



HUNTER NEW ENGLAND  
**Integrated Care Partnership**

# CHRONIC PAIN

and the whole-person approach

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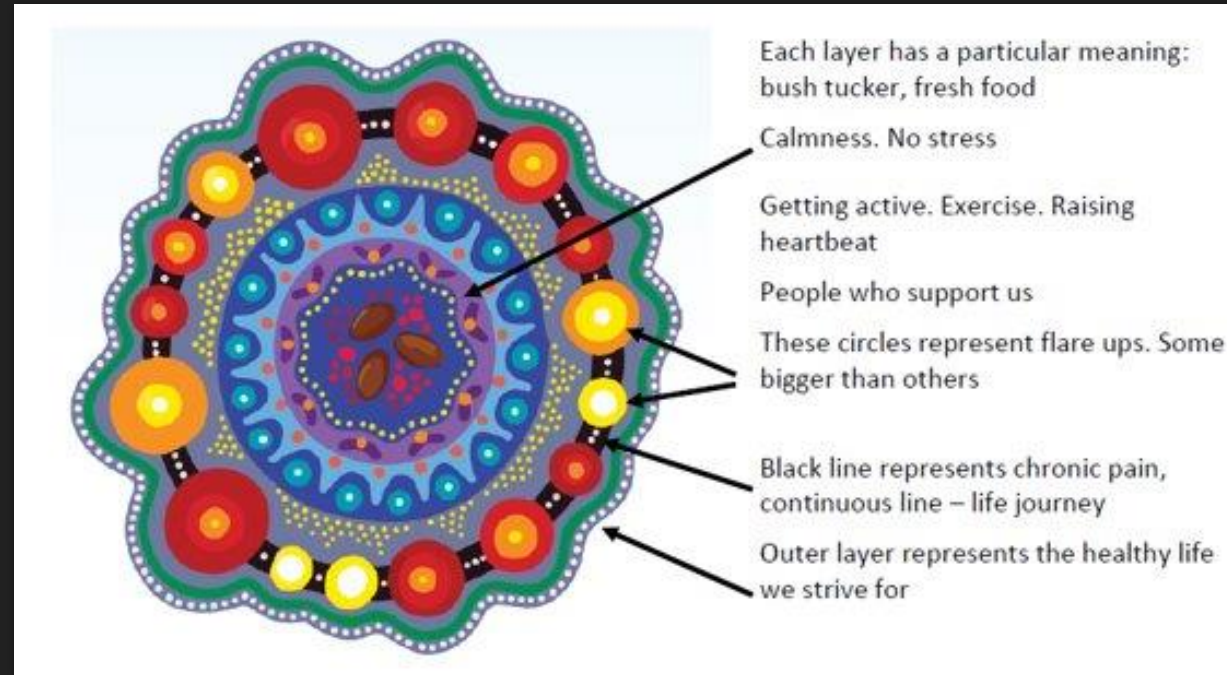


**Health**  
Hunter New England  
Local Health District

**phn**  
HUNTER NEW ENGLAND  
AND CENTRAL COAST

An Australian Government Initiative

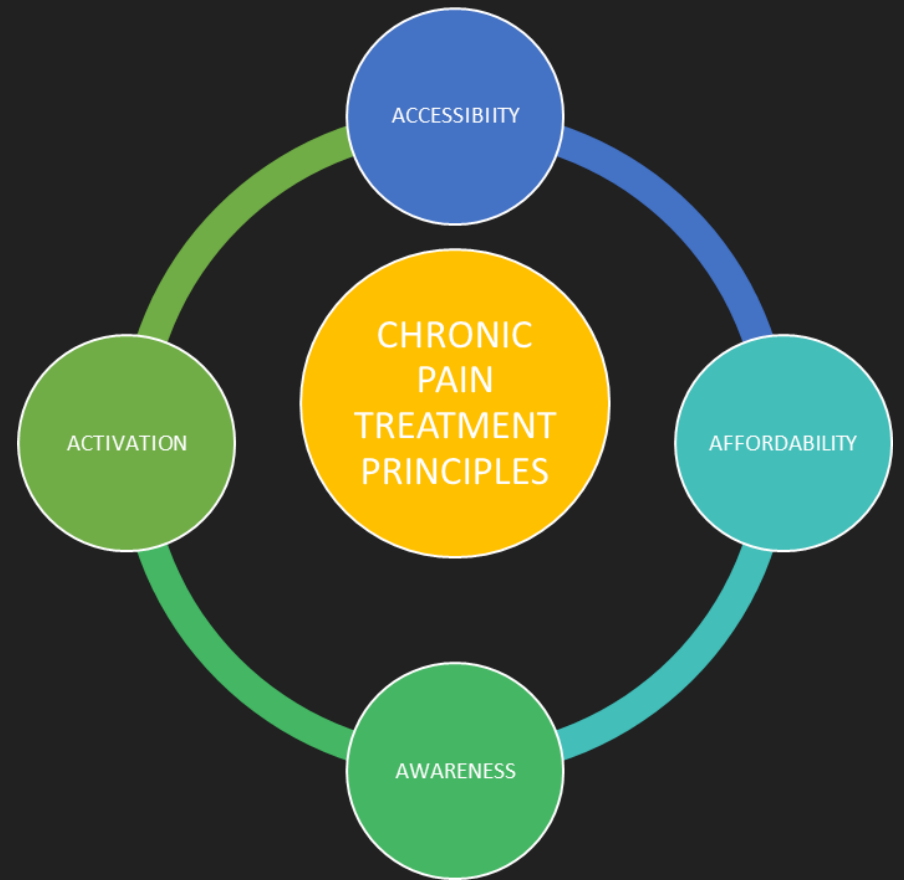
# Acknowledgement of Country



We acknowledge the traditional custodians of the land we are on today, the Awabakal people, and pay our respects to elders past, present and emerging.

