

Chronic PAIN

Dr Andrew Watson

Director Anaesthesia Calvary and Staff Specialist Pain

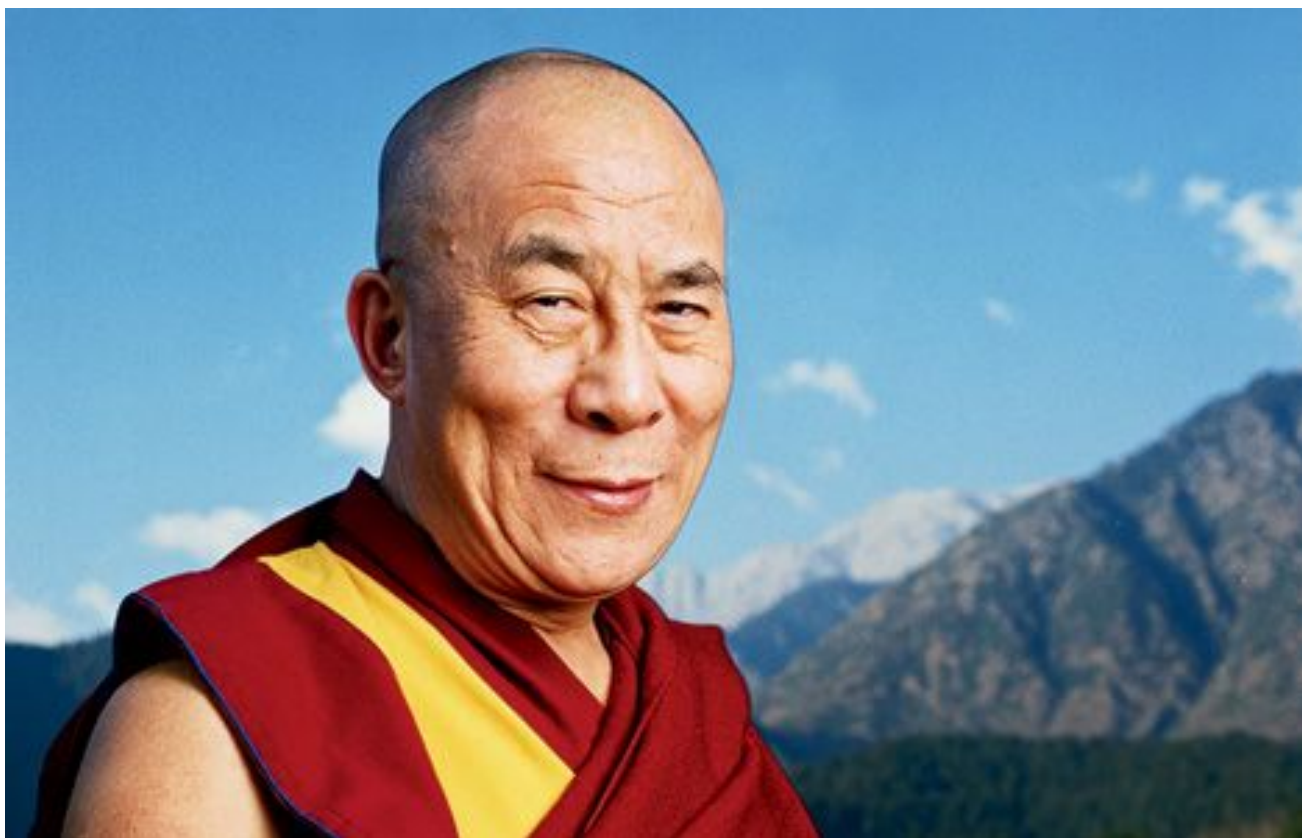
Management TCH

(FANZCA, FRACGP, MTMMPH, DRACOG, MBchB, BHB)



