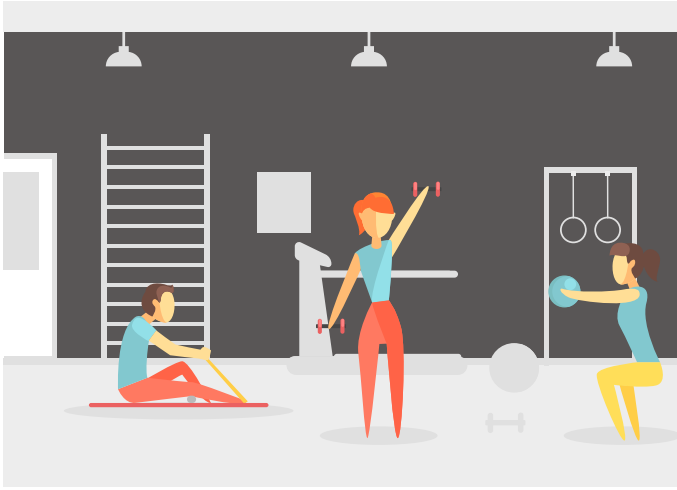
ClinicalPhysio

Guidelines on Chronic Pain Management Handbook



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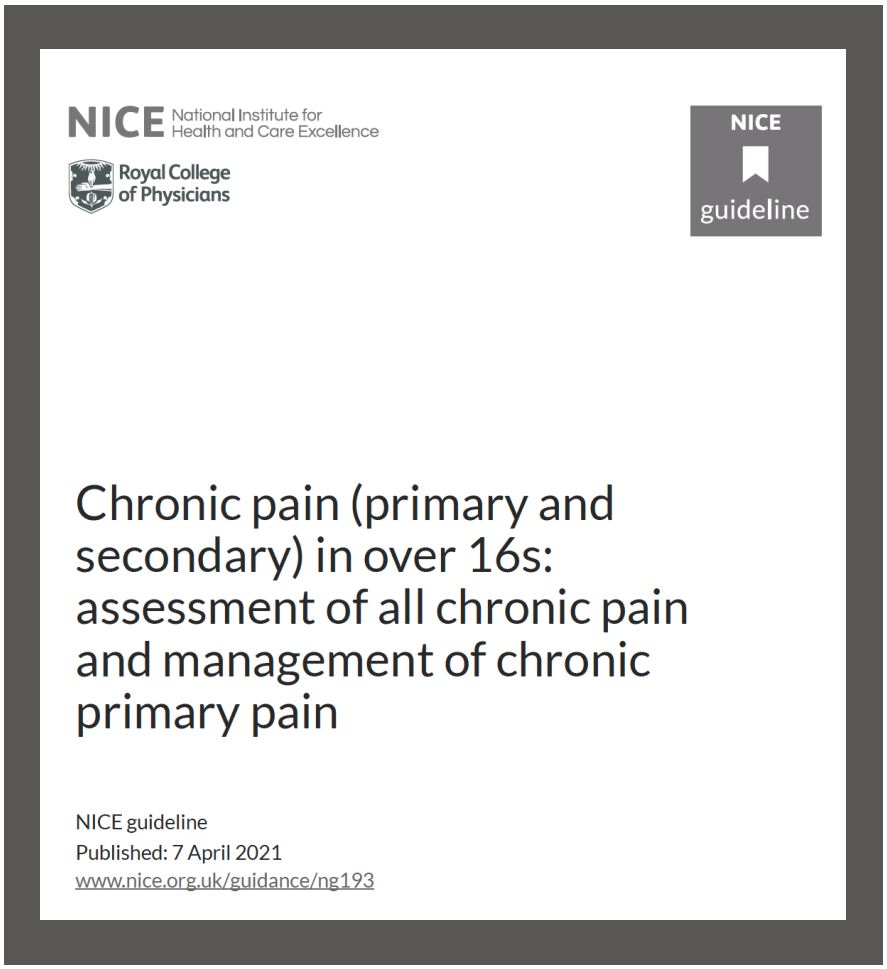
Clinical Physio

