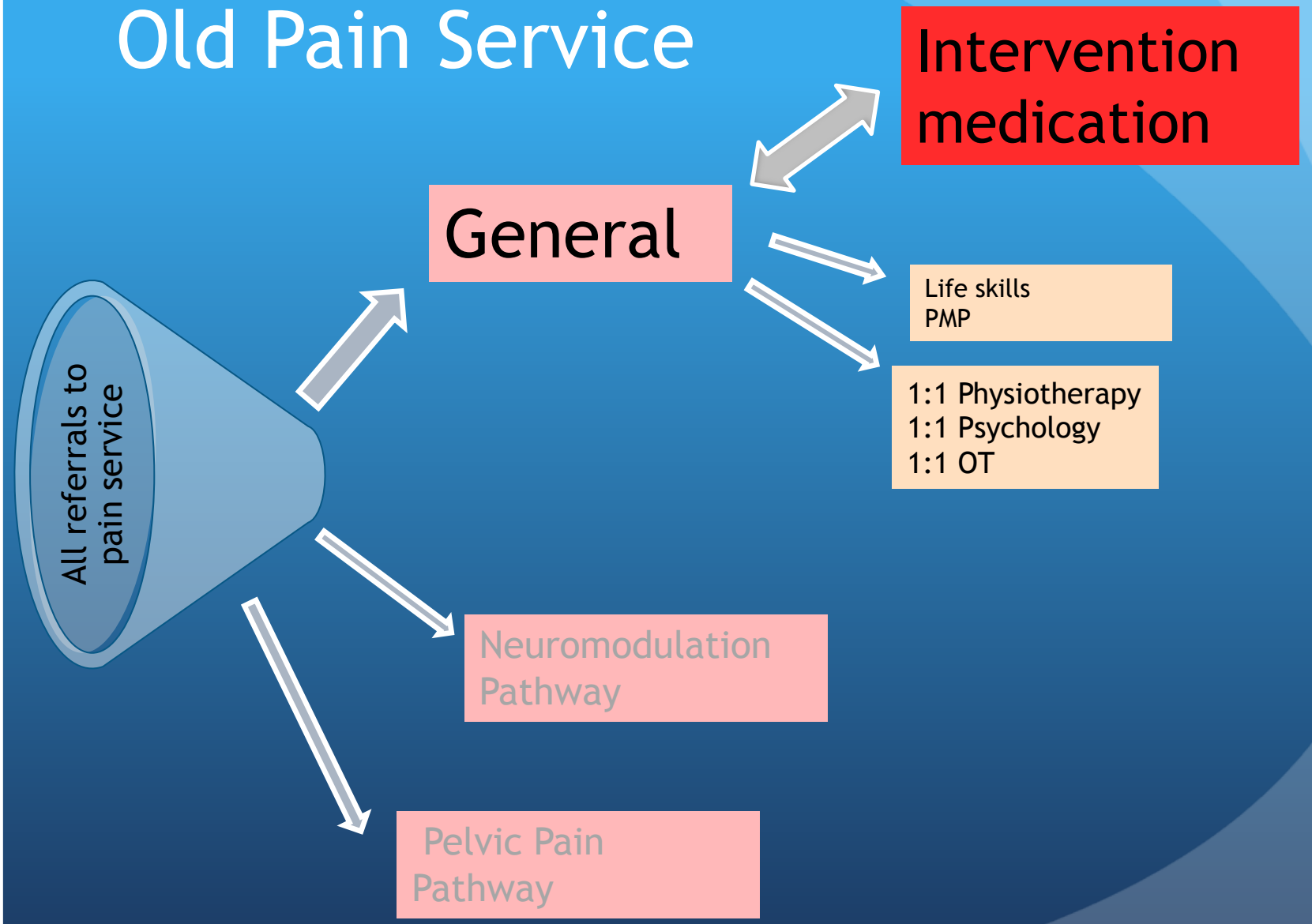
Managing Chronic Pain Key Messages (evidence/guidance/practical tips)

