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Pain management

— the role of the specialist pharmacist

By Debbie Andalo



BRAND X PICTURES

Patients' perception of pain needs to be understood to provide appropriate treatment

A career in pain management requires a multidisciplinary approach and an understanding that drugs may not always be the most appropriate solution. This article describes the role of a specialist pharmacist in pain management, the skills required for the job and the challenges that a pharmacist may encounter

Roger Knaggs is one of only a handful of pharmacists across the UK who has developed a career as a specialist in the management of pain. He estimates there are about 20 pharmacists who have an interest in pain relief as part of their job description, especially those working in critical care, but only a few who have been able to devote themselves full-time to the speciality. It is an important role because being pain free is at the core of patient care.

He says: "Pain is often adopted as the fifth physical sign behind respiration, heart rate, blood pressure and temperature. Pain is not something that should ever be underestimated. You could look at it from a human rights point of view as well — being free of pain is a basic human right."

— The role

For the past five years Mr Knaggs, 34, has worked as senior pharmacist, anaesthetics and pain relief, at Queen's Medical Centre in Nottingham — a 1,400-bed teaching hospital which is due to merge with another acute

trust in April with the possibility of becoming a foundation trust next year. His role is divided into two distinct parts — he is director of pharmacy for anaesthetics in the hospital but also has responsibility for pain management services. Mr Knaggs estimates that 60 per cent of his time is spent on pain management with the remainder on anaesthetics, but he also has additional responsibilities.

"I am the pharmacist who is responsible for Controlled Drugs in the trust. It is a job with a lot of responsibility," he says. He also teaches on the prescribing course for nurses, pharmacists and allied health professionals at the University of Nottingham. "I teach the session on pain and have other teaching input and I am also clinical pharmacology adviser for the course," he explains.

Mr Knaggs is the pharmacist member of the trust's pain management team. The team is multidisciplinary and consists of seven

nurses who are specialists in pain relief, a nurse consultant in pain relief, one full-time medical consultant and about four part-time consultant anaesthetists. The team also works with the psychology and physiotherapy services.

"It is an extremely small team and each of us will spend time with acute patients, some time with chronic patients and some time in clinic. It is a reactive rather than proactive service. If you just consider post-surgery patients for example, you know who is going to come through that door but what you do not know is how they are going to respond and how much pain they will be in post-surgery."

The specialist nurses are often responsible for most of the patients' pain relief post-operatively, with Mr Knaggs being called in if there are any problems or if a drug regimen is complex. He says: "It is mainly a trouble-shooting role. I also get involved with some cancer patients, particularly if the palliative care consultant has queries about drugs, as there is no specialist palliative care pharmacist." He estimates that about 30 per cent of his time is spent on wards.

Part of Mr Knaggs' working week is also devoted to managing patients with chronic pain. This work involves performing med-

Pain management group

Roger Knaggs would like to establish a group of clinical pharmacists involved in pain management. Those interested in joining such a group are invited to contact him at roger.knaggs@qmc.nhs.uk.

Debbie Andalo is a freelance journalist

Panel 1: Career history — Roger Knaggs

Mr Knaggs undertook his preregistration training in industry and hospital and never had any intention of going into community pharmacy. He says: "I did not want a job where I would be seeing the same patients all the time — I wanted variety." He also decided that industry was too remote from patients and began his career as a hospital pharmacist.

After a couple of years Mr Knaggs took a career break and studied for a PhD in opioid pharmacology and it was this interest which naturally brought him into pain management. Although he has a PhD he does not think any specific qualifications are necessary to become a pain management specialist although he suggests an MSc in pain management might be useful. His next step would be to seek a consultant post in pain management. But he admits: "Because there are so few positions in pain management it is extremely difficult to move. I would see myself moving towards a consultant post in the long-term but I think that is several years away."

ication reviews and collating clinical evidence. He says: "Many drugs have side effects which limit their use whereas others can require complex titration. This is where my role comes in."

About 50 per cent of patients with chronic pain seen by the team have muscular skeletal problems such as pain in the back or the neck, with most referrals coming from orthopaedics. The remaining patients are suffering from neuropathic pain — chronic pain from nerve damage — or are experiencing unusual sensations such as tingling. Often patients are having to deal with acute pain on top of chronic pain.

This element of Mr Knaggs' work forces him to consider solutions to pain relief beyond drugs. He says: "Treating these kinds of patients is difficult because often drugs are only a relatively small part of the treatment plan. It is about taking a multidisciplinary, multimodal approach towards these patients' treatment. From a pharmacist's perspective that means having to think about what other options may be available to treat these patients." Examples include physiotherapy, complementary therapies or some kind of psychological pain management. "When I go to see somebody in the outpatient department, it is with an open mind. Often it is a

combination of different interventions which make a difference."

In Mr Knaggs' opinion the job would not appeal to pharmacists who believe that drug treatment is the only solution. "You have to have an open mind," he says. "You have to be prepared to pass a patient on when you realise you may not be the most appropriate person to treat them. That does not happen very often in other areas of pharmacy, although it is becoming more common as pharmacists get involved in chronic disease management. This is exactly why I enjoy this job — the best solutions are not always the simple ones."

Working as part of a multidisciplinary team means he must be comfortable referring patients to other team members or services where appropriate. He says: "We have weekly team meetings to discuss any problems we are having with patients. We go through these patients together and decide whether there are any other strategies we can come up with which might help them. It is very much an open-team approach."

— Anaesthetics

The other key responsibility which Mr Knaggs has is in anaesthetics, which accounts for 40 per cent of his working week. The focus of his role here is drug safety and the handling of drugs in theatre. He says: "Theatres are a very high risk environment because inappropriate use of drugs here can have disastrous consequences. For example, if a patient is given too much intravenous anaesthetic then they will not wake up after an operation, or if a local anaesthetic is accidentally injected into a vein it could cause convulsions or arrhythmias. It is all about trying to ensure safe and appropriate care."

Mr Knaggs is responsible for all theatre drugs and for monitoring their side effects. He explains: "Most pain services have some involvement in post-operative nausea and vomiting. Part of my role is to make sure that

drugs given in theatre will prevent these adverse effects." His role in anaesthetics is more of a strategic one compared with his responsibilities in pain management services with patients on the wards or in the outpatient department. He says: "It is not about being in theatre all the time, but rather being around to talk to people if issues arise. Some of it is about people bringing problems to me and I do like to spend some time each week actually in theatre."

Mr Knaggs has to work closely with anaesthetists which he says can be challenging. "If you asked five different anaesthetists how they would anaesthetise one patient you would probably get several different answers. They will all have slightly different ways of doing things and have a variety of different practices," he says. His role here is to work with them to develop acceptable guidelines and policies. "They are a pretty vocal group and working to accommodate quite a variety of practices can be difficult when you are aiming to develop strategies and policies with them."

Mr Knaggs thinks the most important attribute to becoming a pharmacist in pain management is to be a team player. "It is not a job for somebody who likes to go off and do their own thing. It simply does not work like that. You cannot be dictatorial in any way. You need to be able to work closely with other people and get them on your side or at least have a discussion. It is important to be diplomatic and sometimes you need a thick skin," he says.

He thinks that the speciality could appeal to any surgical pharmacist who has a knowledge of acute pain and wants to further their skills. But he warns: "It is quite a big jump to consider pain management for chronic conditions and to have to take a step back from having just a drug approach to pain management. That can be quite a cultural shift. You have to be able to accept that there are other ways to manage pain."

Mr Knaggs says: "What constantly fascinates me about pain is people's different perceptions of pain and how I can try to tap into that and find ways of helping them."

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