

Explain Pain

A Patient Centred Approach To Managing Pain



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Non-cancer Pain?

- Acute pain
 - ◆ Tissue injury and healing processes
 - ◆ Non-nociceptive pain?
- Long standing (acute) pain
 - ◆ Continous tissue damage
 - ◆ Continous inflammation - e.g. OA and RA
- Neuropathic (neurogenic) pain conditions
 - ◆ Peripheral
 - ◆ Central
- Syndromes
 - ◆ FMS, IBS, PTSD (Bodily Distress Syndrome)



Yellow Flags

- Various psychosocial factors have consistently been linked with poor prognosis
- Which variables that are most effective is unknown
- As an instrument "Yellow Flags" work well in clinical settings
- (non) Yellow Flags should be able to predict good outcome
- Yellow Flags are prominent in the development of disability due to musculoskeletal pain

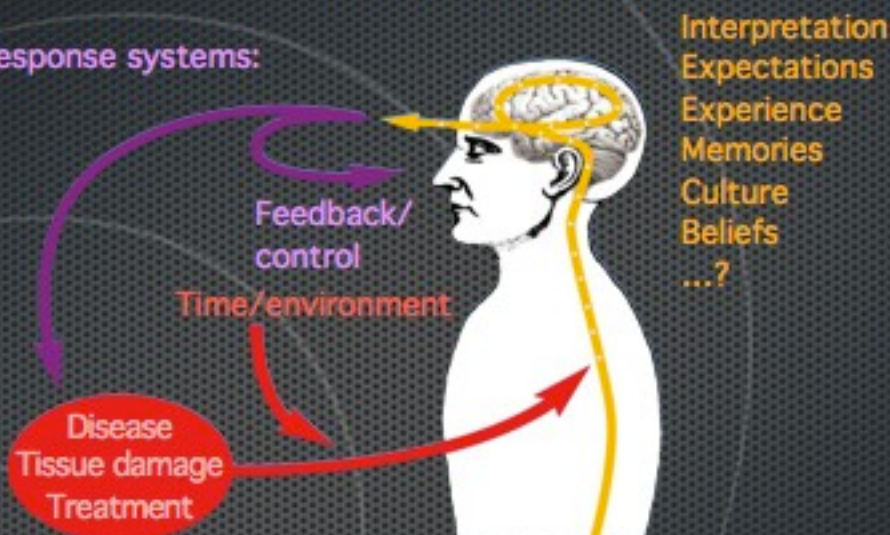


Nicholas, Phys Ther 2011

Modifide from Gifford, Physioterapy (1998)

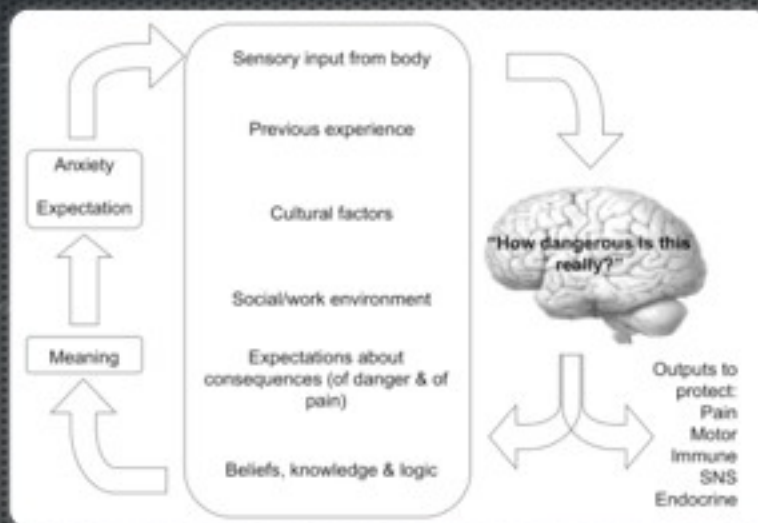
Homeostatic response systems:

- * Immune
- * Muscular
- * Vascular
- * Endocrine
- * G/I
- * Nervous



Pain as an output

“Danger-response-system”



Moseley, Phys Ther Reviews (2007)

Would this influence
your output if you were
a patient?



Satisfaction is a function of a
percieved **discrepancy** from an
inital **expectation**

Conner-Spade, Health Policy 2011



What does expecxtations do to our patients?

