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


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