PERSISTENT PAIN ANNUAL REVIEW PILOT

Western Rural Healthcare, Castlederg.

Liz Connolly-Anderson

FCP Clinical Lead Derry GP Federation

OVERVIEW

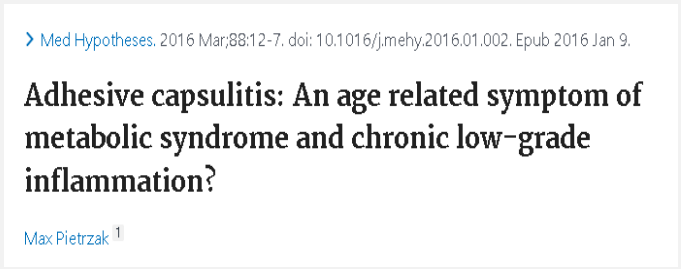
- Musculoskeletal Health & Illness
- Determinants of Health & NI context
- Cost of Living Crisis & NI Context
- Musculoskeletal Disease & Persistent Pain
- Why is Musculoskeletal Health Important & Who Is Responsible
- FCP Public Health Role
- The Painful Truth (2014)
- Persistent Pain Annual Review
- Initial Outcomes & Future Directions
- Conclusion

MUSCULOSKELETAL ILL HEALTH

- 3 groups of musculoskeletal conditions can leading to poor musculoskeletal health. (Understanding Arthritis: A Parliamentary Guide to Musculoskeletal Health. Arthritis Research UK - 2013 - Arthritis Research UK)
- The commonest group comprises conditions of musculoskeletal pain such as osteoarthritis and back pain. Major risk factors for this group include obesity, physical inactivity and injury, all of which are amenable to public health interventions.
- A second group is osteoporosis and its major consequence, fragility fractures. The risk factors are varied and complex, but many are lifestyle associated, such as smoking, alcohol, poor nutrition and low levels of physical activity.
- The rarer inflammatory disorders such as rheumatoid arthritis form a third group and are less strongly related to lifestyle, but nonetheless have some important modifiable risk factors, such as smoking.
- P.M. Clark, B.M. Ellis, A public health approach to musculoskeletal health, Best Practice & Research Clinical Rheumatology, Volume 28, Issue 3, 2014, Pages 517-532

MUSCULOSKELETAL HEALTH V ILLNESS

- An ageing, physically inactive and increasingly obese population, coupled with finite health and social care resources, requires a shift from treating musculoskeletal disease when it arises to a preventive approach promoting lifelong musculoskeletal health.
- A public health approach to musculoskeletal health ensures that people are able to live not only long, but also well.
- Supporting self-management, addressing common misconceptions about the inevitability of musculoskeletal conditions, and offering brief interventions to support necessary lifestyle changes are basic public health functions that all health professionals can deliver.
- P.M. Clark, B.M. Ellis, A public health approach to musculoskeletal health, Best Practice & Research Clinical Rheumatology, Volume 28, Issue 3, 2014, Pages 517-532