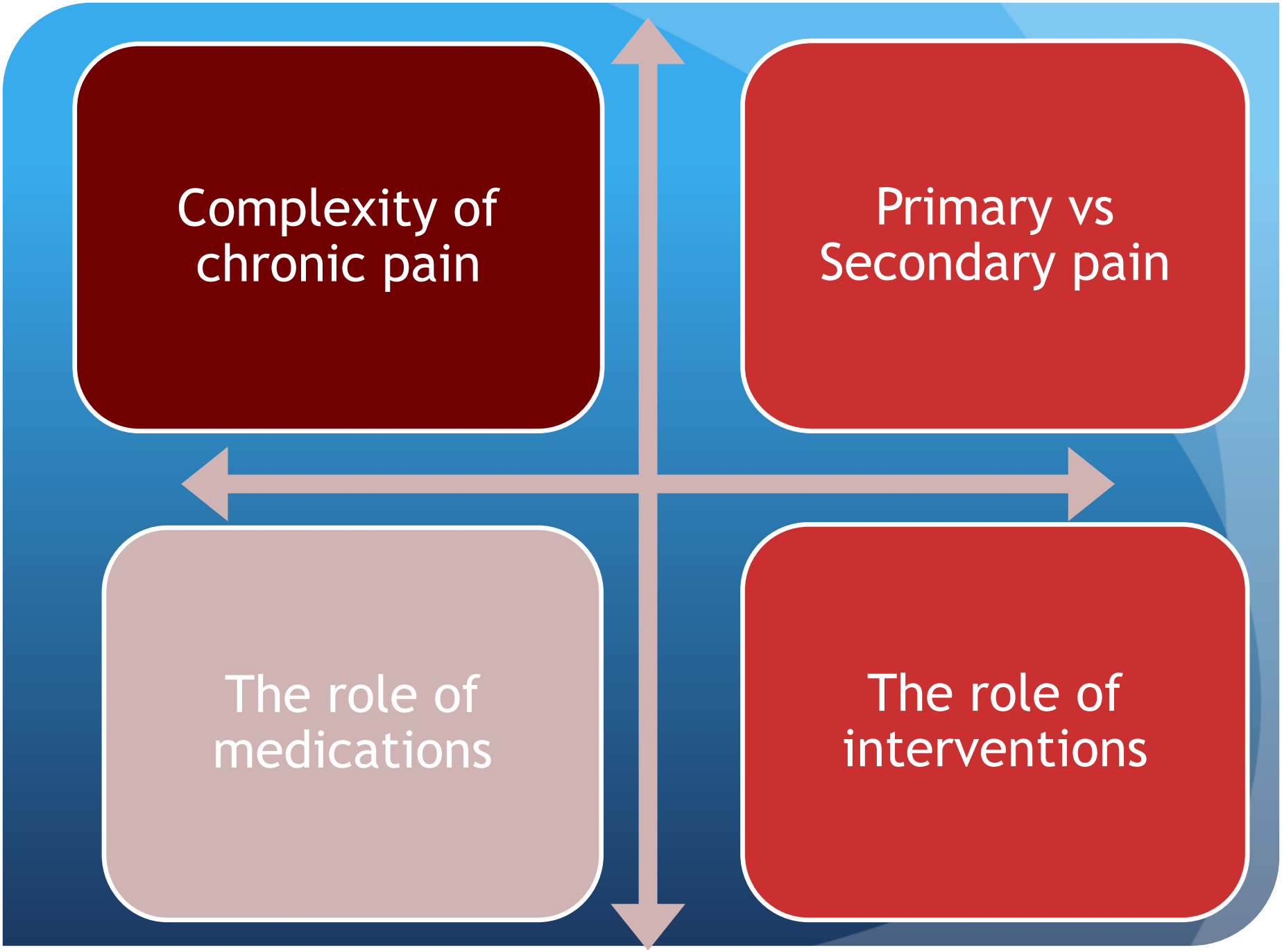
Belfast Pain Rehabilitation Service

Dr Brooks

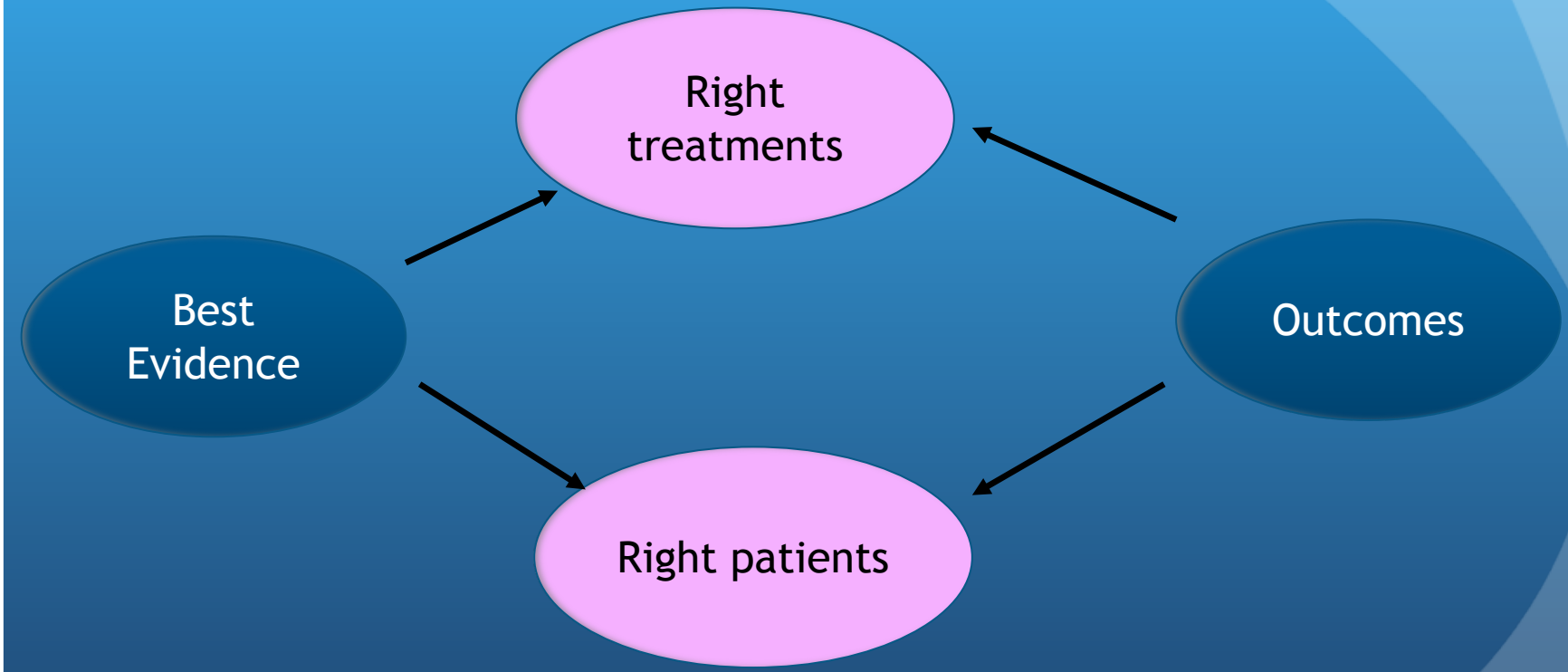
Jan 2024

Old Pain Service




Complexity of chronic pain
Primary vs Secondary pain
The role of medications
The role of interventions

