

Meeting the challenges of living with chronic pain

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- › Our current understanding of chronic pain,
- › How such pain can be assessed and key management principles,
- › How health workers can help people with chronic pain to lead full and productive lives despite their pain.

Key points about chronic pain

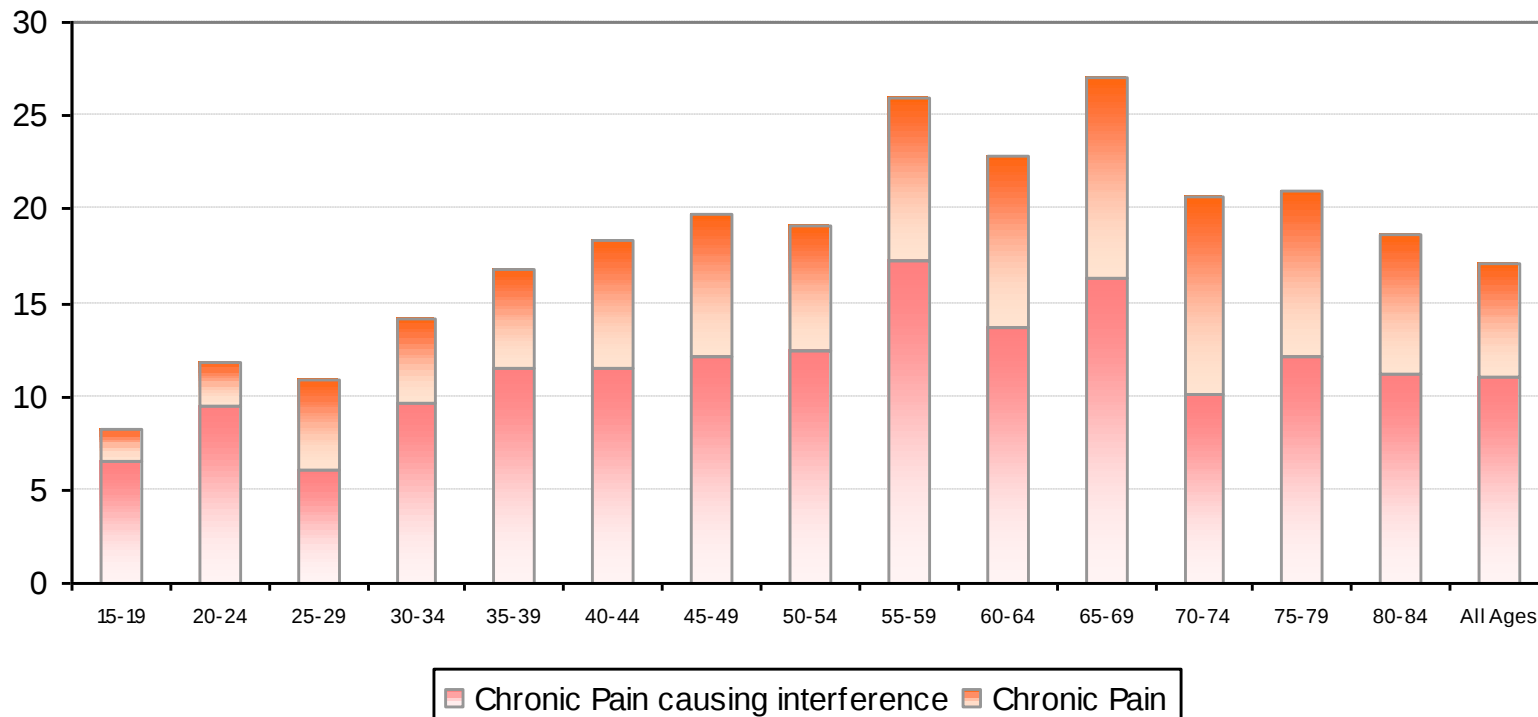
- › Pain is primarily a warning signal and useful
 - › But pain can also cause major suffering and disability
 - › Especially when it persists (and becomes chronic)
 - › As there is no cure for chronic pain, the only realistic option is to manage it
 - › Just as required for other chronic diseases (eg. diabetes, asthma)
 - › The question is: How?
 - › A challenge for all chronic pain sufferers and health professionals
-