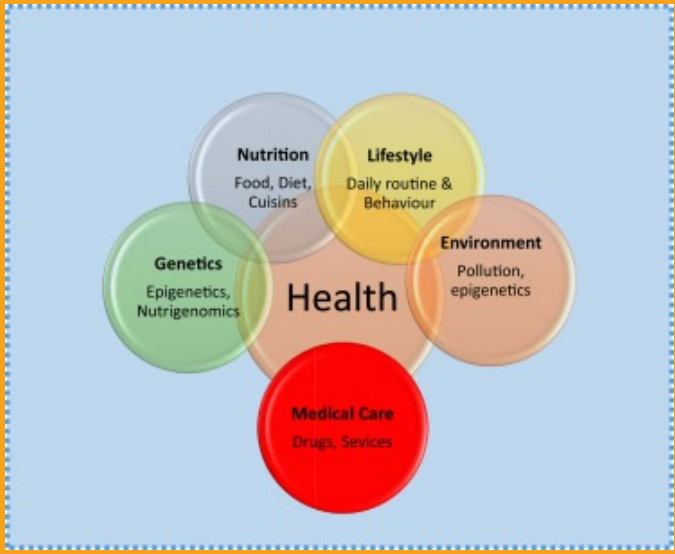




DETERMINANTS OF HEALTH



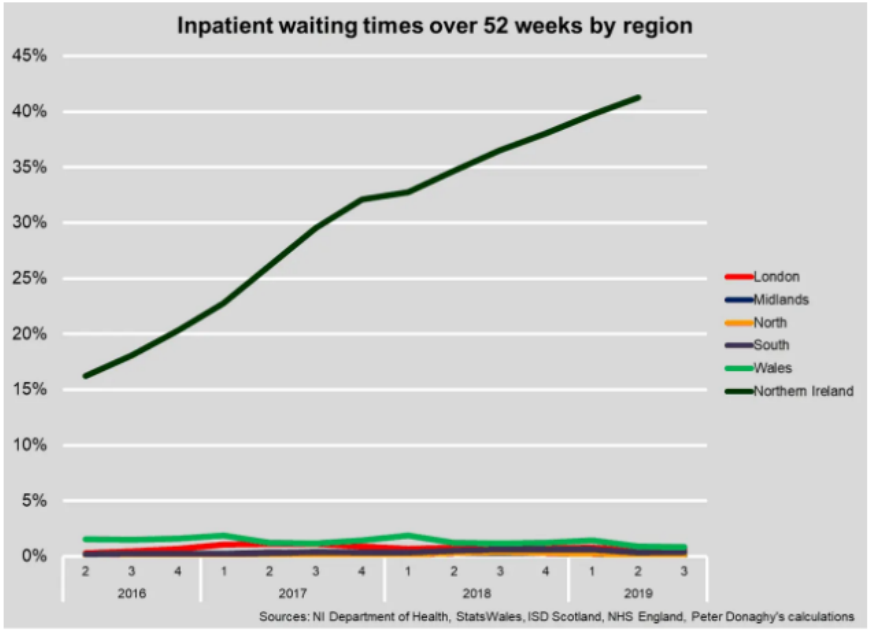




NORTHERN IRELAND CONTEXT

Northern Ireland's healthcare system is broken

Peter Donaghy (Salmon of Data) on November 20, 2019, 12:27 am 202 Comments | Readers 5143



The dispute over the **Northern Ireland Protocol** may benefit some politicians, but is very bad for science and **health**.

McKee M.

BMJ. 2022 May 17;377:o1243. doi: 10.1136/bmj.o1243.

PMID: 35584841 No abstract available.

Breaking the **Northern Ireland protocol** would create problems for **health** and care.

Dayan M, Hervey T.

BMJ. 2022 Jul 6;378:o1673. doi: 10.1136/bmj.o1673.

Exploring complex-PTSD comorbidity in trauma-exposed **Northern Ireland** veterans.

Spikol E, Robinson M, McGlinchey E, Ross J, Armour C.

Eur J Psychotraumatol. 2022 Mar 31;13(1):2046953. doi: 10.1080/20008198.2022.2046953. eCollection 2022.

Exploring the effects of socio-economic **inequalities** on **health** and disability in **Northern** Irish adolescents: evidence from a nationally representative longitudinal study.

McElroy E, Courtney C, Adamson G, Taggart L, Mulhall P, Ferry F, Murphy J, O'Connor Bones U.

Longit Life Course Stud. 2022 May 1;14(1):138-148. doi: 10.1332/175795921X16502736540852.

PMID: 35900897

Mental **health** and "the Troubles" in **Northern Ireland**: implications of civil unrest for **health** and wellbeing.

