acceptable to the patient
- Is legal and accurate

Key message

**So giving a prescription for something that is likely not to work
is a clinical 'big deal' in relation to iatrogenic harm**

Stannard BJA 2018 120(6) 1148

WSCCG website



*Produced collaboratively:
CCG Medicines Management Team with
West Suffolk Integrated Pain
Management Service*

Pain and analgesics

1. Pain assessment tools
2. Prescribing guidance
3. Deprescribing guidance
4. Patient information (medications)
5. Non-pharmacological resources and leaflets to support self management
6. National guidance/key resources

<https://www.westsuffolkccg.nhs.uk/clinical-area/prescribing-and-medicines-management/formularies-and-guidelines/>

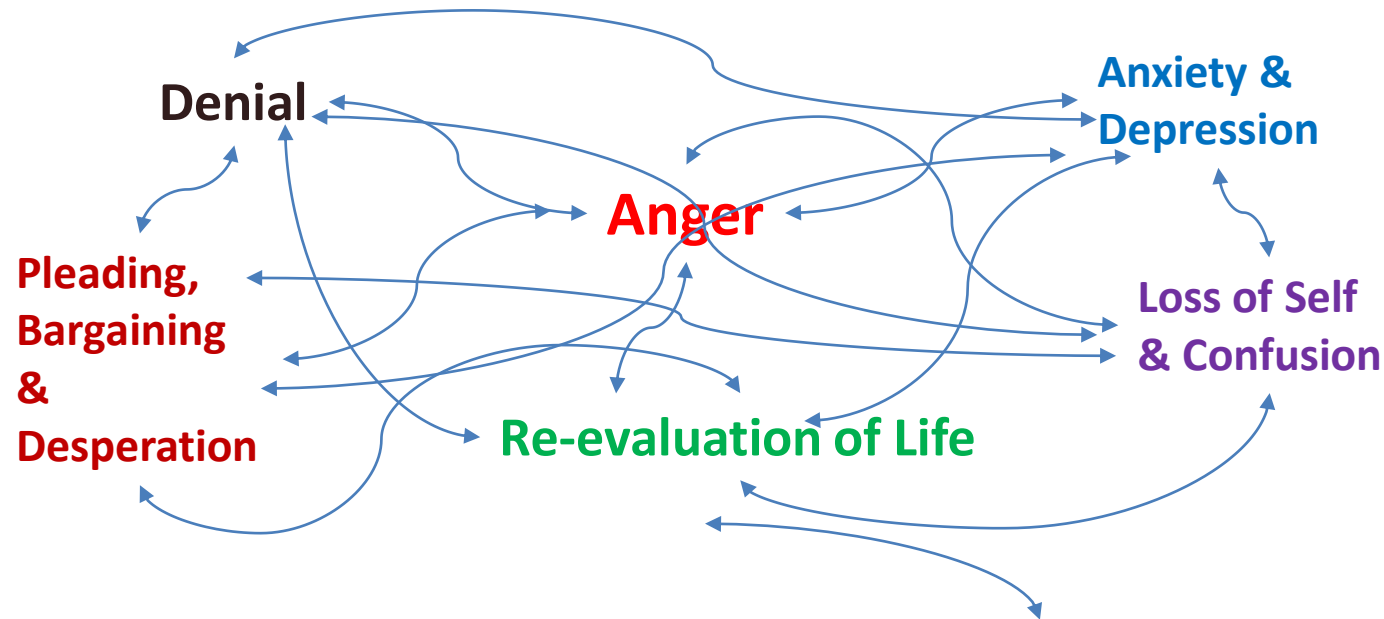
One thing - Joletta Belton

- Explicit validation

‘Your pain is real and you are believed’

<https://onething.painsci.org/explicit-validation-of-pain-and-the-person-is-essential-joletta-belton-one-thing/>

Coming to terms with persistent pain can be a difficult emotional journey....



**Coming to terms with the
reality of the here and now...
moving forward**

We can help patients with their understanding of acceptance...

Acceptance is...

- A willingness to think about change
- Understanding that pain does not have to define personality or rule life
- Acknowledging that the pain is here for the foreseeable future – it is not their fault but it is the reality
- Understanding that having a pain disorder, is not a sign of being weak
- A willingness to think about working towards a life with some meaning in it despite the pain
- Focusing less on controlling pain and more on having a life despite of the pain

Adapted from Living With Persistent Pain written in 2006 by RUH Bath Pain Clinic and patients from The Positive Living Support Group

http://www.ruh.nhs.uk/zz_content_include/services/clinics/pain_clinic/documents/Living_with_pain.pdf

<https://my.livewellwithpain.co.uk/resources/acceptance/pain-and-me/>

Supporting self management a clinicians quick guide

Step 1

- Discuss with patient the impact of pain - see pain cycle above
- Explain: persistent pain / reassure

Step 2

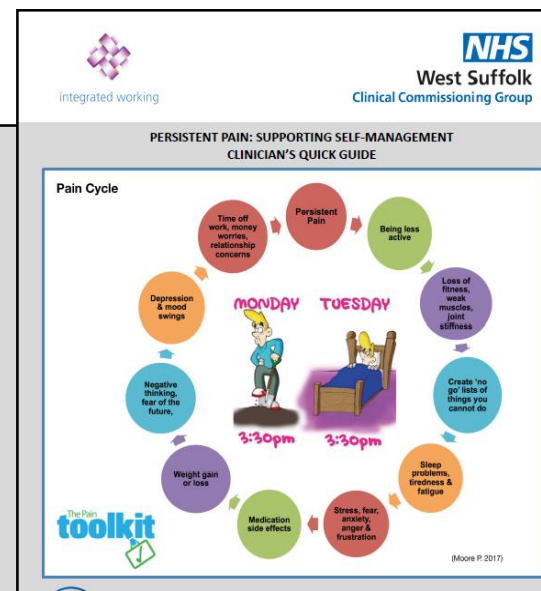
- Enable access: to resources/tools to increase knowledge & skills
- Assess: patient's confidence to self-management

Step 3

- Self referral: One Life Suffolk, Physiotherapy, Wellbeing
- Refer: West Suffolk Pain Services Single Point of Access