1997 NSW Health Survey - prevalence of chronic pain and pain-related disability, males by age group

(Blyth et al, Pain 2001)

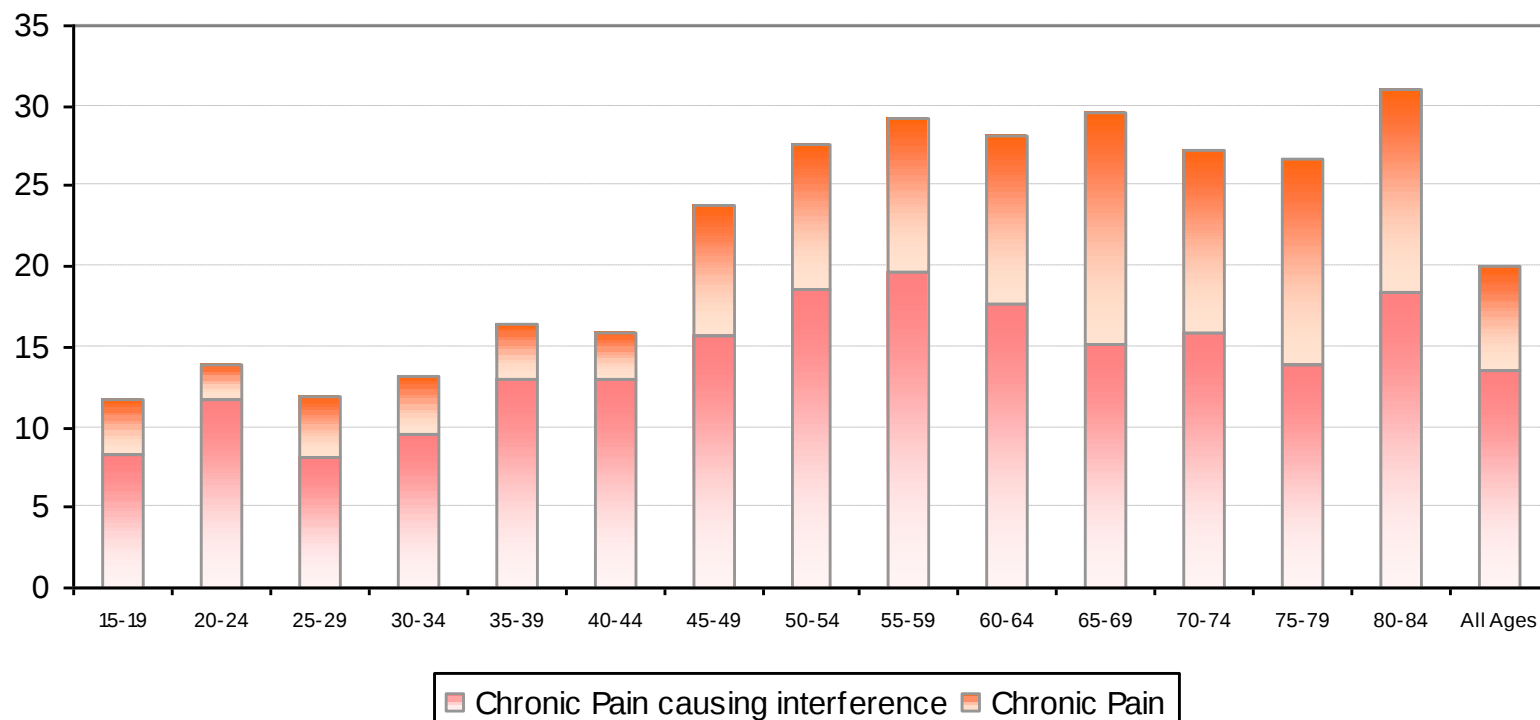
Males





1997 NSW Health Survey - prevalence of chronic pain and pain-related disability, females by age group (Blyth et al, Pain 2001)

Females





Global Burden of Diseases, Injuries, and Risk Factors Study, 2010: Years Lived with Disability (YLD)

1. Low Back Pain

2. Major Depressive Disorder

3. Iron deficiency-anemia

4. Neck pain

5. COPD

6. Other musculoskeletal

7. Anxiety disorders

8. Migraine

9. Diabetes

Lancet 2012; 380: 2163–96

What does this mean?