The NICE Guidelines

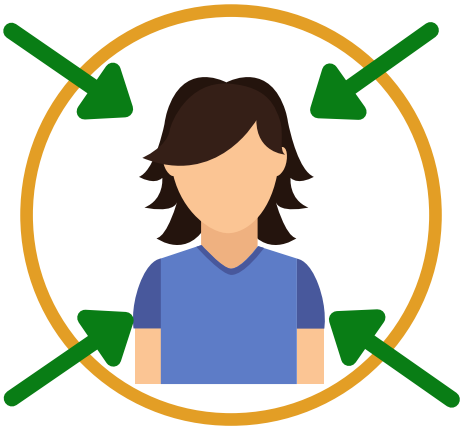


New guidelines for the management of patients with Chronic Pain were released on 7th April 2021 from NICE: The National Institute for Health and Care Excellence. This is a UK Body that works to establish the best assessment and management options for individual clinical conditions.

This webinar aims to summarise the key details behind the guidelines but also give some tips of our own in treating patients with chronic pain.

Please note that the Assessment, Non-Pharmalogical Management, Pharmalogical Management and Future Recommendations sections of this handbook are a reflection of the NICE Guidelines principally rather than the direct recommendations of Clinical Physio. It is also important to note that these guidelines may change again in the future, and so attention should be paid by the reader to see if new guidelines are published by the time of reading beyond 2021.

Assessment



Patient Centred Approach

- **Know the patient as an individual**
- **Enable the patient to actively participate in their care including:**
  - **Communication**
  - **Information**
  - **Shared Decision Making**
- **Foster a collaborative and supportive relationship with the person with chronic pain**
- **Assess for other causes of pain:**

Investigate if appropriate!
"Chronic pain patients get Cauda Equina too!"

One of the biggest recent criticisms of MSK Physiotherapy is when patients with Chronic or Persistent Pain are assessed without consideration of red flag pathology.

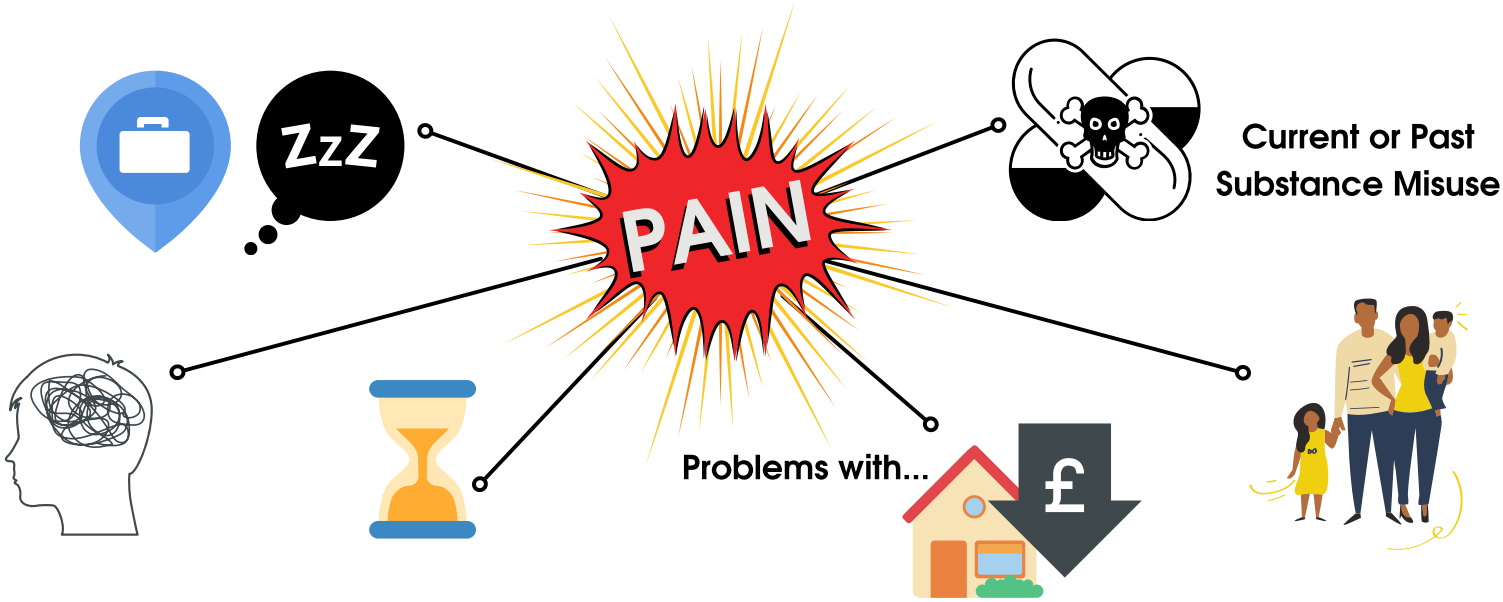
Example cases in the past may have included persistent low back pain patients presenting with a sudden onset of bilateral leg weakness where the thought process from the clinician may have been "that's just a flare up of their persistent pain", or " that's just central sensitisation", rather than considering the possibility of worsening neurological pathology.

