Chronic pain management; time to think differently

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Management strategies for people who live with chronic primary and secondary pain (NICE 2021).

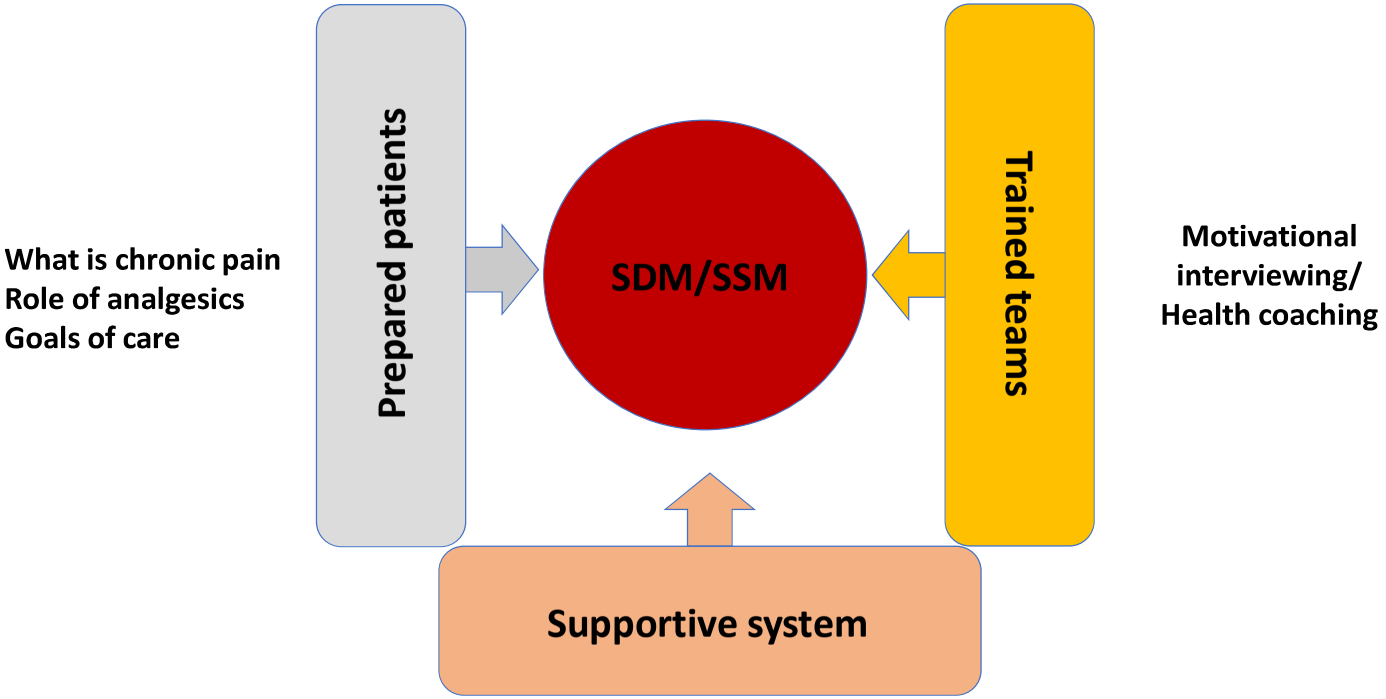
- For people living with chronic **primary** pain:
  - Anti-depressants
  - Exercise/remaining active
  - CBT/ACT
  - Single course of acupuncture/dry-needling
  - A heap of do-not-dos
- For people living with chronic **secondary** pain:
  - Management of underlying condition
  - Broader range of analgesics than above
    have some evidence, according to underlying condition

NICE
National Institute for Health and Care Excellence

People who live with chronic primary pain tell us that

- They often spend much of their life *searching for a diagnosis* or an explanation and/or relief from their suffering. *They often feel that there must be someone, somewhere who can help*
- They often have *overwhelming* levels of *disability* and/or *distress; their sense of who they are has changed* as a result of living a life ruled by pain
- They often *don't feel believed* by the clinicians they have seen and/or being *'fobbed off'*
- Sometimes all the above can lead to *withdrawal/disengagement from* traditional services