# Introduction

- HNE Integrated Care Partnership is a partnership between HNELHD and HNECCPHN
- Chronic pain identified as a priority area
- Better coordination between primary and tertiary care
- Case conferencing



# Session 1 – Objectives

- Whole-person approach for chronic non-cancer pain
- Discuss medications - opioids, cannabinoids
- Discuss interdisciplinary care, including allied health and nursing roles

SESSION 2 - Wednesday 28<sup>th</sup> June 12pm-1pm

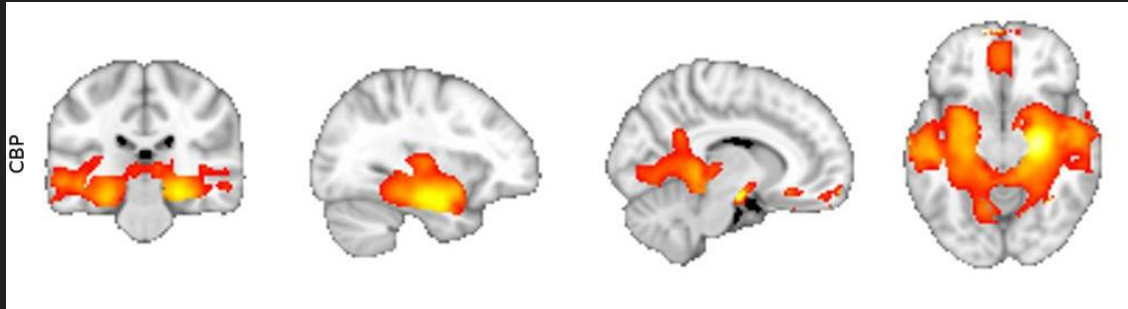
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graph TD; A[Introduction to HIPS] --> B[GP contact]; A --> C[Assessment]
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**Introduction to HIPS**

**GP contact**

**Assessment**

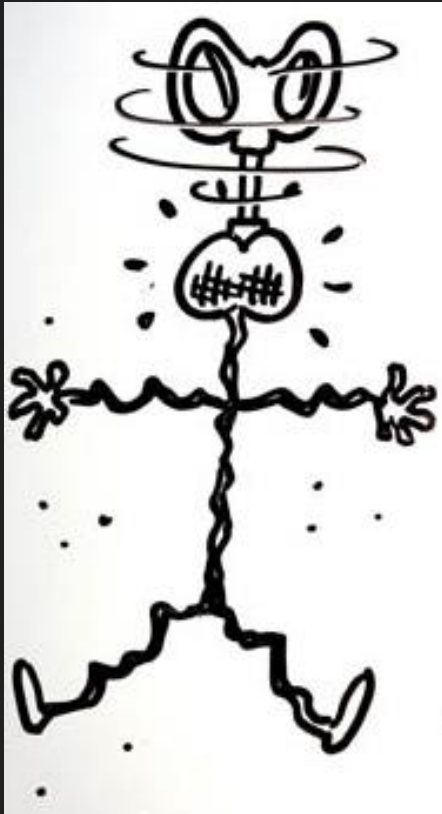
# Role of the Pain System - Pain is Real



*The brain  
and pain*

- Pain system includes brain and nerves
- Danger v safety
- Pain system can become overactive

# Pain System



- Winds pain up or down
- Stress or relaxation response



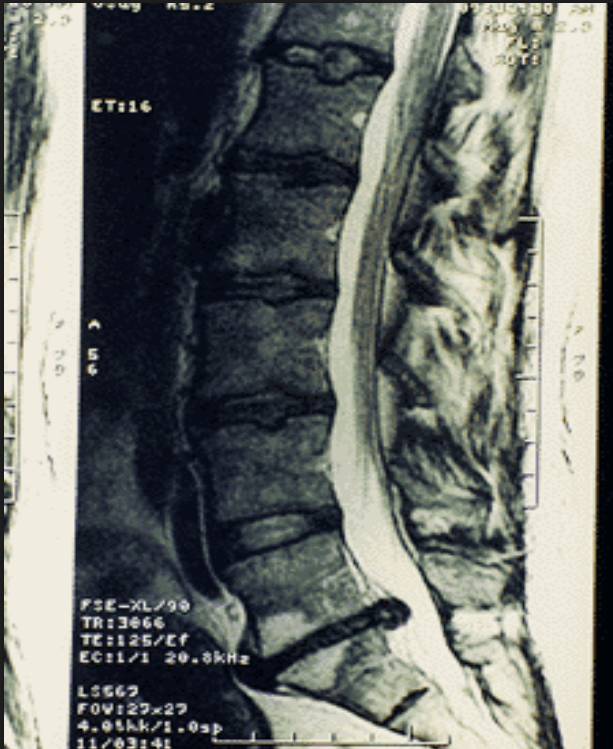
# Symptoms without a body part



- Painful, swollen, stiff ankle
- Sensations persisted after amputation
- Pain system retraining



