Complex Pain Management Collaboration

A Case Presentation on Case Conferencing

Learning outcomes: The application of case conferencing; and identifying patient benefits

Innervate Pain Management

- Dr Kylie Bailey
  - Senior Clinical Psychologist
  - Service Director
- Psychology Service
- Aim for collaborative treatment framework, in an interdisciplinary manner:
  - Chronic pain
  - Mental health
  - Alcohol and other drug use comorbidity

The Patient

- John is a 44-year-old recently single, overweight man
- Work injury resulting in Bilateral Shoulder Pain – 8/10
- Subacromial bursitis
- Local anaesthetic and steroid injections and PRP injections
- Reviewed by a Hand and Upper Limb Surgeon – not cleared for surgery
- Attending physiotherapy

The Beginning

- Medication changed
- Low tolerances
- Lift 2kg
- Difficulty sleeping
- Not psychology minded
- Biomedically focussed
- Seeking surgery / cure
- Severe psychological distress

The Beginning: 1-8 Sessions

- Engagement and rapport
- Rationale of Psychology with pain management
- Explain the biopsychosocial model of pain
- Active vs passive pain management
- Pain science
- Introduce psychology strategies
- Using a Motivational Interviewing framework
- Pain Comorbidity

The Clinical Presentation

Session One

- Intoxicated
- Confused
- Teary
- Distressed
- Incoherent
- Threats of physical aggression

The next sessions

- The second appointment was scheduled 3 times
- I spoke to John at his physiotherapy appointment
  - Had other appointment commitments (doctors, physio)
  - Wanted to work on anxiety
- Agreed to 1 more appt, with additional reminders
- Telehealth as an alternative he forgot

Treatment

- Anxiety when leaving the house
- Fight / flight response – shaky
- Panic attacks in shops
- No routine
- Observable pain behaviours
- No alcohol use disclosed
- Appointment attendance still haphazard
- Planning for return to work
- Seeking a cure

Session 8: Outcome

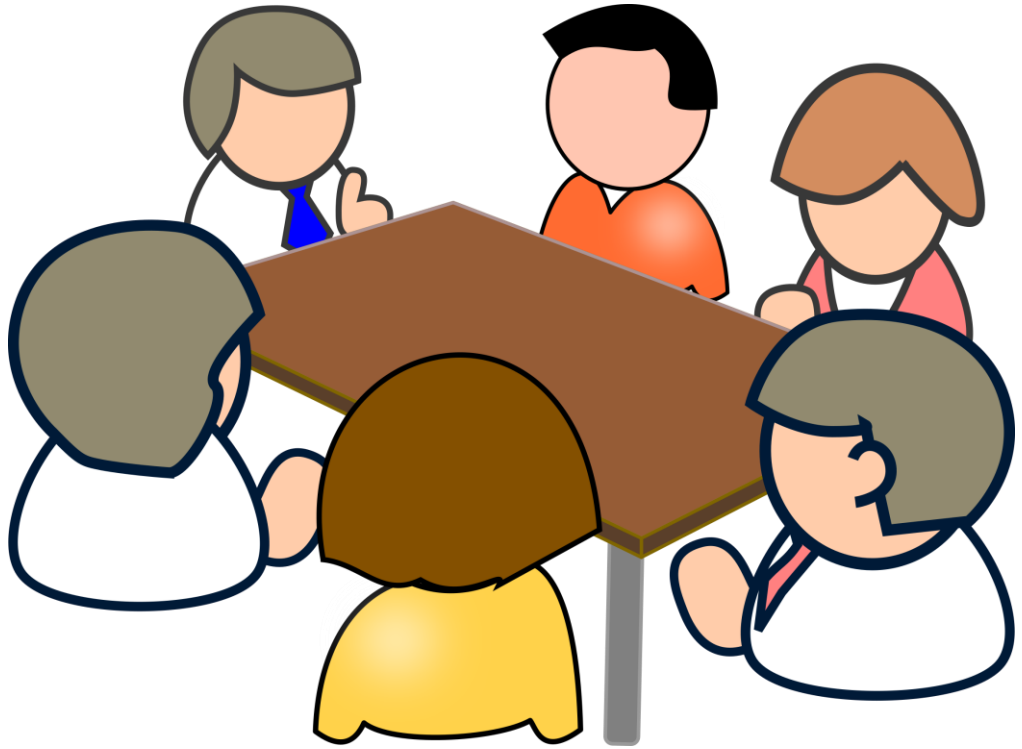
- Patient progress: Engaged by Session 5
- Thiamine to be introduced
- Collaborated with: Initial psychologist, pain physiotherapist x 2, case manager
- Thoughts: There is so much comorbidity to untangle and work with- how to address symptoms
- Alcohol use not ready to address
- Less structure was needed to support attenance