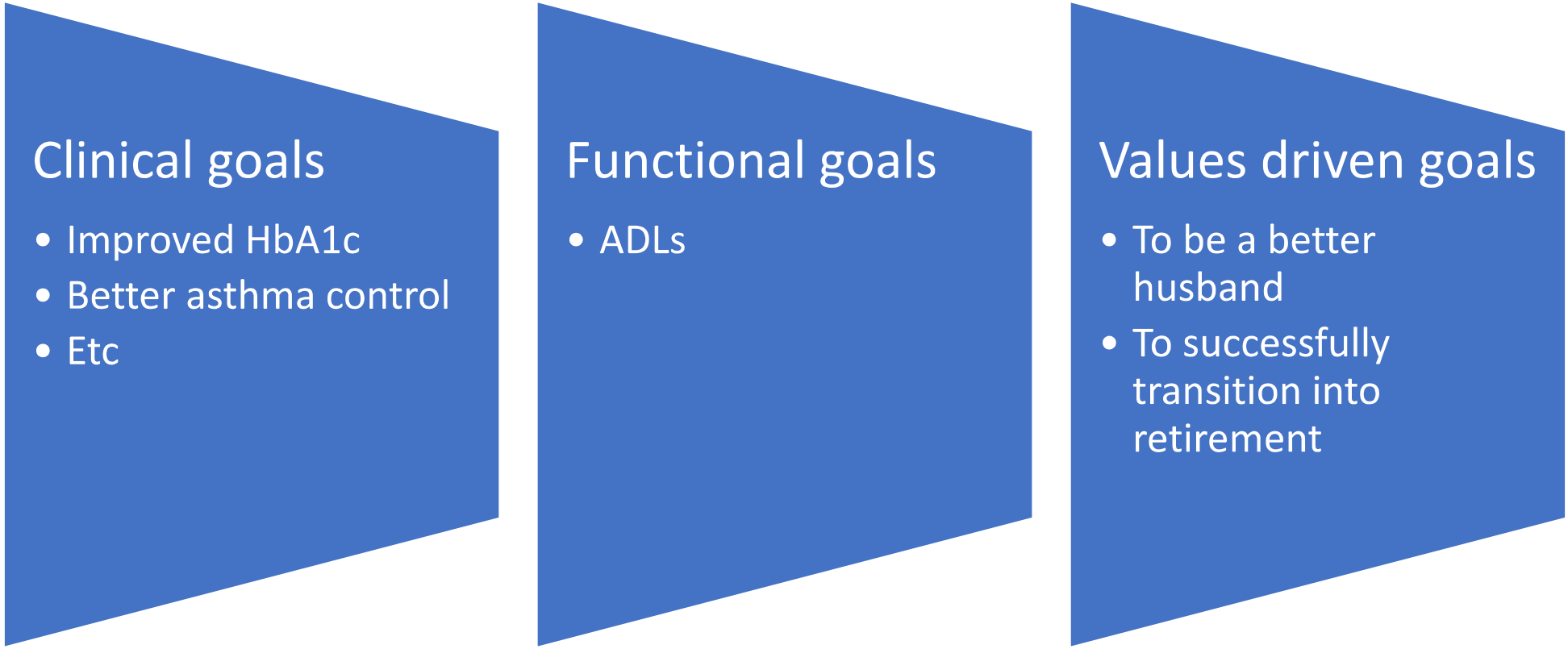
Implementing personalised care for people living with chronic primary pain. Demedicalise care, provide support, promote autonomy



Design pathways to incorporate social prescribing, peer support and health coaching



