The Painful Reality in Primary Care

The development of an evidence based consumer and clinician website for chronic pain

AUTHORS: Jenni Johnson, Network Manager Pain, ACI
Fiona Hodson, Project Officer, ACI, CNC Hunter Integrated Pain Service

BACKGROUND

Chronic pain affects one in five Australians across the age spectrum. However, less than 0.1% will ever access specialist pain clinics where the evidence based bio-psychosocial model is available.

19.2% of GP attendances are directly attributable to chronic disabling painful conditions e.g. back pain and osteoarthritis. The mainstay of treatment is medication only in 56% of the cases managed. This is in spite of the growing evidence base for non-pharmacological intervention.

One of the major objectives of the State pain plan, handed down from the NSW Health Minister in June 2012, was to support the development of additional knowledge and skills in primary care to facilitate early recognition and improved management of chronic pain.

AIMS

- To develop freely accessible, evidence based tools and resources for chronic pain in primary care
- To promote key messages in the management of chronic pain for clinicians and consumers
- To promote non-pharmacological self-management strategies.

METHOD

The needs and gaps in primary care were established in partnership with the RACGP, ACRRM and other professional organisations.

Extensive consultation with clinicians and consumers was conducted using focus groups and on-line surveys.

RESULTS

Over 469 clinicians were consulted. A process of iterative endorsement followed, culminating in the selection and development of an evidence based primary care chronic pain toolkit for clinicians of all disciplines.

KEY MESSAGES

CHRONIC PAIN IS:

- A complex emotional, physical, social and psychological experience.
- More about plastic changes in the brain and spinal cord than the injured part.

CHRONIC PAIN TREATMENT:

- Biomedical treatments including medications have limited outcomes and substantial risk of harm.
- Short term use only (< 3months) of opioids is recommended.
- Patient education is critical.

Evidence supports teaching self-management strategies: pacing, relaxation, physical conditioning.

CHRONIC PAIN NEEDS:

- Screening and early recognition
- Comprehensive management plan
- Baseline assessment and monitoring tools
- A partnership between the patient and the clinicians.

CONCLUSION

Chronic pain is prevalent in primary care and requires a cooperative effort to build self-management skills in the patient.

The Pain Management website provides an evidence based toolkit for clinicians and consumers.

References