This is why the final point of "investigate if appropriate" is so important. If your patient presents with serious signs, then make sure it is investigated and don't just put it down to "persistent pain"

Therefore, assessing each patient as an individual, and taking into account their individual circumstances and symptoms rather than the same assessment to all is vital.

Assessment

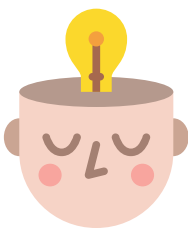
Talk about Pain: How this affects life and how life affects pain



Patients with persistent pain often do not have much opportunity in consultations with other Healthcare Professionals to truly talk about their individual issues in detail. I have found in practice that a vital aspect of physiotherapy for these patients is to talk about how their pain levels are affecting their life. Talking about these things really brings out your patient's true feelings and true issues. This is vital, because when it comes to therapy, you can really plan your patient's goals around the things that really matter to them.

Include your patient, and make it personal to them

Be aware of cultural and ethnic backgrounds



What strengths do they have in helping manage their pain?

- Skills
- Knowledge
- What has helped?

Ask their (and others) understanding of pain and outcome of treatments

Assessment

Education

Pain may improve or may get worse or need ongoing management

There can be improvements in QoL even if pain does not change

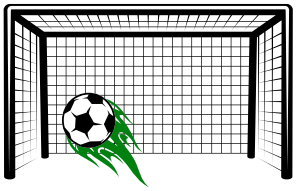
Provide information relavant to the individual

Be sensitive to the risk of invalidating a person's experience of chronic pain

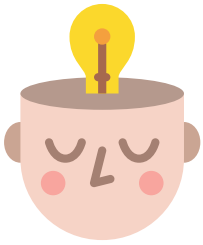
Education is a vital element of Patient Management, but particularly when it comes to Chronic or Persistent Pain. The above points may be really important things to consider when educating these patients.

Remember that educating carers, friends and family of the patient may be just as important as education to the patient themselves.

Treatment Plans



Explore their Goals and Priorities!



Utilise:

- **Their Skills**
- **Their Knowledge**
- **What has helped?**

Consider their preferences for treatment

Flare Up Management

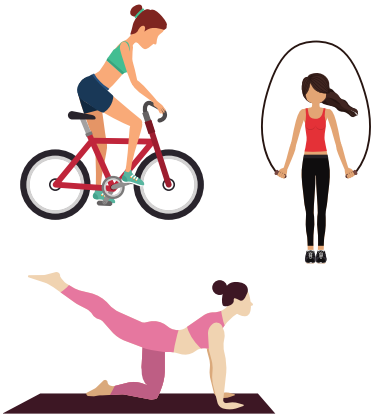
Consider reassessment if change in symptoms

Including your patient in formulating treatment plans is crucial not only for getting the right targets in place, but also to ensure your patient values and believes in it. Use their knowledge of managing their own condition.