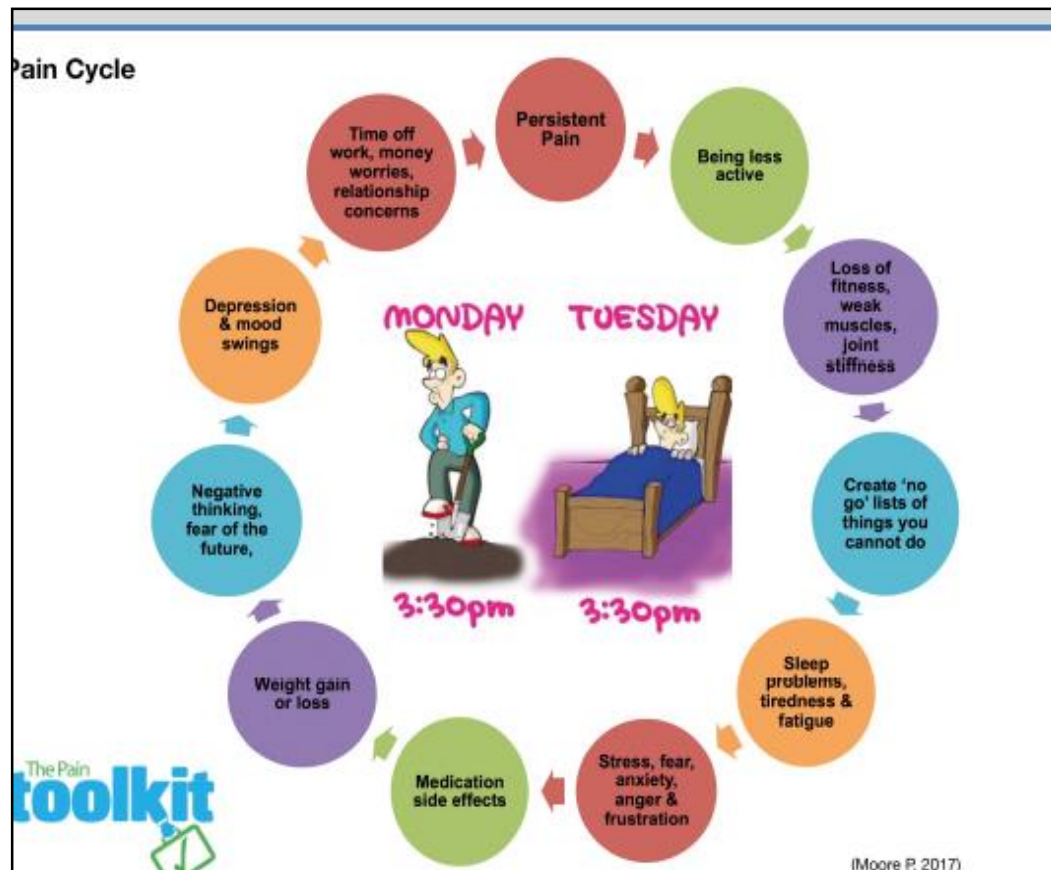
PLEASE TURN OVER FOR RESOURCES AND TOOLS

Produced by the WSCCG Medicines Management Team and West Suffolk Pain Services. Version 1 November 2017. Review Date November 2019.

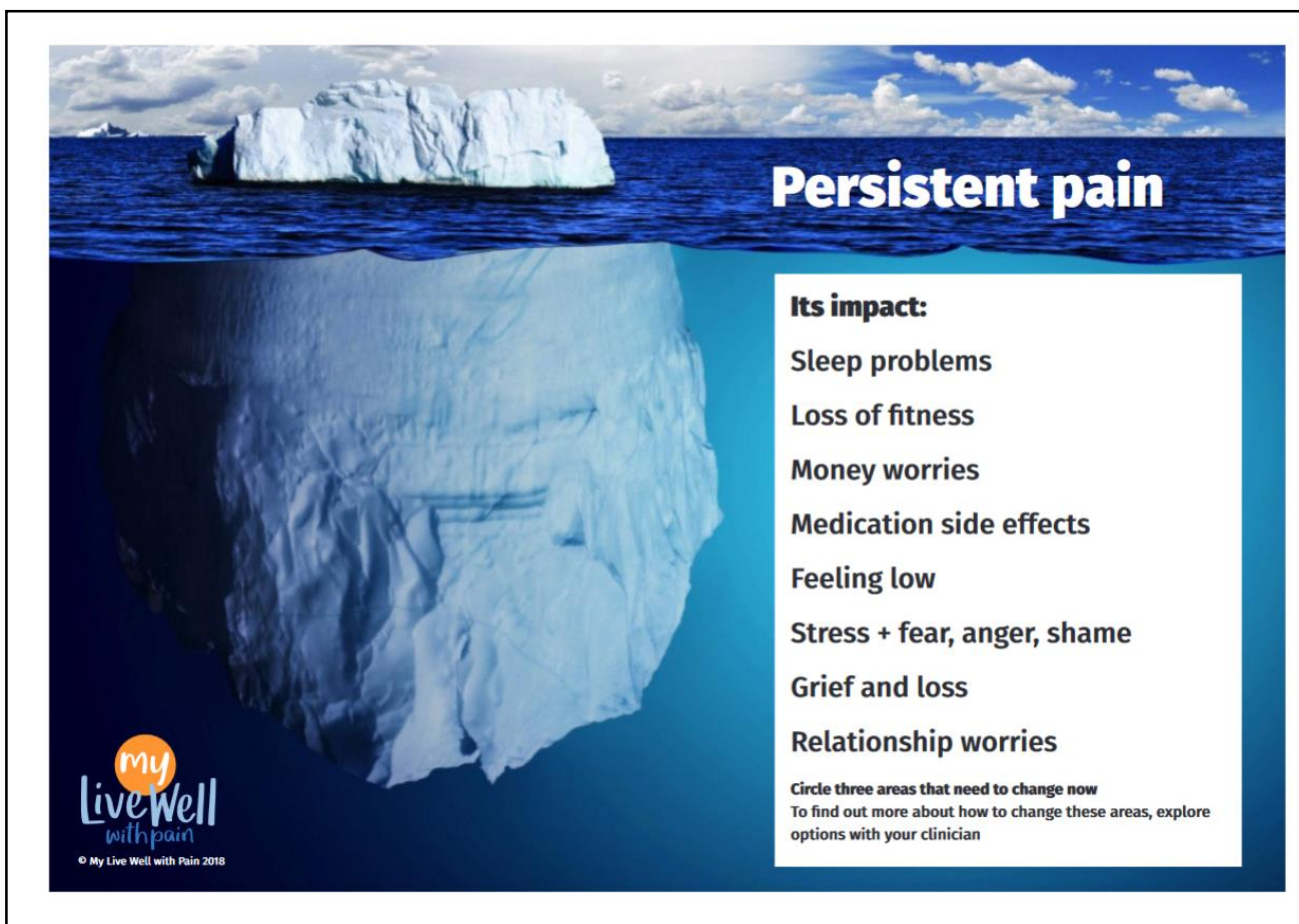


[https://ipswichandeastsuffolkccg.nhs.uk/Portals/1/Content/West%20Suffolk%20Hosting/2688%20Clinician's%20Quick%20Guide%20\(Persistent%20Pain%20-%20Supporting%20Self%20Management\)_v1.2-File%20too%20large%20to%20upload-2m.pdf](https://ipswichandeastsuffolkccg.nhs.uk/Portals/1/Content/West%20Suffolk%20Hosting/2688%20Clinician's%20Quick%20Guide%20(Persistent%20Pain%20-%20Supporting%20Self%20Management)_v1.2-File%20too%20large%20to%20upload-2m.pdf)

