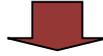


CHRONIC PAIN



ASSESS¹
(red flags/yellow flags)

yes – investigate/refer



TREAT (GP Plan)

MUSCULO-SKELETAL CONDITIONS

NERVE CONDITIONS

PHYSICAL DISABILITY²
POOR NUTRITION

MOOD DISTURBANCE³, UNHELPFUL THOUGHTS, POOR SLEEP SOCIAL ISOLATION



paracetamol⁴

gabapentinoids

add physical approaches

add psychological approaches

and/or

specific or general approaches
eg education, exercise and diet

specific or general approaches
eg education, counselling, CBT, MH plan

consider NSAID^{4,5}

tricyclic antidepressants⁷

Avoid opioids > 60mg OMED⁶

Consider TCA medications

Avoid opioids > 60mg OMED⁶

Avoid opioids > 60mg OMED⁶

1. Consider deprescribing at every consultation
2. Consider referrals to physiotherapy, rheumatology/other. Dietitian, psychologist as indicated
3. Seek specialist referral/advice if oMEDD > 60 mg oMEDD or low physical/psychological function



MULTIDISCIPLINARY TREATMENT (PAIN CLINIC)

Procedural interventions

Medications review and weaning

Assessment
Skill acquisition

Pain program - group or individual

Explanatory notes

Resources

1. Record baseline risk assessment, pain intensity, pain interference, Identify red/yellow flags. (OMPSQ – 10 >50 is high for yellow flags, check items with patient to clarify issues and consider implications for management)
2. BPI>5 indicates high disability
3. If K10>19 consider psych referral
4. National Institute for Health and Care Excellence (NICE). Non-steroidal anti-inflammatory drugs. Manchester: NICE; February 2014.
5. Long term use of NSAIDs including selective agents is associated with increased risk particularly in the elderly. Most guidelines recommend that if used they should be for short periods.⁴
6. Assess opioid risk. Use of strong opioids in treating chronic is controversial with little evidence for long term efficacy and adverse effects and risks especially with high doses. >60mg OMED is associated with moderate risk and >100mg/day is associated with high risk. Referral to a pain clinic is suggested before exceeding 60mg OMED
7. Finnerup NB, et al. Pharmacotherapy for neuropathic pain in adults: a systematic review and meta-analysis. The Lancet. Neurology, 2015 Other first line options which can be considered include gabapentin, SNRIs and other tricyclic antidepressants such as nortriptyline . Tramadol is recommended a second line agents. Other opioids are recommended as third line taking into account the previous cautions.

OMPSQ-10, PEG, BPI

www.nice.org.uk

Opioid risk tool