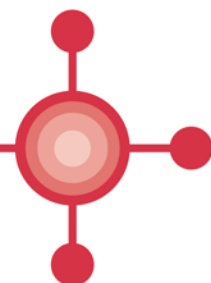


All Wales Medicines Strategy Group

Grŵp Strategaeth Meddyginiaethau Cymru Gyfan



Persistent Pain Resources

Shared Decision- Making Toolkit

October 2016

This document has been prepared by a multiprofessional collaborative group, with support from the All Wales Prescribing Advisory Group (AWPAG) and the All Wales Therapeutics and Toxicology Centre (AWTTC), and has subsequently been endorsed by the All Wales Medicines Strategy Group (AWMSG).

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MANAGEMENT OF PERSISTENT PAIN – SHARED DECISION-MAKING TOOLKIT

What is shared decision-making and why is it important?

Shared decision-making is an approach that ensures all patients understand the key features, risks and benefits of treatment options, and can make a decision that is aligned with what is important to them.

What is persistent pain?

Persistent, or chronic, pain is usually pain that lasts for three months or more¹. Some pain is very complicated and may involve so many factors that the precise cause cannot be found. Persistent pain is often due to processing of pain information rather than a symptom of an underlying cause. It seems to serve no useful purpose and can lead to disability and poor quality of life if not managed effectively.

Treatments that do not involve taking medicines

Treatment	Advantages	Disadvantages and other considerations
Stretching, exercise and keeping active	<ul style="list-style-type: none"> • Available in a variety of forms. • Can be delivered by a range of healthcare professionals. • Can improve muscle strength, flexibility, range of motion and confidence. • Available for a range of preferences and capabilities. 	<ul style="list-style-type: none"> • Guidance from healthcare professionals advised to avoid risk of injury if done incorrectly. • Need to undertake exercises regularly and keep exercising to see long-term results.
Physiotherapy, occupational therapy, manual therapy, specialised aids	<ul style="list-style-type: none"> • Non-invasive. • Can be used to treat conditions such as non-specific low back pain. • Self-management advice and assistive devices may help with keeping active. 	<ul style="list-style-type: none"> • Should only be performed by appropriately qualified individuals and as part of a multi-modal treatment package. • May require a number of sessions. • Can cause some discomfort.
Psychological therapies	<ul style="list-style-type: none"> • Cognitive behavioural therapy (CBT)², mindfulness³, and acceptance and commitment therapy (ACT)⁴ are examples of psychological approaches that can help patients manage problems. • Reduce the negative impact problems have on the patient's quality of life by changing the way they think and behave. 	<ul style="list-style-type: none"> • Will not remove problems – they are designed to help patients deal with problems in a more positive way. • May take up quite a lot of time, and commitment to the process is needed. • More commonly used for anxiety and depression; further research for their use in persistent pain is required. • Should only be considered as part of multi-modal treatment package.
Applying heat	<ul style="list-style-type: none"> • Can relieve some types of pain. • Can be done at home. 	<ul style="list-style-type: none"> • Can only be used for 20–30 minutes at a time; long periods can cause stiffness. • Risk of burns if used incorrectly⁵.
Diet	<ul style="list-style-type: none"> • Weight control may help with exercise to improve overall health. 	<ul style="list-style-type: none"> • Little evidence that special diets or diet supplementation help treat patients with persistent pain symptoms⁶.

Medicines		
<p>Medicines can make up part of the pain management plan of a patient:</p> <ul style="list-style-type: none"> • Important for the patient to discuss the benefits and risks with their doctor before starting any treatment. • Limited evidence for painkillers, particularly opioids, being effective for persistent pain conditions. • Important for patients to take their medicines as directed by their doctor and <u>not to take more than the maximum dose</u>, even if they are still in pain. • If more than the prescribed dose is taken, the patient should <u>seek prompt medical advice</u>. • Some medicines used for pain can be addictive and these risks should be discussed with the patient's doctor before starting treatment. 		
Treatment	Advantages	Disadvantages and other considerations
Paracetamol	<ul style="list-style-type: none"> • Available over the counter with advice from a pharmacist. • Can be used in combination with other agents. • Can relieve pain quickly. • Few side effects. • Preferred choice in the elderly. 	<ul style="list-style-type: none"> • Can cause liver damage in overdose. • Some patients may be at increased risk of experiencing toxicity at therapeutic doses, particularly those with a body-weight under 50 kg and those with risk factors for hepatotoxicity⁷. • Co-administration of enzyme-inducing anti-epileptic medications may increase toxicity⁷.
Non-steroidal anti-inflammatory drugs (NSAIDs)	<ul style="list-style-type: none"> • Relieve pain and reduce inflammation, so often a better choice in inflammatory conditions. 	<ul style="list-style-type: none"> • All NSAIDs are associated with serious gastro-intestinal toxicity; the risk is higher in the elderly⁷. • Can be associated with a small increased risk of thrombotic events^{7,8}. • The lowest effective dose should be prescribed for the shortest period of time to control symptoms. • Need for long-term treatment should be reviewed regularly^{7,9}. • May affect blood clotting⁸. • May not be suitable for some asthmatic patients⁸.
Opioids	<ul style="list-style-type: none"> • Pain can be reduced – little evidence that they are helpful for long-term pain¹. 	<ul style="list-style-type: none"> • Risk of tolerance, dependence and addiction; caution in elderly patients and those with a history of addiction¹⁰. • Interactions with alcohol¹ and other medicines. • Long-term use can cause hypogonadism and adrenal insufficiency⁷. • Prolonged use increases the risk of daily headaches⁸. • Side effects include nausea, vomiting, respiratory depression, constipation, drowsiness.
Anti-neuropathic medicines	<ul style="list-style-type: none"> • Can be useful for some types of pain⁶. 	<ul style="list-style-type: none"> • Interactions with alcohol and other medicines.

Driving and operating machinery: medication may cause drowsiness.

Patient information available [here](#).

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