Discussing flare up management is essential to allow the patient to independently manage. But also, like we mentioned before, if the new symptoms are serious, consider if new assessment or investigations are needed.

Non-Pharmalogical Management

Exercise Programmes and Physical Activity



"Offer a supervised exercise programme"

"Take people's needs, preferences and abilities into account"

"Encourage people... to remain physically active for longer-term general health benefits"

Impact on:

- **Confidence**
- **Self-Esteem**
- **Mental Health**

Psychological Therapy

- **Acceptance and Commitment Therapy (ACT)**
- **Cognitive Behavioural Therapy (CBT)**

"Delivered by healthcare professionals with appropriate training"

"Do not offer Biofeedback"

A really important point here is that Psychological Therapy needs to be provided by **Healthcare Professionals with Appropriate Training** as highlighted in the new Guidelines.

There is no doubt that patients with Chronic or Persistent Pain may well have a complicated set of Psychological Traumas and Barriers which come with their symptoms. There may be a certain amount of this that we may be able to address within physiotherapy... However, our skills have a limit, and we need to recognise when our skills have reached that limit so that someone more experienced in these therapies may be the right person to take over.

Non-Pharmalogical Management

Acupuncture

CONTROVERSIAL!

"Consider a single course of acupuncture or dry needling, within a traditional chinese or western acupuncture system..."

But only if the course:

- **Is delivered in a community setting**
- **AND is delivered by a band 7 (equivalent or lower) healthcare professional with appropriate training**
- **AND is made up of no more than 5 hours of healthcare professional time (the number and length of sessions can be adapted within these boundaries)**
- **OR is delvered by another healthcare professional with appropriate training and/or in another setting for equivalent or lower cost**

Without doubt the most controversial aspect of the new NICE Guidelines, that has caused a lot of conversation amongst physiotherapists. One reason for this is because acupuncture is seen as a passive treatment with high dependency from patients, and also for concern that some practitioners may over-use this treatment. That is perhaps why NICE have been so clear in outlining extra guidelines specific to acupuncture use as above.

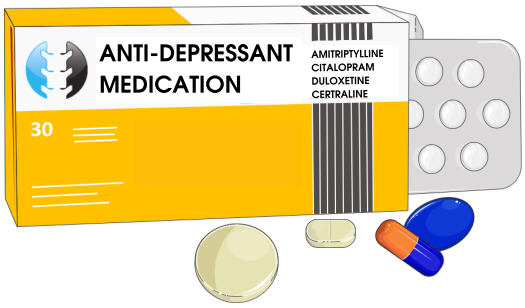
Electrotherapy

"DO NOT offer the following... because there is no evidence of benefit"

- **TENS**
- **Ultrasound**
- **Interferential Therapy**

Pharmalogical Management

Anti-Depressants



"Consider an Anti-Depressant... after a full discussion of benefits and harms... for people aged 18 and over"

- Amitriptylline
- Citalopram
- Duloxetine
- Fluoxetine
- Paroxetine
- Sertraline

"If an Anti-Depressant is offered... explain that this is because these medicines may help with QoL, pain, sleep and psychological stress, even in the absence of a diagnosis of depression."

Do Not Offer...

✳ "No evidence"
"These medicines have possible harms"
"Not commenting on these medicines could result in their continued use in practice"

- **Antipsychotic drugs** ✳
- **Corticosteroid Trigger Point Injections** ✳
- **Non-Steroidal Anti-Inflammatory Drugs** ← "Limited evidence", "Risk of harm (GI bleeding)
- **Opioids** ← "No evidence", "evidence suggested an increased risk of dependence", "even short term use could be harmful"
- **Paracetamol** ✳
- **Cannabis-based medicinal products** — As documented in cannabis-based medicinal products NICE Guideline. "More research would be useful"

N.B. Comments in Quotation Marks Above (" ") are comments which have been taken directly from the NICE Guidelines. Remember Pharmalogical Management must be directed by an appropriate Healthcare Professional, likely to be a Medical Doctor.