- Almost 1 in 5 Australians have some form of chronic pain
- Multiple possible causes
- Disability due to pain reported by about 60%
- Many with chronic pain also have other health problems = extra load to cope with
- Especially depression
- Chronic pain + depression = worse quality of life

- › *Acute pain*:
 - * short-term (seconds-days)
 - * resolves with healing/treatment
- › *Chronic pain*:
 - * long-term (> 3-6 months)
 - * beyond expected healing time

Also: * *Sub-acute pain* (>4 weeks < 12 weeks)

* *Chronic-recurring pain* (migraine headaches)

Essentially, time-based, but evidence of different mechanisms as well.

Mechanism-based classification of chronic pain

- › Broadly speaking, 2 main categories often used, but note they don't cover all pain phenomena:

- * **Nociceptive pain**

“Pain that arises from actual or threatened damage to non-neural tissue and is due to the activation of nociceptors.”

- * **Neuropathic pain**

“Pain caused by a lesion or disease of the somatosensory nervous system.”

[M. Haanpää et al. / PAIN 152 (2011) 14–27]



Why might pain persist even after healing?

Editorials

Editorials

Medical Journal of Australia March
2013; 198(4)



Neuroplasticity and pain: what does it all mean?

Recent findings have implications for how we conceptualise, assess and treat pain

Philip J Siddall
MB BS, PhD, FFPANZCA,
Pain Medicine Physician,
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Medicine²

The concept of neuroplasticity — the ability of the nervous system to change its structure and function — has captured the imagination of clinicians,

ing persistent low back pain means not just trying to determine which structures in the back may be contributing to pain — it also means identifying any psychological

- Changes in the central nervous system (CNS) that so far are hard to reverse
- Key example: central sensitisation – non-noxious stimulus elicits pain



If one or two don't work, try more?



You gotta be kidding – your back *still* hurts??