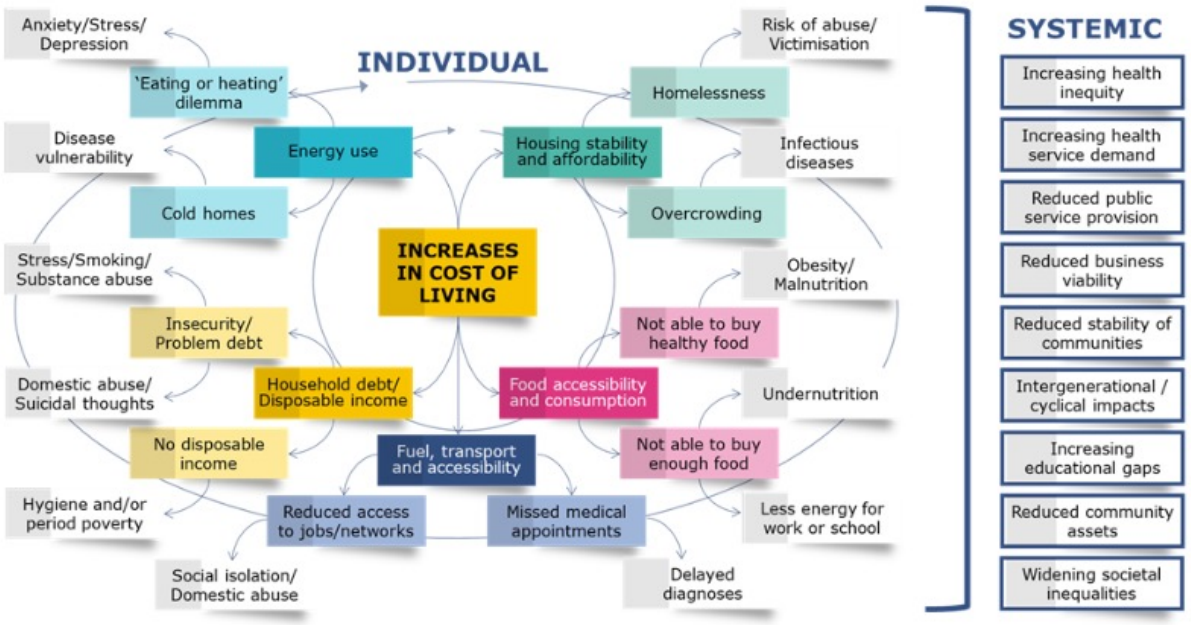
Kelleher CC.

J Epidemiol Community Health. 2003 Jul;57(7):474-5. doi: 10.1136/jech.57.7.474.

PMID: 12821682 Free PMC article. No abstract available.

COST OF LIVING CRISIS

Figure 2. Mapping the links between the cost-of-living crisis and health.



Source: Public Health Wales (2022)

NORTHERN IRELAND CONTEXT

British Association of Child and Adolescent Public Health

359 The impact of the cost-of-living crisis on home environment and health of children living in Northern Ireland: an observational study

Naomi Kirk [1], Anne Marie McClean [2], Fionnuala Donaghy [2], Tom Waterfield [1, 2]

- 2023 Study
- 299 children: mean age 7.1 years, 59% male.
- 49 (16%) reported their child(ren) had existing mild, moderate or severe physical ill health. 9.4% reported their child(ren) had mental health problems.
- Parents of children with underlying health conditions were more worried they were unable to afford heating (38% vs 23%, $p<0.05$) and more worried they may need to access foodbanks (34% vs 21%, $p< 0.05$). There were also concerning findings overall with 12% of all families fearing the threat of homelessness (no significant difference between groups- 9.8% vs 12.5%) and 57% of parents worried their child's health was impacted by stress/anxiety due to the cost-of-living crisis (no significant difference between groups 64% with vs 55%).