- Significant association btw improvement and higher outcome expectations (Linde, Pain 2007)
- Poor expectations of RTW in patients with acute LBP predicts unresolved problems at 3-month follow-up (Shaw, JOEM 2009)
- Patients who like the doctor are less likely not to blame the doctor for worsening and adverse effects after surgery (Jamison, IASP Clinical Update 2010)
- Communication skills and the length of consultation can predict law suits... (Levinson, JAMA 1997)



The skill of communication

Communication Behavior	Example
Question asking related to medical condition	You tell me about the pain?
Question asking related to therapeutic regimen	Responded to the medication?
Question asking related to psychosocial and lifestyle issues	Getting along with your son?
Giving information—medical	The medication may make you drowsy.
Counseling—medical/therapy	You'll need to take the antibiotics every day for 10 days to have it work.
Counseling—lifestyle/psychosocial	It is important to get out and do something every day. The Senior Center is a great place for company and they'll give you lunch too.
Coaching—medical/therapy	Call me if you aren't feeling better by next week.
Counseling—lifestyle/psychosocial	You really need to get out more people.
Facilitation (asking for patient opinion, asking for patient understanding, paraphrasing and interpretation)	What do you think it is? Go on. Do you follow?
Orientation (instructions and directions regarding the medical visit process, and transitional statements)	Get up on the table, take a deep breath. Well, okay, let's see.
Shows approval	Good, I'm happy to hear you are feeling better.
Concern/worry	I'm concerned that this may happen in the future.
Criticism of third party	It's pretty stupid of the insurance to do that.
Empathy	You look worried.
Laughs, humor	My son said that college life is one big party. I said, "That's not what I want to hear, Andrew!"

Levinson, JAMA 1997



Information to patients

- Same profession, same patients - but different information (Davidson, Spine 2010)
- Mixed information may change (expected) prognosis (Ryan, Physical Therapy 2010)
- Patient and clinician expectations are consistently different (Mondloch, JAMC 2001)
- 74% of patients ready for total knee replacement surgery expect reduction of pain as the primary goal of the operation (Yoo, J Bone Joint Surg 2011)
- Patients with persistent pain conditions do not consider a VAS reduction of 2 meaningful (Robinson, Pain Med 2005)
- Patients with chronic pain are very interested in educating and updating their knowledge on chronic pain conditions and their treatments (Zakrzewska, Eur J Pain 2009)



Why should we communicate “better”?!?

- Good communication helps identify patients problems better
- Patients present with better outcomes and overall satisfaction
- HCPs who are good at communication have higher job satisfaction and are less stressed
- It's a skill anyone can learn!



Maguire, BMJ 2002

How should we communicate “better”?!?

- Eliciting (a) the patient's main problems; (b) the patient's perceptions of these; and (c) the physical, emotional, and social impact of the patient's problems on the patient and family
- Tailoring information to what the patient wants to know; checking his or her understanding
- Eliciting the patient's reactions to the information given and his or her main concerns



Maguire, BMJ 2002

Health Literacy Issues

- Patients with low health literacy are more likely to have a negative impact on socio-economic factors (Morris, Nurs Res 2011)
- Low health literacy is significantly more frequently in patients with lower education (Dennison, J Cardio Nurs 2011)
- Patients with CLBP do not differ significantly from healthy controls on health literacy in general (Briggs, BMC Musc Disorders 2011)
- LBP-related beliefs and behaviours, rather than pain intensity and health literacy skills, were found to be important correlates of disability related to LBP (Briggs, Pain 2010)
- Most patients in pain are interested and likely to read written medical information, but unlikely to seek it (Koo, Health Expect 2006)

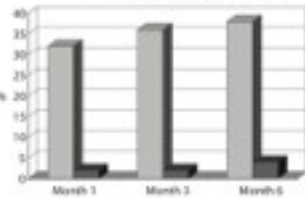


Is it all about “placebo”?

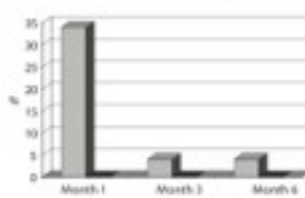
- or should we use
education/information
intentionally as part of our
(manual) treatment?