# Imaging changes



- People in 50's with no pain:
- 80% have disc degeneration
- 60% have disc bulge

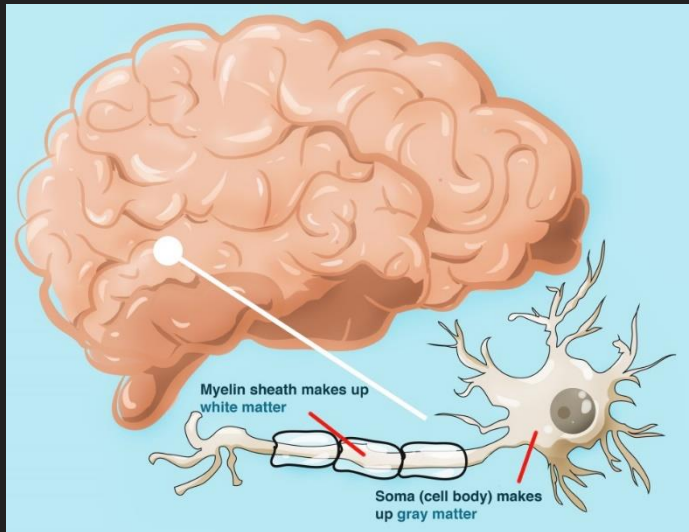
“The tissues heal & the pain system winds up”

# Harmful problems?

- GPs rule out red flags
- Am I safe to move into recovery?



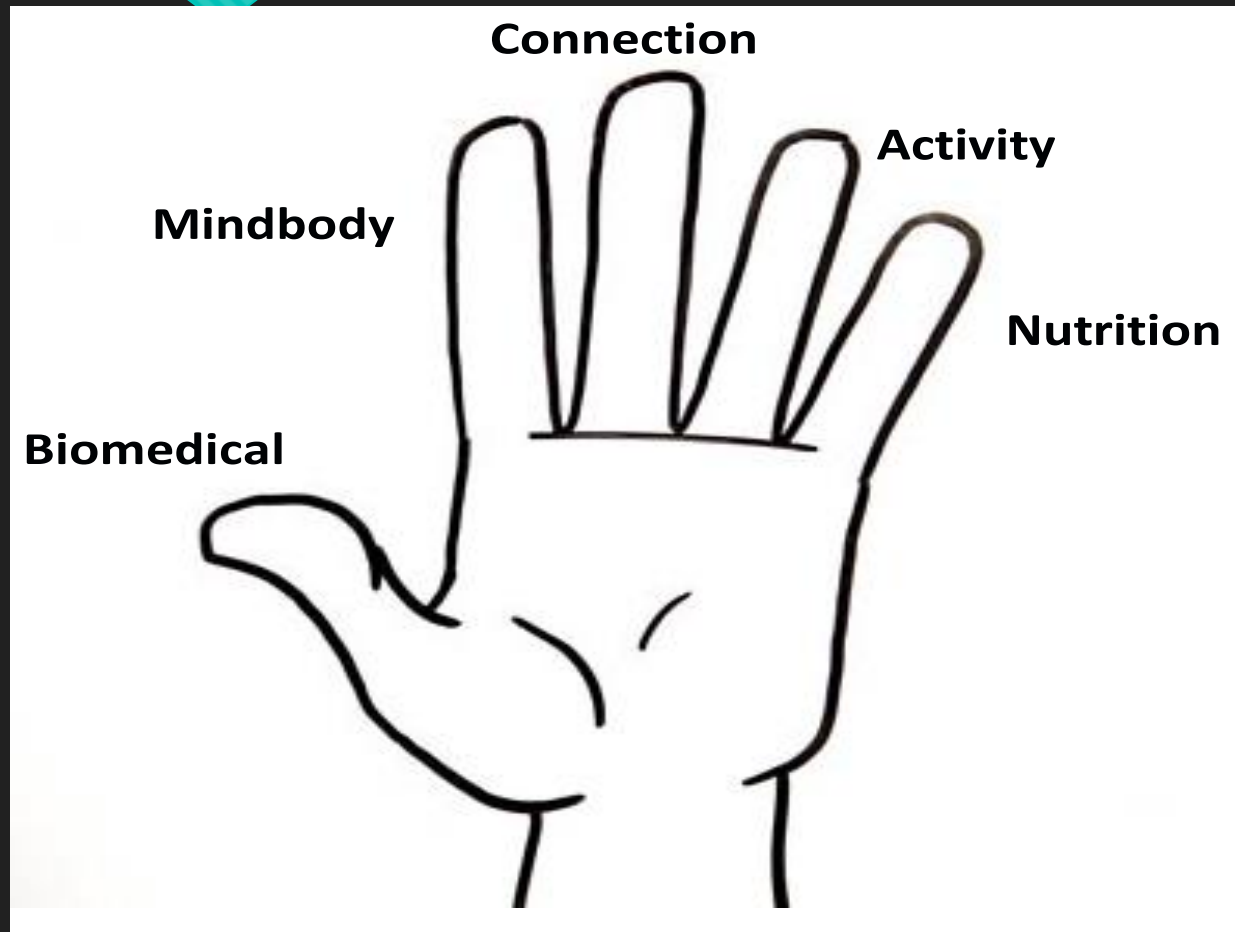
# Pain system changes



- What activities and thoughts wind down the pain system?