You Know Nothing Jon Snow

Step One- Centre Yourself



RED FLAG

BIO
PSYCHO
SOCIAL
multidisciplinary

NOCICEPTIVE

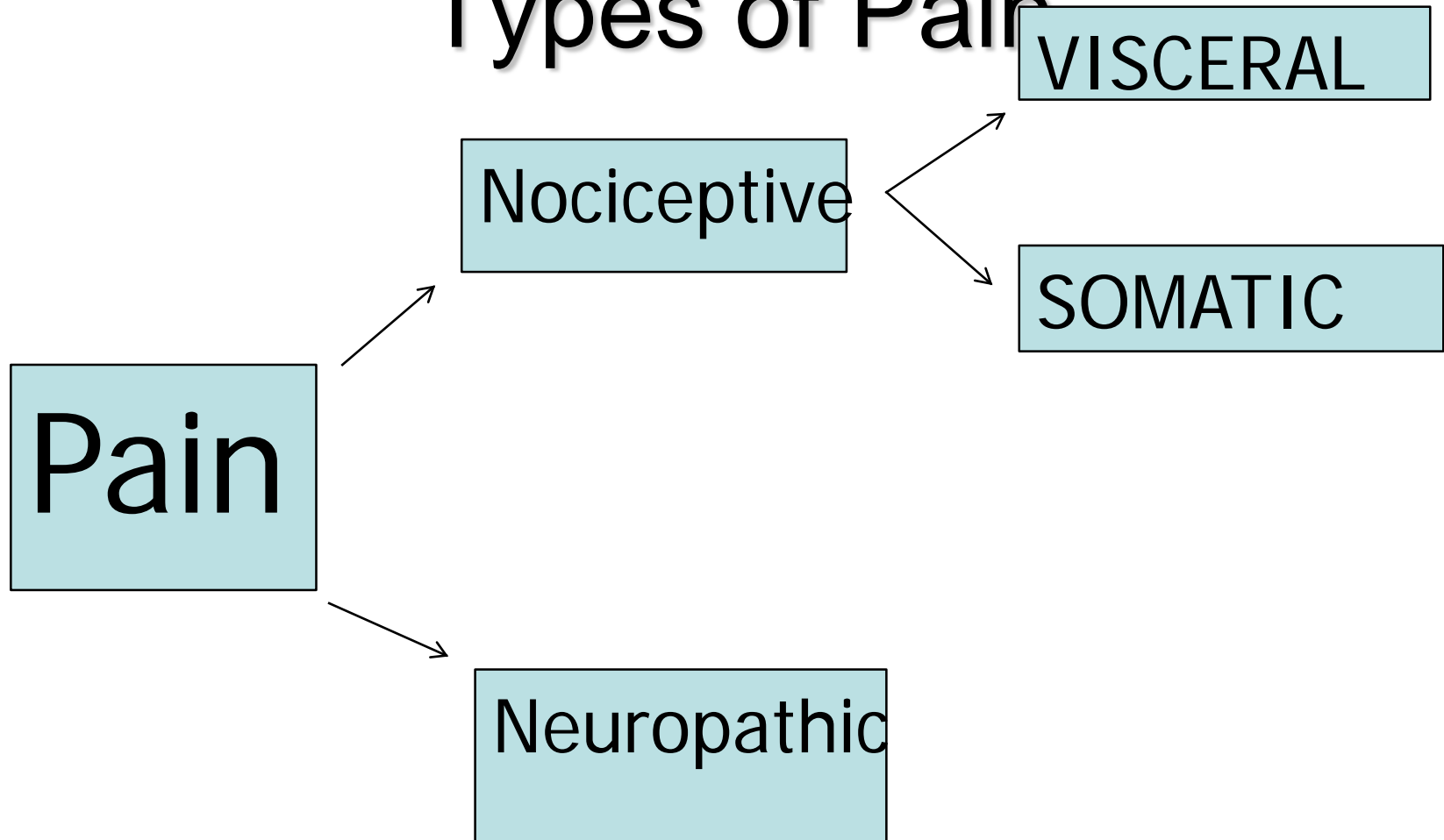
NEUROPATHIC

Background

Breakthrough

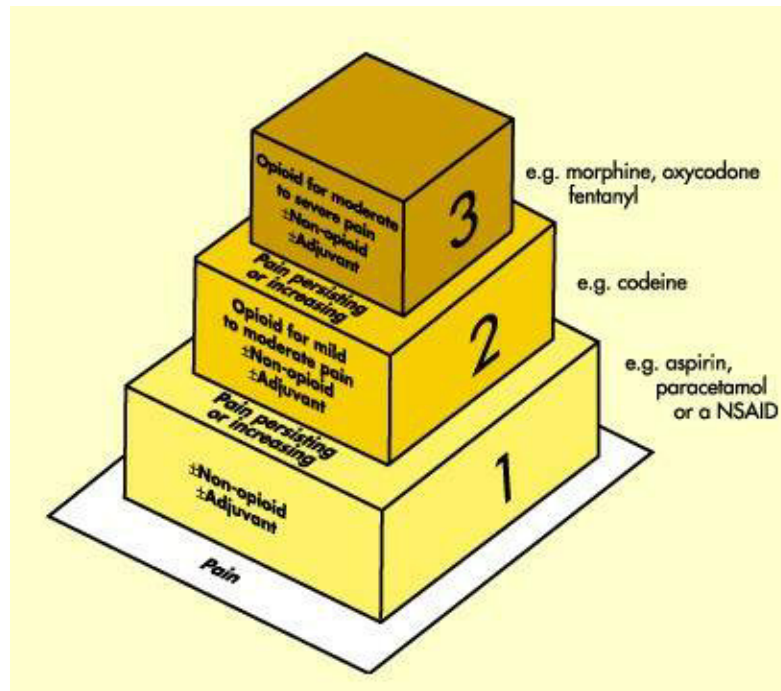
Procedure

Types of Pain



The toolkit medicines

Acute nociceptive pain?



ANTINEUROPATHIC AGENTS

DN4 – QUESTIONNAIRE

To estimate the probability of neuropathic pain, please answer yes or no for each item of the following four questions.

INTERVIEW OF THE PATIENT

QUESTION 1:

Does the pain have one or more of the following characteristics? YES NO

Burning ☐ ☐

Painful cold ☐ ☐

Electric shocks ☐ ☐

QUESTION 2:

Is the pain associated with one or more of the following symptoms in the same area? YES NO

Tingling ☐ ☐

Pins and needles ☐ ☐

Numbness ☐ ☐

Itching ☐ ☐

EXAMINATION OF THE PATIENT

QUESTION 3:

Is the pain located in an area where the physical examination may reveal one or more of the following characteristics? YES NO

Hypoesthesia to touch ☐ ☐

Hypoesthesia to pinprick ☐ ☐

QUESTION 4:

