

Tackling chronic pain in primary care

Pharmacy and physiotherapy have come together in Fife to tackle chronic pain. **Clare Bellingham** reports

People in chronic pain are often viewed as ‘heartsink patients’, but not by Debbie Paton, who describes herself as “passionate about pain”.

“Chronic pain represents a hugely neglected patient population,” explains Miss Paton, practice pharmacist, West Fife locality, Dunfermline and West Fife Community Health Partnership. “Pain does not appear in the general medical services contract so is often overlooked. It provides a massive opportunity for pharmacists,” she says. And it is this opportunity which Miss Paton is targeting through a primary care-based pain management programme that she runs in partnership with a physiotherapist. The aims of the programme are to promote self-management of chronic pain, to optimise pain control medication while minimising adverse effects, and to increase patient activity levels through exercise.

Successful pilot

The service was born out of frustration. “It was initially driven by community physiotherapists being held up with constant referrals for patients with chronic pain,” says Miss Paton. This led to the establishment of a pilot service involving both physiotherapy and medication review. The pilot was a success and won a 2004 Pharmaceutical Care Award (*PJ*, 2 July 2005, p14).

“At that stage, the service took a one-to-one approach. This meant it was labour-intensive. However, it was clear that patients liked having a better understanding of pain and of their medicines,” she says. Another problem was that Miss Paton had to refer medication issues to the patient’s GP, something she tackled by becoming a supplementary prescriber in June 2005. Shortly afterwards, a newly designed service gained recurrent funding from the CHP. This funding enables Miss Paton to devote two days a week to the programme, spending the rest of her time as a practice pharmacist.

The new service is more structured than the pilot. “We decided to fix the programme length at eight weeks. Before it was more ad hoc. But if you make it too long patients’ commitment won’t be sustained,” she says. Five programmes are run each year, each consisting of eight once-weekly sessions for groups of 10 to 12 patients.

Patients are referred by their GP or physiotherapist. “The patients we get are those who have no overall solution to their pain, with conditions like fibromyalgia and complex regional pain,” Miss Paton explains.

“In the first week, I give an educational slot explaining the different types of pain and the types of pain-killers, including which to use and when. My key message is ‘by mouth,

by clock, by ladder’. In other words, I encourage patients to use oral preparations, to use medicines regularly, and to step treatments up and down,” she says.

Between the first and second week sessions, patients are asked to keep a pain diary. It is divided into two-hour sections and patients are asked to score their pain level, note down what they were doing and record what medicine they took. In the second week, Miss Paton undertakes a formal medication review with each patient for which the pain diary is crucial. “Obviously I focus on the analgesics but it is a full review. If I identify problems with any other medicine then I make recommendations to the GP,” she says. But as a supplementary prescriber, she is able to tackle problems with analgesics immediately. She has a generic clinical management plan which allows her to prescribe non-opioid analgesics, opioid analgesics, non-steroidal anti-inflammatory drugs and certain drugs for neuropathic pain. In addition, her CMP includes proton pump inhibitors and laxatives to deal with the side effects of the analgesics. “The benefit of using a generic plan is that it gives me flexibility. But the doctors can remove drugs for certain patients, for example, opioid analgesics if abuse is a problem.”

Miss Paton informs the GP of any changes to patient’s medication by fax. And, at the end of the programme, she provides a detailed discharge letter to the surgery describing exactly what was tried, what worked and what did not. “Supplementary prescribing has been crucial to the programme’s development,” she comments.

What problems do patients have? “The most common problem is that patients do not take regular standard analgesia,” she says. In many cases, patients miss lower steps on the pain ladder so have a high-strength analgesic which they only take when they are in severe pain, the rest of the time making do with no medication because they want to avoid side effects. “The biggest change I make is to reintroduce regular paracetamol.” However, patients are often either sceptical of paracetamol’s benefits or concerned by taking the full dose of eight tablets a day. “I have to recognise these issues. I take a concordant approach and it is always the patient’s decision. But I tell them that the eight-week programme is an opportunity to find out what suits them,” she says.

The middle part of the programme comprises group activity and education, run jointly by Miss Paton and her physiotherapist colleague. Activities include exercise, sessions about relaxation, posture, driving and self-help gadgets, plus input from Pain Association Scotland. Patients can also have individual physiotherapy and pharmacy appointments



Debbie Paton: concordant approach

before or after the group work. “I usually reassess people’s medicines at the fourth week. Then at the seventh week is a formal pharmacy follow-up,” says Miss Paton. This involves developing a “Next steps” plan for each patient. The plan details what medicines a patient should take if his or her pain gets consistently worse, and what medicines to take if the pain gets consistently better.

The final session is held in a local leisure centre to encourage regular activity. Practical advice is also provided, for example about employment and benefits. “But patients never completely finish the programme: they can always telephone us for advice after the eight weeks are over,” Miss Paton adds.

Positive future

Initial evaluation of the programme has been positive. Over 100 medication recommendations have been made, resulting in 47 per cent of patients reporting reduced pain severity. “The trouble with pain is it is hard to quantify results. But quotes from patients like ‘I thought I would never work again and now I’m back in employment’ and ‘You’ve changed my life’ are what gives me the feel-good factor,” says Miss Paton, who is starting an MSc in pain next month which will enable her to start providing cognitive behavioural therapy.

The programme was recently renamed “Rivers”, which comes from the programme’s aims: “Relieving pain as we Inspire change, impart new Vision with Exercise, Relaxation and Self-management”. Possible future developments include allowing referrals into the programme by community pharmacists and replicating the service in other parts of Fife.