**Practice  
point**

# The Whole Person Approach – Chronic Pain



Treatment is radically different to acute pain

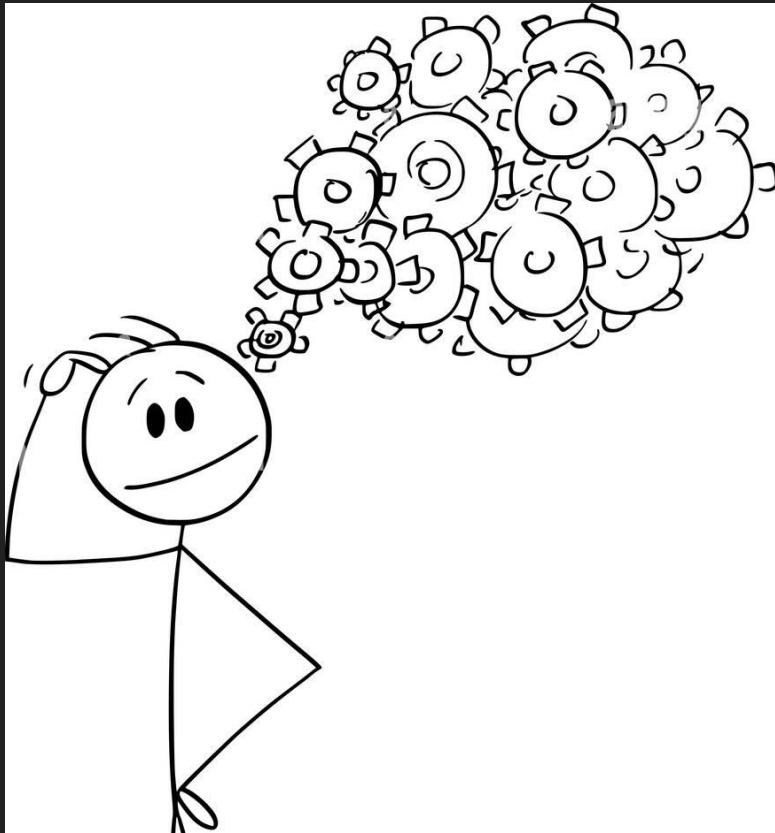
# Long term medications



- Paracetamol & NSAIDs
- Opioids
- Cannabis group
- Nerve pain medications
- Self-medicating

