Pain Management Network

Management Principles for chronic non cancer pain

Chronic pain

- Is pain persisting beyond 3 months
- Is real but does not always reflect the extent of tissue damage
- Is always influenced by central nervous system processes (including sensitisation, emotions, and thoughts) and the environmental context in which it occurs.

Medical Treatment

- There is little evidence that opioids are helpful for chronic pain, especially long term
- There is strong evidence that opioids can be harmful
- Medications, in isolation, have a limited role
- Procedural interventions, in isolation, have a limited role

Chronic pain is best managed using a multidimensional approach

- Recognise, assess and treat as a chronic condition as early as possible
- A multidimensional approach to treating a chronic condition addresses physical activity along with psychological, social, nutritional and environmental aspects
- Consider utilising a coordinated multidisciplinary management plan
- Monitoring progress over time is important (e.g., PEG*)
- The management plan should aim to improve function as well as reduce pain over time
- The priority is to support self-management, often linked to weaning medication
- Education is always important. An understanding of the causes and treatment of chronic pain is a prerequisite
- Active pain management strategies can be taught by a range of health care providers

Flags for concern:

- Escalating medication dosage
- Opioid use exceeding 40mg morphine per day, equivalent to oxycodone 30mg or a 12mcg/hr fentanyl patch, per day.
- Opioid use > 90 days
- Benzodiazepine use
- High psychological distress K10>19
- Persisting unhelpful beliefs
- Declining function, avoidance of work, school, socialising, interests

*http://www.aci.health.nsw.gov.au/chronic-pain/health-professionals/assessment

So use an integrated care plan and consult with or refer onto Pain Management Services

NSW GOVERNMENT Health

www.aci.health.nsw.gov.au/chronic-pain

ACI NSW Agency for Clinical Innovation