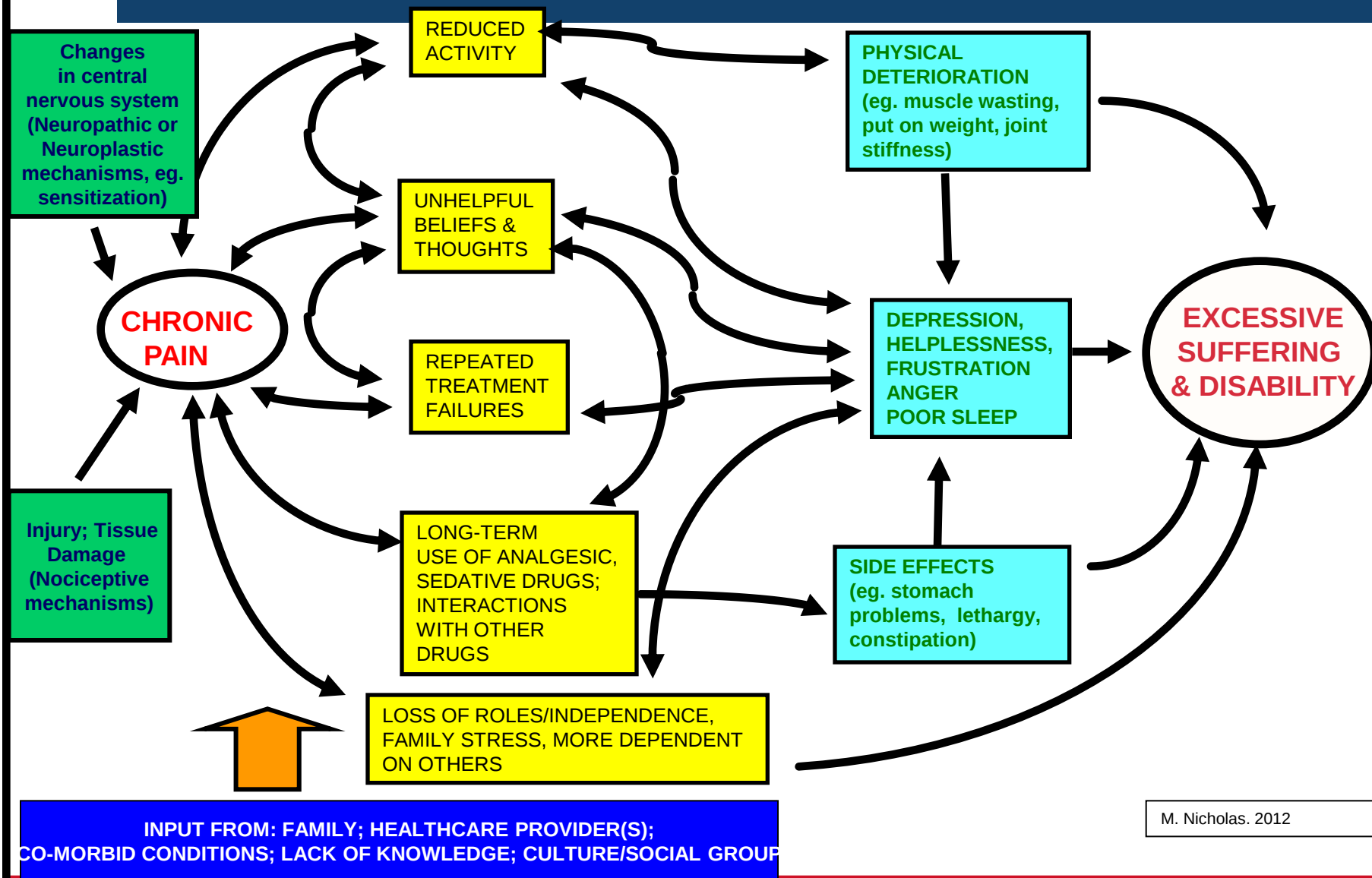


You might ask, “why?”

What is going on here?



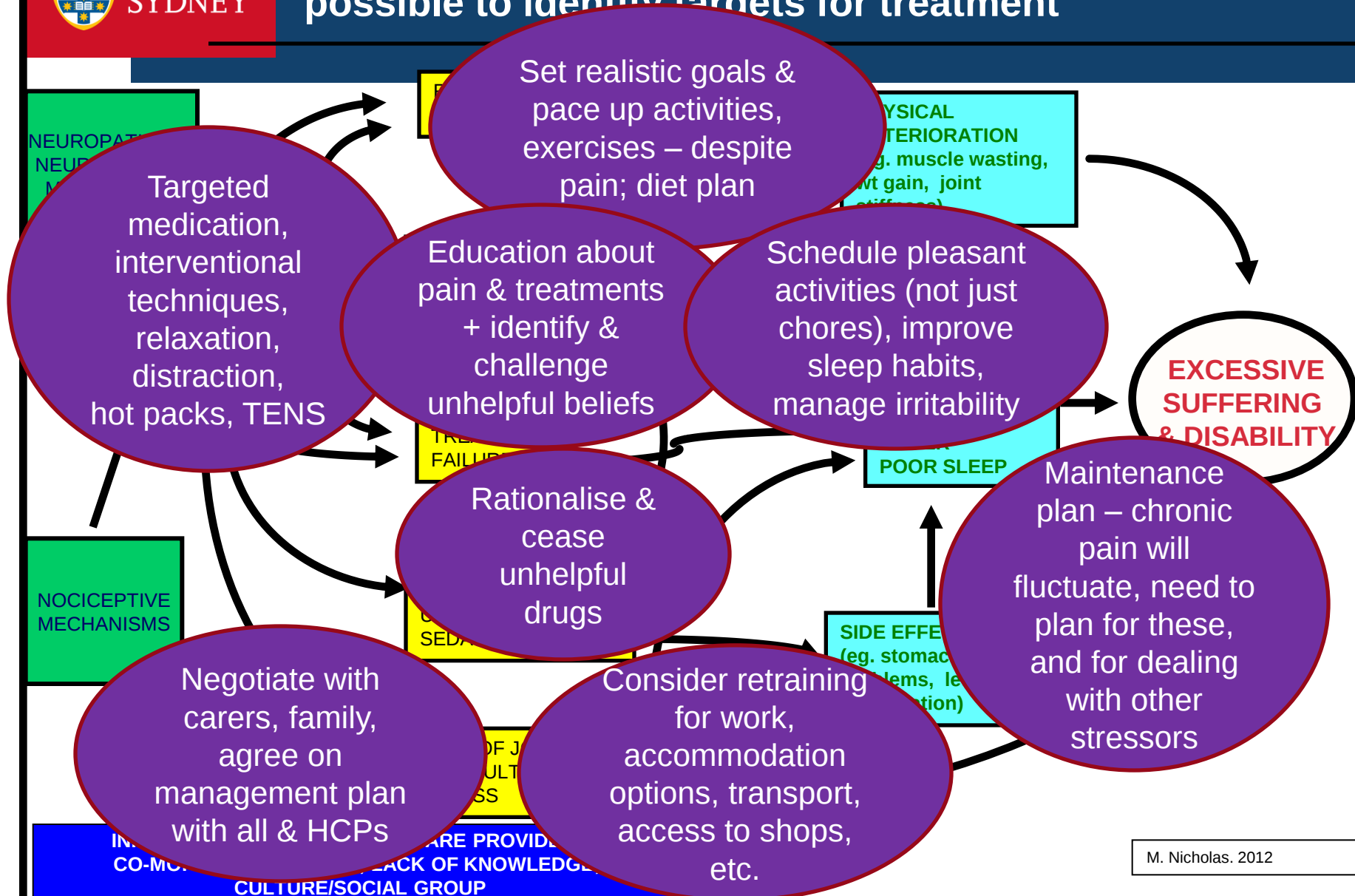
When pain persists: Interacting contributors and effects - a biopsychosocial perspective