**How well do they work?**

# Problems with long term medications



**What are they?**

# Medication side effects

Tolerance  
Withdrawal  
Addiction

Weight gain  
Constipation

Foggy thinking  
Depression

Sexual  
dysfunction

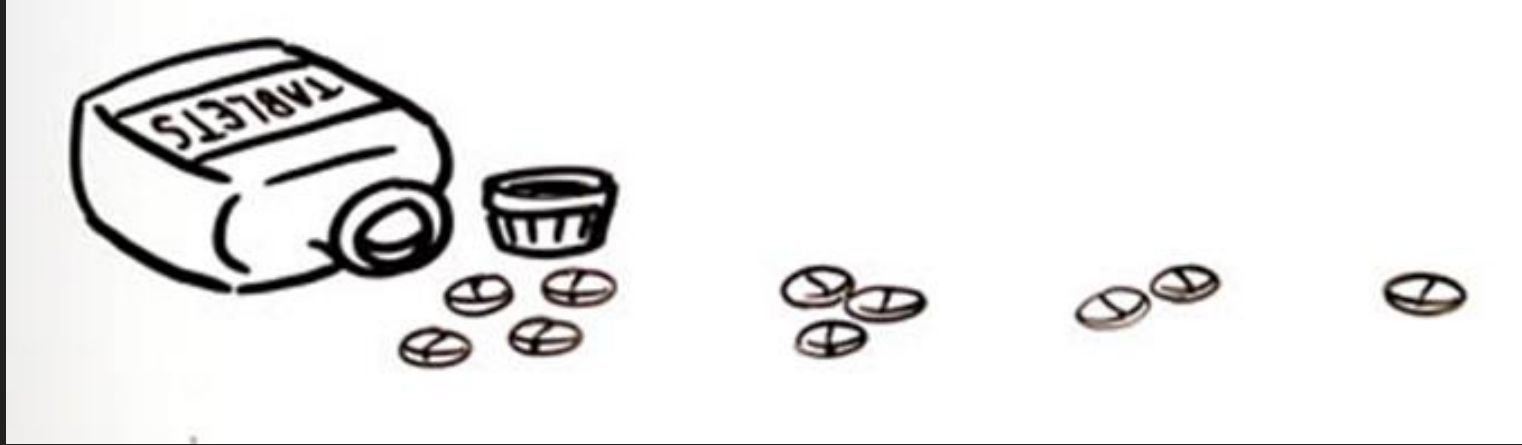


Impact on  
motivation

More Pain  
More Deaths

Falls  
Osteoporosis

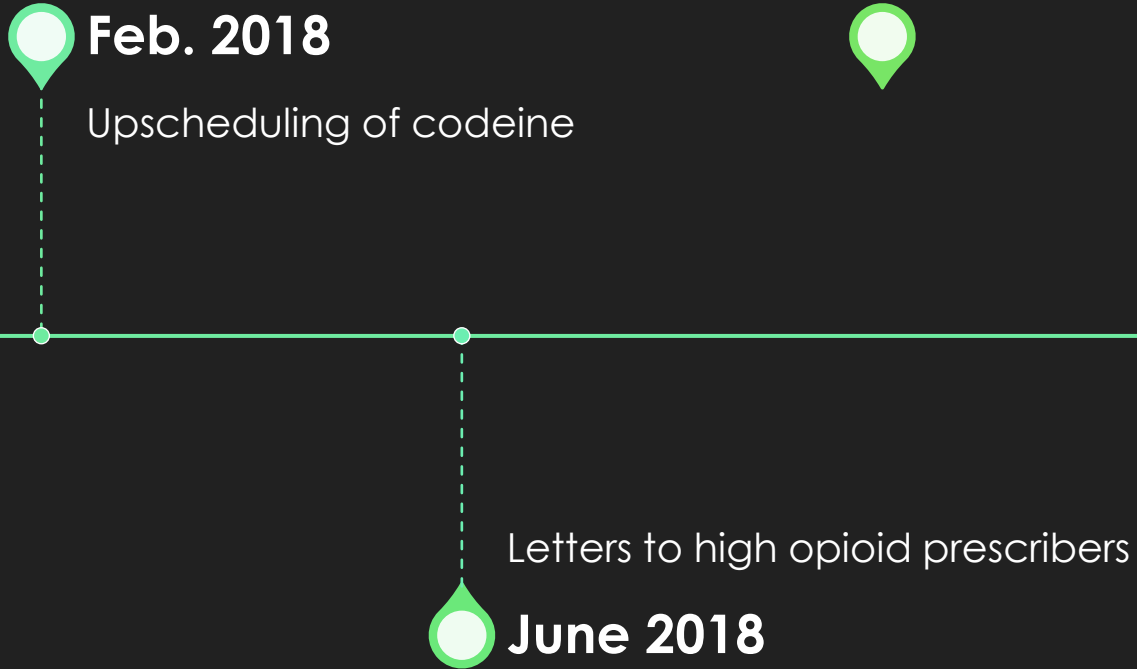
# Standard medication strategy



HIPS support you and your patient to slowly reduce pain medications



# Opioid Policy – 5 years of change



# Opioid Time Series

- Changes from 2016–17 to 2020–21
  - 18% decrease in dispensing rate nationally
  - 30% reduction in overall volume of opioids dispensed on any given day (defined daily dose per 1,000 people)

Australian Commission on Safety and Quality in Health Care

# Improvement with opioid cessation

Clinical domain	Change scores (SD)		
	Ceased opioids n=1724	Reduced by $\geq 50\%$ n=1234	Other patients n=3382
Pain severity (-/10)	- 1.2 (1.8)	-0.8 (1.6)	-0.5 (1.5)
Pain interference (-/10)	- 2.1 (2.3)	-1.6 (2.1)	-1.0 (2.0)
Depression (-/42)	- 6.4 (11.0)	-5.3 (10.7)	-4.0 (10.2)
Anxiety (-/42)	- 2.4 (8.7)	-2.2 (8.4)	-1.2 (8.0)
Catastrophising (-/52)	- 10.2 (12)	-7.6 (11)	-6.2 (11)
Self-efficacy (-/60)	+ 11.5 (14)	+8.3 (12)	+5.1 (12)

- Included 6340 patients on opioids at entry, exit opioid data
  - 27% ceased opioids
  - 20% reduced by  $\geq 50\%$
- Multidisciplinary pain treatment
- **Greatest improvement across all domains occurred in those who ceased opioids**

# Cannabinoids

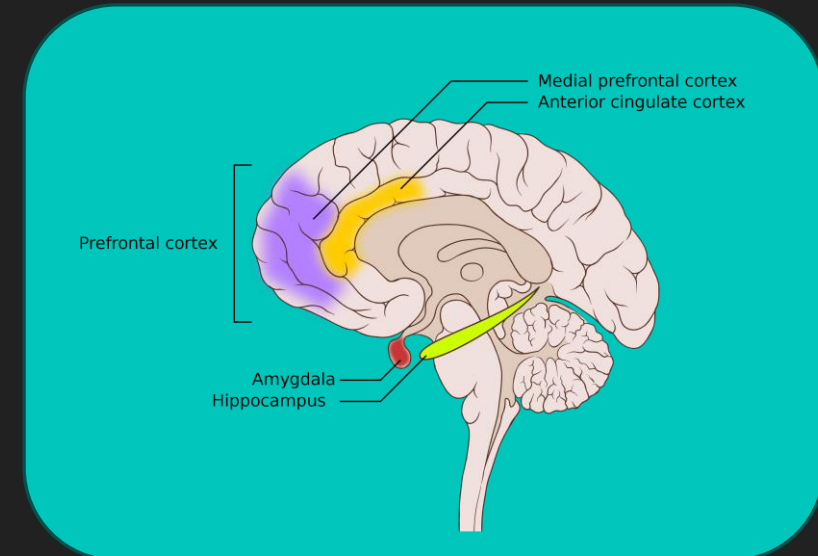
- Stockings et al. Pain 2018
  - 47 RCTs, 57 observational studies
  - **NNT was 24** (15-61) for 30% pain reduction
  - **NNH 6** (5-8)
  - Change in pain intensity 3 mm on 100 mm VAS
  - No improvement in physical or emotional functioning
  - Low quality evidence for improved sleep
- Summary of other studies: Products with high THC:CDB ratios can reduce pain if taken at a dose high enough to cause cognition impairment

# Mindbody - Psychologist

- Mind & body linked
- Beliefs
- Fear & other emotions
- Thinking patterns (worry/catastrophizing)
- Trauma
- Sleep



What else was happening when pain began?



