

The management of chronic pain: pain management and other self help programmes

Persistent non-cancer pain affects up to 21% of the population in the UK, in all age groups, including young people and the very old. Unfortunately there is very often no cause that can be cured, no treatment that is entirely effective, and managing the pain is the best option. Chronic pain can have a profound deleterious effect on daily activities, and leads to loss of job, loss of income, reduced socialisation, depression, poor sleep and breakdown of relationships.

The department of health philosophy on the management of chronic illnesses, including chronic pain, has changed over recent years and there is now emphasis on self-management and community care. Pain specialists have advocated these options for many years, but they vary in who delivers them, length of the programme, intensity, focus on a specific condition, and outcomes. It has been shown repeatedly in many studies that psychosocial variables predict long term disability and chronicity from an early stage in pain, so if these are not addressed, improvements may be short-lived.

There are a number of options available to improve the management of chronic pain:

Pain Management Programmes

A pain management programme aims to improve the physical, psychological, emotional and social dimensions of quality of life of people with persistent pain, using a multidisciplinary team working according to behavioural and cognitive principles. It is group based, and, after initial assessment, patients are educated about pain and pain pathways, and are taught the principles of pacing of activities, goal setting, fear and avoidance, safety and risk in relation to increased activity, management of flare ups, cognitive strategies to deal with the psychological effects of persistent pain and stress, and ways of improving sleep. Graded exercises are tailored to the needs of the individual.

There is good evidence for efficacy of both outpatient and inpatient programmes, with greater gains being achieved with the more intensive programmes. (www.thecochranelibrary.com; Williams et al. 1996, 1999; Van Tulder et al., 2001; Guzman et al., 2001) Patients with a wide range of painful conditions can benefit from pain management programmes, at their own pace, and even when there is considerable disability present at the start.

Functional Restoration Programmes

This is a term commonly used to describe a physical intervention for patients disabled by chronic pain, which is delivered in groups. It takes a physical therapy or sports medicine approach, with the main aim of restoring physical function through targeted increases in physical performance. It is often based within orthopaedic or physiotherapy services; it may use behavioural principles but without the direct involvement of a clinical psychologist or cognitive behavioural therapist.

Evidence from a small number of randomised controlled trials indicates short term improvement in mobility and overall function (Frost et al., 1995; Bendix et al., 2000) Patients tend to be less disabled at the start, and physical restoration moves at a faster pace.

Expert Patients Programme (EPP)

This is a community-based self-management programme for people with long term health conditions, including chronic pain, and conducted to a protocol by trained leaders, typically themselves with long term conditions. The EPP is usually run over a six week period, in a group, the training delivered by one or two leaders.

A recent analysis (Rogers 2006) has shown high patient satisfaction, moderate improvement in self efficacy, no change in health status and no reduction in use of healthcare resources. There may be

unmeasured benefits such as reduction in social isolation. EPP is now a community interest company. (<http://www.expertpatients.nhs.uk>).

Back School

This is a form of physical therapy intervention offered to some patients with acute, recurrent or persistent low back pain and delivered in groups. Education on proper back care, usually with an exercise regimen, aims to reduce pain and related problems and to restore function.

There is moderate evidence from randomised controlled trials, in an occupational setting, for people with recurrent and persistent back pain, that Back Schools reduce pain and improve function and work status in the short and intermediate term compared to exercise alone, manipulation, advice, placebo or waiting list control. (Heymans et al. 2005)

Return to Work Programmes

These vary widely, from individualised case management which might incorporate physical and psychological intervention, to a physical and psychological rehabilitative programme aiming to return people to their previous work. Single studies show efficacy (Watson et al., 2004)

Condition Management Programmes are planned as an extension of the Pathways to Work pilot schemes jointly administered by Jobcentre Plus and the NHS. It is envisaged that Condition Management Programmes will be delivered primarily by private and voluntary sectors with payment by results (<http://www.dwp.gov.uk/medical/>).

For patients with persistent pain, who may have been out of work for months or years, and who have a high level of distress, a pain management programme, which addresses the psychological aspects of the pain experience, mood, coping, negative thoughts and unhelpful beliefs, is the treatment of choice as it produces the greatest long term improvement in quality of life and function. UK services incorporate combinations of the above treatments, and 90% of people with persistent pain are referred to physiotherapy services, which use behavioural principles and often cognitive principles to achieve behaviour change. A stepped approach as described by Von Korff and Moore might be the most appropriate way of finding the most suitable programme for an individual patient, starting with simple education and explanation of the principles of pain management and selecting out those who would benefit from an intensive (and costly) PMP.

Further information on the pain management programmes can be obtained from the British Pain Society (<http://www.britishpainsociety.org>)

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