Pain cycle



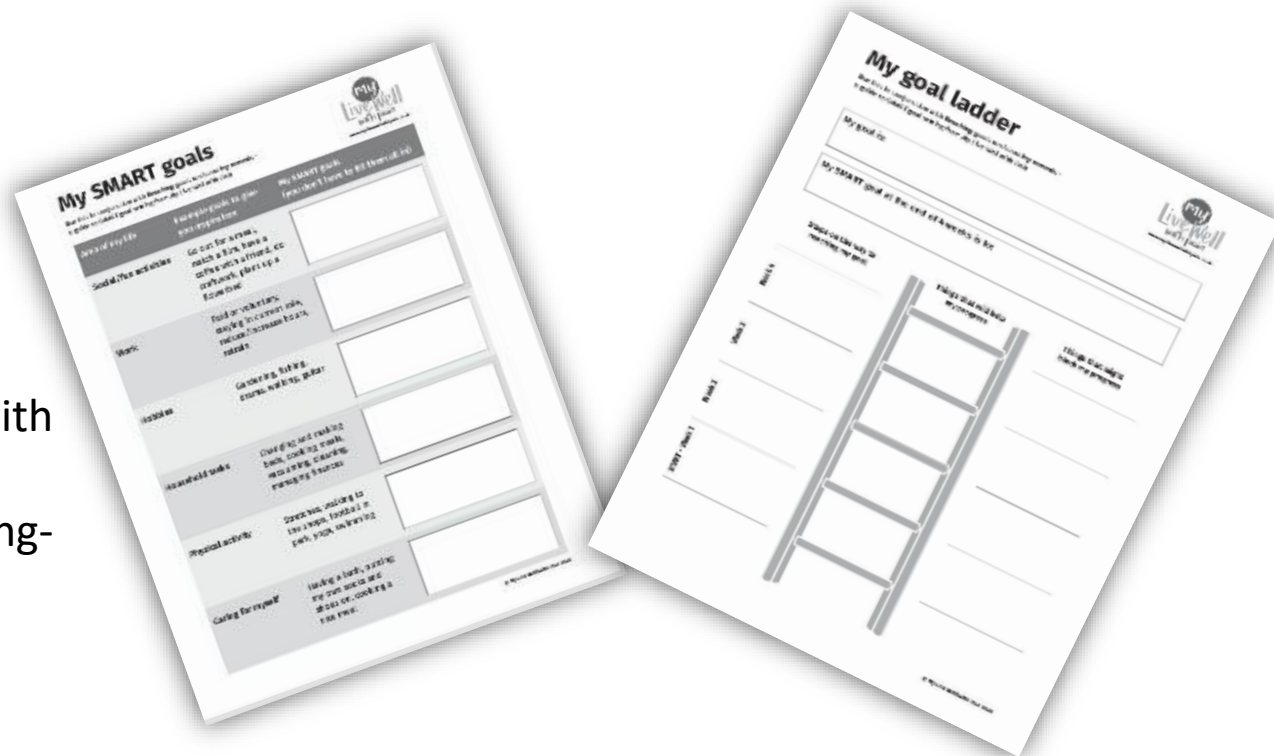
Impact of pain



<https://livewellwithpain.co.uk/resources/resources-for-your-patients/pain-is-like-an-iceberg-poster/>

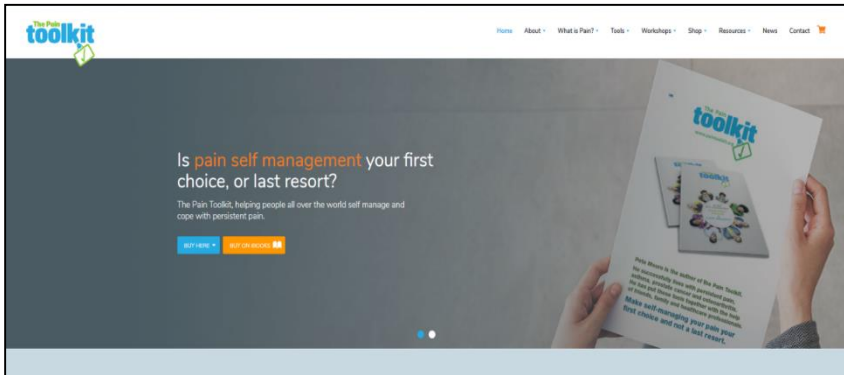
What matters to the patient?

- Goals can help patients to focus on the things that matter most to them
- SMART