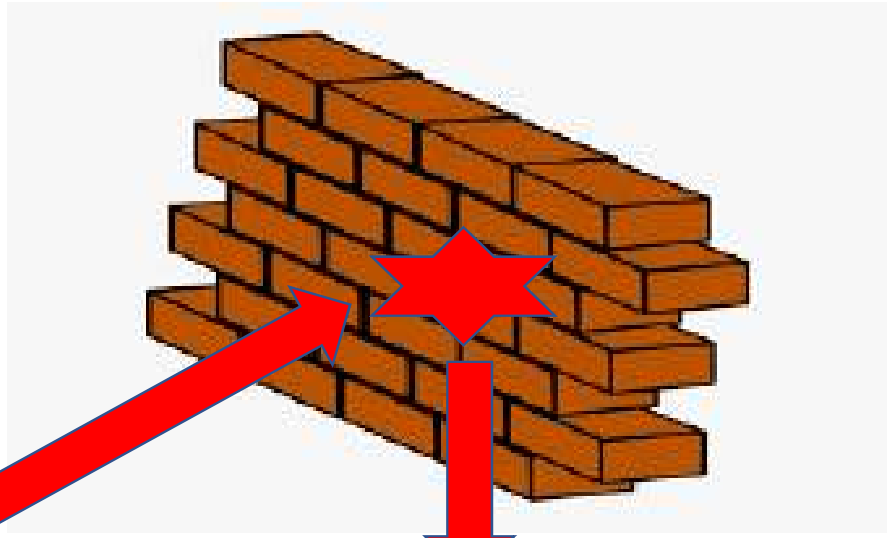
Goals of care. *With thanks to Glyn Elwyn and team*



Being me…*'I am the story I tell myself about myself'*

A new me

Me: not in pain



Me: in pain

Frustration, anger, anxiety, despair

Personalised care approaches; reframing, goals of care, SDM and SSM

1. **Trust, rapport.**

I am here to help you find a way forward. We can't take your pain away, but we can support you to live a better life despite your pain

I am not here to take your medicines away from you, though as a result of working with us many people find they want to start reducing their medicines

2. Seek to understand their story and the impact of the pain on psychosocial functioning

Tell me more about your pain and the way it affects your life.

3. Believe them

Many people we see tell us that they don't feel believed by healthcare professionals they've seen in the past. I believe you; why would I not?

4. What are their beliefs?

What have you been told is causing your pain? What do you think is causing your pain? What do you fear might be causing your pain?

Personalised care approaches; living well with pain

5. Reframe if necessary

Could I share with you another way of thinking about your pain?

All pain is real- we experience pain because our nervous system carries pain messages. Some people have sensitive nervous systems that carry pain messages far too easily; sometimes even when their bodies don't have anything evidently wrong. You are one of those people

6. Pause, invite reflection

Has anyone explained pain in that way before?.....

7. Explain why analgesics don't work

So for you, and people like you, pain medicines that help if we get a headache or a sprained ankle just don't work. You have real pain, but it's a different sort of pain to everyday pain.

Personalised care approaches; living well with pain

8. Explain the goals of pain management

For people like you, we don't have excellent treatments that can fix your pain. But….we can work with you to minimize the impact the pain has on you, and the way you live your life

9. Shared decision making

Explain the options, and what is known of the benefits and harms of the options

Here's what we can do to support you…..

10. Support for self management

Social prescribing, peer support, health coaching (esp group coaching) to help build knowledge, skills, confidence

Personalised care approaches; reducing medicines

11. Promote autonomy

When you are ready, perhaps we can start to look at reducing your medicines

12. Explain rationale

We often find that they do more harm than good and as you've probably noticed, your body gets used to them, so you need more and more over time. And this means many people can reduce and sometimes stop them without the pain getting worse

13. Reinforce partnership

We will do this together, at a pace that suits you

Peer support is crucial and group work can help. *See eg Yalom's 12 factors.*

- Universality/normalisation
- Altruism
- Catharsis
- Cohesion: re-enactment of 'family'
- Imitation
- Guidance
- Hope

Goal of care is to provide support for people to manage the *impact of pain* and to begin to live well with pain…

Alf Collins
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