# Teaming up against chronic pain

A rehabilitation plan that addresses the physical, psychological, social and environmental factors that contribute to a patient's chronic pain, is current best practice.[1, 2] A variety of health professionals can be beneficial in getting the patient to play an active role in their recovery; the most important health practitioner is an engaged and supportive general practitioner.

## Helping your patient to understand their pain

A biopsychosocial strategy that incorporates teaching the patient about how chronic pain can persist even after the initial injury has healed, helps them to overcome their pain, catastrophic thinking and activity-related fears.[3, 4] It helps them to understand that their beliefs, thoughts, behaviours and social interactions are all linked to their individual pain experience.[4, 5]

Key elements include a thorough history, examination and interview, paced and targeted educational sessions, exercise programs, confidence building and goal setting.[4] Stories, metaphors, pictures and examples are used to convey the message that chronic pain might not necessarily be because of continuing tissue damage but because of various complex biological and psychological processes happening in the body.[5]

Educating patients about their chronic pain helps them to understand that:

- pain occurs when there is more credible evidence of danger to the body, than credible evidence of safety
- pain is linked to attitudes and beliefs, thoughts and feelings, and previous physical and emotionally traumatic events
- pain can be over-protective which can perpetuate the cycle of pain and disability
- it is always the brain that decides whether or not to produce pain
- a person's pain is always real, even if there is no tissue damage.[2, 4]

## All patients with chronic pain can benefit

Therapists can devise individual strategies to calm down a patient's over-protective alarm system, improve their knowledge of pain, alter attitudes and behaviours towards pain, improve their day-to-day functioning, and ultimately reduce pain itself.[2, 6] Patients often feel more in control and able to play an active role in their recovery and to safely 'get moving' again in a considered and planned manner.[7] The best results are obtained when pain education is used in combination with other biopsychosocial interventions.[2]

## Getting the best team together

Current best practice is to include a combination of medical and educational approaches and psychological and physiotherapy interventions, based on the principles of Cognitive Behavioural Therapy (CBT).[8] CBT can address unhelpful beliefs, such as catastrophising and activity avoidance due to fear of injury or re-injury, expectations of treatment and lack of motivation. A rehabilitation plan that involves the patient's partner and family members can have a positive impact on their emotional and physical recovery.[9] Patients who practise active self-management strategies experience improvement in their day-to-day functioning and general wellbeing, and are less reliant on medicines to 'fix' their pain.[10]

**A clinical psychologist** can address feelings of despair, anger or hopelessness associated with chronic pain, and psychosocial issues including stress, post-traumatic stress disorder or anxiety and depression. All of which can impact on a patient's experience of pain. Interventions might include educating the patient about how and why pain can persist, CBT or relaxation techniques.

Find a psychologist trained in pain management through the Australian Psychological Society at: http://www.psychology.org.au/findapsychologist/

**A physiotherapist** or exercise physiologist can help people get moving again with graded exercises and activities designed to improve function. They can provide education about how pain works and what influences it, and help to modify unhelpful beliefs about pain.[11] They can reassure the patient that it is safe to move and exercise, and what to expect as they gradually increase their activity levels.

Find a physiotherapist through the Australian Physiotherapy Association website at: https://www.physiotherapy.asn.au/APAWCM/Controls/FindaPhysio.aspx

**An occupational therapist** can support people to carry out tasks that are important to them in their day-to-day lives, for example, addressing vocational issues and improving physical disabilities. Techniques to help manage pain while working or being active, and graded return to work programs can be instigated.

Find an occupational therapist through the Occupational Therapy Australia website at: https://www.otaus.com.au/

**Other health professionals might include a counsellor, social worker, dietician, psychiatrist and a pain specialist.**

## Resources for healthcare professionals

- Gold and white card holders might be eligible for services provided by health professionals. Details for DVA funded health services are available at: www.dva.gov.au/providers/health-programs-and-services-dva-clients
- For advice about your patient with chronic pain and complex mental and physical needs, you can contact the Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC) on 1800 VETERAN (1800 838 372), 24 hours a day, seven days a week.
- To tap into online education and training in pain management go to the Painaustralia website at: www.painaustralia.org.au/health-professionals/education-training-1
- To access 12 online Better Pain Management modules go to the Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists at: www.betterpainmanagement.com.au
- To view 'Brainman' videos, go to Hunter Integrated Pain Service at: www.youtube.com/hunterbrainman
- To know more about 'Explain pain', go to the NOI group at: http://www.noigroup.com/en/Courses
- To access the Quick steps to Manage Chronic Pain in Primary Care, go to the Pain Management Network website at: http://www.aci.health.nsw.gov.au/chronic-pain/health-professionals/quick-steps-to-manage-chronic-pain-in-primary-care
- To access Pain Management courses go to the RACGP website at: http://www.racgp.org.au/education/courses/activitylist/?keywords=pain&triennium

## References

1. Fillingim R. Individual differences in pain: understanding the mosaic that makes pain personal. Pain. 2017; 158(4) Suppl 1:S11-S18.
2. Moseley G, Butler D. Fifteen years of explaining pain: the past, present, and future. The Journal of Pain. 2015; 16(9): 807-813.
3. Louw A, Zimney K, Puentedura E, Diener I. The efficacy of pain neuroscience education on musculoskeletal pain: a systematic review of the literature. Physiotherapy Theory and Practice. 2016; 32: 332-355.
4. Louw A, Zimney K, O'Hotto C, Hilton S. The clinical application of teaching people about pain. Physiotherapy Theory and Practice. 2016; 32(5): 385-395.
5. Butler D, Moseley G. Explain Pain. 2nd Edn. Adelaide, Australia. Noigroup Publications. 2013.
6. Moseley G, Butler D. The Explain Pain Handbook: Protectometer. Adelaide, Australia. Noigroup Publications. 2015.
7. Wijma A, Speksnijder C, Crom-Ottens A, Knulst-Verlaan J, Keizer D, Nijs J, et al. What is important in transdisciplinary pain neuroscience education? A qualitative study. Disability and Rehabilitation. 2017. pp.1-11.
8. National Pain Summit Initiative. National Pain Strategy: Pain Management for all Australians. 2010. Available at: https://www.chronicpainaustralia.org.au/files/PainStrategy2010Final.pdf [Accessed May 2017].
9. Australian Centre for Posttraumatic Mental Health. Mental health advice book for practitioners helping veterans with common mental health problems. Canberra. Australian Government Department of Veterans' Affairs. 2012.
10. Blyth F, March L, Nicholas M, Cousins M. Self-management of chronic pain: a population-based study. Pain. 2005; 113: 285-292.
11. Australian Physiotherapy Association Position Statement. Pain Management. 2012. Available at: https://www.physiotherapy.asn.au/DocumentsFolder/Advocacy_Position_Pain_Management_2012.pdf [Accessed May 2017].