Remodelled New Service



Pillars of Service development

Interdisciplinary



Team working collaboratively

Rehabilitation



Model based on rehabilitation

Intensive Rehab



Treament designed for most complex

Data



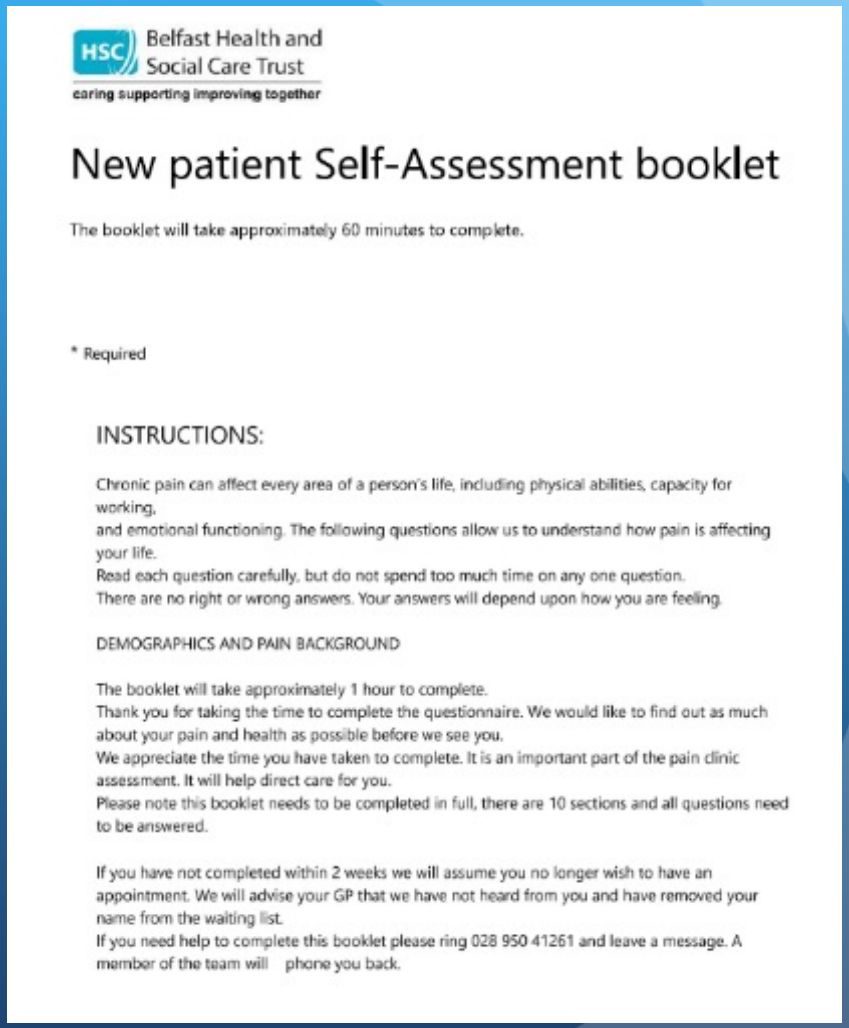
High quality data to inform clinical decision making

Focus on High Quality Data

Inform and support direct clinical care

Provide evidence for current pathways

Drive future changes to the service



Belfast Health and Social Care Trust

caring supporting improving together

New patient Self-Assessment booklet

The booklet will take approximately 60 minutes to complete.

* Required

INSTRUCTIONS:

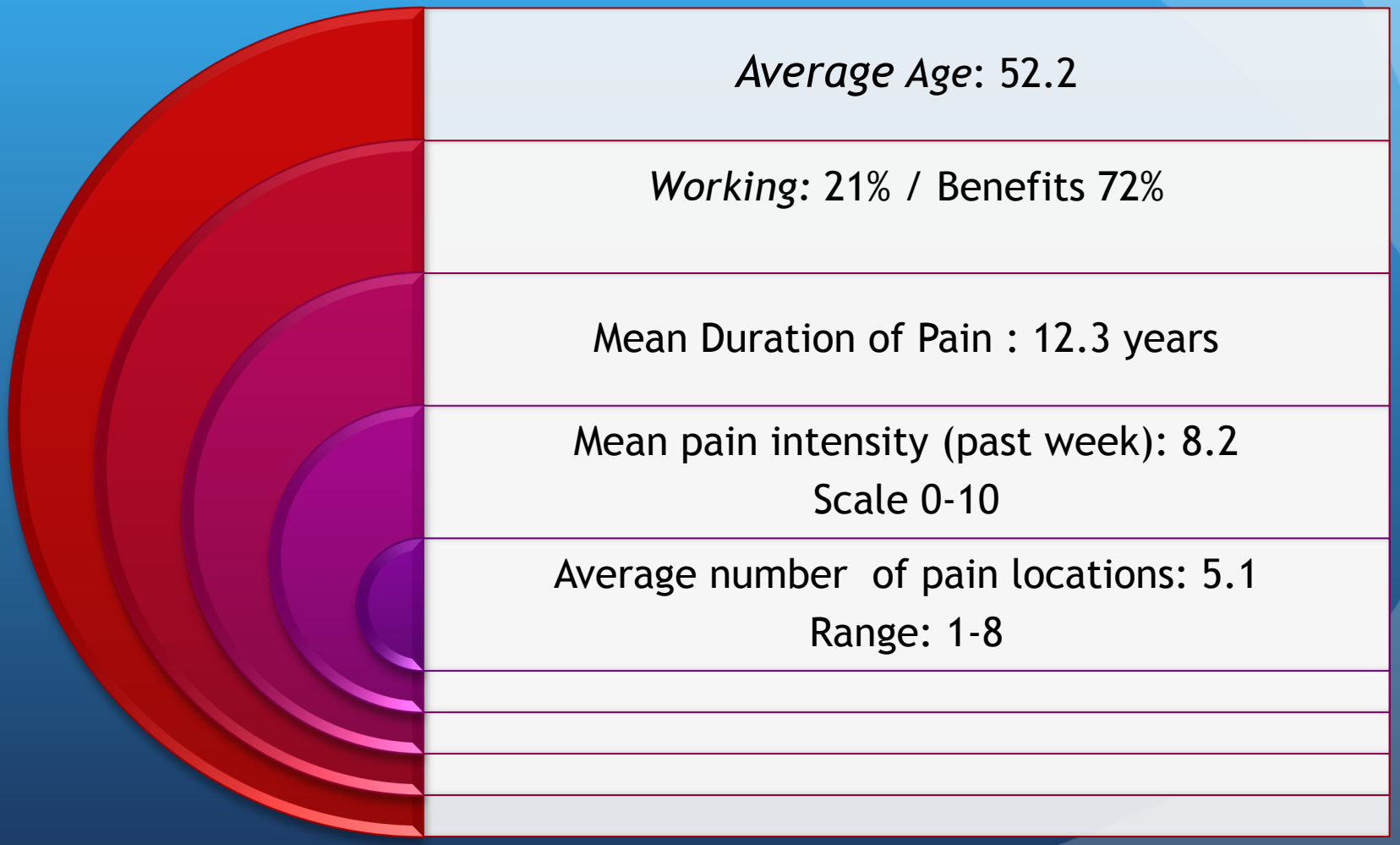
Chronic pain can affect every area of a person's life, including physical abilities, capacity for working,
and emotional functioning. The following questions allow us to understand how pain is affecting your life.
Read each question carefully, but do not spend too much time on any one question.
There are no right or wrong answers. Your answers will depend upon how you are feeling.

