

# key points

SELECTED BY

**Dr Peter Saul**

GP, Wrexham and Associate GP Dean for North Wales

**Although the patient's goal is often complete pain relief,** this is rarely a realistic outcome, so the role of the physician in managing chronic pain involves optimising pain relief as far as possible. Careful explanation and education may be needed to enable the focus to shift from cure to better management of pain, and improvement of function and quality of life. Chronic pain is defined as pain continuing beyond the normal time for tissue healing. Pain may be broadly classified on the basis of mechanism, as neuropathic, nociceptive or mixed.

**A thorough biopsychosocial assessment is essential** so that an individualised multidisciplinary approach to management can be developed. The aims of assessment of chronic pain are to rule out any underlying serious pathology, identify the pain mechanism and identify and evaluate risk factors that contribute to chronicity.

**SIGN emphasises the need for a multidisciplinary team** approach to improve outcomes, and highlights five broad categories of care: supported self-management, drug treatment, psychologically-based interventions, physical therapies and complementary therapies.

**Exercise, regardless of its type and the source of pain,** is recommended for the management of chronic pain. In chronic low back pain, exercise therapy can improve strength and range of motion across joints, cardiorespiratory fitness and sense of wellbeing.

**In nociceptive pain states the WHO 3 Step analgesic** ladder should be followed. Analgesics for neuropathic pain include topical agents such as lidocaine patches, the tricyclic antidepressants amitriptyline, nortriptyline and imipramine, and antiepileptics such as gabapentin and pregabalin. Combination therapy is effective in neuropathic pain but because of the heterogeneity between studies there are no recommendations for specific combinations.

**Strong and weak opioids have moderate evidence of** efficacy in the management of chronic low back pain and osteoarthritis. No additional benefit is seen from short-acting opioids in elderly patients on long-acting opioids. The potential for adverse effects should be discussed with patients along with an agreed period for a trial of opioids.

**Pain management programmes reduce anxiety and** depressive symptoms, increase function and improve mood. They may be considered in patients with poor functional capacity, pain-related social and occupational problems and in cases where other management strategies have failed.

**Physical therapies form a key component in patient** rehabilitation. Physiotherapists are trained in manual therapy as well as stabilisation exercises and movement facilitation which are recommended therapies in chronic neck and back pain. Specialist chronic pain physiotherapy services are available through secondary care.