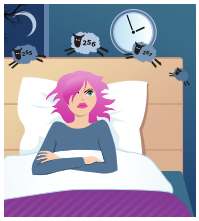
Further Research Recommendations

What is the Clinical and Cost effectiveness of ... for managing Chronic Primary Pain?

1 Mindfulness

Clearly to promote independence in psychological and mental health management for these patients

2 CBT for Insomnia



Perhaps recognising that insomnia and a lack of sleep are major barriers to these patients being able to manage their symptoms, and thus addressing this is crucial to management.

3 Manual Therapy

Another controversial suggestion in the guidelines, mainly because of its poor evidence in achieving long term improvement and its passive nature. Perhaps this is why it is a research recommendation, so that it can be ruled in or out of future guidelines.

4 Repeat Acupuncture

The current guidelines suggest one course of acupuncture and so clearly they want to establish if multiple courses is beneficial or not.

5 Gabapentinoids or LA's (CRPS)

A suggestion specific to managing CRPS rather than Chronic Pain generally,

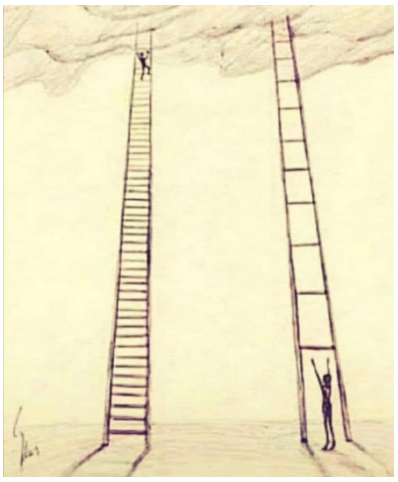
These research recommendations by NICE clearly demonstrate the direction in which they feel chronic pain management is going, or to help establish whether or not these interventions have a place in chronic pain management because the current research is inconclusive.

Ideas from Clinical Physio

Key Mindset Concepts to Establish

Get out of your bubble
Get into their bubble

What your patient thinks, rather than what the therapist thinks, is vitally important. So "Get into their bubble"... See things from their perspective, Understand why they think the way they do, and then address this if need be



So many patients struggle to get up the first step because they set goals and aims which are TOO HIGH rather than setting small individual steps which when addressed in small chunks are much more attainable in the long term. Explain this to your patients and help them set small targets which will prevent frustration, and actually allow them to see progress occuring.

"By changing nothing... Nothing changes"

Tony Robbins

Quite simply, both parties have to understand that what has been happening so far has not been working. Something has to change. Are they ready for change?

What is their ACTUAL motivation?

Relate therapy to this!
Explain therapy effect on this!

Don't let the answer be pain related!

- "May always be in pain"
- Less control than functional task
- Easier to progress
- Bigger psychological impact when it fails

Vitally Important! Make sure their goals are NOT related to getting out of pain, but are instead related to function and lifestyle changes e.g. to hang the washing out, to get back to walking across the beach. Not only will this mean a lot more to them, and is more rewarding, but it takes the focus away from the pain, which we know already they have been struggling to get to grips with.

Like Quicksand, sometimes the harder you try and get out of pain, the more you find yourself stuck in it.

Ideas from Clinical Physio

Language

"What does your patient hear?"

"What have they heard before?"

Can we be empowering and reassuring?

- **"Chronic Pain" vs. "Persistent Pain"** The term "Chronic Pain" can be quite emotive. We have seen a transition to the term "Persistent Pain"

- **"I'm sorry that this is what you were told before"**
- **"We now know..."**

If your patient has been told something potentially harmful before (such as "hurt = harm"), then don't tell them they are wrong. They may have deep rooted beliefs on this. As a result, instead, be sensitive to this, and use the phrase "we now know....." to try and explain a new level of thinking.

- **"You" vs "We"** The use of "We" (you and the patient) is so powerful. They may well be feeling isolated, alone, helpless. Explaining that you are on the journey WITH them, can be really motivating and empowering.

- **Focus on the "Can", not the "Can't"**

Always positive where possible. Your patient may be spending most of their day thinking about what they CAN'T do. Try and change this to help them focus on what they can do.