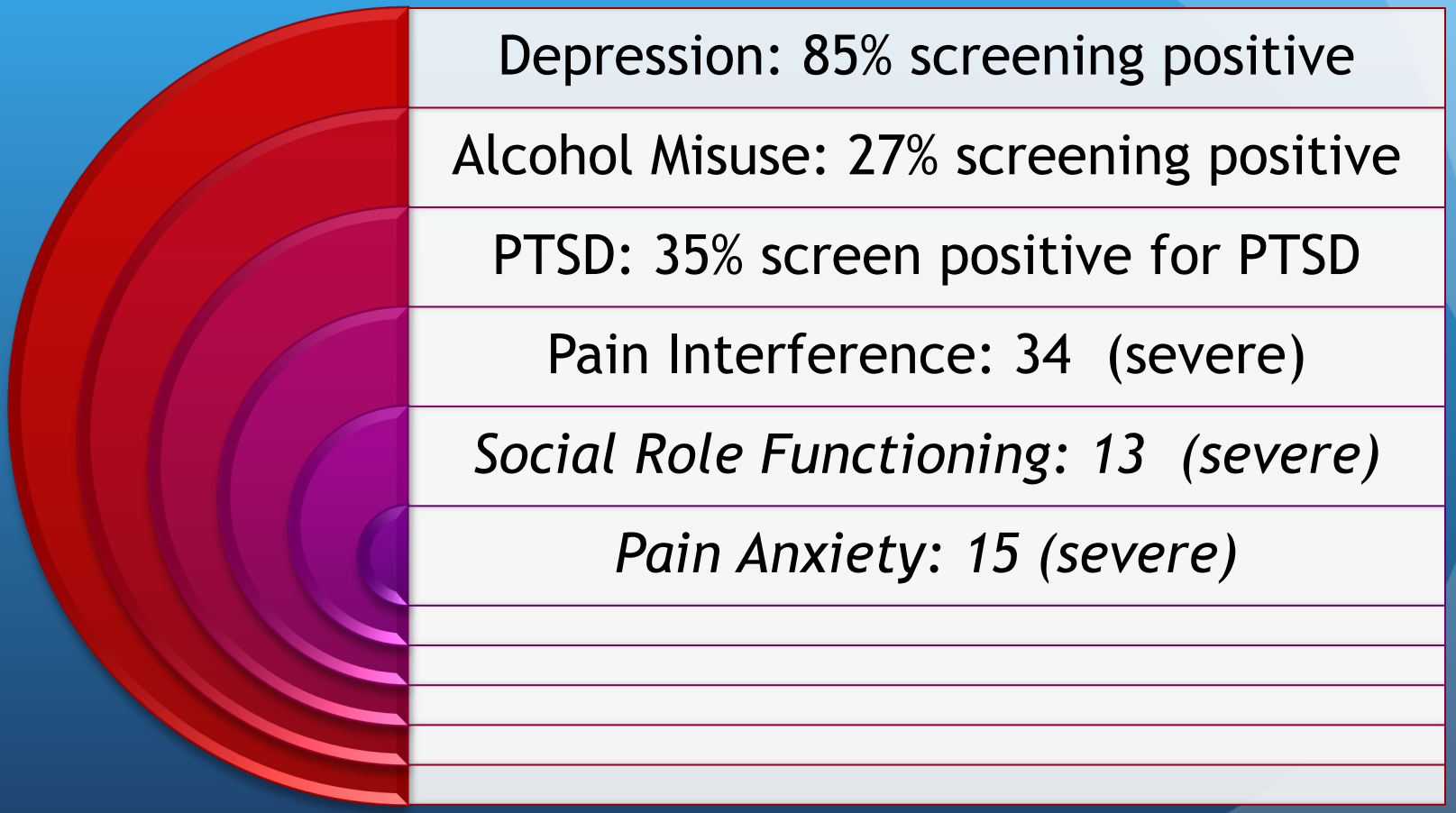
DEMOGRAPHICS AND PAIN BACKGROUND

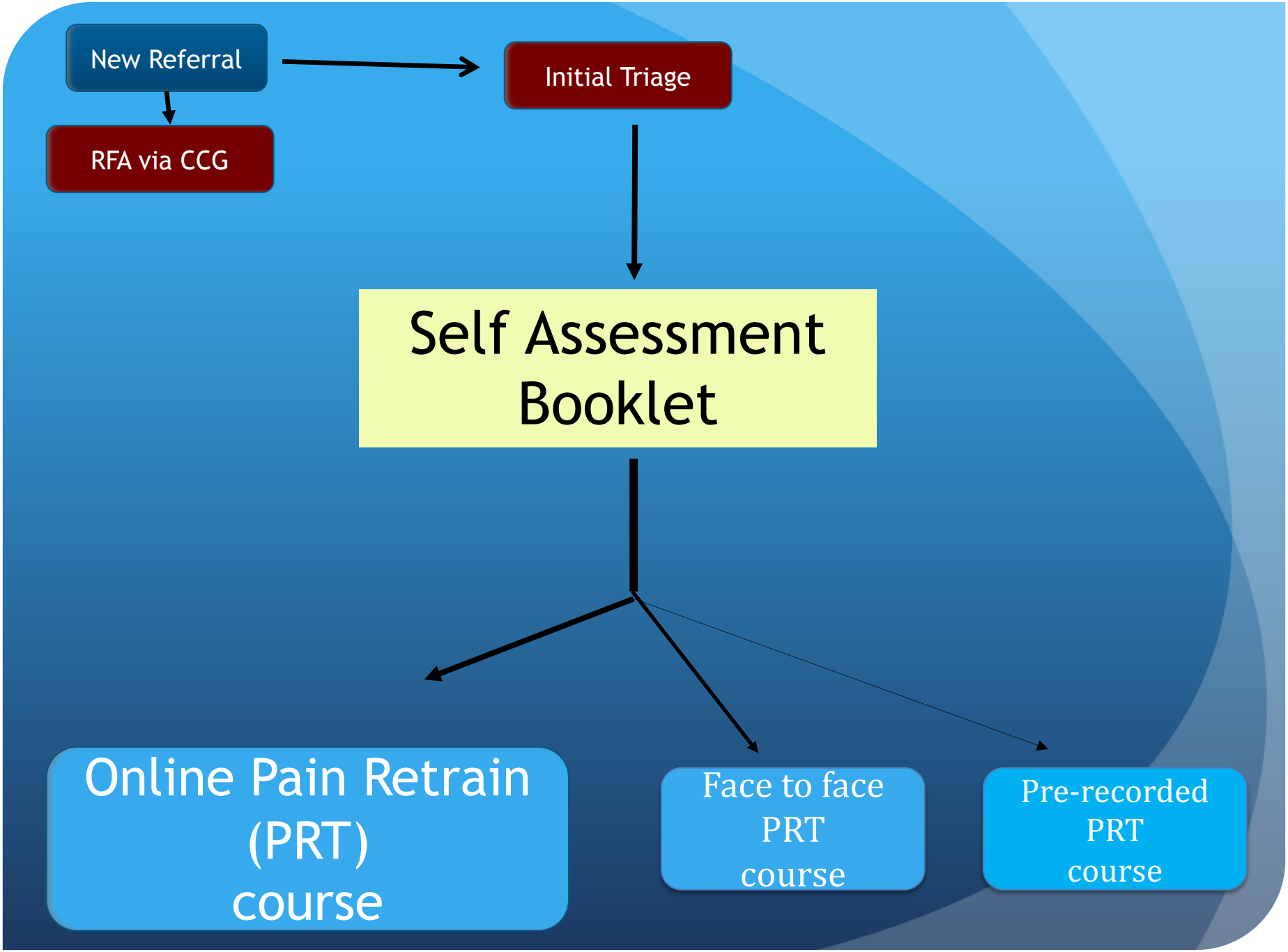
The booklet will take approximately 1 hour to complete.
Thank you for taking the time to complete the questionnaire. We would like to find out as much about your pain and health as possible before we see you.
We appreciate the time you have taken to complete. It is an important part of the pain clinic assessment. It will help direct care for you.
Please note this booklet needs to be completed in full, there are 10 sections and all questions need to be answered.

If you have not completed within 2 weeks we will assume you no longer wish to have an appointment. We will advise your GP that we have not heard from you and have removed your name from the waiting list.
If you need help to complete this booklet please ring 028 950 41261 and leave a message. A member of the team will phone you back.

