

AUSTRALIAN PAIN SOCIETY

Pain Management Programmes for Chronic, Persistent, or Long lasting Pain

The International Association for the Study of Pain (IASP) has defined pain as “a sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.” Recent advances have provided the tools by which most types of acute and cancer pain can be reasonably well managed. However chronic, persistent, or long-lasting pain does not respond as well.

Our understanding of the complex interactions of the associated physiological, psychological, behavioural and social sequelae is becoming clearer, with persistent pain in general being best managed using the “bio-psycho-social” model. This model which has developed over the past 30 years has aided the management of many forms of chronic illness. Simple analgesics, opioids and interventional techniques are often helpful for the nociceptive component but are frequently inadequate to address the broader psychosocial aspects of an individual’s suffering.

Treatment approaches consistent with the bio-psycho-social model often use a cognitive behavioural paradigm.

The goals of a Pain Management Program are to:

- improve the patient’s understanding of their situation
- improve the patient’s level of physical functioning despite ongoing pain
- modify the patient’s perceived level of pain and suffering
- provide coping skills and strategies for dealing with chronic pain, disability, distress and life changes
- promote self-management which can reduce the patient’s future reliance on others, such as for medications and further therapy
- reduce or modify the patient’s future use of health care services.
- return the patient to their pre-pain state with regard activities of daily living.

It is appropriate to consider a multidisciplinary Pain Management Program for an individual when:

- there has been a failure of medical and surgical treatment
- there is a perception of over-reliance on medications and therapies
- there is pronounced inactivity
- there is significant depression or anxiety
- there is a perception of inadequate coping
- the individual is receptive to adopting a self management approach and is willing to participate in such a Programme

It should be recognised that not all patients are suitable for a group based Pain Management Programme and individual therapy may be required.

Multidisciplinary Pain Management Programmes have an increasing evidence-base to support their use in reducing suffering and pain perception. The success of these programmes is in their adoption of a Cognitive Behavioural approach to management.

Techniques taught should reinforce:

- Pain coping strategies - patients who rely on passive and ineffective strategies (such as catastrophising) are much more likely to experience high levels of pain and psychological distress resulting in maladaptive pain behaviour.
- Self-efficacy beliefs – assisting the client to develop helpful attributions with regard to their personal ability to manage their pain and emotional distress.
- Anxiety management strategies – to assist the client to reduce avoidance behaviours in response to fear of painful exacerbation or reinjury.

Multidisciplinary Pain Management Programmes generally contain four components:

A Cognitive Behavioural Programme to:

- Identify and challenge specific maladaptive attitudes, beliefs, thoughts and expectations.
- modify unhelpful behaviour
- more effectively manage emotional distress including doubt, guilt, anger, anxiety, depression, loss, poor self-esteem and fear of the future
- understand and apply quota-based or time-contingent activity-enhancement.

A Graduated Activity Programme to:

- reduce inactivity and avoid physical 'deconditioning'.
- increase daily activity, (despite pain) to improve overall physical functioning.
- address fear-avoidance behaviour by introducing education relating to 'hurt and harm', teach pacing and goal setting as well as introduce a graded desensitisation program relevant to specific fears.

An Education Programme to address:

- concepts and constructs with regard to the varieties of pain, the underlying physical changes occurring with chronic pain and the difference between 'hurt' and 'harm'
- concepts of illness and disability, from medical, psychological and social perspectives as well as patient opportunities and responsibilities
- the scientific basis of pain and pain pathways including the Gate Control Theory
- analgesic and co-analgesic drugs: their risks, benefits and patient expectations
- effective physical activity and manual handling with regard to activities of daily living, and potential vocational rehabilitation.
- the effects on the patient's social milieu, their family, friends and work colleagues
- Return-to-Work perspectives

Lifestyle Modification to teach:

- Goal-setting
- Pacing techniques
- Daily planning
- Ways to access community involvement
- Communication skills
- Appropriate ergonomics for all daily activities.
- Return to work skills

An appropriate program would take advantage of the dynamics of a group setting over a period of time (typically varying between 2 weeks full-time and 6 weeks part-time). There should be sufficient intensity to suit the complexity of the enrolled clients, and use a range of skilled health professionals to deliver a consistent and repeated theme.

Pain Management Programmes have the capacity to improve the patient's quality of life, reduce suffering and distress and provide a more satisfying daily lifestyle. They are not designed to eliminate pain or provide the patient with a cure.

Reference

Guzman J, Esmail R, Karjalainen K, et al. Multidisciplinary Bio-Psycho-Social Rehabilitation for Chronic Low Back Pain. Cochrane Database Syst-Rev 2002;(1):CD000963

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Approved by the Council of the Australian Pain Society November 2002