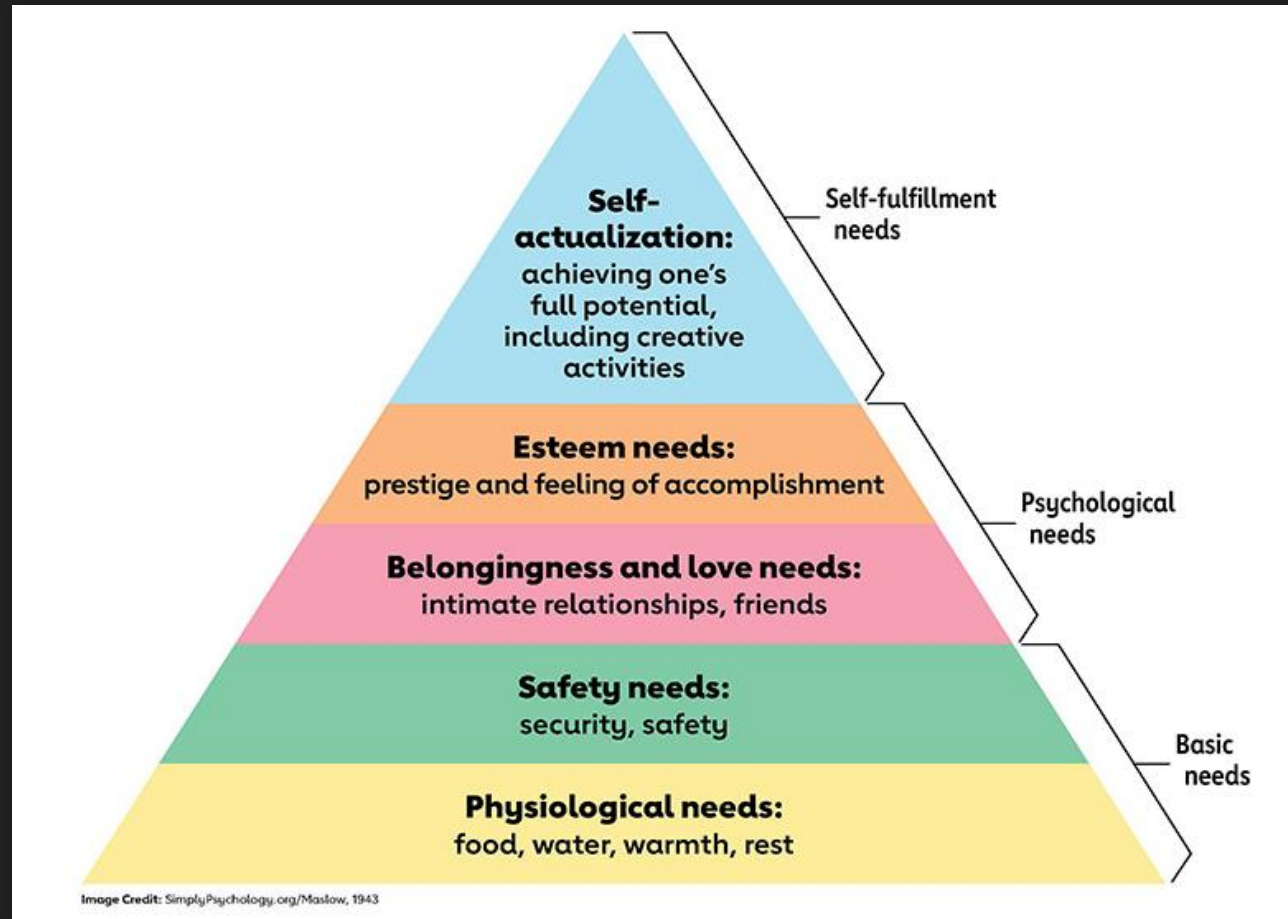


- pain
- limited function
- distress

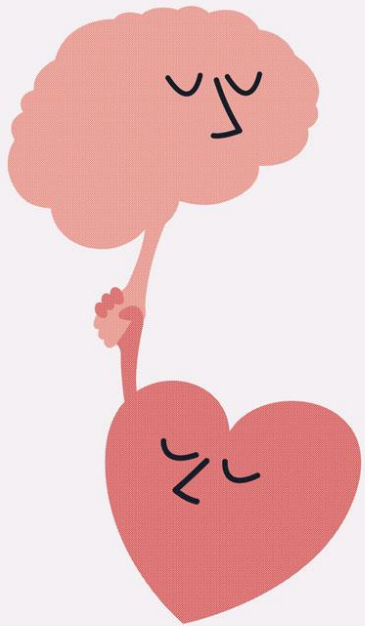
### **Adverse childhood experiences:**

- neglect, physical abuse
- parent death or divorce
- sexual abuse
- parent mental illness
- war/refugee
- adoption

# Is the patient capable of engaging at the moment?



# Connection



- People, place and purpose
- Disconnection hurts
  - from others
  - from country
- Loneliness
- Tension in relationships
- Lack of meaningful life roles
- Reconnecting = part of recovery & wellbeing





# Activity - Physiotherapy

- Safety v danger
- Daily walk
- Strength
- Mindful movement

## Becoming strong



PHOTO: Barbara Collins suffered from rheumatoid arthritis before joining the gym nine months ago. (ABC Central Victoria: Larissa Romensky)

Rheumatoid arthritis was the catalyst for 81-year-old Barbara Collins joining the powerlifting class twice a week.