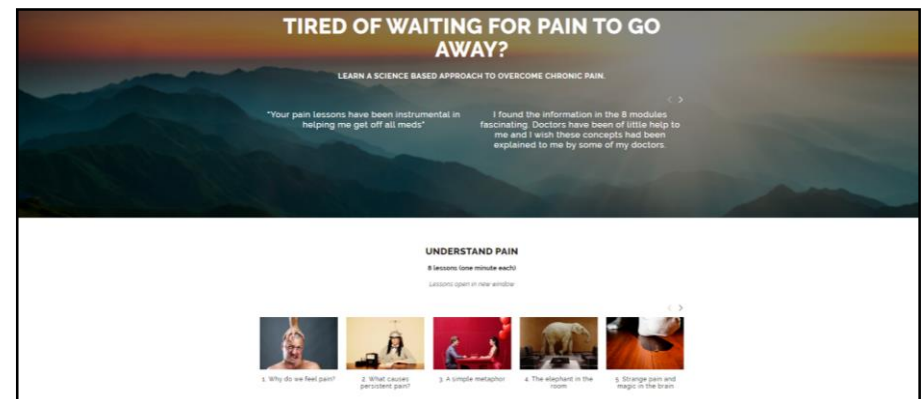
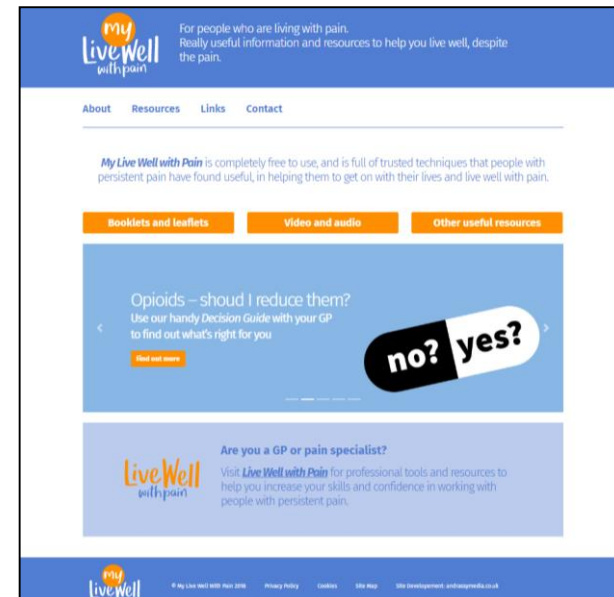


<http://resources.livewellwithpain.co.uk/ten-footsteps/footstep-4-setting-goals/>

Supporting self management



<https://www.paintoolkit.org/>
<https://www.flippinpain.co.uk/>
<https://my.livewellwithpain.co.uk/>
<https://www.retrainpain.org/>



Delivering high quality, safe care, together

Books on prescription

Prescribe a book

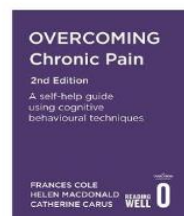
Despite the surge in popularity of self-help literature, books are not a greatly used resource by people with pain.

The Reading Agency is a good place to find out what is recommended. There are some useful books on their website that can be used to refresh knowledge and understanding. Visit:

reading-well.org.uk/books/books-on-prescription/long-term-conditions/pain



Pain



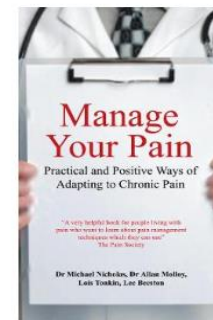
Overcoming Chronic Pain 2nd Edition: A self-help guide using cognitive behavioural techniques

Frances Cole, Helen Macdonald, Catherine Carus



Pain is Really Strange

Steve Haines, Sophie Standing



Manage Your Pain: Practical and Positive Ways of Adapting to Chronic Pain

Nicholas Michael, Allan Molloy, Lee Beeston

<https://reading-well.org.uk/books/books-on-prescription/long-term-conditions>

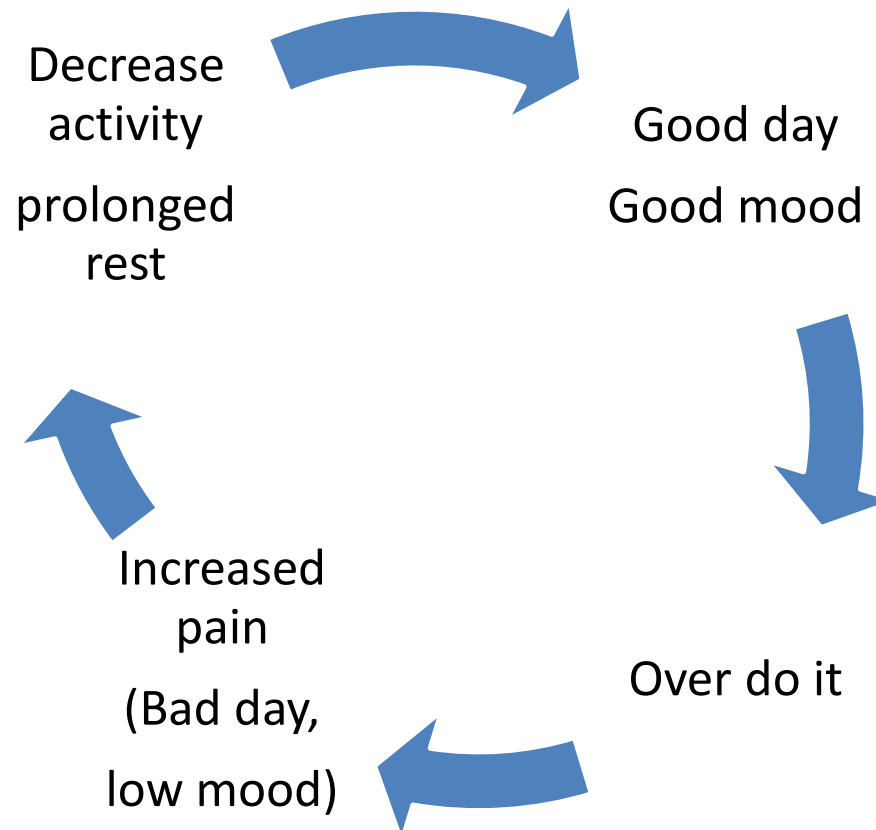
Motivational Interviewing

- What do you know about
- Would it be ok if I shared with you some information/ideas on
- How does that approach sound to you?
What do you make of that?
- Give a reflection for every 2-3 questions you ask