In the painful area, can the pain be caused or increased by: YES NO

Brushing? ☐ ☐

YES = 1 point

NO = 0 points

Patient's Score: /10

Neuropathic Pain

First Line agents

- * Tricyclic antidepressants
- * Gabapentinoids
- * SNRIs

Limited evidence

Capsaicin cream, lignocaine,
tramadol, clonidine

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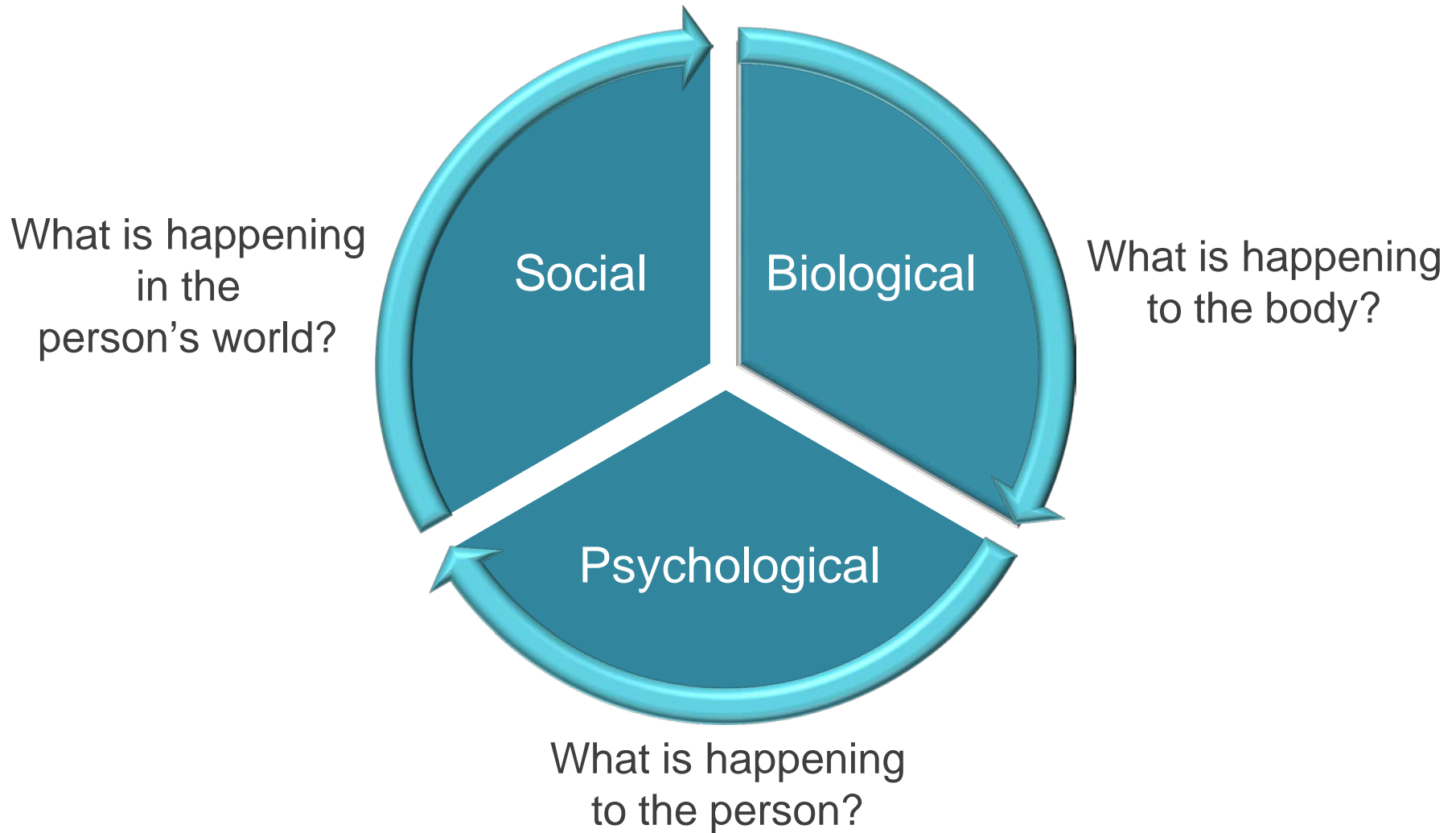
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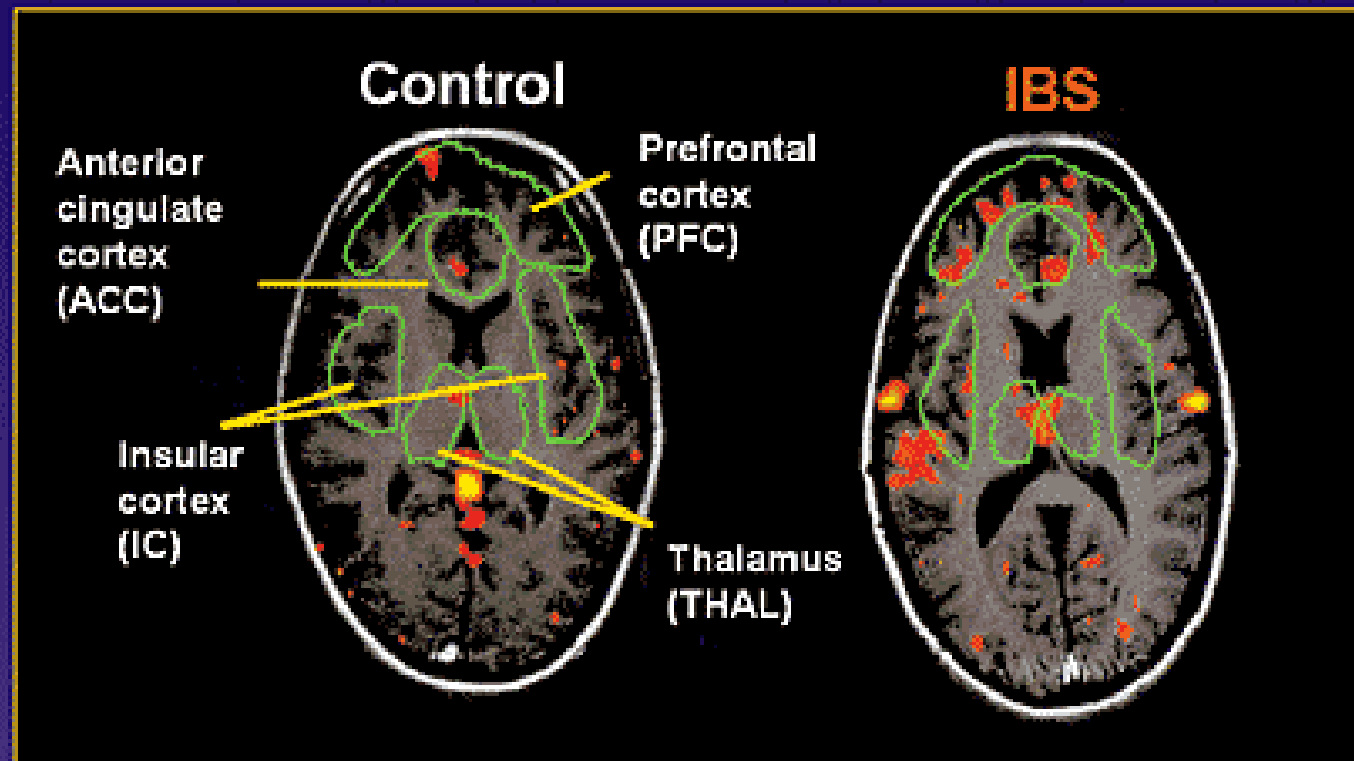
Breakthrough