It rendered her immobile for a while, but she now deadlifts 40kg, bench presses 27.5kg, squats 23kg, and lifts 32kg kettlebells.

"I am getting very strong physically and mentally," she said.

# Sit to stand



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Can they do 1  
without arms?

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Can they do 5 in less  
than 15sec?

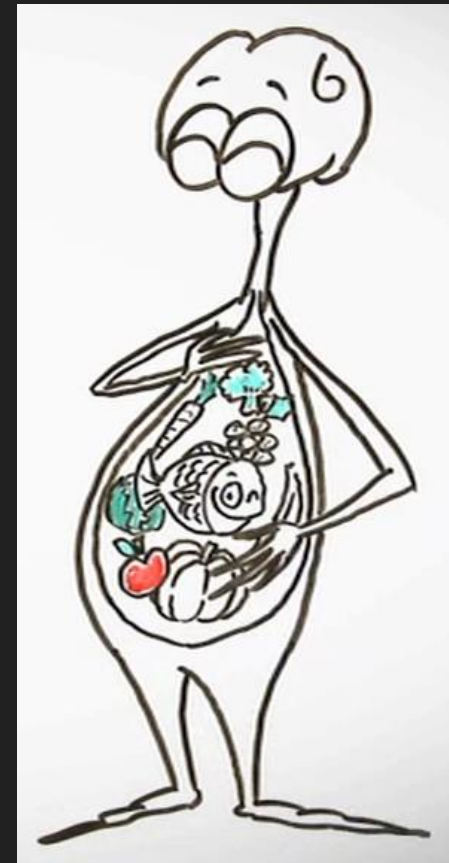
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How many can they  
do in 1 min?

# Nutrition - Dietician

Try healthy swaps

- Eat a variety of natural foods
- Avoid/limit processed food & added sugar
- Drink water
- Multimorbidity



# Principles of the nurse role

- Connection (both with patient and other health professionals)
- Support active strategies and behaviour change
- Accountability
- Reinforce key messages
- Care plans

# A WHOLE PERSON APPROACH TO PAIN

Recovery from chronic pain is possible



## BIOMEDICAL

Your pain system can be over-active

Your scan does not explain your pain

Long term medications can be slowly reduced



## CONNECTION

Connection to people and place is valuable

Build a support team

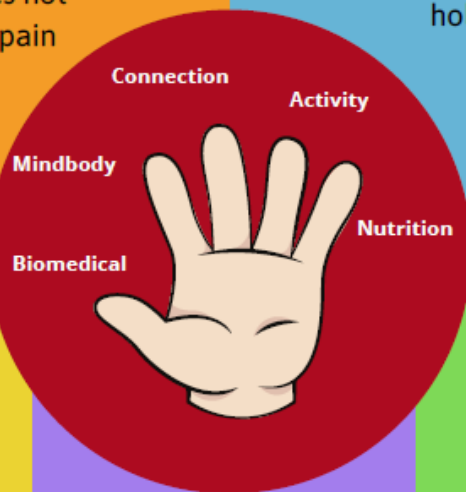
## MINDBODY

Mind and body are linked



Explore beliefs that may hold you back

Address fear and other emotions that may keep you stuck



## NUTRITION

Eat a variety of natural foods



Avoid or limit processed food and added sugars

Try healthy swaps

## ACTIVITY

Moving is safe with chronic pain

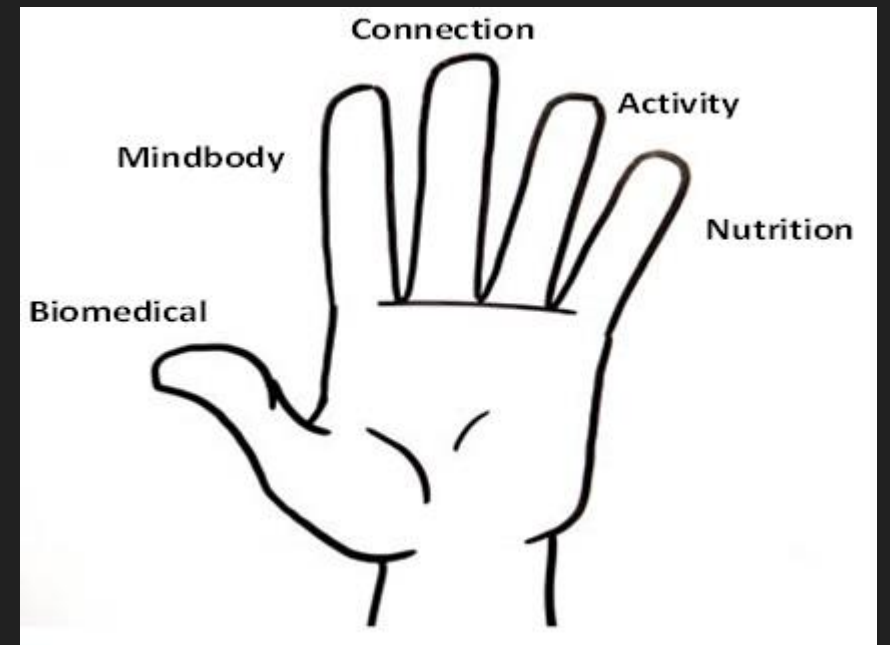


Strength training boosts recovery

Infographic, available on HIPS website

# Resources

- HIPS website  
[hnehealth.nsw.gov.au/our\\_services2/pain](http://hnehealth.nsw.gov.au/our_services2/pain)
- Books: Explain Pain (patients) & Explain Pain Supercharged (clinicians)
- You tube: Brainman, Understanding Pain and what to do about it in less than 5 minutes
- ACI Our Mob – Resources for First Nations People