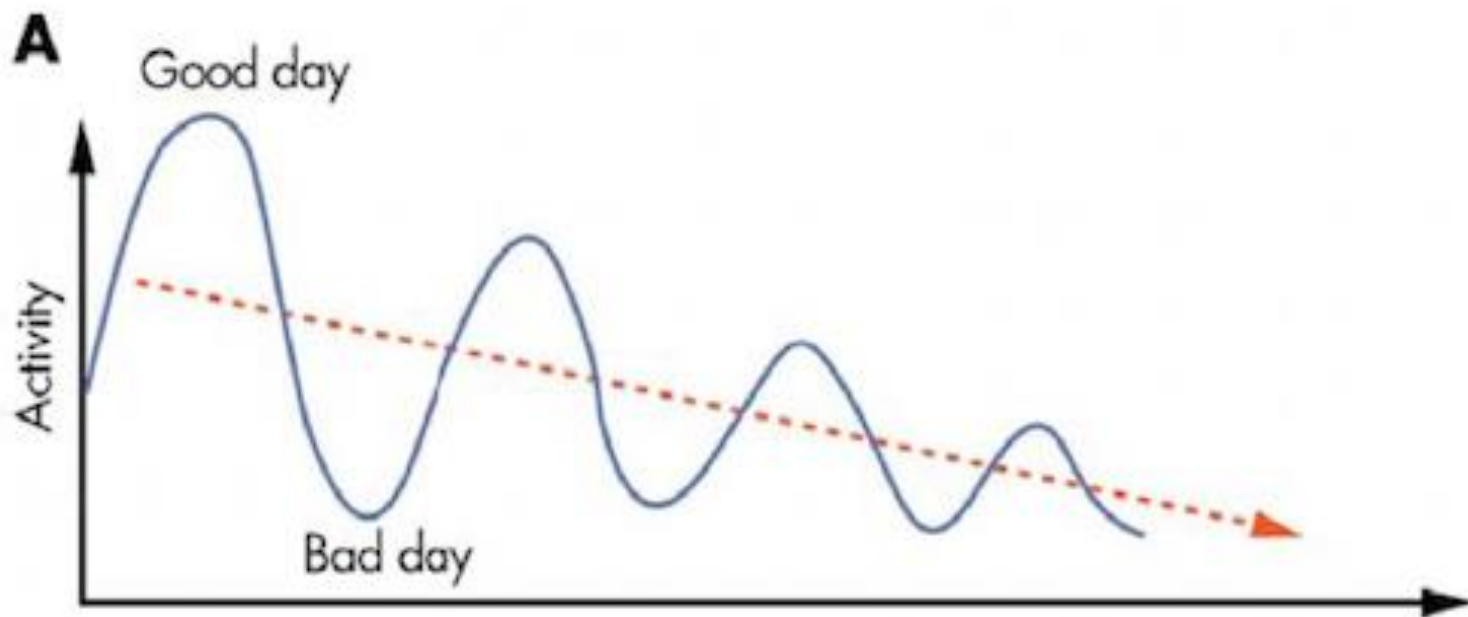
<https://www.iasp-pain.org/GlobalYear/2021GYSupportedSelfManagement>

Helping patients to recognise the common behaviours that can occur when living with persistent pain

Overactivity/underactivity cycle



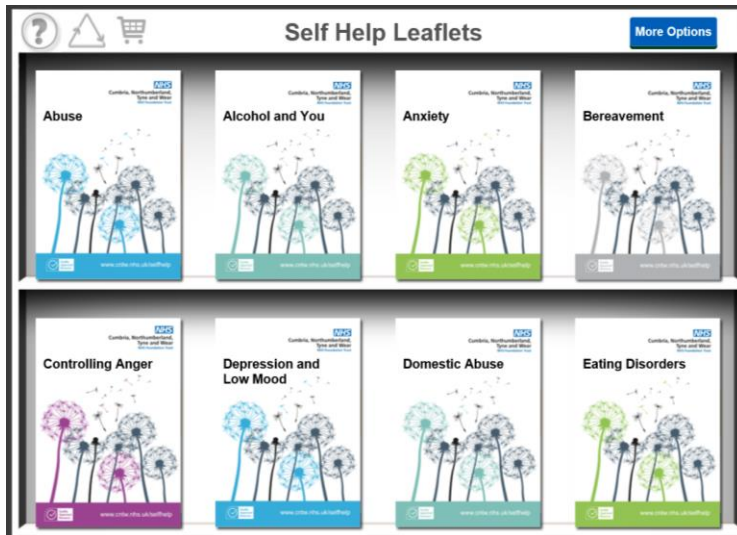
Deconditioning over time



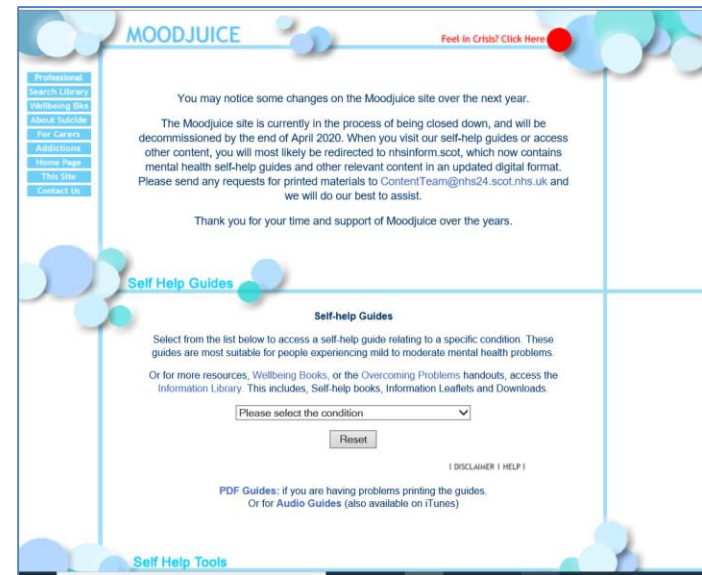
A key tool is 'pacing'

- Stopping an activity before pain or fatigue become unmanageable
- Taking breaks
- Using time as an indicator instead of pain
- Breaking activities in to smaller parts (bite size)
- Being kind to themselves in their thinking, realistic expectations
- Good balance between chores and those we do for interest and pleasure
- Start at a low level and gradually increase activity over time