Procedure

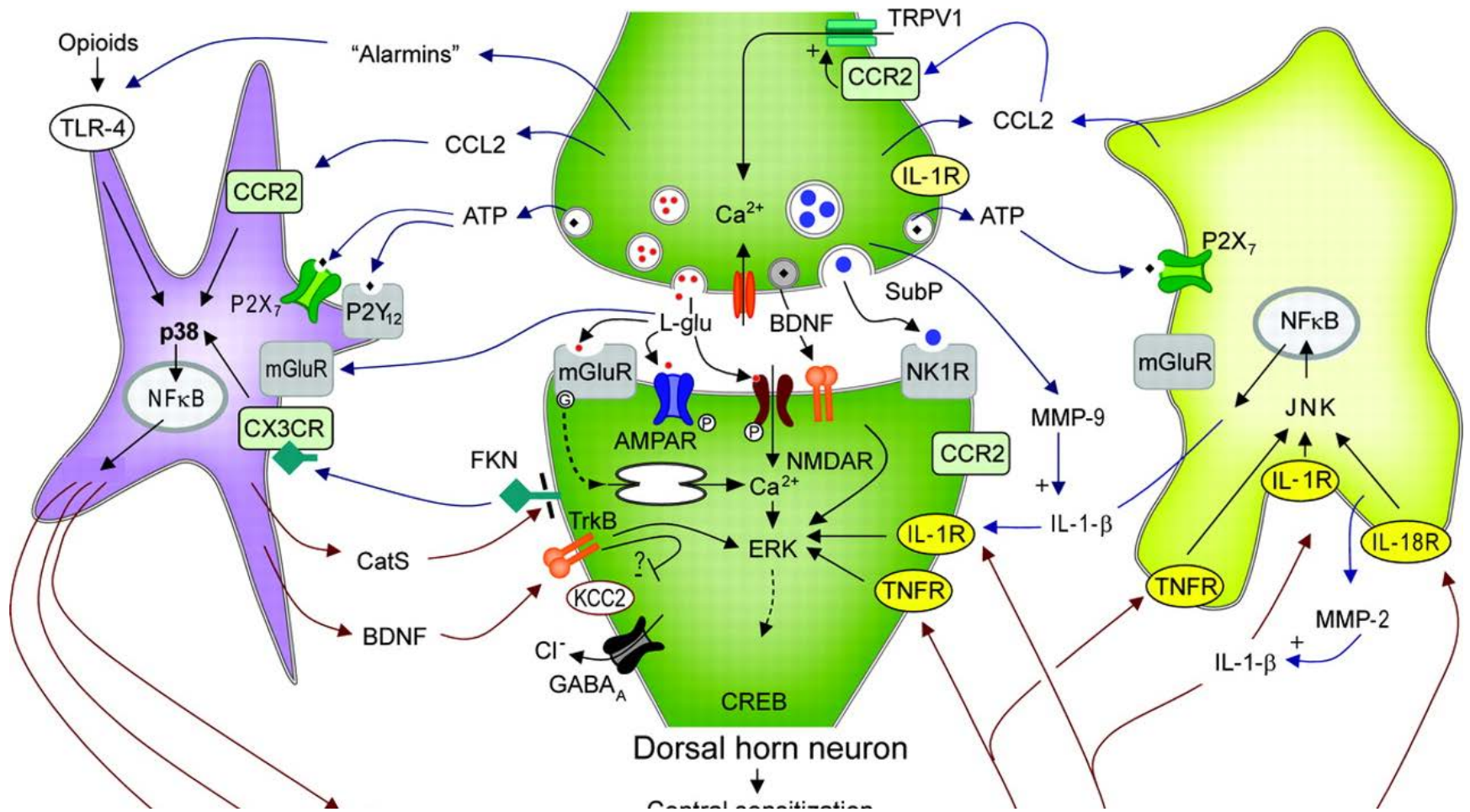
Biopsychosocial approach¹



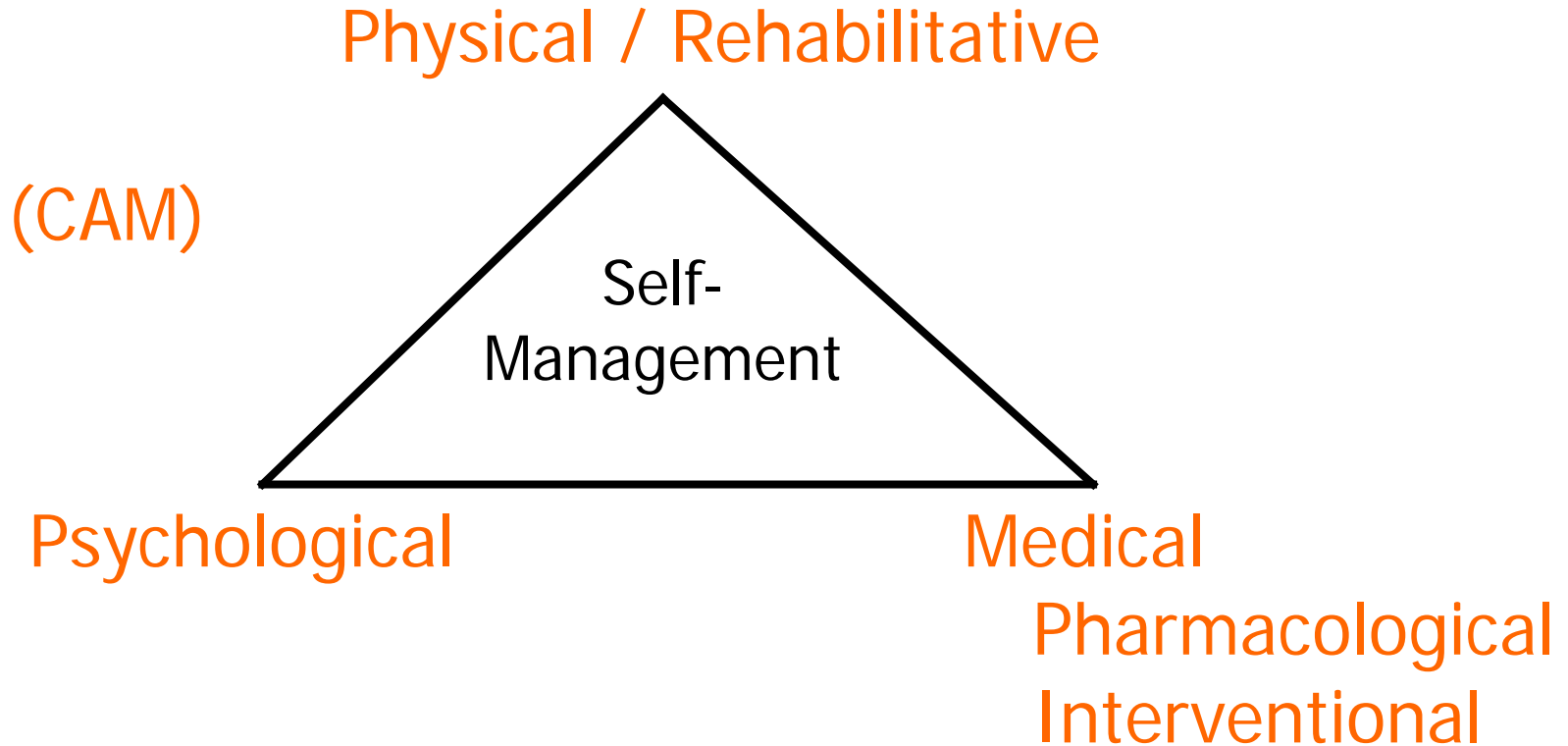
fMRI imaging with rectal distension in IBS