Ideas from Clinical Physio

Language: How do you Explain Persistent Pain?

For a long time, I have used the analogy of a King in his Castle, trying to prevent attack and trying to watch for threatening stimuli, much like how the brain tries to prevent attack and watch for threatening stimuli in the body.

Has soldiers positioned at different parts of the castle	Have receptors around different parts of the body
Soldiers constantly feeding information to king regarding any threats	Receptors around the body constantly feeding information to the brain
King has to intercept this information and decide if the castle is under attack	Brain has to decide if information from the body poses a threat
If King decides its a threat, he will send message to soldiers to get ready to fight	If brain decides it's a threat, message of pain sent down to the body
If the King perceives that same side of castle is repeatedly threatened...	If the brain perceives that same part of body is repeatedly threatened...
If King is constantly worried about one side, he will be on high alert for all sides	If brain is constantly worried about one area, it will be on high alert for all areas
If the King perceives that the WHOLE castle is repeatedly threatened...	If the brain perceives that the WHOLE body is repeatedly threatened...

Ideas from Clinical Physio

Language: How do you Explain Persistent Pain?

This shows that pain is threat response is different for different parts of the body, but also from one person to another

Any pain response is not simply based "Yes" or "No" on whether there is injury or not.... Stress, Memory, Impact on life circumstances all have effect

It's the message going down, not the message coming up

Have to show the King, and thus the Brain, that there is less of a threat so both feel less worried

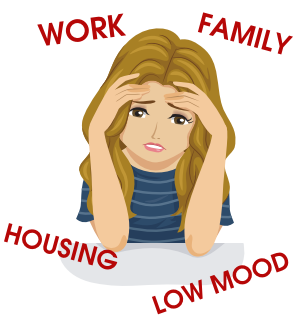
Other Options for Different Analogies

To sometimes describe how the brain can often get used to the same message of pain going from the Central Nervous System down to the lower limb, I talk about an Orchestra that plays the same song every night gets so used to playing that song that they forget how to play different songs.

Or a describe that if your house got burgled, or experienced a fire, from then on you would always feel nervous, agitated, "on-edge" and threatened by any noise or sound or hint of danger than before. This is akin to how the brain feels a heightened sensitivity to threats after a period of higher levels of pain. It feels more worried about things that wouldn't have worried it before.

Ideas from Clinical Physio

How do you get moving?



What is actually their goal?

Your patient may have all manner of things going on in their life. How can you tailor your therapy to help them achieve their REAL goal of getting over financial issues, or getting over a bereavement. Yes this may be with exercises, but it might also be with relaxation, stress management, talking to people they need to talk to sort things out, or action things that they have been leaving behind because it scares them.

Also, with all these things going on, we can seem quite insensitive if we come "charging in" with 10 repetitions, 3 times a day. So be mindful of this and try and work things in their favour as below.....

Which exercises did you like?

How many do you think you can do?

How often do you think you can do it?

Change if you like!

Take your painkillers!

Call me!

What's more important? That you are happy with the exercises you give, or that the patient is happy with the exercises they have received. Consider them wholeheartedly. What will work for them? What do they feel confident doing? What do they feel will help them? What positions do they prefer? What would be more achievable for them in terms of reps and sets?

Be Fluid with your thinking, and let your patient know that they have the power to change their exercises to something that suits them better (within reason!)

Summary

SUMMARY

Assessment

- Use a Patient-Centred Approach
- Talk to your patient about their pain
- Use Education+++ within your assessment
- Include your patient within treatment plans

Pharmacological Guidelines

- Consider Anti-Depressant ✓
- Paracetamol, NSAID's, CSI's ✗
- Opioids, Cannabis-based ✗
- Electrotherapy ✗
- Decisions made by appropriate HCP

Non-Pharmacological Guidelines

- Exercise and physical activity ✓
- Psychological therapies (with appropriate HCP) ✓
- Acupuncture ✓
- Electrotherapy ✗

Our Tips

- Mindset
- Language
- REALLY consider the person to help them get moving