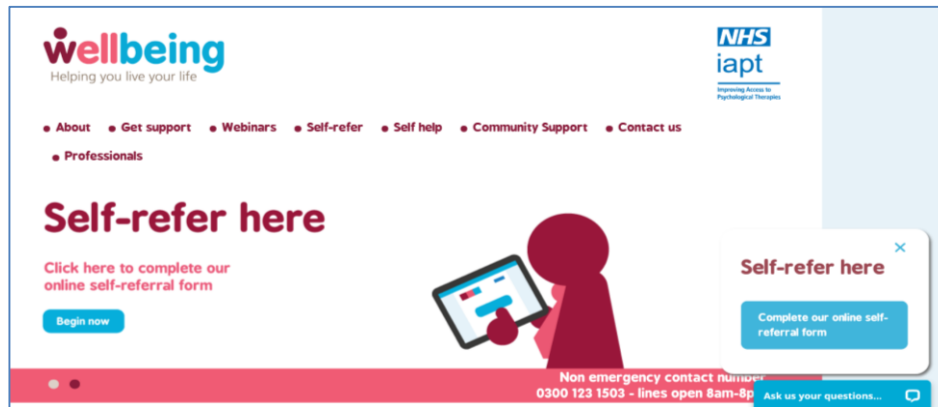
Mood



<https://web.ntw.nhs.uk/selfhelp/>



<https://www.moodjuice.scot.nhs.uk/>



<https://www.wellbeingnands.co.uk/suffolk/>

Distraction

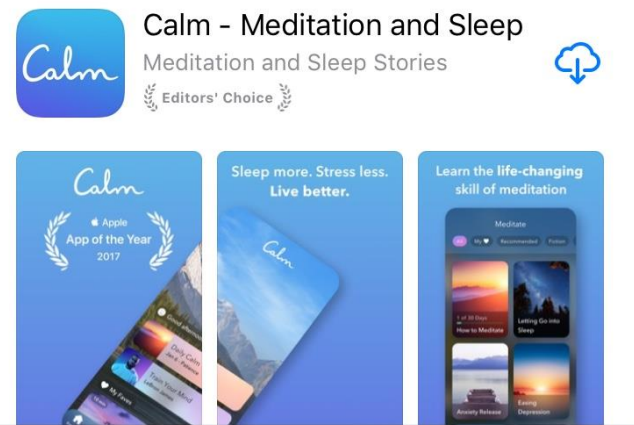
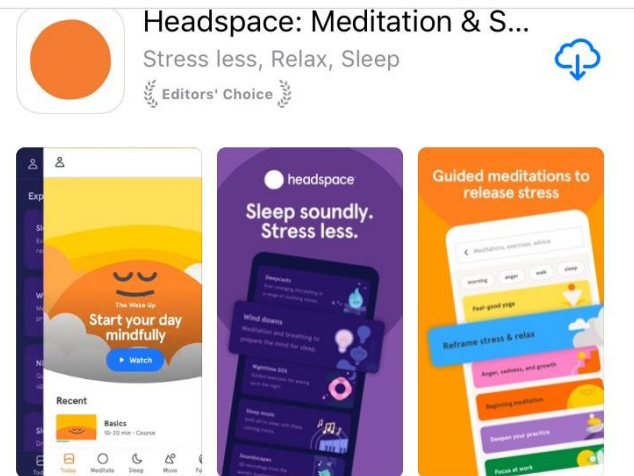
- Focusing attention on something enjoyable
 - Creative
 - Leisure
 - Getting out
 - Contact with others
 - Self soothing

Relaxation benefits

- Slowing heart rate
- Lowering blood pressure
- Slowing breathing rate
- Reducing muscle tension and pain levels
- Improving concentration and mood
- Lowering fatigue
- Help manage anger and frustration
- Help manage anxiety
- Boost confidence with problem solving
- Help as part of wind down routine before sleep

Relaxation and Mindfulness

- Diaphragmatic breathing
- Flop
- Square breathing
- Counting
- Visualisation
- Passive muscle relaxation



Sleep



Flare ups/Set backs

- Reassurance
- Explain common reasons
 - Overdoing
 - Inactivity
 - Stressors
 - ?unknown

Flare up plan

- Accept
- Pacing
- Relaxation techniques
- Mindfulness
- Distraction
- Ask for help
- Be kind to self
- Flare up medication

Coping with chronic pain flare-ups

Flare-ups or dramatic increases in pain levels are often part of chronic pain. How often they occur and how long they last varies from person to person. *Healthtalk's* website has a number of useful videos with people sharing their experiences of dealing with setbacks caused by pain flare-ups.



Visit Healthtalk.org

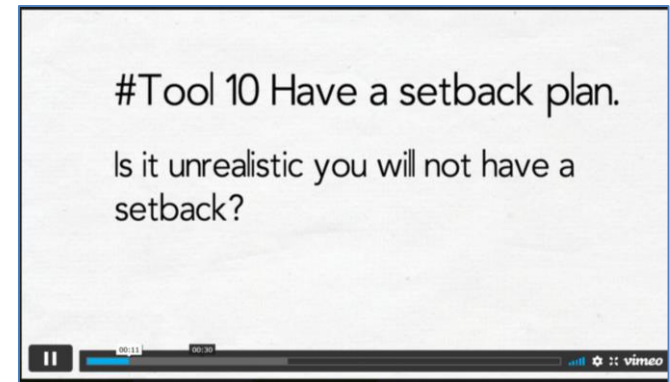
Maintaining progress and managing setbacks

There are many ways to maintain change and continue to build on your success and increase confidence. This leaflet, based on a section from the book *Overcoming Chronic Pain*, tells you how.