from Mertz et al, Gastroenterology 2000; 118: 842

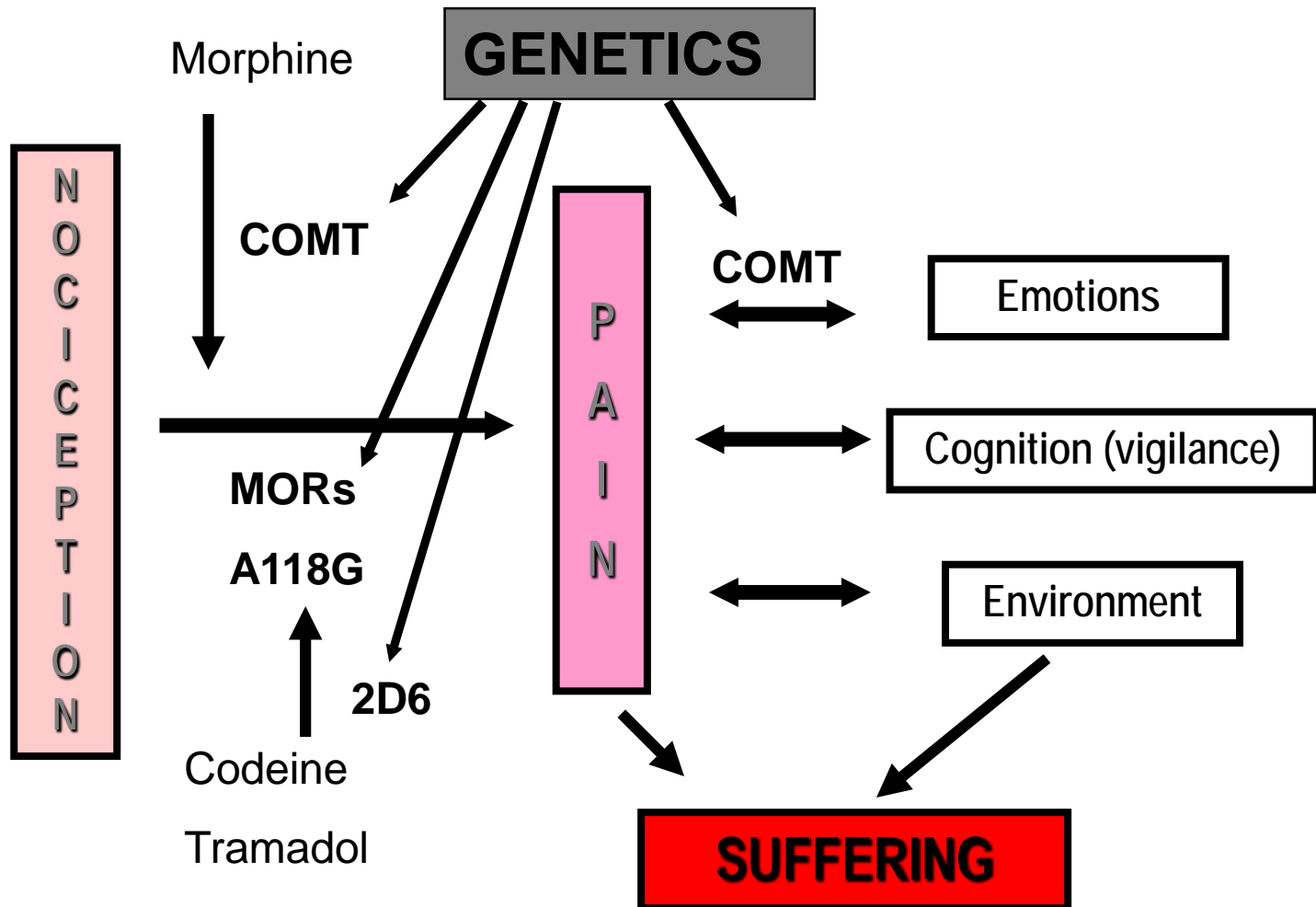


The Ideal Treatment of Chronic Pain



Pain and Suffering

The Importance of Genetics



Pharmacogenomics

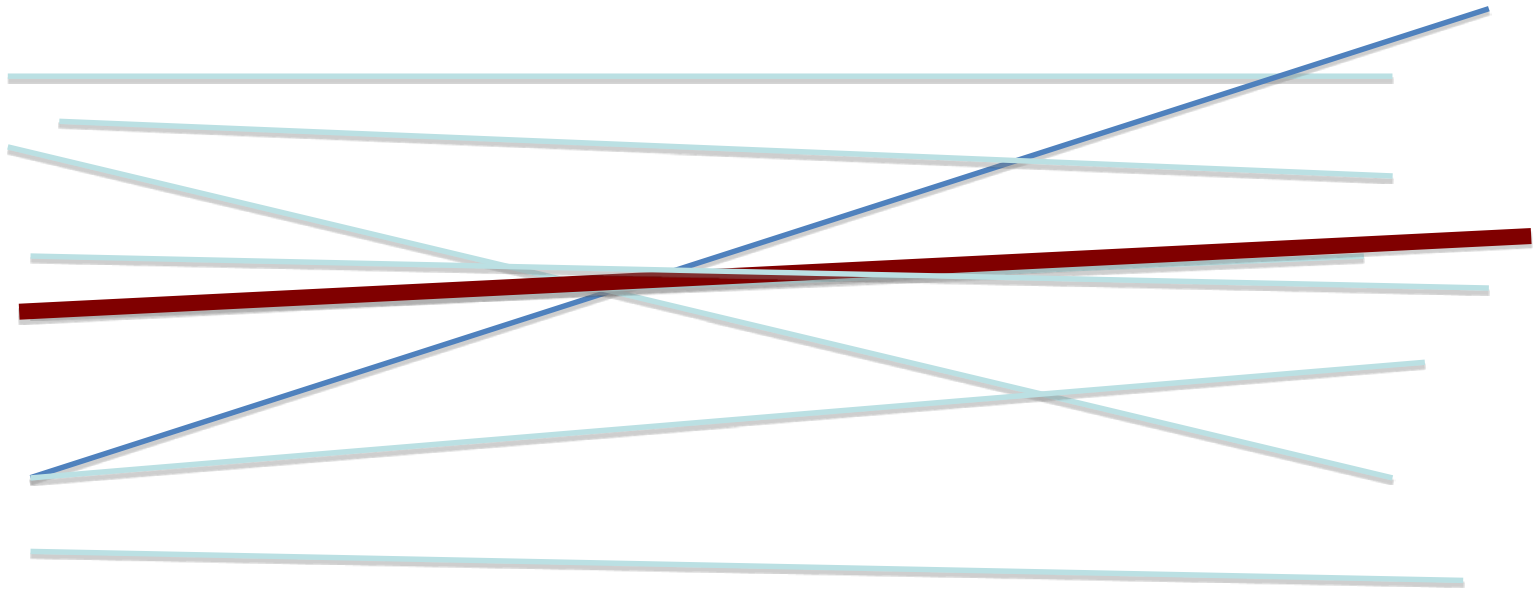
- CYPD2A
 - ultrafast metabolisers
 - Codeine bad.....also tramadol...
-
- 2% of caucaasians
 - 10% sth europe
 - 30% north africa