- + Allied Health Referrals
- + Assault or Abuse
- + Child Health
- + Care in the Last 12 Months of Life
- + Investigations
- + Lifestyle & Preventive Care
- Medical
  - + Assessing Genetic Risk
  - + Cardiology
  - + Dermatology
  - + Diabetes
  - + Drug and Alcohol/Addiction Medicine
  - + Endocrinology
  - + Gastroenterology
  - + General Medicine
  - + Genetics
  - + Haematology
  - + Immunisation and Vaccines
  - + Immunology and Infectious Diseases
  - + Intellectual Disability
  - + Nephrology
  - + Neurology
  - + Oncology
  - Pain Management
    - + **Chronic Non-cancer Pain**
    - + Specialised Adult Pain Management Refe
  - + Rehabilitation Medicine
  - + Respiratory
  - + Rheumatology
  - + Sleep
  - + Sexual Health
  - + Spinal Cord Impairment (SCI)
- + Mental Health
- + Older Persons' Health
- + Therapeutics
- + Public Health
- + Specific Populations
- + Surgical
- + Women's Health
- + Our Health System
- + Service Directories



## Chronic Non-cancer Pain

See also [Persistent Pain in Children and Young People](#).

### Clinical editor's note

[SafeScript NSW](#) is available to registered prescribers and dispensers to provide real time prescription monitoring for a [range of medications](#).

## Background

- + [About chronic non-cancer pain](#)

## Assessment

1. Consider + [common presentations of chronic pain](#).
2. Take a detailed history, including:
  - assessment for + [red flags](#).
  - + [pain assessment](#).
  - + [impact on functioning](#).
  - + [beliefs and behaviours around pain](#).
  - + [psychosocial factors](#).
  - + [lifestyle factors](#).
3. Ask about past and current medications, including over-the-counter medicines and complementary or herbal medicines. Consider:
  - reviewing prescribing and dispensing history on [SafeScript NSW](#).
  - requesting a summary of PBS medicines supplied to the patient by contacting the [Prescription Shopping Program](#).
  - checking if dispensing information is available through the patient's [My Health Record](#).
4. Perform relevant + [examination](#), depending on the nature and site of pain.
5. Consider investigations as indicated by + [red flags](#).
6. Consider + [complexity indicators](#) that may indicate the need for appropriate referral and a more intensive management

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- + Cardiology
- + Dermatology
- + Diabetes
- Drug and Alcohol/Addiction Medicine
  - + Alcohol Brief Intervention
  - + Alcohol Withdrawal
  - + Benzodiazepine Withdrawal
  - + **Chronic Opioid Use and Deprescribing**
  - + Drug-seeking Behaviour
  - + Medication-assisted Treatment of Opioid
  - + Prescribing and Providing Naloxone
  - + Problematic Cannabis Use
  - + Psychostimulant Withdrawal
  - + Drug and Alcohol Referrals
- + Endocrinology
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## Chronic Opioid Use and Deprescribing

This pathway covers chronic opioid use and deprescribing of prescription and over-the counter (OTC) opioids. See also [Chronic Non-cancer Pain](#).

### Clinical editor's note

[SafeScript NSW](#) is available to registered prescribers and dispensers to provide real time prescription monitoring for a [range of medications](#).

## Background

- + [About chronic opioid use and deprescribing](#)

## Assessment

1. Establish + [reason for presentation](#).
2. Assess for:
  - + [problematic drug seeking behaviour](#).
  - + [associated conditions](#).
3. Ask about over-the-counter (OTC), prescription and illicit drug use. Consider:
  - if there is any aberrant use e.g., diversion. Consider using the + [Opioid Risk Assessment Tool](#).
  - reviewing prescribing and dispensing history on [SafeScript NSW](#).
  - requesting a summary of PBS medicines supplied to the patient by contacting the [Prescription Shopping Program](#).
  - checking if dispensing information is available through the patient's [My Health Record](#).
4. Use [motivational interviewing techniques](#) to assess the patient's readiness to change opioid use.
5. Ask about + [symptoms of liver, gastric, or kidney injury](#), particularly if compound analgesics containing paracetamol and/or [ibuprofen](#) have been used.
6. Conduct a physical examination including assessment of:
  - skin for evidence of injecting drug use or self-harm.
  - teeth.

Motivational Interviewing



# Pain Outcomes



People completing the program report:

- Less pain
- Improved activity, mood & thinking
- Reduction in medication

# Key messages

1. Whole person approach
2. Good outcomes are possible
3. It takes time
4. Behaviour change - It's simple but not easy



# Session 2 reminder: Wed 28<sup>th</sup> June 12-1pm

- Topics:
  - Case study
  - Case conferencing experience from both HIPS and General practice perspectives
  - Case Conferencing processes including Medicare
  - Other professional development opportunities available

# Questions?