Download the setbacks leaflet

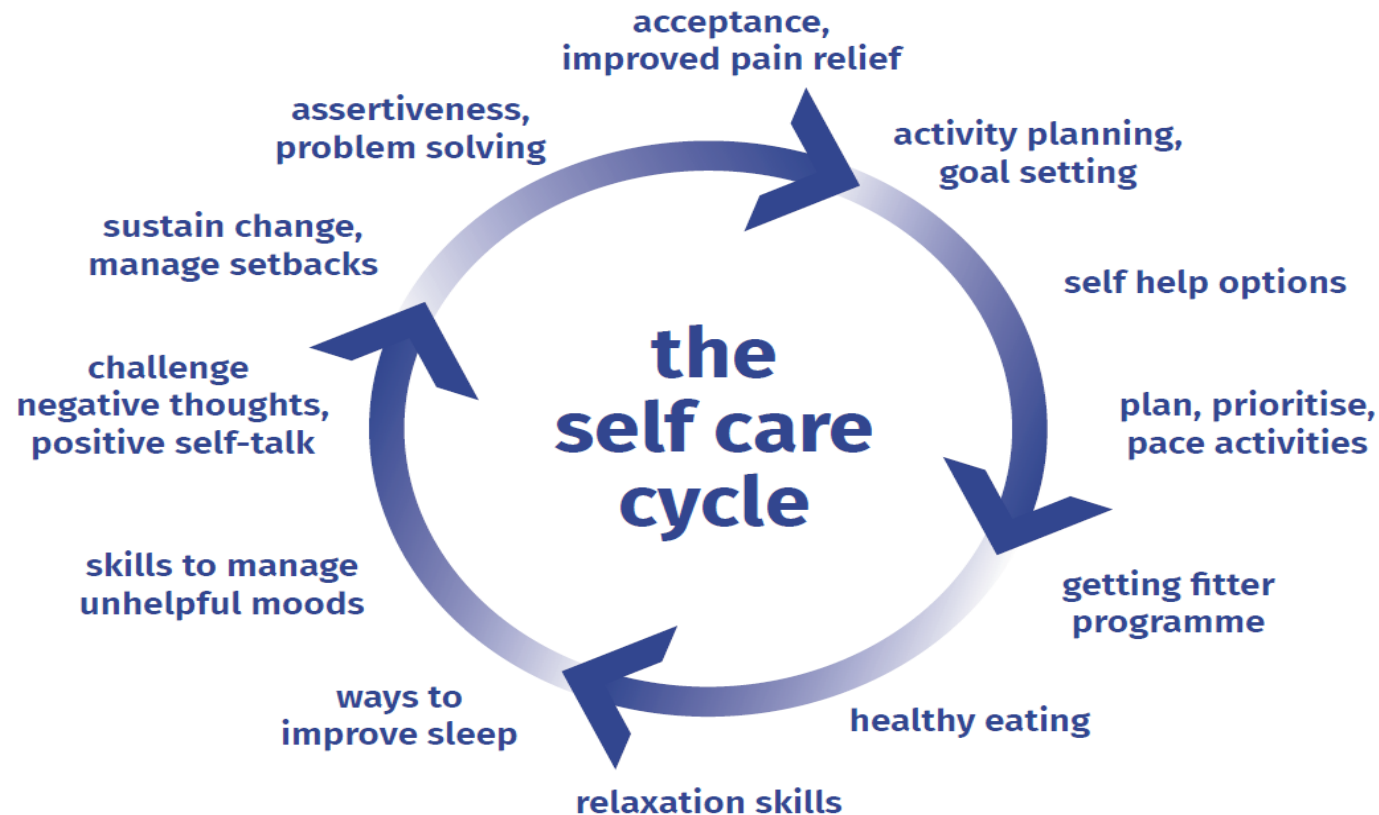


<http://resources.livewellwithpain.co.uk/ten-footsteps/footstep-10-managing-setbacks/>



<https://www.paintoolkit.org/pain-tools>

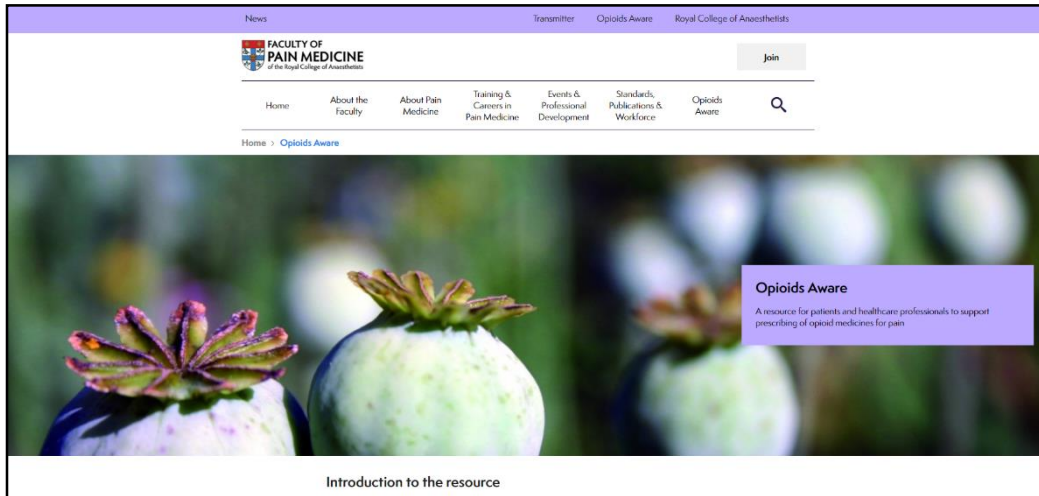
The beneficial pain cycle



<https://livewellwithpain.co.uk/resources/resources-for-your-patients/the-pain-cycle-visual-aid/>

Resources

Opioids Aware



Sections	
Best Professional Practice	⊕
Understanding Pain & Medicines for Pain	⊕
Clinical Use of Opioids	⊕
A structured approach to opioid prescribing	⊕
Opioids & addiction	⊕
Information for patients	⊕

<https://fpm.ac.uk/opioids-aware>

CPD: PrescQipp e-learning courses

<p>Anticholinergic burden</p> <p>Anticholinergic burden</p> <p>Read more >></p>	<p>Anticoagulation</p> <p>Anticoagulation: Stroke prevention in Atrial Fibrillation</p> <p>Read more >></p>	<p>Managing medicines for adults receiving social care in the community Course 1</p> <p>Managing medicines for adults receiving social care in the community: course 1</p> <p>Read more >></p>
<p>Managing medicines for adults receiving social care in the community Course 2</p> <p>Managing medicines for adults receiving social care in the community: course 2</p> <p>Read more >></p>	<p>Medicines use in care homes Course 1</p> <p>Medicines use in care homes: course 1</p> <p>Read more >></p>	<p>Medicines use in care homes Course 2</p> <p>Medicines use in care homes: course 2</p> <p>Read more >></p>

<p>Medicines use in care homes Course 3</p> <p>Medicines use in care homes: course 3</p> <p>Read more >></p>	<p>Optimising medicines for adults with type 2 diabetes</p> <p>Optimising medicines for adults with type 2 diabetes</p> <p>Read more >></p>	<p>Polypharmacy and deprescribing</p> <p>Polypharmacy and deprescribing</p> <p>Read more >></p>
<p>Polypharmacy and deprescribing Concise version</p> <p>Polypharmacy and deprescribing concise version</p> <p>Read more >></p>	<p>Practice medicines co-ordinators</p> <p>Practice medicines co-ordinators</p> <p>Read more >></p>	<p>Reducing opioid prescribing in chronic pain</p> <p>Reducing opioid prescribing in chronic pain</p> <p>Read more >></p>

<https://www.prescqipp.info/learning/prescqipp-e-learning/>

CPD: reducing opioid prescribing in chronic pain

PrescriPP
Community Interest Company

Reducing opioid prescribing in chronic pain e-learning

The Reducing opioid prescribing in chronic pain e-learning course is CPD certified and is aimed at medicines management teams, GPs, practice nurses, practice pharmacists and non-medical prescribers.

There has been a marked and progressive rise in prescribing of opioid drugs in the UK over the past decade and the trend to increased prescribing continues. The increase in prescribing has been predominantly for the treatment of non-cancer pain.