- › More than just asking about pain severity (0-10)
- › Also need to understand:
 - › Interference in activities?
 - › How is the person responding to their pain?
 - › How are others responding?
 - › What helps? What makes it worse?
 - › What is the person's understanding of their pain?
 - › What sort of help is being sought and what goals?



We need to get as much of the whole picture as possible to identify targets for treatment



Realistic goals of pain management

- › Greater ability to lead normal life (despite pain)
- › Improved mood, sleep, enjoyment of life
- › Minimal use of medication
- › Greater self-reliance and fewer visits for health care



‘self-management’

Just like people living with diabetes,
asthma, etc.



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Northern Sydney Pain Study, PAIN 2005;113:285-292



Pain 113 (2005) 285–292

PAIN

www.elsevier.com/locate/pain

Self-management of chronic pain: a population-based study

Fiona M. Blyth^{a,*}, Lyn M. March^b, Michael K. Nicholas^a,
Michael J. Cousins^b

2092 adults in Northern Sydney
474 with chronic pain (22.7%)

Randomly selected from community

Types of self-management strategies evaluated

Table 1
Coding for self-management strategies

Active strategies		Passive strategies	
Active behavioural	Cognitive	Passive behavioural	Conventional medical
Correct posture	Relaxation	Diet	Medication
Exercise	Distraction	Avoiding activity	Physiotherapy
Modified use	Prayer	Rest	TENS
Social activities	Meditation	Hot baths/ shower	Braces
Work	Reduce stress	Hot/cold packs	Acupuncture
Usual tasks		Smoking/alcohol	Chiropractor
		Massage	

› **People who rely mostly on passive coping strategies (having things done to them) -**

Were more disabled than those who use more active strategies (exercising, keeping busy)

Key Messages:

- › Waiting for pain relief before getting on with day was not helpful
- › Better to find ways of keeping active despite pain

How can we help those in chronic pain?

- › Become more knowledgeable about chronic pain
- › Use freely available resources (ACI website)
<http://www.aci.health.nsw.gov.au/networks/pain-management>
- › Courses through University of Sydney Medical School: Pain Management Research Institute (online and face to face workshops)
- › Ms Grace Tague
Student & Academic Coordinator
Ph: 02 9463-1528 Email: grace.tague@sydney.edu.au



Agency for Clinical Innovation (ACI) (NSW) Pain Network

› <http://www.aci.health.nsw.gov.au/networks/pain-management>

Pain Management - Pain Management Network - Agency for Clinical Innovation

 **ACI** NSW Agency for Clinical Innovation

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Pain Management

Purpose

To bring together consumers and clinicians to promote equity of access to pain management services for patients with chronic pain, determine priorities for action and develop and support implementation of new evidence-based models of care, to improve integration and co-ordination of care between hospital-based specialist multi-disciplinary pain clinics and community and primary health services.

Find out more about the ACI Pain Management Network's [Events](#), [Models of Care](#), [Resources](#), [Publications](#) or [Join the Network](#).