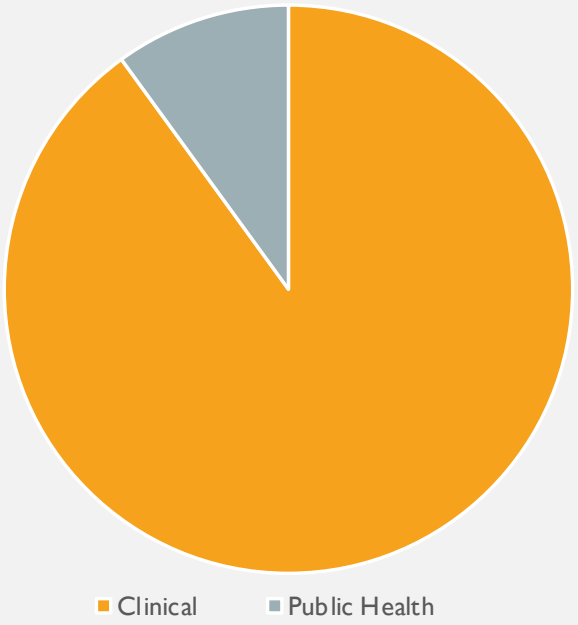
WHY IS MSK HEALTH IMPORTANT?

AND

WHO IS RESPONSIBLE?

- The global burden of disease associated with musculoskeletal health impairment, including musculoskeletal conditions, musculoskeletal pain and musculoskeletal injury and trauma, is now so large that no single stakeholder group can successfully effect change alone. The magnitude of change required demands a collective effort – across national governments, civil society and clinical organisations, health services, clinicians and people with lived experience.
- Laura M. Finucane, Emma Stokes, Andrew M. Briggs, Its everyone's responsibility: Responding to the global burden of musculoskeletal health impairment, Musculoskeletal Science and Practice, Volume 64, 2023, 102743

FCP PUBLIC HEALTH ROLE



- FCPs work 90% in clinical practice
- 10% or 1 protected session per week
- Dedicated to public health role
- Frontline exposure to identify health and illness trends in our communities
- Developing strategies to improve population health in conjunction with MDT/C&V sector

PERSISTENT PAIN – NORTHERN IRELAND CONTEXT

- 1 in 5 people (about 400,000 people) experience long-term pain
- For many is a constant feature of their everyday lives

THE PAINFUL TRUTH (2014)



- Patient & Client Council Commissioned Project, The Painful Truth (2014)
- The Stories of 2500 people living with chronic pain
- Recommendations around getting a diagnosis, information, treatment and care, and living with chronic pain

THE PAINFUL TRUTH (2014) RECOMMENDATIONS (1)

Recommendation	Lead responsibility	Report section reference
Getting a diagnosis		
1. Long-term pain should be recognised as a condition in its own right by all HSC organisations who deliver care.	Trusts	5.1.1, 5.1.2, 5.3.2
2. Training and/or information leaflets aimed at GPs and front line health care professionals should be developed. The aim of these resources should be to increase awareness and inform health care staff on what long-term pain is and its effects on those who have it.	HSCB, PHA	5.1.1, 5.1.2
3. Information resources developed for healthcare staff should be directly informed by and content/user tested with those people who live with long-term pain and/or their carers and relatives.	HSCB, PHA	5.1.1, 5.1.2

THE PAINFUL TRUTH (2014) RECOMMENDATIONS (2)

Information, treatment and care		
4. A Strategic Framework for Pain Services should be developed. The framework should prioritise local primary care led multi-disciplinary teams and be supported by community pharmacy.	DHSSPS	5.2.1, 5.2.2, 5.2.4
5. Long-term pain management approaches need to be embedded into Integrated Care Partnerships so that those with chronic pain benefit from the delivery of responsive, innovative and multi-disciplinary health care in the future.	HSCB, Trusts	5.1.1, 5.2.1, 5.2.2, 5.2.3, 5.2.4
6. Service models based on local population needs should be in place across Northern Ireland.	DHSSPS, HSCB, LCGs	5.1.1, 5.2.1, 5.2.2, 5.2.3, 5.2.4
7. Patients should be offered a range of pain management care and support programmes including supported self-management.	HSCB, Trusts	5.2.4, 5.3.1. 5.4.2, 5.4.3
8. The role of mainstream alternative therapies should be reviewed specifically for support and help for those people living with long-term pain.	HSCB, Trusts	5.2.4, 5.4.2