Opioids have demonstrable effectiveness in the treatment of acute pain and pain related to cancer but there is little evidence for the effectiveness of opioids for the treatment of chronic pain. This e-learning course will help equip healthcare professionals to tackle this growth in use and to improve care for patients with chronic pain and is comprised of eight modules:

MODULE 1

Background to chronic pain

- Definition and the suffering and disability caused by chronic pain
- The expectations of chronic pain management
- The approach to chronic pain management with NICE guidelines

MODULE 2

Opioid efficacy and trial of treatment

- The lack of evidence of efficacy of opioids in chronic pain and expectations
- How an opioid trial should be undertaken, the appropriate duration and how to assess and document the outcomes of the trial

MODULE 3

Choice of strong opioid

- The evidence comparing non-morphine opioids with morphine
- The rationale for different formulations and routes of administration
- The approximate dose equivalence of opioids

MODULE 4

Adverse effects of opioids

- The short-term and long-term adverse effects of opioids
- Withdrawal and addiction symptoms

MODULE 5

Duration of opioid therapy and review

- The rise in prescribing of opioid medicines in the UK
- The repeat prescribing of opioids is discouraged
- The need for medication review

MODULE 6

Tapering and stopping opioids

- Improved outcomes anticipated after opioid dose reductions
- How to taper and stop opioids in practice

MODULE 7

Prescription opioid dependence

- Indicators that suggest the possibility of dependence on prescription opioids
- The potential need for specialist support for dependent patients
- The pharmacotherapy that may be prescribed by specialist service for opioid dependent patients during withdrawal

MODULE 8

Specialist services

- Specialist pain services and the variation in access to these across the UK
- Potential role of specialist drug and alcohol dependence treatment services for patients with opioid dependency

CPD CERTIFIED
The CPD Certification Service

Opioids aware:
Recognising and managing
drug seeking behaviour

Ruth Bastable GP

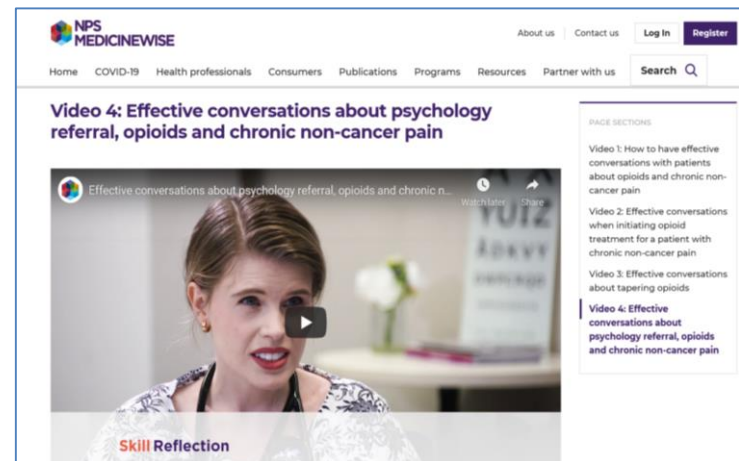
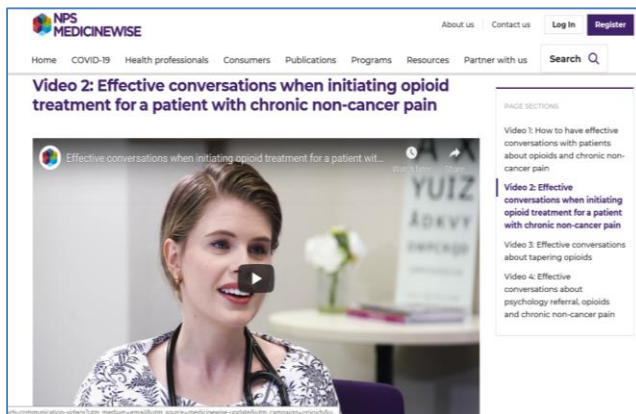
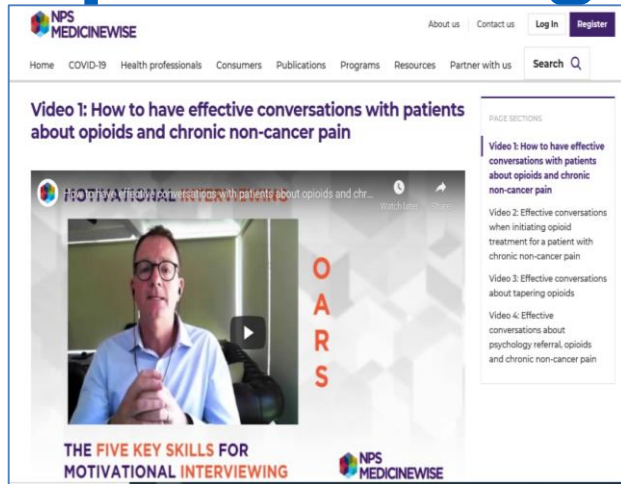
Saying 'no': declining
requests for DFMs

Ruth Bastable GP

CPD: reducing opioid prescribing in chronic pain

NHS

**West Suffolk
NHS Foundation Trust**



How to use 'motivational interviewing' with patients to support shared decision-making

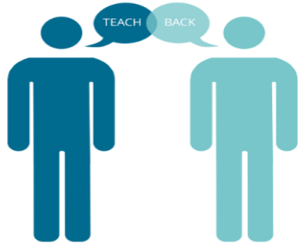
Delivering high quality, safe care, together

Useful resource to support decision making



- Guidance sets out a framework to help you practice both ethically and in line with the law
- Guidance is intended to be helpful to both HCPs and patients

Useful resource: Teach back



Teach back

The teach back method is a useful way to confirm that the information you provide is being understood by getting people to 'teach back' what has been discussed and what instruction has been given. This is more than saying 'do you understand?' and is more a check of how you have explained things than the patient/client understanding.



<http://www.healthliteracyplace.org.uk/tools-and-techniques/techniques/teach-back/>

<http://teachback.org/learn-about-teach-back/>

NICE publications

Chronic primary and secondary pain	Low back pain and sciatica	Neuropathic pain
Controlled drugs safe use and management	Endometriosis	Irritable bowel syndrome
Headaches	Rheumatoid arthritis	Medicines adherence
NSAIDS	Medicines optimisation	Headaches
Depression	Spondyloarthritis	Osteoarthritis

NICE future publications

Guideline title	Publication date
Shared Decision Making	June 2021
Safe prescribing and withdrawal management of prescribed drugs associated with dependence and withdrawal	November 2021
Depression in adults: treatment and management	May 2022