Treat each drug as a trial with
end points and stop dates

Non verbal communication- best evidence psych and physio

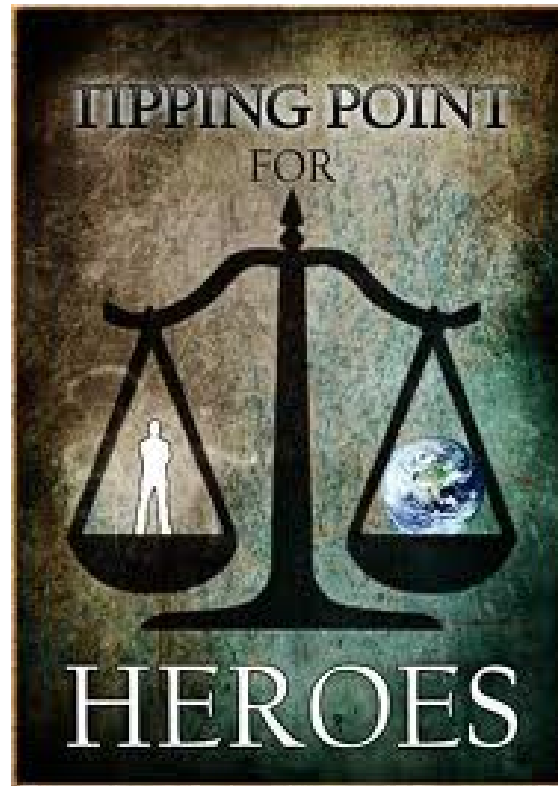


Pain- change with time



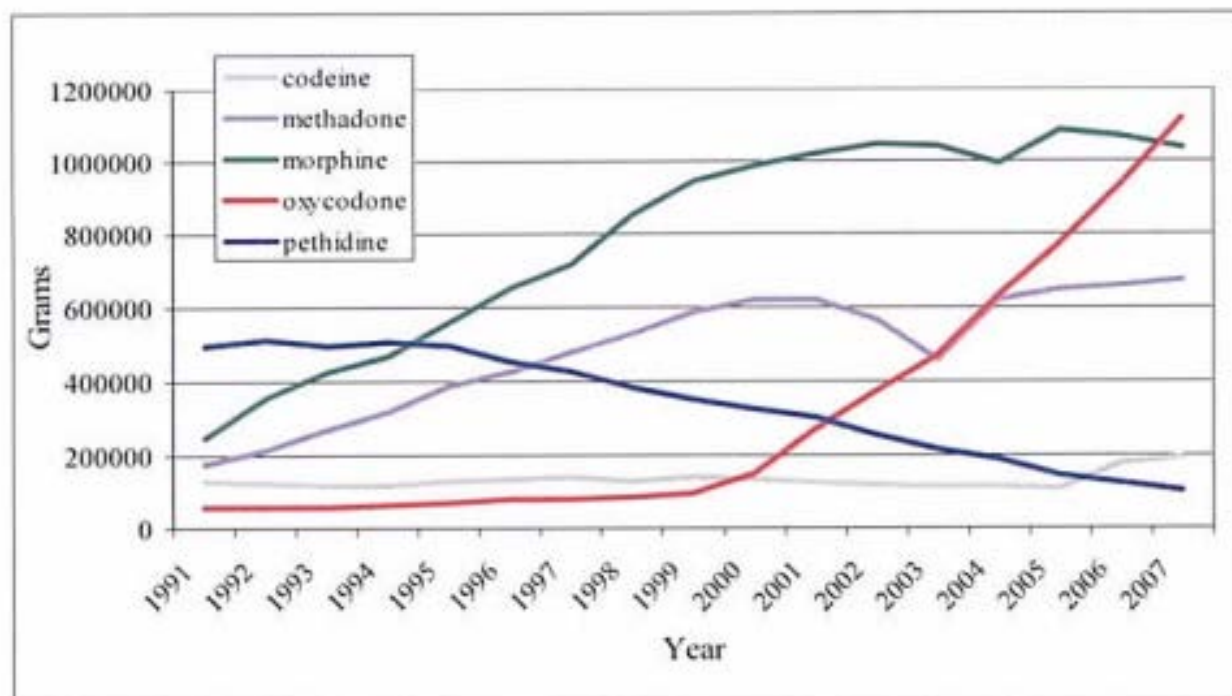
OPIATES

- Titratable
- Effective
- Well understood
- Euphoria



- Tolerance
- Dependence
- Addicition
- Profit
- SIDE EFFECTS
- Ineffective many conditions

Figure 4: Pharmaceutical opioid base supply (grams) Australia from 1991-2007



Source: Dobbin 2008, Morphine, Unpublished paper provided to the Drugs and Crime Prevention Committee. Data extracted from the National Drug-control System (NDS) domestic transaction data by the Commonwealth Department of Health and Ageing.

Can we reduce the risk



Minimizing the Risks of Opioid Prescribing – Universal Precautions

- Set boundaries around medication use (Rx agreement)
- Use random urine drug screening
- Introduce opioids as a “trial of therapy” with agreed upon goals
- Taper opioids when goals not achieved

Remember

Relapse is a risk when using opioids in high risk patients...

... but poorly managed pain is a greater risk than the proper medical use of prescribed opioids

**Beware of pre-op sleep debt
when using multi-modal
pharmacotherapy**

ELDERLY

Faces Pain Rating Scale



Consists of six cartoon faces ranging from a smiling face for "no pain" to a tearful face for "worst pain."

Recommended Age: Children as young as 3 years.