THE PAINFUL TRUTH (2014) RECOMMENDATIONS (3)

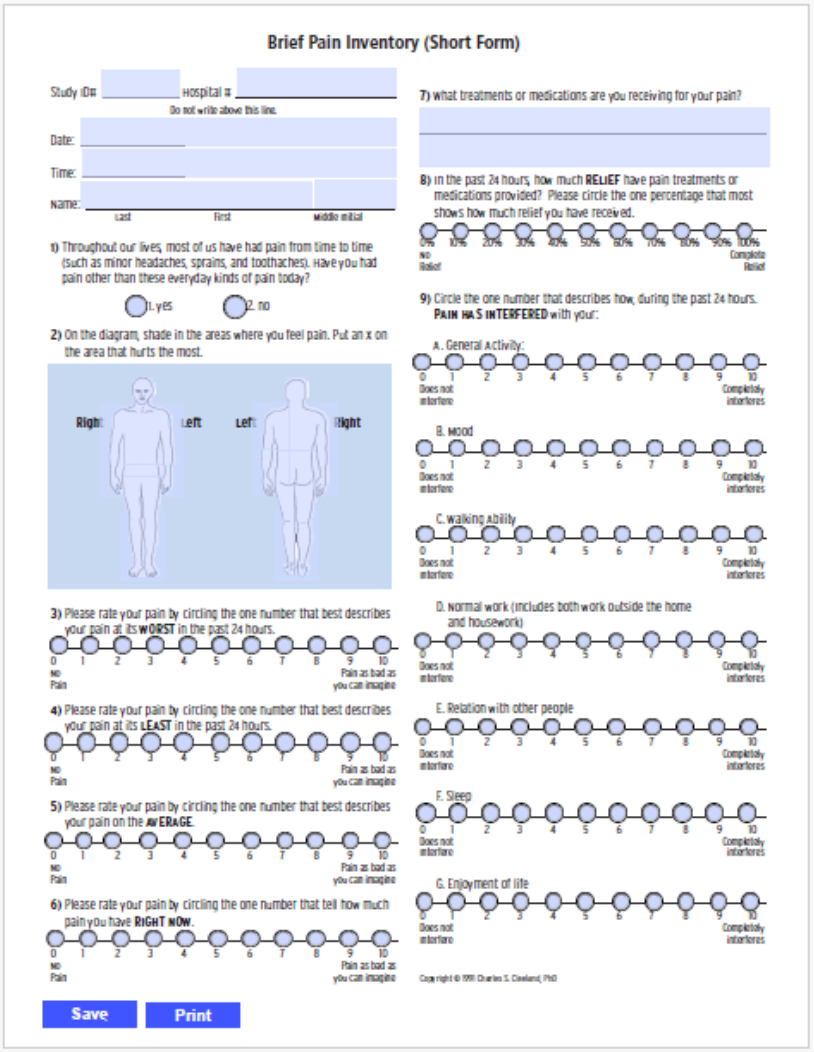
Recommendation	Lead responsibility	Report section reference
How chronic pain affects people's lives		
9. An integrated Northern Ireland cross-departmental strategy to manage chronic pain is needed to allow people to manage their pain and to empower them to lead full and active lives.	Cross-departmental	5.3.1
10. Information resources for patients, clients, carers and their relatives affected by long-term pain should be developed to help people understand, make decisions about and cope with long-term pain.	PHA	5.3.1, 5.3.2, 5.3.3

PILOT PROJECT: AN ANNUAL PERSISTENT PAIN REVIEW SERVICE 1

- Patients presenting to FCP clinic or picked up by the Practice Pharmacist, or identified by the GP were offered a persistent pain review
- A dedicated consultation was provided which explored and documented the pain story
- Significant events, psychosocial factors, investigations, treatments including medication trialled to date discussed and documented
- Medication management review
- Functional and objective physical assessment as appropriate, particularly to look at new or changing pain patterns