Recently Added:

- [Chronic Pain Website](#)
- [Pain Management Programs – Which Patient for Which Program?](#) (PDF File 417.5 KB | [View text](#))
- [NSW Standardised Pain Charts \(adult\)](#)

Our People


Michael Nicholas, Co-Chair


Chris Hayes, Co-Chair

The ACI Pain Management Network is led by an executive committee, which includes staff specialists, general practitioners, nurses, allied health professionals and consumers.

There are now three working groups that have been established to represent aspects of the continuum of care and the priorities identified in the Model of Care for the statewide plan. There is broad representation from consumers and clinicians across the spectrum on these committees.

The network has more than 74 members and includes the peak NSW non-government organisation Chronic Pain Australia, Pain Australia, consumers, local health districts and specialty network governed health corporations in NSW.

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Continuing and post-graduate education in pain management

<http://sydney.edu.au/medicine/pmri/education/index.php>

PAIN MANAGEMENT EDUCATION - PMRI - The University of Sydney



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PAIN MANAGEMENT EDUCATION

We offer a range of educational opportunities to enable you to specialise in the area of pain management.

These include:

- Postgraduate degree programs* ([Master of Science in Medicine \(Pain Management\)](#), [Master of Medicine \(Pain Management\)](#), [Graduate Diploma](#) and [Graduate Certificate](#))
- Pain Management Multidisciplinary Workshop
- Specialist Symposia
- Monthly Visiting Scholars' Program, presented by leading national and international scholars in the field of pain
- Webinars series to develop clinical skills in cognitive behavioural therapy (CBT) based management of pain

* Endorsed by the International Association for the Study of Pain (IASP).



Key pain management skills for health care workers

- › Active listening (avoid ‘I know how you feel..’)
- › Develop summary of whole picture for client
- › Negotiate an active role for client
- › Explain pain at required level for client
- › Use basic cognitive-behavioural principles
- › Goal setting (relevant to client)
- › Teach core pain self-management skills (eg. activity pacing, dealing with flare-ups in pain)
- › Self-monitoring, maintenance planning (chronic condition)
- › Communicate with other key stakeholders (GP, family, employer) to ensure consistency and support



Psychologically Informed Practice

Psychologically Informed Interventions for Low Back Pain: An Update for Physical Therapists

Michael K. Nicholas, Steven Z. George

A central theme of current evidence-based guidelines for managing low back pain is endorsement of the resumption of activities despite the presence of pain. This task can be challenging for both therapists and patients, and there are many essentially psychological obstacles to implementing the guidelines. These obstacles can be overcome by knowing how to recognize potential psychological obstacles and understanding the options for managing psychological obstacles in combination with activity-based interventions. This article is intended to address these tasks by explaining and describing the application of empirically based psychological principles and strategic clinical reasoning. Importantly, the roles of skills in assessment, treatment planning, and communication with patients are identified as essential but feasible skills for physical therapists to acquire with appropriate training.

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[Nicholas MK, George SZ. Psychologically informed interventions for low back pain: an update for physical therapists. *Phys Ther*. 2011;91:765-776.]