FLACC PAIN SCALE

Categories	Scoring		
	0	1	2
FACE	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested.	Frequent to constant quivering chin, clenched jaw.
LEGS	Normal position or relaxed.	Uneasy, restless, tense.	Kicking, or legs drawn up.
ACTIVITY	Lying quietly, normal position moves easily.	Squirming, shifting back and forth, tense.	Arched, rigid or jerking.
CRY	No cry, (awake or asleep)	Moans or whimpers; occasional complaint	Crying steadily, screams or sobs, frequent complaints.
CONSOLABILITY	Content, relaxed.	Reassured by occasional touching hugging or being talked to, distractable.	Difficulty to console or comfort

Tramadol/tapentadol

PLACEBO

We give volunteers a thermal pain (mean 6.5/10) stimulus

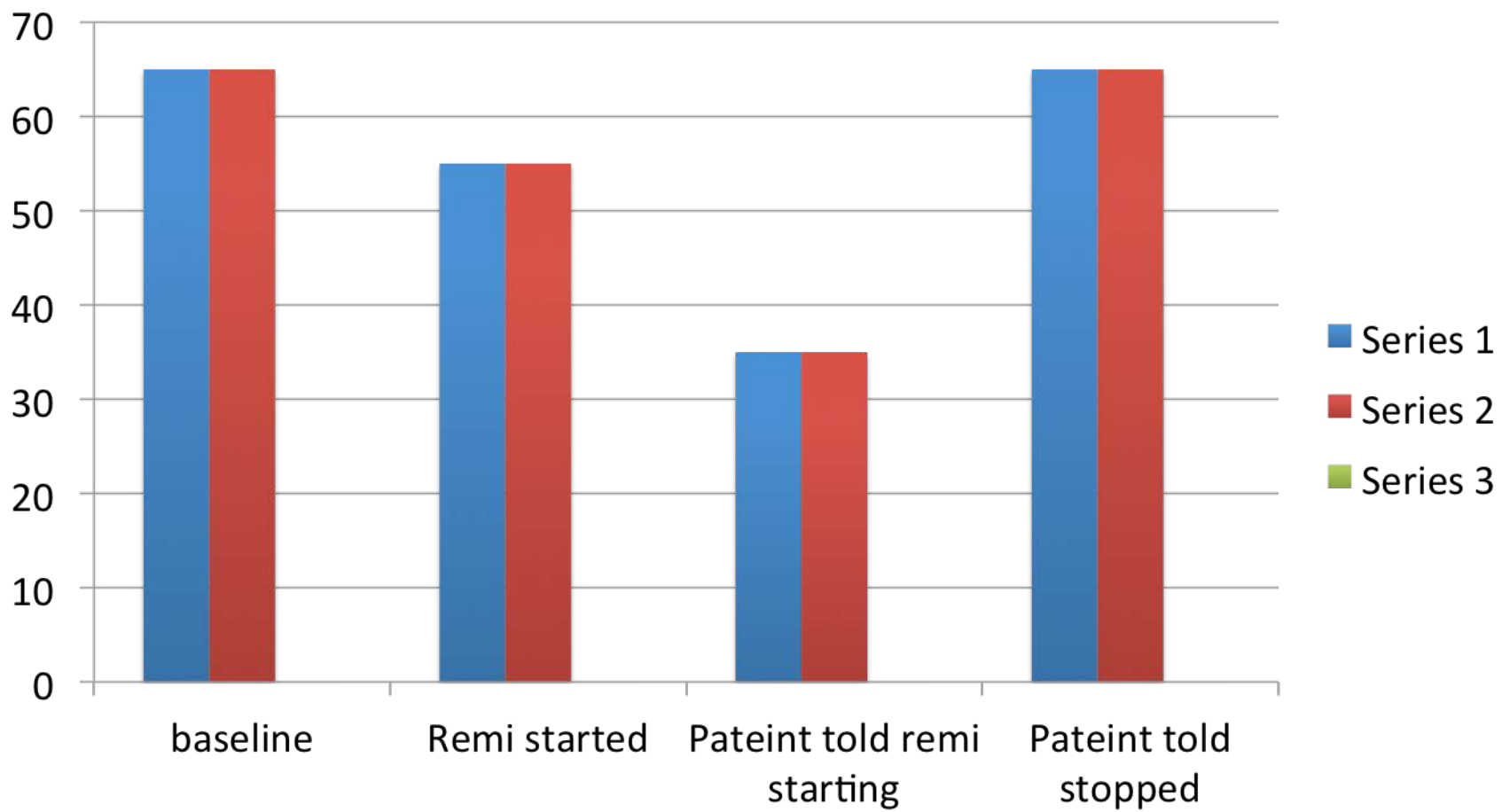
- A: Repeated stimulus with remifentanyl infusion (POWERFUL opioid) running- but patient did not know

How do they rate their pain now-

B: Repeated stimulus with remifentanyl infusion but told it was a strong pain killer and was running

How do they rate their pain now-

C: Remifentanyl infusion continues, but we tell the patient it has stopped- then given stimulus



Acute Migraine Episode

- Label Says- MAXALT Ingredient is
Placebo
- Label- PLACEBO Drug:
MAXALT
- Label- MAXALT Drug:
MAXALT

What Happens, percentage who improve?

Acute Migraine Episode

- Label Says- MAXALT Ingredient is
Placebo
- Label- PLACEBO Drug:
MAXALT
- Label- MAXALT Drug:
MAXALT

What Happens, percentage who improve?

Acute Migraine Episode

- Label Says- MAXALT Ingredient is
Placebo 30% improve
- Label- PLACEBO Drug:
MAXALT 38% improve
- Label- MAXALT Drug:
MAXALT 62% improve

Irritable Bowel Syndrome Pain

- You are taking a sugar pill
- Group one- Knowingly take a sugar pill
- Group two- Nothing
- Can you guess what happens

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59% who knowingly took the drug get improvement in symptoms

35% in the no treatment group

Repeated.....

Placebo inhaler for asthma

Asthma

- Placebo group felt better, active treatment did not
- FEV1 improved only in active group

PLACEBOs

Trickery and Deception

How to make a good drug work better

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