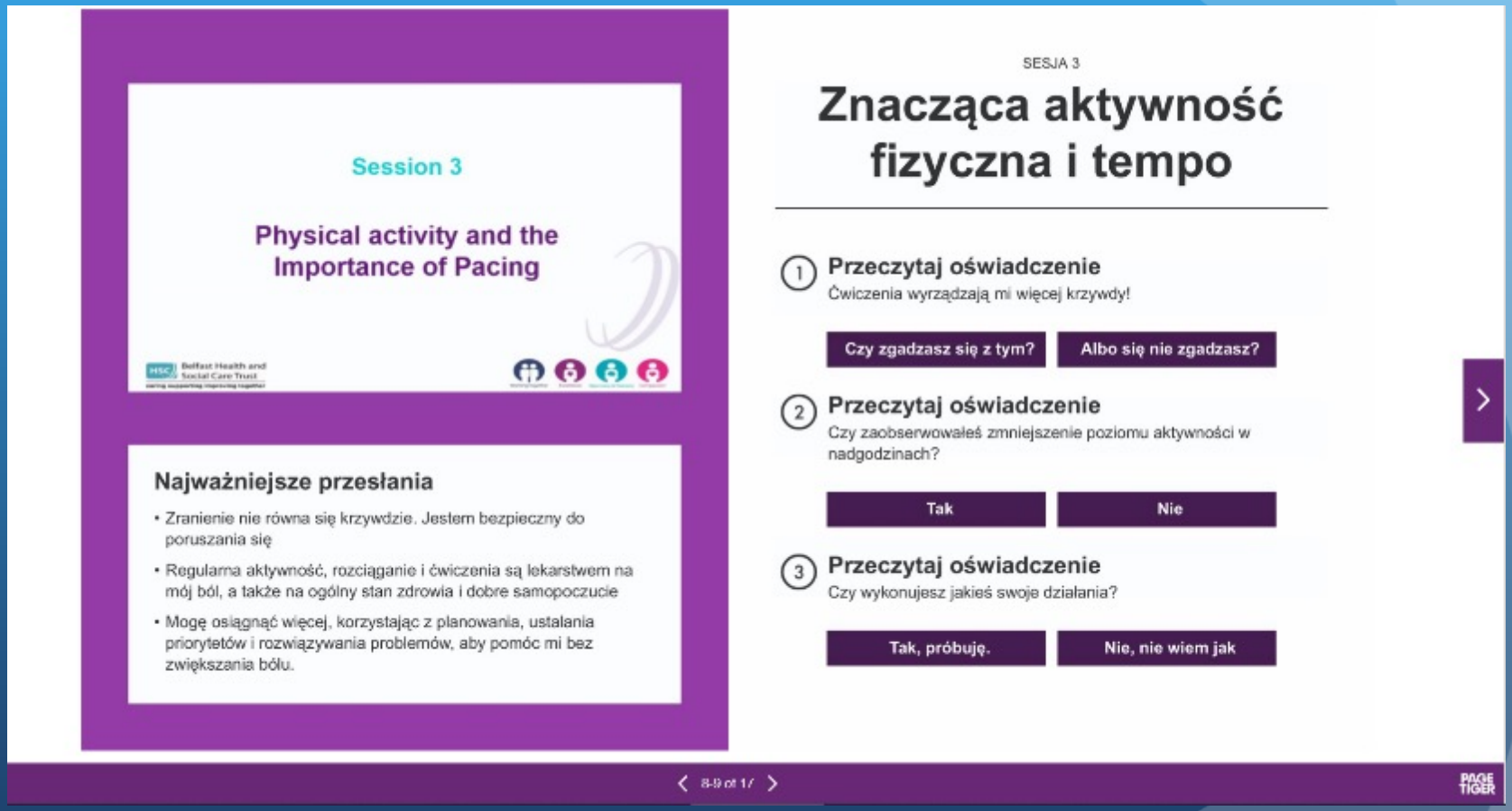
Assessment Data from 958 new patients




Depression: 85% screening positive
Alcohol Misuse: 27% screening positive
PTSD: 35% screen positive for PTSD
Pain Interference: 34 (severe)
Social Role Functioning: 13 (severe)
Pain Anxiety: 15 (severe)


New Referral
RFA via CCG
Initial Triage
Self Assessment Booklet
Online Pain Retrain (PRT) course
Face to face PRT course
Pre-recorded PRT course

Recorded Pain Retrained



Intensive Rehab Program

- Intensive
- Small groups
- Interdisciplinary
- Good evidence the treatment is effective

Other Programs in Development

Pain Reprocessing Therapy

Fundamental is understanding the concept of nociplastic pain

Initially 1:1 over 8 sessions

ACT light - program

- Similar conceptual model to the intensive rehabilitation program.
- Run over 8 1hr sessions

Opioids

- Poor evidence in any chronic pain scenario
- Chance of improving pain experience 1:10
- Harm related to **opioid dose**
- Short acting vs long acting opioids

Consider

8 Co-codamol 30/500 = 10ug Butrans = 24 mg morphine

Opioid Reduction

SYSTEMATIC REVIEW

Check for updates

Deprescribing Opioids in Chronic Non-cancer Pain: Systematic Review of Randomised Trials

Stephanie Mathieson[1,2] · Christopher G. Maher[1,2] · Giovanni E. Ferreira[1,2] · Melanie Hamilton[1,2] · Jesse Jansen[2,3] · Andrew J. McLachlan[4] · Martin Underwood[5,6] · Chung-Wei Christine Lin[1,2]

Opioid Reduction – Difficult cases

- Risk vs Benefit of reduction
- Risk - Destabilising psychological state
- Full assessment…… takes TIME
- Can they engage in pain rehabilitation approach?
- Best managed with a MDT approach – GP/secondary pain clinic +/- mental health

Bottom Line to Manage Chronic Pain

In general do not try and reduce pain experience

Manage other aspects of life experience

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