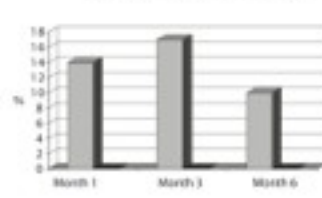
Taking Narcotics



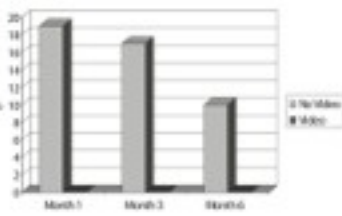
Bed Rest



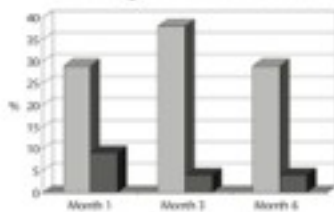
Urgent Care Visits



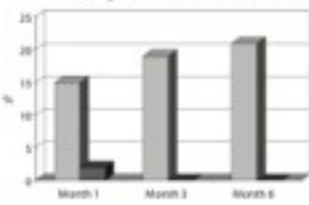
ER Visits



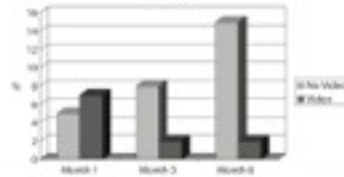
Taking Muscle Relaxant



Surgical Consultation

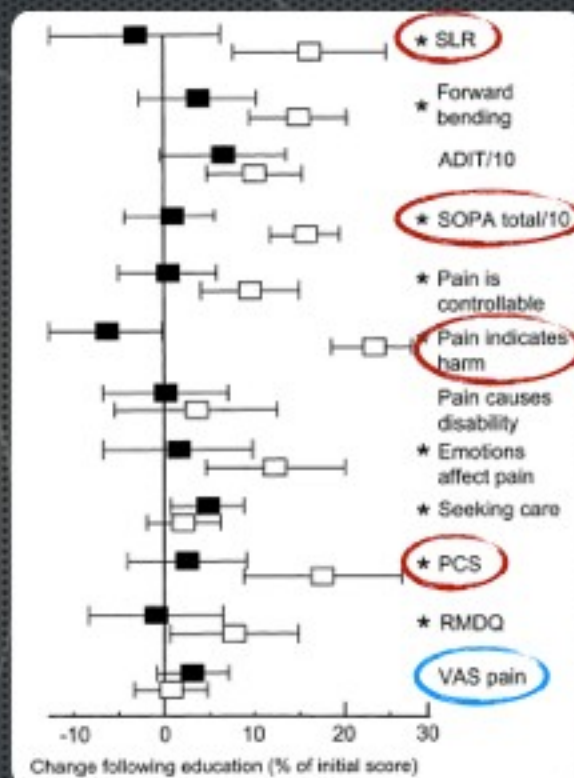


MRIs



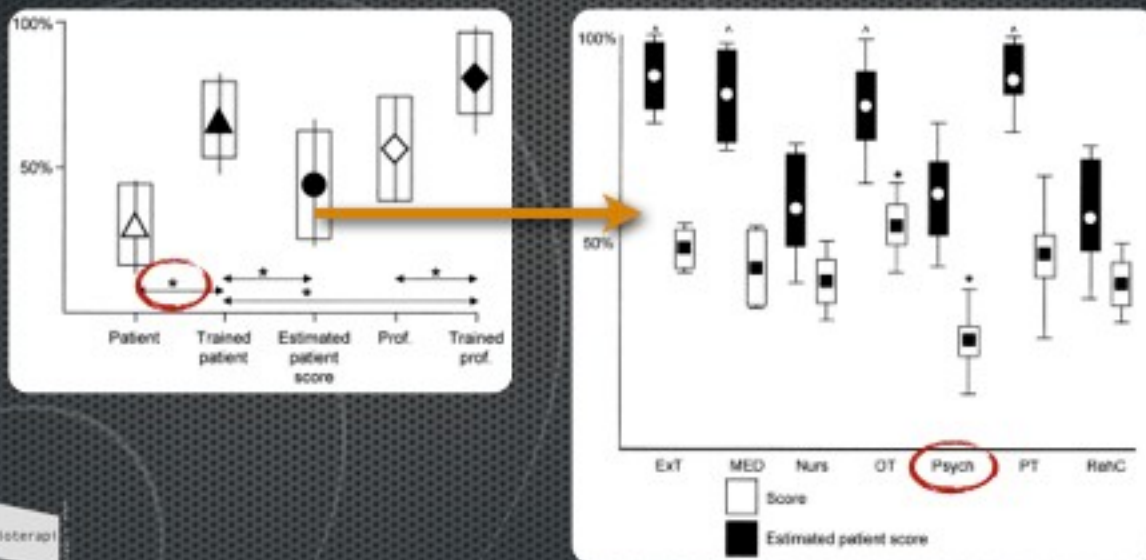
Oliveira, Spine 2006

Do words matter?