PILOT PROJECT: AN ANNUAL PERSISTENT PAIN REVIEW SERVICE 2

- Onward referral to within MDT, for further investigations, and/or secondary care and/or PARS and/or Community and Voluntary Sector (Chair based exercise, Chi Mi, Walking Group, Yoga, Painting for Pain Group, Better Days programme, FMS Support Group)
- Explain Pain Intervention personalised to the patient's pain story
- Education around lack of evidence for pain reduction in current treatment offerings and shift towards goal of reduction in suffering and promotion of living as well as possible with pain
- Outcome Measures: Brief Pain Inventory, Patient Self Efficacy Questionnaire



Brief Pain Inventory (Short Form)

Study ID# _____ Hospital # _____

Do not write above this line.

Date: _____

Time: _____

Name: _____ (Last) _____ (First) _____ (middle initial)

1) Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain today?

1. yes 2. no

2) On the diagram, shade in the areas where you feel pain. Put an x on the area that hurts the most.

Right Left Left Right

3) Please rate your pain by circling the one number that best describes your pain at its **WORST** in the past 24 hours.

0 1 2 3 4 5 6 7 8 9 10

No Pain — Pain as bad as you can imagine

4) Please rate your pain by circling the one number that best describes your pain at its **LEAST** in the past 24 hours.

0 1 2 3 4 5 6 7 8 9 10

No Pain — Pain as bad as you can imagine

5) Please rate your pain by circling the one number that best describes your pain on the **AVERAGE**.

0 1 2 3 4 5 6 7 8 9 10

No Pain — Pain as bad as you can imagine

6) Please rate your pain by circling the one number that tell how much pain you have **RIGHT NOW**.

0 1 2 3 4 5 6 7 8 9 10

No Pain — Pain as bad as you can imagine

7) what treatments or medications are you receiving for your pain?

_____

8) In the past 24 hours, how much **RELIEF** have pain treatments or medications provided? Please circle the one percentage that most shows how much relief you have received.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

No Relief — Complete Relief

9) Circle the one number that describes how, during the past 24 hours, **PAIN HAS INTERFERED** with your:

A. General Activity:

0 1 2 3 4 5 6 7 8 9 10

Does not interfere — Completely interferes

B. Mood

0 1 2 3 4 5 6 7 8 9 10

Does not interfere — Completely interferes

C. Walking Ability

0 1 2 3 4 5 6 7 8 9 10

Does not interfere — Completely interferes

D. normal work (includes both work outside the home and housework)

0 1 2 3 4 5 6 7 8 9 10

Does not interfere — Completely interferes

E. Relation with other people

0 1 2 3 4 5 6 7 8 9 10

Does not interfere — Completely interferes

F. Sleep

0 1 2 3 4 5 6 7 8 9 10

Does not interfere — Completely interferes

G. Enjoyment of life

0 1 2 3 4 5 6 7 8 9 10

Does not interfere — Completely interferes

Copyright © 1991 Charles S. Cleeland, PhD

Save Print

BRIEF PAIN INVENTORY

7) What treatments or medications are you receiving for your pain?

_____

8) In the past 24 hours, how much **RELIEF** have pain treatments or medications provided? Please circle the one percentage that most shows how much relief you have received.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

No Relief — Complete Relief

PATIENT SELF EFFICACY QUESTIONNAIRE

NovoPsych

Pain Self-Efficacy Questionnaire (PSEQ)

Instructions:

Please rate how confident you are that you can do the following things at present, despite the pain. To indicate your answer tap one of the options on the scale under each item, from "not at all confident" to "completely confident".