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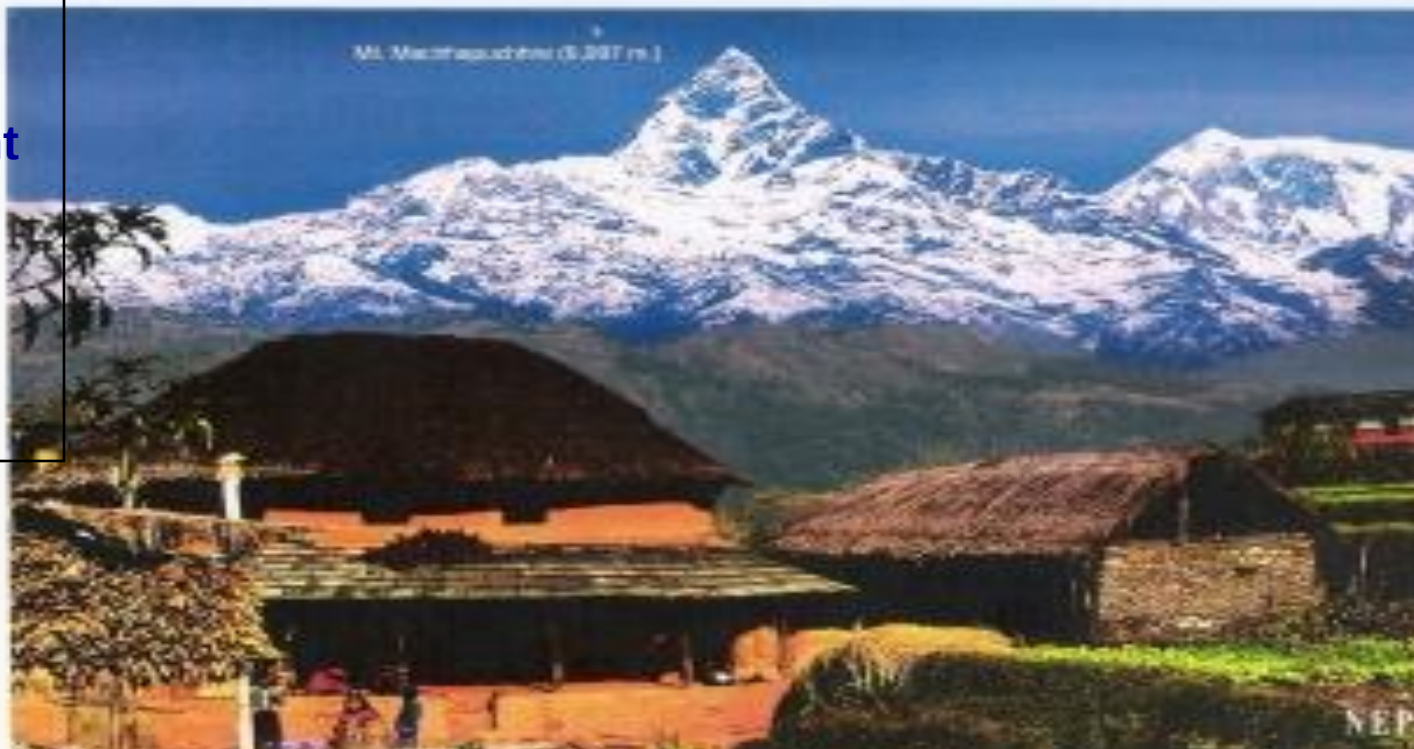
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this article at:
ptjournal.apta.org

Postcard from chronic pain patient

*“We have been trekking in the Annapurna region (in Nepal)
- proof (if you needed more) that your treatments work!!!”*

How did she do it?

A regular (stable) dose
of slow release
analgesic
and
pain self-management
strategies, including
pacing, relaxation,
cognitive strategies



- › Regular use of active self-management strategies improves quality of life for people with chronic pain
- › Many work out their own methods
- › But, if not, they can be taught
- › But it is not a 'one size fits all'
- › Each person needs to work out a balance of methods that suit them
- › In the end, it is what helps you to achieve your aims and to maintain a healthy lifestyle despite pain



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If you want to know more...

Chronic pain has been described as a silent epidemic. More than one in ten people – over ten per cent of the population – suffer from persisting pain.

Over the last month, how often have you:

- taken painkillers so you could do something you know would stir up your pain?
- completed a task, regardless of pain, then 'paid' for it later with more pain?
- found that pain is interfering with your sleep, work, sport and social activities?
- had one or more long rest periods during the day because of your pain?
- felt you cannot go on as your pain gets worse?
- worried that your doctors have 'missed something'?
- been told to 'live with the pain' but not been shown how to do it?

If you answered 'yes' to any of these questions, then *Manage Your Pain* will help to improve your life.

All too frequently, chronic pain cannot be successfully treated – and drugs are not always the answer. But the combination of approaches provided by *Manage Your Pain* can help you learn to minimize the impact of pain, and put persisting pain where it belongs – in the background of your life.

Manage Your Pain is based on the well-established and successful ADAPT program at the University of Sydney Pain Management and Research Centre at the Royal North Shore Hospital in Sydney. The authors are senior members of the multi-disciplinary ADAPT team. The program has now been taken up by other pain clinics around the country.

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adapting to chronic pain

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your ●

pain

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- Lee Beeston

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I strongly recommend
this book as one of
the best of its genre.

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