Moseley, Clin J Pain 2004

Can anyone learn neurophysiology?



Moseley, J Pain 2003

What should clinicians know (and tell) about pain

- Nociception is understandable for clinicians as well as patients
- Nociception is (fairly) measurable, but it does not measure pain
- Nociception does not equal pain - nor is it necessary for pain
- Pain is not a measure of tissue damage!



Mechanism Based Reasoning

- Peripheral sensitisation
- Central sensitisation
- Imbalances in descending interneurons from the brainstem/midbrain
- Beliefs, anticipation, experience...



Mechanisms & Bedside reasoning



“No Brain - No Pain”

- The brain depends on peripheral input from our five senses to interact with the world around us
- Culture, experience, expectations, beliefs, logic and social factors are (equal) contributors
- Finally the brain decides if it will bring the “warning signals” to our attention (i.e. pain)



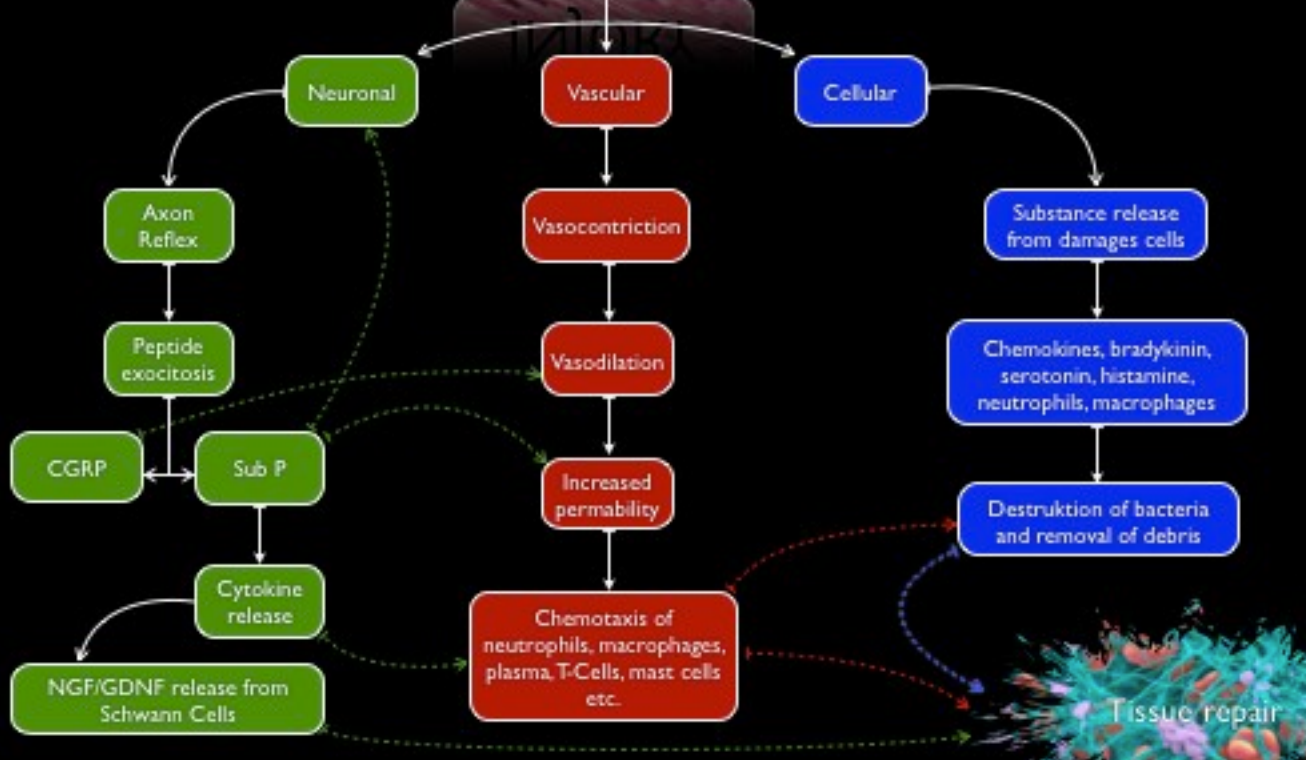
X-factor(s)



Basic principles of sensory stimulation (modified from Woolf in Textbook of Pain)



Acute response to injury



Acknowledgements

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Thank you for listening



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