		Not at all Confident	1	2	3	4	5	Completely Confident
1	I can enjoy things, despite the pain.	0	1	2	3	4	5	6
2	I can do most of the household chores (e.g. tidying-up, washing dishes, etc.), despite the pain.	0	1	2	3	4	5	6
3	I can socialise with my friends or family members as often as I used to do, despite the pain.	0	1	2	3	4	5	6
4	I can cope with my pain in most situations.	0	1	2	3	4	5	6
5	I can do some form of work, despite the pain. ('work' includes housework, paid and unpaid work).	0	1	2	3	4	5	6
6	I can still do many of the things I enjoy doing, such as hobbies or leisure activity, despite pain.	0	1	2	3	4	5	6
7	I can cope with my pain without medication.	0	1	2	3	4	5	6
8	I can still accomplish most of my goals in life, despite the pain.	0	1	2	3	4	5	6
9	I can live a normal lifestyle, despite the pain.	0	1	2	3	4	5	6
10	I can gradually become more active, despite the pain.	0	1	2	3	4	5	6

Developer Reference:

Nicholas, M. K. (2007). The pain self-efficacy questionnaire: Taking pain into account. European Journal of Pain, 11(2), 153-163.

	Meds				
1. Chronic LBP	Butec 20	Butec 15	Butec 15		
2. FMS	Durogesic 25 + 12 Pregabalin 100 BD	Durogesic 25 Pregablin 100 BD	Fearful of reduction - Contacted for increase in Pregabalin extra 50, 2-3 times/day issued in interim In a flare up - prescribed Diclofenac 12.5mg suppositories	Flare up settled, fearful of further reduction – given RV.	Feels overall no difference since drop in patch, not using extra Pregabalin. Happy to decrease patch further Durogesic 12 Pregabalin 100 BD
3. Chronic LBP	Maxitram 150 am 100 pm	Maxitram 100 BD	Maxitram 100 BD declines further reduction – will contact us if wishes to RV		
4. CP and Severe SAIS	Butec 20 + 20 Pregabalin 150 BD	Butec 20+15 Pregabalin 100 BD	Butec 20+10 Pregabalin 100 BD	Butec 20+5 Pregabalin 100 BD	Butec 20 Pregabalin 100 BD
5. Chronic neck and arm pain	Maxitram 150 BD Meloxicam 7.5 Paracetamol 500 Agreed trail amitriptyline 10	Maxitram 100 BD Meloxicam 7.5 Paracetamol 500 Amitriptyline 10	Maxitram 100 BD Meloxicam 7.5 Paracetamol 500 Amitriptyline increased to 20 Declined further reduction	Maxitram 100 BD Meloxicam 7.5 Paracetamol 500 Amitriptyline 20 Declined further reduction, feels no overall difference with opioid reduction	
6. FMS Poorly controlled DM	Butec 20+10 Amitriptyline 25 Duloxetine 90	Butec 20+5 Amitriptyline 25 Duloxetine 90	Butec 20 Amitriptyline 25 Duloxetine 90		
7. Chronic back, GTPS	Gabapentin 300 TID Cocod 30/500 Agreed trail rehab +/- injection for GTPS	Gabapentin 300 TID Cocod 30/500 No change with rehab, trial of injection	Gabapentin 300 TID Cocod 30/500 No pain since injection – agreed to trial reduction Gabapentin	Gabapentin 300 BD Cocod 30/500	Gabapentin 300 once daily Cocod 30/500

FUTURE DIRECTIONS

- Focus group evaluation for a PPI informed approach
- Transferability of the project
- Linking with C&V sector and building resource pools specific to local needs
- Improving connectedness of regional resources for persistent pain
- Measuring patient satisfaction and impact
- Measuring health care utilisation patterns and medication trends

CONCLUSION & QUESTIONS

- Musculoskeletal health is a rising problem with an ageing, inactive and increasingly obese population
- Patients with persistent pain face higher levels of challenge to remain physically active and engage in self care
- FCPs and MDTs bring a skillset and a protected utilisable time for improving the resource offered to patients with persistent pain