The Middle

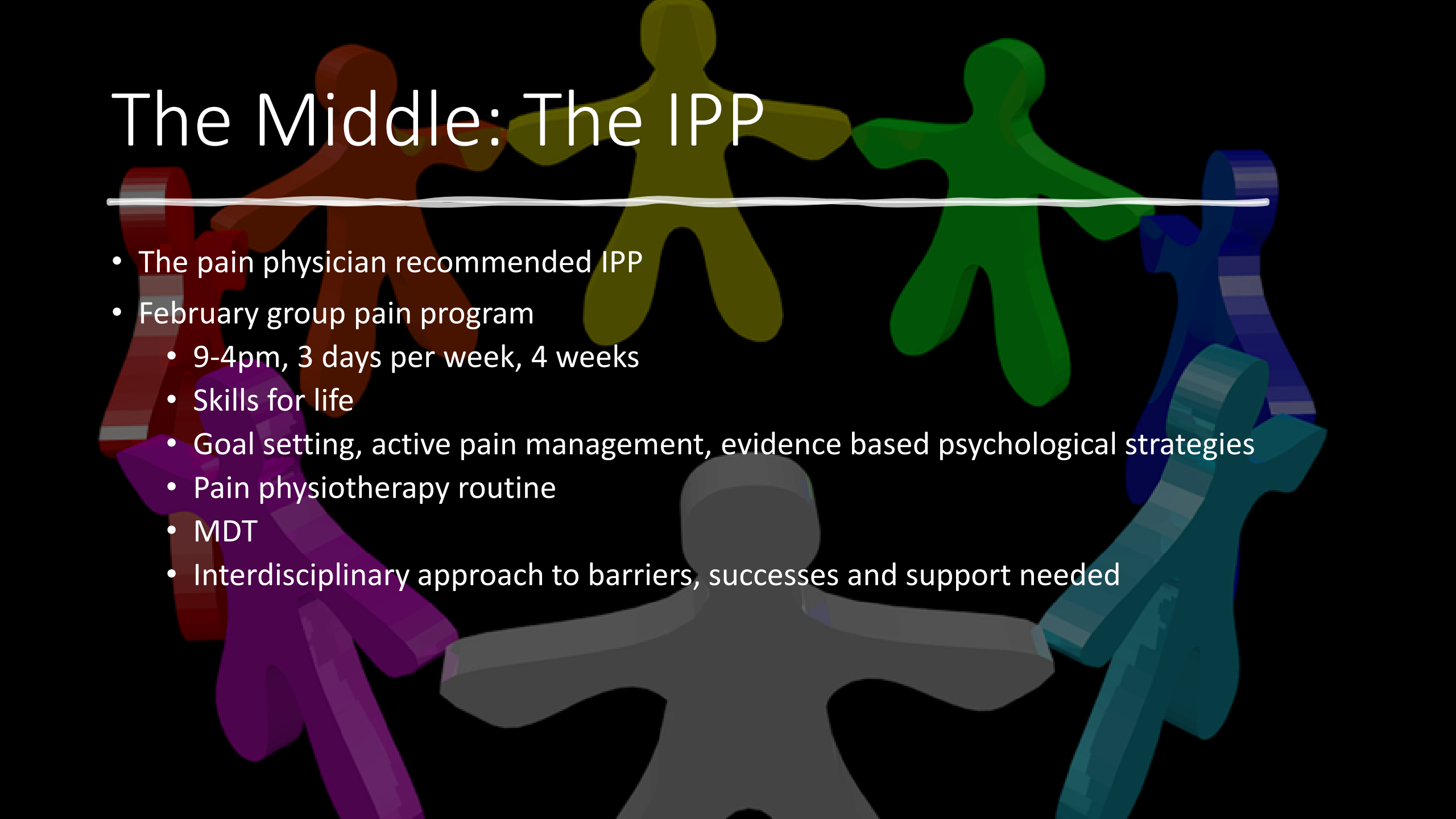
Psychology Treatments

The Middle: Commenced Mid July 2022

- Thiamine not prescribed:
  - Collaboration CC with the GP
  - I then identified two other GPs
  - CC with the primary GP
- CC with pain physician
- CC with the pain physiotherapist
- CC with the orthopaedic surgeon
- CC with the exercise physiologist x 2



The Middle: The IPP



- The pain physician recommended IPP
- February group pain program
  - 9-4pm, 3 days per week, 4 weeks
  - Skills for life
  - Goal setting, active pain management, evidence based psychological strategies
  - Pain physiotherapy routine
  - MDT
  - Interdisciplinary approach to barriers, successes and support needed

Middle: Outcomes

- John lost weight
- Desensitised his shoulders
  - Set back: Fell and broke his ribs
  - Relationship break down, relapsed with EtOH, depressed / suicide
  - Still motivated to improve his pain
- Increased in weight for lifting, push and pull
- Increased walking distance and speed
- Increased tolerances for sitting, standing, walking, and household activity
- Improved confidence to manage pain
- Medication reduced to Mirtazpine 15mg, Duloxetine 60mg, Olanzapine 5mg

The End???

- Another 8 sessions
- Relapse prevention
- Transition to work
- CC with rehab provider

The Collaboration Journey

- Physiotherapist
- Pain Physician
- Orthopaedic Surgeon
- Psychology
- WorkCover Doctor / GP
- Exercise Physiologist
- Dietician
- The WorkCover Case Manager

John’s Treatment Experience

- No f’n way
- Waste of time
- Avoidant

- Trust
- Feeling safe
- Confidence
- Supported
- Liked going to one place for all treatment